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Scottish Parliament

Wednesday 21 February 2024

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

Portfolio Question Time

Rural Affairs, Land Reform and Islands

The Deputy Presiding Officer (Annabelle Ewing): Good afternoon. The first item of business is portfolio question time, and the first portfolio is rural affairs, land reform and Islands. I invite members who wish to ask a supplementary question to press their request-to-speak buttons or to type RTS in the chat function during the relevant question.

Bees (Welfare)

1. **Pauline McNeill (Glasgow) (Lab):** To ask the Scottish Government what action it is taking to protect the welfare of bees in Scotland. (S6O-03086)

The Cabinet Secretary for Rural Affairs, Land Reform and Islands: The Scottish Government takes the welfare of bees very seriously and works in partnership with NatureScot, Scotland's Rural College, the national bee unit, Science and Advice for Scottish Agriculture—SASA—and expert stakeholders to ensure that.

In 2022, we updated our honey bee health strategy, which aims to address the challenges that are facing honey bees and beekeepers and to achieve a sustainable, environmentally balanced and healthy population of honey bees in Scotland for pollination and honey production. The strategy is supported by our pollinator strategy, which sets out how Scotland can continue to be a place in which pollinators thrive, along with the actions that are needed to help to achieve that objective.

Pauline McNeill: Many pesticides are known to harm bees and other pollinators. Pesticides that are used in seed treatments have been banned in the United Kingdom since 2018 due to their harmful effects on bee populations. For the fourth year in a row, the UK Government granted emergency approval for use of those pesticides on sugar beet crops in England. Last year, environmental groups expressed the concern that those pesticides could return to Scotland if a proposed reintroduction of sugar beet crops went ahead. Can the minister confirm that no pesticides are used in Scotland that would harm bees and other pollinators, and that there are no plans to introduce them?

Mairi Gougeon: I can offer the member some assurance on that front: those pesticides are not currently used in Scotland and we intend to continue not to allow their use. I would be happy to follow up on that, as would Jim Fairlie, but I want to give the member that assurance.

Kenneth Gibson (Cunninghame North) (SNP): Despite the honeyed words of queen bee Pauline McNeill, one of the biggest risks to animal welfare is Brexit. The buzz is that Labour, after waxing and waning, has been pollinated by Tory Brexit policies that do nothing to remove the sting of losing scientific collaboration through a lack of a substantive European Union veterinary agreement. Does the cabinet secretary agree that, if Labour cares for the welfare of worker bees, it should join our calls to rejoin the EU instead of simply droning on?

The Deputy Presiding Officer: Before I call the cabinet secretary, I assume that Mr Gibson's language was intended to be entirely complimentary to our Ms McNeill.

Kenneth Gibson: It was.

Mairi Gougeon: It will probably not surprise Kenneth Gibson to hear that I absolutely agree with the sentiments that he has set out. We are extremely concerned not only about the impact of Brexit on our businesses and the agri-food sector, but about the way in which the UK Government chose to implement it. Only now are we seeing the beginnings of border checks on a variety of goods from the EU this year.

The exchange of research and intelligence is vital to effective border controls, which play a really important role in our biosecurity for bees and in so many other respects, and the only way in which we could have looked to achieve that was through a well-negotiated veterinary and phytosanitary agreement. That would have gone some way towards ameliorating our current situation, but from the approach that the UK Government is taking, it is not looking likely.

Graham Simpson (Central Scotland) (Con): There remains a lack of knowledge among many people on exactly which bees need help. It is wild bees, such as the species that I champion—the bilberry bumblebee—that are in trouble, not honey bees. In fact, there are some situations in which honey bees can be a risk to wild bees as they compete for flowers and pass on diseases. Does the cabinet secretary agree that we need to do more to regulate use of managed bees by, for example, taking precautions to avoid hives being placed in protected areas that are important to rare species?

Mairi Gougeon: The member has raised an important point. He is absolutely right: the emerging scientific evidence shows that managed

pollinators—even when they are native, as honey bees are in Scotland—could have a detrimental effect on wild pollinators in fragile ecosystems. That is why it is important for us to try to understand the potential risks that are caused by competition, changes in plant communities and disease cross-transmission, which results from the use of managed honey bees and pollinators under Scottish conditions.

However, the relevant scientific evidence that we need in order to address that is not currently widely available. That research, education and open dialogue with everyone involved in the area and our key stakeholders will be key to our fully understanding and then trying to mitigate some of those risks.

Land Ownership

2. Richard Leonard (Central Scotland) (Lab):

To ask the Scottish Government whether it will provide an update on its plan to diversify land ownership in Scotland. (S6O-03087)

The Cabinet Secretary for Rural Affairs, Land Reform and Islands (Mairi Gougeon): The Scottish Government is committed to an on-going programme of land reform based on the principles set out in the “Scottish Land Rights and Responsibilities Statement 2022”. Those principles include bringing about a more diverse pattern of land ownership and tenure, and giving citizens more opportunities to own, lease and have access to land.

Our forthcoming land reform bill will build on our record of success in diversifying land ownership, particularly in terms of the steady growth that we have seen in community ownership. Among other important reforms, the bill will include new measures to regulate the market in large-scale landholdings through the introduction of a public interest test and requirements for community bodies to receive prior notification of sales or the transfer of such holdings.

Richard Leonard: I thank the cabinet secretary for that reply, but

“Community ownership of land has flatlined ... only 16 hectares of land went into community ownership in 2021/22. Less than 3% of Scotland’s land is in community ownership and patterns of private landownership remain highly concentrated.”

Those are not my words, but the hard-hitting conclusions of Dr Josh Doble of Community Land Scotland.

The Government’s record on land ownership is dismal, from scrapping the dedicated land fund to feathering the nests of the wealthiest landowners, the biggest land speculators and some of the worst carbon polluters. Why will the cabinet secretary not think big and act radical, break up

the private land monopolies, halt the extraction of wealth and spread the common ownership of our land?

Mairi Gougeon: I categorically refute the assertions that Richard Leonard has made in his response to me, some of which are factually inaccurate. The member referred to our scrapping the land fund, which is not the case. We have not scrapped the land fund in Scotland, because we recognise what a vital tool that is in enabling communities to take ownership.

Richard Leonard: Three per cent.

Mairi Gougeon: It is this Government that has driven forward the land reform agenda, and we have the proposals to continue on our land reform journey by introducing a bill that will help with the diversity of land ownership that the member talks about—

Richard Leonard: Three per cent.

The Deputy Presiding Officer: Mr Leonard, we need to hear so please desist.

Mairi Gougeon: —and which we recognise as being hugely important.

The Deputy Presiding Officer: I have had several requests for supplementary questions.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): A range of powers and processes is key to diversifying land ownership and how that land is utilised to provide infrastructure development and regeneration projects that are in the public interest. How does the Scottish Government intend to deliver its commitment to reform and modernise the compulsory purchase system in Scotland, so that it is clearer, fairer and faster for all parties?

Mairi Gougeon: The member is absolutely right. We have a number of powers available to us when it comes to community ownership, across various pieces of legislation, but we also have other tools such as compulsory purchase, as the member has outlined.

Indeed, the Government has committed to taking forward reform in relation to compulsory purchase orders. I can advise the Parliament that the Minister for Local Government, Empowerment and Planning has appointed an advisory group to support that process. That group, which comprises experts and practitioners, will be co-chaired by Roseanna Cunningham and the Scottish Government’s chief planner. It will be tasked with identifying opportunities for reform to inform our approach to legislation in the future. The first meeting of that new group is set to take place next month.

Brian Whittle (South Scotland) (Con): Achieving net zero relies on significant action in areas including tree planting, the restoration of peatland and improving biodiversity, all of which are acknowledged as being best achieved through delivery at scale and over a long term. What measures is the cabinet secretary proposing to address the potential challenges created by having a larger number of smaller landowners to co-ordinate, as well as the potential gaps in expertise, funding and succession planning among new individuals and organisations that are taking ownership of more pieces of land?

Mairi Gougeon: I would not necessarily agree with what Brian Whittle has set out. As well as the large-scale tree planting and peatland restoration that the member has talked about, what is important is the integrated land uses that we can have and our encouraging more of that planting at a smaller scale. We have made various changes to try to do that, such as the forestry grant scheme, and all of that work, collectively, makes a difference. It is not a case of either/or, but of how we encourage peatland restoration or tree planting in smaller businesses, on farms and crofts, and stitch that work into the fabric of our landscape, as well as the work that can be done co-operatively on a larger scale.

Ivan McKee (Glasgow Provan) (SNP): What work has the Scottish Government done to evaluate its powers to implement a land value tax and how much revenue such a tax could raise?

Mairi Gougeon: I am happy to set that out. In 2017, the Scottish Government asked the Scottish Land Commission to look at the potential for introducing a form of land value tax in Scotland. One of the key findings of that work was that

“although the theoretical case for the introduction of a land value tax is strong, there is a lack of empirical evidence that land value taxes have actually delivered the theoretical benefits attributed to them.”

The Scottish Land Commission went on to outline that, to date, no country has ever replaced the existing taxes on land and property with a single tax, and that

“most people accept ... the idea”

that

“a single tax is not practical”

at the moment.

However, we remain committed to exploring options. We have had proposals in relation to other methods of tax that we should be considering, and I assure the member that we are looking to consider those options further and to ensure that we deliver on our commitments to taking a fair and progressive approach to taxation.

United Kingdom Immigration Rules (Agriculture Workers)

3. **Fulton MacGregor (Coatbridge and Chryston) (SNP):** To ask the Scottish Government how proposed United Kingdom immigration rule changes will potentially affect overseas workers in the agricultural sector in Scotland, in light of the recent letter from Scotland Food and Drink, and industry partners, to the Home Secretary. (S6O-03088)

The Cabinet Secretary for Rural Affairs, Land Reform and Islands (Mairi Gougeon): The UK Government’s arbitrary decision to reduce net migration is ultimately really short-sighted and will dramatically constrain Scottish employers’ ability to recruit the skills that they need from overseas.

Migrant workers play a hugely vital role across the breadth of our economy, including the food and drink industry, and those changes could cause irreparable damage to the food supply chain as well as to the wider sustainability of our rural economy.

Only independence would give Scotland the opportunity to devise a humane, principled approach to migration that is needs based and delivers positive outcomes for our communities, our public services and our economy.

Fulton MacGregor: As the newly published “Supporting and enabling sustainable communities: action plan to address depopulation” indicates, tackling the issue of the lack of people, and the lack of powers to attract them to live and work in rural areas, as well as in urban areas such as my constituency, is urgent. What is the Scottish Government’s understanding of the Labour Party’s policy intent around giving Scotland control over migration powers?

The Deputy Presiding Officer: The cabinet secretary will comment on matters within her jurisdiction.

Mairi Gougeon: It is important to highlight that we published our addressing depopulation action plan last week, which sets out our strategic approach to managing what is a complex challenge. It is about supporting communities to be sustainable into the future, through talent attraction and migration.

This year, we will launch a talent attraction and migration service, which will enable employers to use the immigration system effectively and efficiently to help meet the labour and skills needs that we know we have, as well as enabling people to access good-quality information to help them move to Scotland and settle in our communities.

I wish that we had Labour’s support for our efforts, but, as we all know, just like the current Tory Westminster Government, Labour does not

support fully devolving migration powers to Scotland, which prevents us from developing policy that better meets Scotland's needs and interests. Only independence will give us the powers that we need to do so.

Vacant and Derelict Land and Buildings

4. Willie Coffey (Kilmarnock and Irvine Valley) (SNP): To ask the Scottish Government what role the Scottish Land Commission will play in tackling the legacy of vacant and derelict land, including in relation to examining the issue of empty and derelict buildings within an urban setting. (S6O-03089)

The Cabinet Secretary for Rural Affairs, Land Reform and Islands (Mairi Gougeon): The Scottish Land Commission convened the national task force on vacant and derelict land, which reported its findings and recommendations in 2020. Action on those recommendations is being progressed by many organisations. The Scottish Land Commission has published a range of analysis, guidance and advice. As set out in its 2023-25 programme of work, the SLC is currently reviewing progress against the recommendations in order to maintain that momentum and to understand where continued focus is required. Through its good practice programme, the SLC continues to provide advice and signposting to support action on vacant and derelict land.

Willie Coffey: The cabinet secretary will be acutely aware of the long-standing problem that we have of vacant and derelict land and buildings that blight the appearance of our countryside, cities, towns and villages. Such land and buildings are mostly owned by absentee private owners who, by their inaction, have shown that they could not care less about the impact that that has on our local communities.

Does the cabinet secretary agree that more needs to be done to tackle the problem? Does she also agree that councils need more than their rarely-used amenity powers, which are not effective in dealing with such important issues?

Mairi Gougeon: The member raises a really important issue. I am sure that we can all empathise, as we see similar situations in our constituencies.

As the member outlined, planning authorities have the power to serve amenity notices, to require land and property owners to clean up land that, due to its state, is having a detrimental impact on the amenity of the area, and to require landowners to carry out work or repairs to improve their property where its appearance is having a negative impact on the street scene.

Local authorities also have direct action powers to make the necessary improvements themselves

and then bill the owner for the work, but I know that there has been difficulty recouping some such costs in the past. Through the most recent planning act, we are introducing new powers to allow authorities to place charging orders on properties, to ensure that they at least get those costs back at some point.

Furthermore, we are about to launch a public consultation to explore the options and opportunities for improving the resources that are available to our planning authorities, to strengthen their capacity to take on that work.

Rhoda Grant (Highlands and Islands) (Lab): If urban communities are not included in the promised land reform bill, they will have to wait a decade for change and they will continue to be held to ransom by the dead hand of land bankers. Will the minister be bold, deal with those vested interests and empower rural and urban communities in the bill?

Mairi Gougeon: I am sure that the member appreciates that I cannot set out today the exact measures that will be introduced in the bill. However, I hark back to some of the really important measures that we consulted on, and highlight that the proposals and the recommendations that we put forward for consultation were based on recommendations from the Scottish Land Commission on some of the key issues that need to be addressed.

As I highlighted in my response to a previous question, this Government has a strong track record when it comes to land reform. We are committed to going further, which is why we are introducing the land reform bill. I look forward to doing that.

Activities Involving Animals (Licensing)

5. Mark Ruskell (Mid Scotland and Fife) (Green): I apologise to members in the chamber: I need to leave early to attend a committee meeting.

To ask the Scottish Government when it plans to publish its response to its consultation on the licensing of activities involving animals. (S6O-03090)

The Minister for Agriculture and Connectivity (Jim Fairlie): The Scottish Government published its analysis of the response to the consultation on the licensing of activities involving animals on 16 February 2024.

Mark Ruskell: I thank the minister for the response and welcome him to his new position. Data from the Greyhound Board of Great Britain revealed that more than 22,000 dogs were injured and more than 800 were killed within a five-year period across the United Kingdom. That jaw-dropping figure shows that as long as greyhounds

race around oval tracks at high speeds, they will continue to get seriously harmed or killed. Does the minister agree with the view of thousands of respondents and key organisations, including the Scottish Society for Prevention of Cruelty to Animals and the Dogs Trust, that the licensing of tracks would fail to address the inherent risks of greyhound racing?

Jim Fairlie: I note that the consultation analysis showed that many respondents believe that greyhound racing should be completely prohibited rather than licensed. We will consider the issue further as Mr Ruskell's proposed prohibition of greyhound racing (Scotland) bill progresses.

Crofting (New Entrants)

6. **Alasdair Allan:** To ask the Scottish Government what its response is to the most recent figures published by the Crofting Commission showing an increase in the number of new entrants between March 2022 and March 2023. (S6O-03091)

The Minister for Agriculture and Connectivity (Jim Fairlie): I am delighted to see that, once again, the Crofting Commission is reporting a high number of new entrants to crofting.

Each of the 510 new crofters in 2022-23 represents a new or continuing member of the local community, highlighting the invaluable role that crofting plays in supporting population retention in our rural and island areas. It is also encouraging to see that almost half of those new crofters are women, and that just under a third are aged 40 or younger. That is positive news for the sector and critical to its future.

Alasdair Allan: I welcome the minister to his new role and thank him for his response. Can he outline how the Scottish Government intends to build on that progress by further expanding access to those who are looking to begin crofting, such as by ensuring that abandoned crofts become available for others to use?

Jim Fairlie: We are encouraging opportunities for new crofters. That is a key action in our national development plan for crofting. In 2023, the Scottish Land Matching Service's crofting resource was launched, which links prospective crofters to available crofting opportunities. As of last week, 195 people were looking for a croft in that way.

The Crofting Commission also launched its croft succession project in the Uists and Barra and in Sutherland to encourage succession planning and living succession, which will help to create further opportunities for new entrants. We continue to provide more than £40 million-worth of funding each year to crofters through various schemes,

including the crofting agricultural grant scheme and the croft house grant.

Deer Numbers (Support for Sustainable Management)

7. **Colin Beattie (Midlothian North and Musselburgh) (SNP):** To ask the Scottish Government how it is supporting communities to sustainably manage and reduce deer numbers. (S6O-03092)

The Minister for Green Skills, Circular Economy and Biodiversity (Lorna Slater): Effective deer management is vital to tackle the twin climate and biodiversity crises. Our consultation paper, "Managing deer for climate and nature", which was published on 5 January, seeks views on our proposals for new deer legislation.

It is important that local stalkers are able to contribute to deer management and that the benefits of venison as a healthy and nutritious food are available to communities.

We are piloting projects that increase community involvement in deer management by providing £80,000 to create new venison larders, and we are working with NatureScot to support community deer management at Creag Meagaidh.

Colin Beattie: Community models of deer management are common in many European countries and have recently been piloted in Scotland. Can the minister provide an update on that pilot and any lessons that have been learned? Can she say whether there is scope to roll out community-based models on publicly owned land throughout Scotland and incentivise communities to participate in that vital work?

Lorna Slater: The Creag Meagaidh pilot provides local residents with opportunities to develop deer management skills. Once they are qualified, it provides them free access to stalk deer on the reserve. We have already seen a successful reduction in deer numbers there, and participants have given enthusiastic feedback on the pilot's benefits.

I am keen that we learn from the pilot and support more community-led deer management schemes, which is why I am pleased that a proposal is being developed in the Cairngorms to increase deer management in the national park. The proposal includes trialling new incentives and providing support for local venison.

Sharon Dowey (South Scotland) (Con): I welcome the minister's answer to Colin Beattie.

The British Association for Shooting and Conservation Scotland has a flagship policy that calls on the Scottish Government to allow trained local deer stalkers to carry out deer management

on publicly owned land. It will enable a sustainable food source to be harvested, processed and consumed locally; protect the environment; drive and improve economic productivity; and enhance community knowledge of deer impacts and benefits.

Will the minister implement BASC's community deer management proposals as part of addressing the significant challenges of deer legislation in this parliamentary session?

Lorna Slater: As I said in my previous answer, I am pleased with the result of the pilot scheme on community-led deer management, I am excited about the work that is under way in the Cairngorms national park and I look forward to expanding the programme, so that we can have more community benefits from our deer management plans.

Land and Rivers Management (Support for Farmers)

8. **Willie Rennie:** To ask the Scottish Government what financial and advisory support is available to farmers to better manage land and rivers, including to prevent flooding. (S6O-03093)

The Cabinet Secretary for Rural Affairs, Land Reform and Islands (Mairi Gougeon): The agri-environment climate scheme, which the Scottish Government reopened last week, offers support to manage land and rivers. That support includes the availability of more than £4 million to fund irrigation lagoons in order to improve water quality and drainage in rural areas.

In addition, the Farm Advisory Service offers a range of support on water and land management through events, peer-to-peer groups, videos, podcasts and technical notes. There is also advice line support, and up to £1,000 of bespoke consultancy advice is available to all registered agricultural businesses in Scotland.

Willie Rennie: After Christmas, I met the families who had been flooded out of their homes in Cupar, and I promised that I would do everything that I could to prevent that happening again.

I am told by experts that part of the solution is to help farmers to cope with extreme weather events due to climate change through additional investment in fields and rivers. However, AECS, which the cabinet secretary talked about, is not primarily about flooding and dealing with those issues, and the flood bank repair fund, which she did not mention, is about repairing rather than adapting.

Will the cabinet secretary establish a new fund that will help farmers and landowners to deal with the effects of flooding, so that I can go back to my

residents in Cupar and tell them that I have done everything that I possibly can?

Mairi Gougeon: The member raises a hugely important point. I was sorry to hear about the impact on his constituents. Having experienced similar events in my constituency, I know how devastating the impact of flooding events can be.

I appreciate what the member said about AECS and the flood bank repair scheme. I am not in a position today to commit to a new fund, because the issue does not necessarily sit in my portfolio; it involves working with colleagues across Government, and particularly Màiri McAllan. However, we have committed to have a discussion with our regulators and farmers. That started from a commitment relating to water scarcity in the summer last year. However, with the events that we have seen over the winter, we know that we need to consider the issues more in the round, including some of the flooding events that we have seen.

There is a commitment for that work to happen, and I believe that a meeting in relation to that is due to take place next month. By starting that conversation—

The Deputy Presiding Officer: Thank you, cabinet secretary.

Mairi Gougeon: —we can then look to develop solutions.

The Deputy Presiding Officer: Thank you. I would like to squeeze in a brief supplementary from Rachael Hamilton.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): As Willie Rennie said, in the past few years, parts of Scotland have been devastated by extreme weather and flooding, which has exposed the Scottish National Party's inability to deal with flooding in Scotland, leaving rural communities behind. What lessons has the Scottish Government learned from the adverse weather? Does the cabinet secretary support a regional catchment management approach to mitigate flood risk? Does she consider that natural flood management interventions should replace traditional prevention schemes as an objective through the lens of the Agriculture and Rural Communities (Scotland) Bill?

Mairi Gougeon: First, I state that I am really disappointed with some of those comments. As I outlined in my response to Willie Rennie, I have experienced and seen at first hand in my constituency events that have caused utter devastation on a scale that nobody could have predicted and that no scheme could have prevented, given the sheer scale of the river and water levels that we saw.

As I outlined, it is vital that we look at the issues in the round. We are getting warmer summers with less water and we are experiencing storm events with increasing frequency. We need to look at the issues as a whole, as well as at what we can do at catchment scale on each of those issues. The discussion that I referred to, which is due to take place, will be critical in starting to address that and determining how we move forward.

The Deputy Presiding Officer: That concludes portfolio questions on rural affairs, land reform and islands. There will be a brief pause to allow the front-bench teams to change positions for the next portfolio questions.

NHS Recovery, Health and Social Care

Mesh Survivors (Financial Redress)

1. **Bob Doris (Glasgow Maryhill and Springburn) (SNP):** I apologise to you, Presiding Officer, and to members because, after this question, I have to leave to attend a committee meeting.

To ask the Scottish Government what its position is regarding financial redress for vaginal mesh survivors in Scotland, in light of the recommendations contained within "The Hughes Report". (S6O-03094)

The Minister for Public Health and Women's Health (Jenni Minto): We continue to review "The Hughes Report" and any implications for patients in Scotland. It is clear that the redress scheme that is envisaged would involve a very substantial financial commitment, which needs to be considered carefully. I and the Scottish Government recognise the pain and upset that women who are affected by mesh continue to endure. We remain committed to providing healthcare support that is focused on their needs, including a choice of surgeon for mesh removal when that is what the women want.

Bob Doris: I have been contacted by vaginal mesh survivors in my constituency who are keen for the Scottish Government to consider potential financial redress for them in light of "The Hughes Report" recommending a £20,000 interim scheme payment in England by 2025. There is also scope for potential further payments. All those payments are significantly above the £1,000 one-off payments that have been made so far in Scotland.

Although I appreciate that the report is specific to England, given the clear pain and suffering that survivors endure, does the minister agree that the Scottish Government should still appropriately consider the report, including the issue of appropriate financial redress? In doing so, will the Scottish Government meaningfully engage with mesh survivors as part of its considerations?

Jenni Minto: I agree with what Bob Doris said. We will, of course, review the report carefully, and I wish to hear the views of women in Scotland who have been badly affected. We have often engaged with affected women to guide the development of national health service mesh services and direct Government support, and I am happy to commit to continuing to seek ways to do that in the future.

Jackson Carlaw (Eastwood) (Con): In all fairness, the United Kingdom Government has not yet responded to the report, so we do not know what its view will be. I credit the Scottish Government for making an immediate payment of £1,000 to affected women and for paying for women to go to the United States to have mesh removed.

On the back of the Cumberlege report, the Scottish Government was committed, in principle, to a further redress scheme. Is the minister at least prepared to say that, in relation to a compensation scheme that might finally emerge, it would be unconscionable for women in Scotland to be in any way disadvantaged compared with women anywhere else? We were at the forefront internationally of responding to mesh, and it would be to our great detriment if we were to find ourselves falling behind.

Jenni Minto: I recognise the work that Jackson Carlaw has done, along with members across the chamber, for women in this situation. As he pointed out, the UK Government is yet to respond to the report. We are reviewing the implications for patients in Scotland. It would not be responsible for me to make a commitment without knowing the UK Government's position, but I absolutely recognise what Jackson Carlaw suggested.

Katy Clark (West Scotland) (Lab): One of the recommendations of "The Hughes Report" is to improve access to disability benefits for transvaginal mesh survivors. What action is the Scottish Government taking to improve access to social security benefits for those who are adversely affected by transvaginal mesh or by hernia mesh? The minister recently met some of my constituents who are directly affected.

Jenni Minto: I recognise Katy Clark's work in supporting people with hernia mesh implants. If she does not mind, I will check and come back to her with a written response to her specific question.

National Health Service Waiting Times (Children, Adolescents and Young Adults)

2. **Pam Gosal (West Scotland) (Con):** To ask the Scottish Government how it is tackling NHS waiting times for conditions affecting children, adolescents and young adults. (S6O-03095)

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): A range of initiatives are in place to support health boards to increase productivity and capacity and to respond to demand through service innovation and redesign. The centre for sustainable delivery is working with boards to accelerate the implementation of high-impact changes, including active clinical referral triage and patient-initiated review, which will free up additional capacity in the NHS system.

We are working with health boards on detailed annual plans to demonstrate how waiting lists will be managed in order to reduce waiting times and improve productivity, with clear evidence on how that will help to free up additional capacity. We are developing a “once for Scotland” pathway, which will harness all opportunities to deliver patient care in the right place and closer to home. That includes maximising the number of day-case procedures to avoid unnecessary stays in hospital.

Pam Gosal: I have a young constituent who has suffered from tonsillitis more than 14 times in the past 12 to 18 months. The condition is occurring more frequently and has recently been recurring every two weeks. Her education is constantly disrupted with days off school, and she is concerned about how that will impact her end-of-year grade.

My constituent has been told that the waiting time for a tonsillectomy is 22 months. What actions will the cabinet secretary take to ensure that my constituent does not miss out on any more valuable school time? What is the Scottish Government doing to reduce waiting times for that procedure for children and young people?

Neil Gray: I thank Pam Gosal for her narration of the situation that is impacting her constituent. My thoughts are with her constituent and her constituent’s family in their efforts to ensure that her constituent receives the treatment that she should.

The Scottish Government commissioned the centre for sustainable delivery to play a central role in working with health boards to ensure that they are continually able to identify new ways of increasing capacity. Its programmes have developed strong clinically led specialty delivery groups, including one for ear, nose and throat services, which promote multidisciplinary team working and support local adoption of service improvement programmes.

We know that there is more to do, but we are making progress. Since the introduction of our long waits target in July 2022, ENT waits of more than two years have reduced by 93 per cent for new out-patient appointments and by 54 per cent for in-patient and day-case appointments.

I will be happy to follow up with Pam Gosal if she provides me with more details of her constituent’s case.

Paul Sweeney (Glasgow) (Lab): I am pleased that the Conservative member for West Scotland has raised waiting times for children and young people, as long waits for child and adolescent mental health services come up regularly in my casework—indeed, the Government has never met its CAMHS waiting time target. Does the cabinet secretary accept that there might be a link between repeatedly freezing and then reducing the mental health budget in-year, and the Government having never met that waiting time target?

Neil Gray: I appreciate Paul Sweeney’s question. I am pleased that progress is being made on long waits, but it is clearly unacceptable for child and adolescent mental health services patients to continue to experience them. However, there has been positive improvement in CAMHS waiting times over the past year. Thirteen out of 14 CAMHS services have in effect eliminated their long waits. Such services continue to respond well to high demand, with one in two children starting treatment within 10 weeks.

Overall, CAMHS waiting lists decreased by 36 per cent in the past year, and the number of children who are waiting for more than 52 weeks decreased by 88 per cent in the same period. I agree that it is unacceptable for children to wait for any longer than is necessary, but the investments that we are making alongside our health board partners and integration joint boards are clearly making a difference in driving down such waiting times.

Framework for Chronic Pain Service Delivery (Update)

3. **David Torrance (Kirkcaldy) (SNP):** To ask the Scottish Government whether it will provide an update on the progress in delivering the actions and aims contained in the framework for chronic pain service delivery. (S6O-03096)

The Minister for Public Health and Women’s Health (Jenni Minto): In November 2023, we published a progress report that outlined progress to date on delivery of actions and aims that are outlined in the framework for pain management service delivery. At that time, we also published a revised implementation plan with updated actions, following a period of stakeholder engagement.

Good progress has been made in delivering on the actions in the plan. That progress has been achieved with the support of the newly established stakeholder networks and governance arrangements. Work includes delivery of improved access to information, increasing the knowledge of

healthcare professionals via a dedicated chronic pain knowledge hub, and developing new ways to access specialist care.

David Torrance: Chronic pain is a considerable healthcare concern that causes physical and emotional stress to sufferers and their families. Equitable and early access to pain management services is vital. What action is the Scottish Government taking to ensure that healthcare professionals across all levels of care have up-to-date knowledge and understanding of available pain management options?

Jenni Minto: We recognise the need to further promote awareness and understanding of chronic pain and its impact on the healthcare workforce. We are making it easier for healthcare professionals at all levels to access and navigate high-quality up-to-date information and resources in order to improve the quality of care.

We have established a national pain education group, which, as I mentioned earlier, is developing a national chronic pain knowledge hub for healthcare professionals, service managers and other delivery partners. In addition, the group is developing a pain-informed care toolkit for healthcare professionals to promote pain management options in all settings.

Brian Whittle (South Scotland) (Con): As the former convener of the Parliament's cross-party group on arthritis and musculoskeletal conditions, I know how important timely access to orthopaedic surgery can be for the mental and physical health of people with arthritis and chronic pain.

Now that the Scottish Government has halted the development of a new treatment centre in Ayr that was set to treat around 3,000 orthopaedic patients per year, patients face an even longer wait. Will the minister commit today to ensuring that patients with chronic pain who are waiting for orthopaedic surgery will have access to whatever physical and mental health support they need, while they are forced to endure even longer waiting times for a lasting solution?

Jenni Minto: I reiterate that we are setting up a national care service in NHS Golden Jubilee National Hospital, which will work nationwide to support people across Scotland in speeding up operations in orthopaedics.

Maternity Services (Wigtownshire)

4. **Finlay Carson (Galloway and West Dumfries) (Con):** To ask the Scottish Government what it is doing to ensure that women in Wigtownshire have the choice to give birth as close to home as possible. (S6O-03097)

The Minister for Public Health and Women's Health (Jenni Minto): We expect all national

health service boards to provide maternity services that are delivered as close to home as is practical, balanced with ensuring the safety of mother and baby.

NHS Dumfries and Galloway has been consulting on two options for maternity care in Wigtownshire. The consultation closed on 11 February 2024, with feedback being carried out by an independent third sector organisation. The board will receive a report on the consultation by the end of March. Following internal governance processes, it is expected to be presented at a meeting of the integration joint board in June 2024.

Finlay Carson: In recent correspondence, the Scottish Government made clear its expectation that all women, at all times, will receive high-quality person-centred maternity care that is tailored to their needs, with quality and safety for mothers and babies being central to decision making. If that is the case, why are mothers-to-be in Wigtownshire, who have no underlying health issues and who do not want to give birth at home, still having to travel 75 miles to give birth in Dumfries, despite a recent review that recommended the return of midwife-led births in the west of my constituency in a perfectly suitable birthing suite that is lying mothballed in Stranraer?

Jenni Minto: As I explained, NHS Dumfries and Galloway decided on that review, and the integration joint board will decide on the options in June this year. That is when the decision will be made. It is a local decision that will be made by the health board.

Emma Harper (South Scotland) (SNP): With my support to facilitate its happening, members of the Galloway community hospital action group—my constituents Dr Angela Armstrong, Dr Gordon Baird and former charge nurse Janice Mayall—recently gave evidence to the Health, Social Care and Sport Committee as part of our health in remote and rural areas inquiry. Their evidence included the current situation regarding maternity services in Wigtownshire. NHS D and G leadership recently stated that recruitment of midwives is a key challenge to improving the situation.

Will the minister commit to looking closely at the outcome of the health committee's report when we publish it and, in particular, at how we can improve recruitment?

Jenni Minto: Emma Harper has raised an incredibly important point about recruitment in rural areas. I am happy to look at the report once the committee delivers it.

Carol Mochan (South Scotland) (Lab): Midwives in Wigtownshire and across my South Scotland region are facing increasing pressures in

their workload due to rapidly growing work. The pressure is intensified in the region by travel distances between the towns and villages.

As Emma Harper did, I note that if the Scottish Government is truly going to ensure that women in Wigtownshire and other rural areas have a choice of where to give birth, it will have to tackle recruitment and retention. Can the minister give us a timescale for when she might be able to look at the issue for that particular area? Retention is a major issue in the midwife profession.

Jenni Minto: Given that I represent a rural constituency, I recognise the point that both Carol Mochan and Emma Harper have raised. I cannot give a specific date, but we are working at pace in respect of the review. I will be happy to inform Carol Mochan when I know when that is likely to happen.

National Health Service Dentistry (Greenock and Inverclyde)

5. Stuart McMillan (Greenock and Inverclyde) (SNP): To ask the Scottish Government what it is doing to improve access to NHS dentistry in the Greenock and Inverclyde constituency. (S6O-03098)

The Minister for Public Health and Women's Health (Jenni Minto): We introduced on 1 November 2023 major national health service dental payment reform, which includes a new fee structure that is designed to make it more attractive for dentists to provide NHS services. That has generally been well received by the sector.

I acknowledge that access remains challenging in certain areas, including Inverclyde, which is why we have made tailored funding available, including grants of up to £100,000 for opening a new, or extending an existing, practice in the area, as well as golden hello payments of up to £37,500 for new trainee dentists practising in the area.

Stuart McMillan: I welcome the additional investment that the Scottish Government has put in.

The minister will be aware that I have been raising issues regarding NHS dentistry in Inverclyde since 2021. Cases include two constituents who recently contacted me to say that they had been unable to access an NHS dentist despite the fact that they are registered as NHS patients. They have struggled to get appointments for years, but could have them if they were willing to pay.

Will the minister advise members what discussions she has had with local dentists? Will she also advise us what additional incentives are being offered to dentists to increase their NHS

patient registers and ensure that NHS patients are not left for years without being able to see a dentist?

Jenni Minto: As Stuart McMillan knows, I hope to visit a dentist in his constituency to hear directly from them. However, I and my officials often meet dentists to discuss the situation.

As I said, the Scottish Government introduced dental payment reform in November. That remains the most meaningful intervention that we can make to incentivise dentists to increase their NHS activity and provide care to registered patients.

NHS Greater Glasgow and Clyde has assured me that unregistered patients can continue to access urgent and emergency dental care via public dental service clinics. The health board also has a dedicated dental helpline, which provides advice on the local practices that are accepting new NHS patients, as well as general advice and support on oral health.

Pain Management Task Force (Update)

6. Rona Mackay (Strathkelvin and Bearsden) (SNP): To ask the Scottish Government whether it will provide an update on the pain management task force. (S6O-03099)

The Minister for Public Health and Women's Health (Jenni Minto): The pain management task force was established in June 2022 to oversee the implementation of the framework for pain management service delivery in Scotland. The task force uses programme and risk management methodologies to ensure successful delivery and prioritisation of the framework's aims. It meets bi-monthly to discuss progress and issues that relate to the delivery of actions in the implementation plan. The group last met on 14 February 2024. We are currently recruiting additional members with lived experience of chronic pain to join the task force. The membership of the task force and minutes from its meetings are available on the Scottish Government website.

Rona Mackay: Will the minister say when chronic pain patients with lived experience will be notified to become part of the task force? How many patients will be consulted?

Jenni Minto: I recognise the points that Rona Mackay made. The call for volunteers closed on 16 February. It was shared widely with the stakeholder groups and through social media. We received more than 30 applications and the process is under way to appoint a person with lived experience to the pain management task force by the end of March. The new member will be supported through an on-boarding process to prepare for the next task force meeting in April.

As part of the delivery of the plan, we will continue to engage widely with people with lived experience to understand what questions still need to be answered and the best engagement plan to do that.

Fergus Ewing (Inverness and Nairn) (SNP): Chronic pain management services in NHS Highland are suffering a hiatus after the retirement of a well-respected senior consultant who took a strong interest in the matter. Will the minister meet me and, possibly, other Highland MSPs who share broad concerns on the issue to ensure that NHS Highland takes steps to deal with people who suffer from chronic pain, some of whom have tremendous difficulty—some have even attempted suicide—and find it impossible to conduct any normal sort of life?

Jenni Minto: I recognise Fergus Ewing's concerns. Last year, I met people from my constituency who live with chronic pain and I recognise the importance of such people getting the right support at the right time to help them to live with their condition. I would be happy to meet the member and any others who wish to discuss Highland's situation.

General Practices (Telephone Appointment Queueing System)

7. Kenneth Gibson (Cunninghame North) (SNP): To ask the Scottish Government what support it is providing to general practitioner practices to help them transition to a telephone appointment queueing system. (S6O-03100)

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): GP practices are contracted to provide general medical services by their local health boards rather than the Scottish Government, but practice partners are responsible for designing their own patient appointment and consultation arrangements to meet their service obligations. However, I expect satisfactory systems to be in place for the benefit of all patients. Telephony is a critical component of a general practice's ability to deliver its contracted service to patients. We are therefore developing advanced telephony guidance, which will be provided to health boards and general practice this year.

Kenneth Gibson: I thank the cabinet secretary for that helpful answer. When constituents contact me about general practice, the difficulty in getting through to book an appointment is the most common concern that is raised. Largs Medical Group is keen to move to a much more efficient telecom system, but it has 18 months left on its existing contract. Can the primary care budget—or any other budget—contribute to helping practices to buy out existing contracts, where necessary, to

speed up the transition to more efficient, patient-friendly telephone queueing systems?

Neil Gray: Currently, there is no primary care budget to help practices to buy out existing telephone contracts, but we will keep that under review. I would be happy to receive more information about the situation that Kenneth Gibson has identified with regard to Largs Medical Group, in order to ensure that that review is informed by the information that he has available to him.

Ivan McKee (Glasgow Provan) (SNP): I welcome the cabinet secretary to his new role.

Technology has a key role to play in expanding capacity and reducing costs across the health and social care sector. What work has been done to identify technologies—in particular, those that have been developed by Scottish businesses—that can be rolled out at scale across the service?

Neil Gray: I thank Ivan McKee for his question and for his kind words. I agree with him, not least because his view is informed by his and my previous Government experience. We have seen recent success in technology implementation across health and social care, and we must actively prepare for what will come next, including by working with Scottish small and medium-sized enterprises. Our digital health and care strategy commits to ensuring that we have a pipeline of innovation to help to address the challenges that our sector faces.

Scotland's innovation centres and national health service innovation hubs work alongside Scottish businesses and innovators to support clinical validation and testing environments for new products and services. Our accelerated national innovation adoption approach also supports our NHS, in partnership with industry, to fast track clinically proven innovation on a once-for-Scotland basis. I would be more than happy to discuss that further with Ivan McKee, given his clear interest in the subject.

Health and Social Care Services (Glasgow) (Access)

8. Pam Duncan-Glancy (Glasgow) (Lab): I welcome the cabinet secretary to his new role.

To ask the Scottish Government what it is doing to support access to health and social care services in Glasgow. (S6O-03101)

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): The Scottish Government is undertaking a range of work to support access to health and social care services across Scotland, including in Glasgow. We are delivering on our programme for government commitment to increase social care spending by

25 per cent over this session of Parliament, which is two years ahead of our original target. We are also committed to building a national care service to improve the quality and consistency of community health and community care across Scotland.

Pam Duncan-Glancy: Despite that investment, many people in Glasgow—disabled people—are being asked to pay more for their social care. In some cases, they are being asked to pay 75 per cent more. I am particularly worried about that because of the impact that it is having on their poverty and their cost of living, but I am more concerned that it is happening without additional financial assessment. My constituents tell me that the increased costs are eating up around three quarters of their benefits during the cost of living crisis.

What action can the cabinet secretary take to ensure that proper financial reassessments take place? Does his Government still believe in the policy of ending care charges? When does he think that those taxes on care will finally be ended?

Neil Gray: I recognise the situation that is faced by people across Scotland, especially disabled people, who are disproportionately impacted by the cost of living crisis that is affecting people across the United Kingdom. Across the Government—not just in my portfolio but in the likes of the social security portfolio—we have taken steps to provide as much support as we can, given the limited powers that we have available to us.

On the help that is available through social care services, I would be more than happy to write to Pam Duncan-Glancy to respond directly to the questions that she has raised.

The Deputy Presiding Officer: That concludes NHS recovery, health and social care portfolio question time. There will be a short pause before we move on to the next item of business.

Primary Care (Access)

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-12214, in the name of Alex Cole-Hamilton, on improving access to primary care. I invite members who wish to speak in the debate to press their request-to-speak buttons.

14:56

Alex Cole-Hamilton (Edinburgh Western) (LD): Before I begin my remarks, I welcome the Cabinet Secretary for Health and Social Care, Neil Gray, to his place. I also recognise and welcome to his place the new member for the Highlands and Islands, Tim Eagle. I met Tim very briefly yesterday, and he strikes me as having the makings of a fine parliamentarian. I pay tribute to his immediate predecessor, Donald Cameron. Donald was a rare voice of calm, clarity and consensus in the chamber, and he will be missed, as will his friendship across the chamber.

I am pleased to open the debate on behalf of the Scottish Liberal Democrats. Our health service is in crisis. We all know it, and we regularly debate it in the chamber. The slow and steady erosion of our health service under successive years of nationalist ministerial disinterest is being suffered by those who work in it and those who rely on it.

Nowhere is that pressure felt more acutely than in primary care. For our hardworking general practitioners, the Government has done little more than add insult to injury with a litany of broken promises, skewed numbers, missed targets and cut budgets. It was not that long ago that, if someone needed to see their GP, they could book an appointment and be seen within perhaps even a few hours rather than days. Across the profession, the alarm is being raised.

Dr Andrew Buist, who is the chair of the British Medical Association's Scottish GP committee, said of the recent fall in the workforce:

"We are often told GPs are the bedrock of the NHS—but on this evidence the bedrock is crumbling, and it is patients seeking access to their GP who will suffer as that becomes more and more difficult."

The national health service must aspire to health promotion, the prevention of acute illness, the early detection of serious issues and getting the right intervention to patients fast. If that does not happen, it piles more pressure on other parts of the health system through people being forced to attend already swamped accident and emergency departments or presenting later with cancer and other diseases because of the acuteness of their condition.

That is not happening by a long shot. In fact, people are waiting weeks just to be seen by their GP and they might even struggle to get an appointment over the phone. I have lost count of the number of people who have told me stories of being forced to wait weeks for an appointment with their GP. I know of parents who tried to get their sick baby an appointment only to be told that it would have to be really urgent, because there was no routine appointment for the next two weeks. I am sorry, but new parents often do not know what is severe and what is not, and things can go downhill very fast.

If we are not getting it right for babies, we are not getting right for anyone. People are being left to wait on their own in a state of crippling anxiety, pain or both, with no way of knowing whether their symptoms are innocuous or clinical signs of something that could be far more sinister and even life threatening. It is no wonder, then, that one in five Scots says that their mental health has been impacted by delays in getting a GP appointment and 13 per cent say that long waits have also adversely affected their physical health. We know that conditions become more acute.

Lurking behind many of the issues that we will discuss today is the growing workforce crisis that is impacting on primary care, which has been exacerbated by the brutal cuts of this Administration. The figures on recruitment and retention are really worrying. For example, 42 per cent of practices report at least one GP vacancy. If we look at whole-time equivalent figures, we see that the NHS is down 200 GPs on the number it had 10 years ago. I refer again to Dr Andrew Buist, who said:

“All this shows that it is no longer feasible or plausible to think we can simply go on as we are, believing we are on course to grow the GP workforce as required to care for the people of Scotland.”

In an attempt to pull the wool over people's eyes, the Government would have us believe that the number of GPs is more than 5,000, but that is the case only when we include trainees. A head count, rather than the whole-time equivalent figure, is used as a measurement. How are we going to improve the situation in primary care if this Government is not even going to be straight with the public about the fact that it deploys such smoke-and-mirrors politics?

None of this is the fault of GPs or NHS staff—let us be absolutely clear about that. We will always owe them a huge debt of gratitude. We are asking far too much of those who work in primary care, many of whom are experiencing burnout as a result. The stress and demands mean that more and more GPs are choosing to work part time or to leave the profession entirely, so the failure to have

supported them properly is adding yet more pressure on those who remain.

The Government has promised to recruit 800 more GPs by 2027, but bodies such as the Royal College of General Practitioners and Audit Scotland agree that the Government is not on track to meet that target. Part of the answer, of course, is to train, recruit and draw on the wider skills that exist in other disciplines such as mental health, physiotherapy, pharmacy and more.

GPs are the first point of contact for many people as they enter the NHS, particularly at times of mental ill health. That is why my party works so hard to persuade the Government of the importance of putting mental healthcare practitioners—talking therapists—in every practice in every corner of Scotland. However, progress has been far too slow. One recent Government-run survey found that 86 per cent of GPs said that they had either insufficient access or no access whatsoever to a mental health practitioner over a three-year period. GPs were promised new colleagues to lessen the workload and improve the mental healthcare that is available, but, as we know, with Humza Yousaf as health secretary, the Government actually hit pause on its pledge to train and hire more staff.

Fergus Ewing (Inverness and Nairn) (SNP):

Alex Cole-Hamilton mentioned the training of doctors of all sorts. In order to prevent the drift of newly qualified doctors to Australia, Canada and the USA after the state has invested £250,000, on average, in their training, would it not be worth considering the introduction of a bond system whereby, if people chose to work in other countries just after the state had paid for their expensive education, they would be required, over time, to pay back at least a proportion—or all—of the costs of their training, which would be benefiting another country?

The Deputy Presiding Officer: You will need to start concluding.

Alex Cole-Hamilton: I am grateful to Fergus Ewing for the intervention. The situation is in such a state of extremis that we should explore all options, and I would be open to further discussions on that point.

To conclude, Presiding Officer, we need to be open to new and innovative ideas such as the one that we have just heard, and we need to look at plans for the recruitment and—crucially—the retention of staff. We need to prevent experienced doctors from burning out or being pushed out of the profession that they love. We need to incentivise more people to train and to work in the NHS once they qualify.

It is time to rewrite the failed NHS recovery plan, get recruitment and retention of GPs and local

practice staff back on track and get past the culture of endlessly making plans for more plans.

The Deputy Presiding Officer: You need to conclude.

Alex Cole-Hamilton: Primary care and the entire NHS need new energy, new ideas and new hope. They need a new Government.

I move,

That the Parliament notes the Scottish Government's longstanding commitment to recruit an extra 800 GPs by 2027 and the views of bodies, including the Royal College of General Practitioners and Audit Scotland, that it is not on track to meet this target; regrets that there is still insufficient access to mental health practitioners working alongside GPs and the £30 million in-year cut to the mental health budget, which Scottish Government documents show will affect primary care; understands that rural and remote communities are among those being severely impacted by high levels of workforce vacancies, presenting barriers to diagnosis, referrals and treatments, and potentially exerting greater pressure on other parts of the NHS, such as accident and emergency, and calls, therefore, on the Scottish Government to rewrite the failed NHS Recovery Plan to get recruitment and retention back on track and to build stronger local health services by expanding the range of services and specialists available, including in mental health and physiotherapy, to meet demand.

The Deputy Presiding Officer: I call the cabinet secretary, Neil Gray, to speak to and move amendment S6M-12214.2.

15:03

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): I am grateful for the opportunity to speak in the debate as the new Cabinet Secretary for NHS Recovery, Health and Social Care. Scotland's NHS is an institution that I am truly proud to lead. Although I have been in post only a short number of days, I recognise that our health and social care system is far more than just a series of individual services—it is a vibrant living system that supports every life in Scotland, and those who have dedicated their lives to working in the services across that system help to ensure that all of us can live longer, healthier and more fulfilling lives. I want to set out at the outset how grateful I am to those who work in our health services—in this case, in primary care.

Before I move on, I will take a moment to acknowledge and thank my predecessor, Michael Matheson, who I know gave his all to the role of health secretary. Michael's commitment to NHS staff and his efforts to work constructively with unions have ensured that Scotland is thus far the only nation in the United Kingdom that has not lost a single day to strike action. That is not a situation that I take for granted, and I want to continue to pursue the working relationship that Michael

established, which was fostered on trust with our trade union colleagues.

Our health and social care service is going through the most challenging period in its history. The collective impact of the pandemic, Brexit and the cost of living crisis is one of the biggest systemic shocks that this country and the NHS have faced. All that is against a backdrop of 14 years of UK Government austerity that has left our public services with very little resilience. I am clear that, in order to move forward and recover from those collective challenges, we need reform and innovation right across the health service. I will set out my vision for that reform in the coming weeks, but key to that will be listening to the voices of people who use and work in health and social care.

Let me restate that the fundamentals of Scotland's NHS will not change. We remain committed to free access to healthcare at the point of need.

Alex Cole-Hamilton: The cabinet secretary talks about listening to the voices and lived experience of those at the front line. Does he agree with Liberal Democrat calls for a health and social care staff assembly so that we can put the voices of that experience at the heart of the solution to this crisis?

Neil Gray: The reform process that I and my colleagues will embark on will be informed by people with lived experience, people who work in our NHS, experts, academics, service users and trade unions. That will ensure that the reform package that comes forward is informed by those who use and work in our health services.

I genuinely welcome this debate, and I thank Alex Cole-Hamilton for bringing it to the chamber. This morning, in Boroughloch Medical Practice in Edinburgh, I saw at first hand how primary care services, involving a wide range of skilled professionals, can have a huge impact on health outcomes. They are greatly valued by the communities that they serve.

I am proud of the record investment in primary and community care services of more than £2.1 billion in the draft December budget. That represents our continued commitment to ensuring that primary care services are better focused on meeting people's needs in a joined-up way.

General practice must be at the heart of our healthcare system. It is unparalleled in managing such a wide range of care needs in the community, from long-term condition management through to urgent unplanned care, with more than 1.5 million GP encounters a month and more than 1 million for other clinicians in practice. There are, of course, demand issues, but we are dedicated to

ensuring the sustainability of the GP and wider multidisciplinary team workforce.

In 2017, we committed to adding 800 GPs to the workforce by the end of 2027. At the most recent count, in December, 271 additional GPs had been recorded, and record expansion in our GP specialty training has resulted in there currently being more than 1,200 trainee GPs in Scotland. This is the beginning of our efforts bearing fruit, and we are working with the GP profession on developing a series of recommendations to ensure that we also retain our current GPs.

We are reforming the way that general practice works, through the 4,700 wider multidisciplinary team members who are in post, including pharmacists, physiotherapists, community link workers and mental health practitioners, to name but a few elements. That additional capacity allows teams to work together to support people in the community and free up GPs to spend more time with patients who are in specific need of their expertise.

Fergus Ewing: Will the cabinet secretary give way?

Neil Gray: I will give way very briefly, for a final time.

Fergus Ewing: Will the cabinet secretary obtain as much data as he can about the number of GPs and newly qualified doctors in general who leave this country for other countries, preparatory to considering the proposal for a bond that I put to Mr Cole-Hamilton?

Neil Gray: I would be happy to consider that. The retention of people who go through training in Scotland is critically important, as is the continued attraction of people from other countries to work in our NHS.

We know that health inequalities exist and have been exacerbated by Covid, which is why we are taking further targeted action through the inclusion health action and general practice support project, with £1.3 million of funding dedicated so far. We are also stabilising our highly valued community link worker capacity in Glasgow, with £3.6 million of funding for three years already confirmed.

The needs of rural communities are also at the forefront of our policy making. Our new national centre for remote and rural healthcare is now in its delivery phase and will initially have an intense focus on primary care.

It is clear that our health and social care system, which has primary and community care at its centre, will require reform to remain sustainable and meet growing demand. I will continue to work with our professional bodies and the people of Scotland to deliver on our ambition for a thriving and sustainable primary care service that is

focused on both mental and physical health to be at the heart of the healthcare system.

I move amendment S6M-12214.2, to leave out from “the Scottish Government’s” to end and insert:

“that, every day, public services continue to face the aftermath of the biggest shock faced since the establishment of the NHS—dealing with the combined impact of a pandemic, Brexit, which Scotland overwhelmingly rejected, and a cost of living crisis, amplified by catastrophic UK Government mismanagement; recognises that, in the face of over a decade of UK Government austerity, the Scottish Government’s draft Budget will invest over £2.1 billion in primary care to improve preventative care in the community; welcomes that the Scottish Government’s commitment to NHS staff has meant that Scotland is the only part of the UK not to lose any days to strikes; further welcomes an increase of 271 additional GPs in headcount terms since 2017, and a record expansion of GP specialty training, which will see over 1,200 GP trainees in Scotland in the next year; recognises the unique challenges that rural and island communities face and therefore welcomes the Scottish Government’s intention to publish a Remote and Rural Workforce Recruitment Strategy by the end of 2024; welcomes the expanded primary care multi-disciplinary team workforce, with over 4,700 staff working in these services, including physiotherapy, pharmacy and phlebotomy; notes the doubling of mental health spending in cash terms from £651 million in 2006-07 to £1.3 billion in 2021-22, and that, as a result of that investment, child and adolescent mental health services (CAMHS) staffing has more than doubled; highlights the investment of over £100 million in community-based mental health and wellbeing support for children, young people and adults since 2020; acknowledges that the Scottish Government has exceeded its commitment to fund over 800 additional mental health workers in numerous settings, including over 350 in GP practices; welcomes the ongoing £1 billion NHS Recovery Plan to increase capacity and deliver reform, and pays tribute to, and thanks, the entire health and care workforce for its unstinting efforts to provide services through a very challenging period.”

The Deputy Presiding Officer: I advise the chamber that there is no time in hand for this debate or the subsequent one, so members will have to stick to their speaking time allocations. I call Sandesh Gulhane to speak to and move amendment S6M-12214.3.

15:10

Sandesh Gulhane (Glasgow) (Con): I refer members to my entry in the register of interests as a practising NHS GP—I am living under the pressures that we are debating right now. I welcome the new cabinet secretary to his role, and I also welcome my new colleague, Tim Eagle, who will give his maiden speech today.

Successive SNP Governments have watched, as if caught in the headlights, as general practice struggles under sustained pressure on multiple fronts. The SNP—which is now supported by the Scottish Greens—is responsible for failing to develop and implement credible medium-to-long-

term strategic plans. The last attempt, which took place three health secretaries ago, flopped before the ink was dry. Humza Yousaf's so-called NHS recovery plan could well go down as one of the most underwhelming and poorly thought-through pamphlets in NHS history.

It is now important that we truly understand the issues that need to be tackled. We owe it to our amazing front-line staff in primary care to come up with real, workable solutions.

Allow me to run through some stats, Presiding Officer. A quarter of a million more patients are registered with Scotland's GP practices now than were registered in 2012, but if we look back at the past 12 years, we see that the number of GP surgeries has decreased by 9 per cent. Importantly, during the same period, the number of patients aged over 65 has increased by 20 per cent. Now, an increasing number of GP practices are being forced to close their patient lists because they do not have sufficient resources to meet patient needs.

The Royal College of General Practitioners Scotland says that GPs face such unmanageable workloads that more than half of its members cite poor morale or declining mental wellbeing. As for the SNP Government's flagship policy to recruit an additional 800 GPs by 2027, Audit Scotland says that it is not on track.

Primary care is the front door to a successful health service. A thriving general practice brings direct benefits to patients and protects the entire NHS from overload. We need to have a serious rethink about how we deliver healthcare and greatly improve access to primary care.

Craig Hoy (South Scotland) (Con): Does the member share my concern about the news that emerged last week that NHS Borders is facing a mounting deficit and will have to cut its budget by 10 per cent next year? Does he share my concern that the SNP Government has failed to properly fund rural healthcare?

Sandesh Gulhane: I could not agree any more with my colleague.

Over the past two years, I have had candid discussions with patient groups, clinicians, health economists, academics, technologists, third sector organisations and NHS executives, with the goal of developing a vision for our NHS that we can bring to a national conversation. It is clear that Scotland needs an NHS that is modern, efficient, local and accessible to all. To achieve that, our country will need to truly embrace innovation and change.

In addition, in order to maintain universal healthcare as we know it, we need to reduce strain on our health service and its staff. That will require

all of us taking greater responsibility for our own health, and it will require our NHS to identify issues before they become big problems.

Neil Gray: What impact and what greater strain would Sandesh Gulhane expect following Tory spending plans, which would see a further £0.5 billion reduced from our health service?

Sandesh Gulhane: Perhaps the cabinet secretary will reflect on the fact that if the SNP had passed on all health consequential that it received since it took power, we would have £17 billion more to spend on our health service. Shame on you for your pet projects.

The Deputy Presiding Officer: Through the chair, please.

Sandesh Gulhane: A modern NHS would embrace innovation and introduce the latest medical equipment. In rural and remote areas, that would include mobile screening services, and we would take diagnostics—such as lung screening—to the community instead of expecting patients to travel long distances. We need to provide credible backing for community pharmacists, optometrists, audiology services, physiotherapists and link workers if we want to have expertise in the community. To achieve that, we need to reprioritise resources. In plain speech, we need to fund the necessary changes and ensure that we reduce inefficiencies.

Sound healthcare economics is vital. Scotland's NHS must be geared to deliver at the local level in order to get stronger primary care. It is important that we focus on the fact that central belt solutions for primary care will not work for all of Scotland, which is not what the SNP understands. We are ready to contribute to a national conversation on the future of our NHS, which healthcare professionals are calling for.

I move amendment S6M-12214.3, to insert after "emergency":

"; notes with deep concern that the number of GPs per thousand people has decreased significantly in the last decade; recalls that investment in new treatment centres was central to the Scottish Government's NHS Recovery Plan and its promise to improve primary care access; condemns the recent decision to cancel investment in new projects for undermining these promises; strongly urges the Scottish Government to adopt the proposals put forward by the Scottish Conservative and Unionist Party in its paper, Modern, Efficient, Local: A new contract between Scotland's NHS and the public, including, critically, the pledges to recruit an additional 1,000 general practitioners and to digitise primary care appointment bookings".

15:15

Paul Sweeney (Glasgow) (Lab): I welcome Mr Eagle to his place and look forward to listening to his maiden speech. He will certainly have big shoes to fill replacing Mr Cameron as the

representative for Highlands and Islands. I also thank the Liberal Democrats for lodging its Opposition day motion on primary care for debate and say that members on the Labour benches will be supporting it.

We have, over the course of the parliamentary session, considered the issue of long waiting times on many occasions—and rightly so. One in seven Scots is on an NHS waiting list. The reason why we keep coming back to the issue is that it is not going away; in fact, it is getting worse under the current Government.

If primary care had the support that it needed, we would be able to build capacity and give people the timely help that they need in their communities, reducing pressure on our acute hospitals. Unfortunately, primary care does not have that support. The Scottish Government is not on track to deliver on its commitment to recruiting an extra 800 GPs by 2027, and its earlier commitment to recruiting 1,000 new community mental health workers has been abandoned. Patients and primary care teams deserve better than constant broken promises by the Government, and Labour supports the call in the Liberal Democrat motion for the NHS recovery plan to be rewritten.

I welcome the references to mental health in the motion, and I am sure that members will agree that the issue is raised frequently with us by constituents. It is, unfortunately, clear why that is the case: as of September last year, 27 per cent of children and young people who were referred to child and adolescent mental health services were rejected, an average of 26 children a day. Some patients have been waiting in excess of 1,000 days to start psychological therapies, and NHS 24 mental health hub calls about psychotic symptoms increased by 101 per cent between 2021 and 2023. That is an extremely serious demonstration of unmet need.

We know that support for mild to moderate mental health issues in the community has a positive impact on outcomes for patients, as well as reducing the demand for onward care, but the Scottish Government has failed to deliver on mental health services. The Government's previous commitment to funding mental health and wellbeing services in primary care, before pulling the funding entirely after the health and social care partnerships had spent almost a year planning for delivery, has been a catastrophic failure. As the motion states, the mental health budget has been frozen and then cut in-year for two years running. That kind of incoherence is unsustainable, and these are not the decisions of a Government that takes mental health seriously.

Labour is clear that primary care teams need to be supported and afforded the headroom to

innovate and establish the services required to meet the needs of their practice population. My amendment, therefore, notes that members on the Labour benches have serious concerns about health professionals not being meaningfully involved in Scottish Government decisions on service delivery, patient safety and workforce planning. The fact is that there is no service delivery, no patient delivery and no workforce without our dedicated NHS staff. Those workers and our patients deserve better, which is why our amendment calls for a national clinical council that is on a statutory footing to empower clinical experts and to make a better reality for patients and professionals.

I move amendment S6M-12214.1, to insert at end:

“; is concerned that health professionals are not meaningfully involved when the Scottish Government is taking decisions on service delivery, patient safety and workforce planning, and calls for the establishment of a statutory national clinical council, which would empower clinical experts and improve services for patients.”

15:18

Beatrice Wishart (Shetland Islands) (LD): I, too, welcome Neil Gray to his new post and extend a welcome across the chamber to Tim Eagle. I know what it is like to join a new class halfway through term, so I wish him well.

I also pay tribute to all the hard-working NHS staff—those on the front lines, those supporting behind the scenes and everyone who worked through the pandemic. They all deserve our great thanks.

The debate provides a good opportunity to discuss our constituents' experiences of primary care services. Everyone recognises the pressures that the NHS faced during the Covid-19 pandemic and the challenge of recovery, but years before the pandemic, issues were already building in the health service. Recruitment and retention of NHS staff from primary care throughout the health service have been issues for years. The problems did not start yesterday, nor are they the sole consequence of the pandemic.

The pandemic did present us with something new, however: long Covid. Constituents of mine have raised the issue of the lack of dedicated care for those living with it, with one parent saying:

“Our son is very unwell again and it is utterly devastating to see. The lack of support for children with long Covid and their families in Scotland is a national disgrace.”

Post the pandemic, staff are feeling overworked and undervalued, and we are seeing GP numbers reducing. Cuts to nursing and midwifery university places in 2011 by the then SNP health secretary, Nicola Sturgeon, are now coming home to roost.

At that time, my party colleague Alison McInnes asked:

“If we aren't training enough nurses and midwives today, who is going to look after our ageing population in the years to come?”

At the end of last week, in my constituency, NHS Shetland was looking for a salaried GP in Unst and another in Lerwick, as well as a psychiatric nurse team leader. The surgery in Hillswick has been advertising a GP post for well over a year and, within the past year, the community of Fetlar struggled to fill nurse cover for the island. Those adverts are for primary care posts. Overall, NHS Shetland has been advertising to fill 14 posts, ranging from GPs to support services.

As islanders, those in the communities that I have mentioned are fully aware of the unique circumstances in which they find themselves. Every community and every individual is entitled to healthcare, and where that cover is missing, it has a greater and disproportionate impact on small communities who have already done everything to extend, supplement and retain existing provision.

As with urban areas, island and rural areas face significant challenges to healthcare provision, such as ageing populations, depopulation and geography. In turn, the reasons behind depopulation and ageing populations are keeping healthcare posts from being filled. Where will the new GP or nurse live, given the shortage of housing to rent or buy? What attracts a healthcare professional to an island community when ferries do not run and are unreliable in providing lifeline services? That is just one way in which travel concerns significantly impact on patients in rural and island areas.

Fergus Ewing: Beatrice Wishart describes the shortages of medical personnel in Shetland, and I am sure that that is the case in many rural parts of Scotland—it is certainly so in the Highlands. A bond system could include the requirement for young qualified medical doctors to work in such remote areas. I believe that such a system of ensuring that rural provision is met and that personnel are available is applicable in other countries. Might it be worth emulating here?

The Deputy Presiding Officer: Beatrice Wishart, you need to conclude.

Beatrice Wishart: I think that all options should be looked at.

Travel expenses are paid to patients travelling distances beyond 30 miles by road or 5 miles by sea to get to their hospital or health centre for treatment. The Scottish Government needs to look again at how best we ensure that patients are not financially burdened when undergoing treatment. The anomaly that residents in Bressay face has

still not been addressed; their ferry journey does not qualify, but it is the only means of crossing Lerwick harbour to reach the ageing hospital, which I have long called for to be replaced with a modern facility.

Am I running out of time, Presiding Officer?

The Deputy Presiding Officer: You are indeed, Ms Wishart. In fact, you have run out of time.

Beatrice Wishart: I have plenty more to say, but I will conclude there.

The Deputy Presiding Officer: I know that to be true.

15:22

Ivan McKee (Glasgow Provan) (SNP): I am delighted to speak in the debate. First, I must pay tribute to the staff who work in our NHS and social care services and the tremendous shift that they put in, day in, day out.

It is important that we recognise the challenges that we all know the service faces, with waiting lists where they are and, in particular, the challenges with GP appointments, and that we recognise the significant impact of Covid in that respect, as we do across the UK and beyond. It is also important that we recognise the longer-term trends in demographics and health inflation that are pressing down on the service.

It is also hugely important to recognise, as the cabinet secretary has done, the Scottish Government's commitment to the principles of the NHS, including the principle that exists in Scotland—unlike the rest of the UK—of free access at the point of need. The importance of primary care as the gateway to that service is critical. It is the most cost-effective way of providing that preventative service up front, and it helps the health and social care system operate more effectively. As a result, we should not understate its importance to the whole system.

It is also important that we recognise the performance of the Scottish Government and the NHS in Scotland in that regard, with GP numbers per head of population in Scotland the highest in the UK at 81 per 100,000 population, compared with 62 in Tory-run England and 65 in Labour-run Wales. We must also recognise the steps that the Scottish Government is taking to address the challenges that we undoubtedly face with GP provision. With GP training places now at 1,200, and set to increase by 35 this year and by an additional 35 next year, the multidisciplinary teams—4,700 such workers are in place, as the cabinet secretary has identified—will be absolutely critical in providing a more efficient and effective service at a local level.

I am delighted that the cabinet secretary's predecessor continued the community link worker programme, and I am sure that the cabinet secretary will do so, too. Week in, week out, the GP practices in my constituency of Glasgow Provan are supported by community link workers. The number of GPs has increased by 270 since 2017, so there is clearly more work to be done, but much is going in the right direction.

I also take this opportunity to mention the particular challenges faced by rural and island communities. As members will know, it is an area being investigated by the Health, Social Care and Sport Committee, which I sit on. It is also worth recognising the Scottish graduate entry medicine programme, which is unique to Scotland within the UK. The University of St Andrews and the University of Dundee already participate in the programme, with its focus on recruiting and training GPs specifically for rural and island communities.

I very much welcome the cabinet secretary's comments about taking forward plans for reform and innovation across the service, which I hope will happen sooner rather than later. There is much to do, but I believe that there is much opportunity and scope for innovation, both in technology and in process, to deliver service improvements, particularly if best practice is rolled out at scale across all 14 territorial health boards and the whole service.

I recognise the importance of recruiting GPs and other healthcare professionals, but I also recognise, as has the cabinet secretary, the impact of Brexit on the potential to recruit. It has placed the brakes on NHS Scotland's opportunity to recruit from the rest of Europe—and it also brings into stark focus the Lib Dems' position. The motion recognises the problem with recruitment; however, the elephant in the room is the Lib Dems' volte-face or about-turn on their position on Brexit, which speaks to their inability to maintain consistency in such matters. The Scottish National Party is the only party in Scotland that is committed to Scotland rejoining the European Union—

The Deputy Presiding Officer: Mr McKee, you do need to conclude.

Ivan McKee: —as a full member as soon as possible.

The Deputy Presiding Officer: I call Tim Eagle. For members who have not been paying attention, you will wish to be aware that this is Tim Eagle's first speech in the Parliament.

15:27

Tim Eagle (Highlands and Islands) (Con): I am honoured to give my maiden speech today as a new representative of the Highlands and Islands region. I declare an interest in that my wife is a practising GP.

Before I talk about health, I offer my thanks to the parliamentary staff who have supported me this week and to Donald Cameron as he begins work as a Parliamentary Under Secretary of State for Scotland. It speaks to Donald's character that politicians from all parties praised his contribution to this Parliament over the past eight years. I did not quite realise how big his shoes were, so I will have to get some big shoes from somewhere. He is well known and respected, and the UK Government's gain is our loss.

Like my colleague Douglas Ross, I live in Moray with my family, and I share Douglas's infectious passion for the region. No two communities are the same, and residents across the Highlands and Islands face distinct and unique challenges, whether that is needing to get a ferry, paying more for deliveries, recruitment difficulties or needing to travel hundreds of miles for healthcare. The news on Monday that there will be a significant delay to the delivery of an MRI scanner and to the refurbishment of the mental health ward at Dr Gray's hospital in Elgin is yet another serious blow for Moray and the wider community.

Although those challenges are many and varied, our region and its people have much to offer. As I mentioned earlier, my wife is a practising GP, so I know and live with the daily challenges that are faced by those on the front line in primary care. However, it is not just the GPs; there are the advanced practitioners, the physios, the front-line staff at the desk, the administrators, the practice managers, the pharmacists and more. People in those professions and many others do not just switch off at the end of the day. Their job is a part of their lives, and they do an amazing job despite the difficulties that they face.

There are many great things that this Parliament can and will do, but it is a fundamental essential that we get the most basic needs of the Scottish people right, and access to healthcare that delivers quality, timely care to patients from staff who are valued is one of them.

GPs are the beating heart of primary care services, yet Public Health Scotland's website today shows a drop of 40 GPs in the past year alone. The SNP's promise to deliver 800 more GPs by 2027 is, frankly, looking increasingly hollow. It leaves me asking big questions. Where will the Government get those GPs from, and is it truly listening to patients and GPs at present?

To add to that pressure, the number of registered patients is increasing. Reform is clearly needed to deliver modern, efficient and local health services and, in the case of my constituents, it is vital that the trend of rural depopulation is tackled.

Although I enter Parliament at a later stage in this session, I bring with me many lessons learned from serving the community of Buckie during my time on Moray Council. I am deeply proud to be a part of that community. It has immense spirit, which was so prominently displayed when a large part of the town travelled to Glasgow to support Buckie Thistle Football Club against Celtic in the Scottish cup recently.

As a councillor, I firmly believed that I was only truly capable of serving my community if I listened to those whom I served. Ultimately, it is their lives that are made better or worse by the decisions that we take here. Although I will challenge the Government when it is necessary to do so, I want to work with all politicians, because that is what our constituents expect of us.

I look forward to delivering for the Highlands and Islands, but I end with perhaps one of the most urgent requests to the Government. Primary care is calling out to the Government from the shadows that it needs more help to bring it back into the light so that it can shine. *[Applause.]*

The Deputy Presiding Officer: Well done, Mr Eagle.

15:31

Alex Rowley (Mid Scotland and Fife) (Lab): I congratulate Tim Eagle on his maiden speech today.

I also welcome the cabinet secretary's statement that he will be listening to the voices of health users and of those in the workforce. I hope that that also means those on the front line of our health services, because when I spend time speaking to front-line health and social care workers, it is clear that they often feel as though nobody listens to them, whether that is those further up the tree in the management of the NHS and the integration joint boards or, indeed, whether that is politicians.

Alex Cole-Hamilton talked about the NHS and health and social care being in crisis. Those on the front line face that crisis every day. It is right that we in the Parliament should unite to thank those who are delivering health and social care services. They are under such immense pressure, but if we speak to anyone who uses those services—this is certainly my experience—they are full of praise for the dedication, the commitment and the care that they take in delivering their jobs every day, despite

the real difficulties that they sometimes face in their work.

The value of social care work is a key issue. Over a number of years, I have raised in the Parliament the issue of the value that we place on social care. I suggest that the pay for social care workers does not match the job that they deliver. The level of pay is poor. If we compare the pay, and the terms and conditions, of those who deliver social care in the public sector with those in the private sector, we see that both those aspects are worse in the private sector.

It baffles me that we have not addressed that aspect. We have spent millions coming up with the new social care services that we talk about, and I think that a bill is being introduced in a number of weeks, but why have we not addressed that core issue? If we do not treat care workers with respect or value the service that they deliver through the provision of decent pay and terms and conditions, it is no surprise that there are issues with recruiting people into those services and that people are also leaving them. I make that appeal.

On workforce planning, I raised with NHS Fife a month or two ago a concern that constituents have raised with me: the fact that many GPs are due to retire. There is real worry in many communities about what will happen when those GPs go. The chief executive of NHS Fife told me that it does not hold any data or information, and that it has not carried out any surveys on the GP workforce across our health centres, because they are private businesses. No other business or public service would be run in that way, such that people are clueless as to what staffing requirements will be in the future. We have to address that issue.

I praised the Government many years ago when the Christie commission's report came out and it focused on prevention. We should not forget that many of the people who are using primary care services are doing so because other services are poor. If people live in damp, wet housing or are unable to get the skills and opportunities that they need to get a job or an education, that will result in poorer health—the statistics show that. We need to take a holistic approach that recognises those factors.

15:35

Gillian Mackay (Central Scotland) (Green): I start, as others have, by thanking GPs and their primary care teams for their efforts for their patients every single day. The briefing from the Royal College of General Practitioners rightly calls them “the front door” of the NHS. They make up the service that is in most contact with the public and that is in the best possible position to help us

to achieve some of the public health goals that we are rightly proud to have.

I welcome the commitment from the cabinet secretary to speak to those who work on the front line, as well as to patients, about what they want to see from front-line health services.

We need to tackle the issues and challenges that GP services are facing. The pandemic has played a large part in the frailty, deconditioning and complexity of the patients who GPs are dealing with. That is no fault of patients or GPs, but it is a reality that many of them face. Those pressures and that added complexity simply have not gone away, and they will be with us for some time to come.

We also have new conditions for GPs to treat, such as long Covid, as well as advances in how we treat other conditions. I strongly believe that we need to ensure that GPs have sufficient time to update their knowledge and deepen their understanding of complex conditions that they are having to manage. Data is a huge issue across the sector, and I once again call for a single patient record.

There are particular pressures in particular places. I want to touch on some of the interesting work that the Health and Social Care Committee has been doing on remote and rural healthcare. Unsurprisingly, the ability to recruit people into the workforce in rural communities is an issue. Clinicians highlighted to us a range of recruitment difficulties.

Housing came up as a major issue, because of both cost and availability. Some people highlighted to us that, in certain communities, the cost of housing prohibited new workers from moving there in the first place. However, some of the biggest barriers were the types of housing that were available, if any housing was available at all. Cost was highlighted as more often an issue for other members of the multidisciplinary team.

In many rural villages, general practices have only one GP. That causes recruitment challenges, as many GPs want to be part of larger teams for support and collaboration. There are very good wider networks for rural GPs, but some noted that their work can be quite isolating on a day-to-day basis.

Added to that are the issues of an ageing population and the fact that older people can make up a higher proportion of the population in some rural areas. Many people choose to retire to rural locations, which exacerbates the issue. Thought needs to be put into how we can best equip GPs in those areas for the likelihood that the number of older people in their practice areas will increase.

How we deliver primary care services is hugely important across the country, but how we can innovate with GP services in rural areas so that people do not have to travel long distances is particularly so.

Those are just some of the issues that have been raised with the committee as part of the inquiry, which is still on-going. The potential solutions to some of those issues lie in other portfolios within Government, and I hope that the new cabinet secretary will explore those with colleagues.

There is a lot to cover in the debate, but I want to briefly touch on the issue of out-of-hours GPs. They add a huge amount of support and breadth to the urgent care landscape. They are a hugely dedicated team, who do our-of-hours work over and above their normal clinical load. They help to divert people away from A and E but ensure that patients with particular concerns are seen and given help, support and treatment where it is needed. They are an enormously important piece of the GP workforce that we often forget about, but they are hugely valuable.

Our primary care teams are “the front door” of the NHS, and we need to ensure that they get the support and investment that they need.

The Deputy Presiding Officer: The final speaker in the open debate is Keith Brown.

15:39

Keith Brown (Clackmannanshire and Dunblane) (SNP): First, I welcome Neil Gray to his position as Cabinet Secretary for NHS Recovery, Health and Social Care. He is one of the strongest members of the Government and it is one of the most difficult posts, so best of luck to him.

I also welcome Tim Eagle to the Parliament. I hope that I will have the same convivial relationship with him as I have with his colleagues. I ask him to pass on my best regards to Donald Cameron, who left suddenly. We worked together on the Constitution, Europe, External Affairs and Culture Committee, and I always found him to be a courteous and considered individual.

What we heard from Alex Cole-Hamilton raises real issues but, in my view, the contribution is entirely fatuous, because it seeks to ignore some of the big determinants of what we are discussing. First, we get groans from some parts of the chamber when comparisons are made with other parts of the UK—unless it is a comparison that those members want to make—but the amount of resources that come to Scotland is determined by spending decisions that are made in London. The UK Government rightly bases those decisions on

what it believes the need to be, but Scotland just falls into place, as does Wales. If we ignore the extent to which resources, including the capital cut to the NHS budget, derive from Westminster, this is not a real debate.

Another thing that is disregarded and ignored in the debate is that Covid seems to be a justifiable reason to give for some of the issues in the NHS in England—as happened this week in the House of Commons—and in Wales, but it is not seen as justifiable here in Scotland.

Alex Cole-Hamilton: Will Keith Brown give way?

Keith Brown: No—I will not. I have only four minutes, and Alex Cole-Hamilton has not been in the chamber during the whole of my speech, anyway.

Another thing that is unreal is the failure to acknowledge—particularly by Alex Rowley—the fact that Scotland has higher-paid NHS staff. As Ivan McKee pointed out, we have more NHS staff, and we have had no strikes in the NHS. If this was a genuine discussion about the condition of primary care services, there would be some mention of those facts.

A fourth thing that Opposition members have not mentioned, although Ivan McKee mentioned it, is the impact on the NHS of Brexit and of the more recent announcement that further restricts care workers' ability to come to Scotland. If those things are completely ignored, how genuine can the discussion be?

Much of what Opposition members say in the chamber is derogatory towards the NHS and its staff, although it is usually dressed up by saying that it is the SNP NHS. My experience, whether of primary care or otherwise, including cancer care, is different. In the past couple of weeks, somebody I know who has cancer was seen within three days—they had a mammogram and an ultrasound, saw the consultant twice and were dealt with in three days. I am not saying that everyone gets that service, and I am not trying to pretend that there are no issues and no waiting lists, although the waiting lists here are substantially shorter than those in many other parts of the UK.

Surely it is more important to discuss how the spend on NHS services in Scotland, including on primary care, compares with that in other countries, so that we get a true comparison, or to consider what other countries are doing that is different and that we could learn from.

There is no question but that the NHS has done an absolutely fantastic job. I just recounted an experience from the past couple of weeks, but there was an even better one in the midst of

Covid, which I will quickly recount. A consultant saw somebody who I knew and who had to have their gall bladder removed. After that person's emergency admission to hospital in the afternoon, the consultant said that, since he was on that night, he would do the operation then—the same day as the person was diagnosed. Given how crammed the hospital was at the time—it was Glasgow royal infirmary—that was an absolutely fantastic job. I just wish that we had heard more about the work that has been done in the NHS.

I wish that we could have a realistic debate in which the Opposition parties at least acknowledged the constraints that operate in Scotland, as they do in Wales and Northern Ireland, because of the way in which the UK is structured. I will support the amendment in the name of Neil Gray when we come to decision time.

15:43

Carol Mochan (South Scotland) (Lab): I am pleased to close on behalf of Scottish Labour and I thank the Liberal Democrats for bringing the debate forward during their debating time. To reflect on the previous speech, by Keith Brown, a key point is that we have such a short time to speak because it is always the Opposition parties that have to bring such debates to Parliament. I would welcome it if Keith Brown put pressure on the front benchers to use Government time in the chamber to talk about such issues, which I agree that we should talk about.

I think that members know that I appreciate the concerning impacts of Brexit and the Tory Governments that we have had. I have said that many times in the chamber, and I do not shy away from doing that. However, it is fair for Opposition parties to come to the chamber to say that patients and staff are getting fed up with the SNP deflecting blame and deflecting from taking any responsibility for how poorly things are going in the NHS for staff and patients. To be honest, it is a key responsibility of back benchers to put pressure on front benchers to talk about and take responsibility for such things.

The direction of travel regarding access to primary care is undoubtedly the wrong one, which is piling pressure on parts of the health service that could do without it, as Alex Cole-Hamilton said when moving his motion. Let us be clear—it is honest to say that the target to deliver 800 new GPs is not being met. Sandesh Gulhane gave the evidence for that. Waiting lists are dangerously long, with many people waiting in pain. In primary care, people sometimes cannot even get to speak to a GP. It is fair for Opposition parties to bring such issues to the chamber.

Mental health appointments for children and, in particular, for adolescents are still extremely hard to come by. My colleague Paul Sweeney outlined that the promise on that has more or less been abandoned. We must make those points in the chamber.

Keith Brown: I agree with that—I see nothing wrong with such concerns being brought to the chamber. That was not my point; my point was that, if we are to have a rounded debate, let us acknowledge why some of these things are happening—the root causes of them. We should have a more rounded debate, but I am not challenging the right of members to raise such issues in the chamber.

Carol Mochan: We are coming at the issue from different directions. I think that I have been fair in my assessment of where we are. The Scottish Government has a massive budget for the NHS and has lots of staff to manage and support, so it must take some responsibility for that.

Beatrice Wishart put it well when she said:

“The problems did not start yesterday”.

She gave a fair reflection of what has happened over many years, before Brexit and Covid. We need to be honest about that.

I see that my speaking time is running out. The cabinet secretary mentioned recruitment and retention and spoke about physiotherapists. We require physiotherapists in my region, but responsibility for our inability to recruit people to physiotherapy courses, in order to gain more physiotherapists far into the future, lies at the door of the Scottish Government. The Chartered Society of Physiotherapy has been trying to speak to the Government about how we recruit and retain more physiotherapists.

Scottish Labour will support the motion, and we hope that members will support our amendment.

The Deputy Presiding Officer: I remind all members that those who participate in a debate should be here for opening and closing speeches. Some members drifted out of the chamber during the opening speeches, and some have done so during the closing speeches, which is not acceptable.

15:48

Tess White (North East Scotland) (Con): Neil Gray has inherited an overflowing in-tray from the disgraced Michael Matheson, who missed no fewer than 72 NHS-related targets set by his Government while he was in charge of the health service. As we have heard, it looks likely that the SNP Government will miss another of its flagship targets—the target to recruit 800 GPs. In fact, the

British Medical Association believes not only that Scotland is not on track to meet that commitment but that we are going backwards. That matters because primary care is the backbone of the NHS. The majority of patient contact occurs in primary care. Those services are being expected to take the pressure off other parts of the NHS that simply do not have the capacity to treat patients.

General practices are pivotal to the survival of the NHS but, under the SNP Government, patient numbers are up and GP numbers are down. Scotland lost 10 per cent of its GP surgeries between 2012 and 2022. General practice is chronically underfunded and underresourced, as we have heard. Rural communities have been hit particularly hard, because it is increasingly difficult to recruit and retain GPs, so some practices are under increased pressure to close. It is little surprise that one of Scotland’s top doctors has warned that general practice is dying a slow and lingering death.

As Neil Gray gets up to speed with his brief as the new health secretary, he would do well to read the Scottish Conservatives’ recent paper on health, in which we committed to raising the amount of NHS spending on GP services by 12 per cent and to recruiting an additional 1,000 GPs.

Dr Sandesh Gulhane shed light on the flopped plans of the past three health secretaries, against a backdrop of GPs suffering from low morale caused by unmanageable workloads. Sadly, earlier in the debate, we saw more deflection from the latest cabinet secretary, who, according to Keith Brown, is one of the strongest members of the SNP. Let us therefore see the cabinet secretary start to put in place workable solutions to the current crisis, rather than continuing to lay the blame elsewhere, as his colleagues do.

Dr Gulhane challenged the cabinet secretary and his colleagues over not passing on £17 billion in NHS consequentials and instead wasting that money on SNP-Green pet projects. Dr Gulhane is not precious about our policies. The cabinet secretary could swallow the pride that he talks about and consider our workable solutions, which would give him a head start. The cabinet secretary is frowning at me, so clearly he has not looked at our paper—perhaps we could send him a copy of it. If he were to consider those proposals, that would make a refreshing change from the deflection, the cracked record and the smoke and mirrors that Alex Cole-Hamilton mentioned in his opening speech.

In making his maiden speech, Tim Eagle asked the cabinet secretary to listen to those whom he serves. Cabinet secretary, please do something now, listen and show that you mean what you say about making general practice

“the heart of the healthcare system”,

to quote your words to you.

The Scottish Conservatives have a clear plan to deliver a modern, efficient and local NHS. The SNP cannot preside over the permanent crisis in our NHS any longer.

The Deputy Presiding Officer: I give a reminder that remarks should be made through the chair.

15:52

The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd): I have only a brief time to close the debate on behalf of the Government. I will try to respond to as many as I can of the points that have been raised.

As a mental health pharmacist who spent 20 years working for NHS Highland, far from experiencing the “nationalist ministerial disinterest” that Alex Cole-Hamilton described, I was so inspired by our SNP ministers’ leadership of our health and social care system in Scotland that I became one.

Mr Sweeney raised the challenging financial pressures that we face and their impact on our mental health budget, which is an issue that is close to my heart. The pressures that we face are recognised as some of the most challenging since devolution. Welsh Labour colleagues recognise that situation; I only wish that Scottish Labour colleagues would do likewise.

Paul Sweeney rose—

Maree Todd: One moment.

Of course, Covid and Brexit have lingering impacts, but there has also been the enormously painful effect of Liz Truss’s premiership. It might have lasted only a few weeks, but its impact will be felt for many years.

I will give way to Paul Sweeney.

Paul Sweeney: No one here is charging the Government with not having to deal with a difficult financial position; our issue is the clarity with which it is approaching those points. For example, we know that community link workers have a positive effect in avoiding unnecessary admissions to acute hospitals, yet their numbers in Glasgow were about to be cut and we had to fight a defensive campaign against that proposal. That is just one symptom of a wider issue, in which the Government is often found wanting by not acting intelligently with the resources that it has.

Maree Todd: We absolutely recognise the value of community link workers, which is why we have invested in them. They have a record budget this year. The mental health directorate’s programmed

budget has more than doubled since 2021 to more than £260 million. In fact, our NHS boards’ investment in mental health services has also increased, despite the difficult situation that we face.

I welcome Tim Eagle in making his first speech as a new representative for the Highlands and Islands region. I have had the privilege of representing the region, and I wish him all the best in his work.

Mr Ewing raised the issue of whether a bond can be applied, particularly in rural practices. A form of that already happens in the successful ScotGEM—Scottish graduate entry medicine programme—initiative that was introduced in 2018-19. Bursaries are available, with conditions attached that can trigger repayment.

I absolutely agree with Mr Rowley that we need to value social care staff. That is why I am very proud to serve in a Government in Scotland that has ensured that our social care staff are the highest paid in the UK—not only that but, thanks to our progressive tax reform, they pay the lowest level of taxation in the UK. I share Mr Rowley’s wish to go further and faster, but I am pleased that we are on a path to improvement.

I am certain that Mr Rowley would join me in opposing the appalling treatment of care workers that is being proposed by the UK Government. Those people who come to this country to care for our most vulnerable people are being singled out and denied family life. That is absolutely brutal and disgraceful, and it should shame each and every one of us.

This Government sees primary care as the foundation of our health and social care system. The cabinet secretary covered the work that is under way to increase and retain our GP workforce in Scotland. We are also committed to reforming the way in which general practice works through expanding the wider multidisciplinary team in general practice, including pharmacists, physiotherapists, community link workers and mental health practitioners, to name but a few elements of that team. That additional capacity is allowing GPs to move into the expert medical generalist role, focusing on more complex care in the community, as intended through the 2018 GP contract changes.

We are further taking forward the work to develop multidisciplinary teams through the establishment of a phased investment programme over the next 18 months, with four demonstrator sites across Scotland showing us what the next phase of multidisciplinary team delivery would look like.

I turn to mental health, in particular. We have exceeded our commitment to fund more than 800

additional mental health workers, many of whom are working in primary care and community settings. To develop a culture of mental wellbeing and prevention in local communities, we have invested £51 million in our communities mental health and wellbeing fund for adults since 2021. We have also ensured access to counselling services in every secondary school and continue to support local authorities with funding for that. Following our record-breaking investment in CAMHS, 13 out of 14 CAMH services in NHS boards in Scotland have, in effect, eliminated their long waits. That is to be celebrated.

I know that we need to further enhance the support that is available in the community for both mental and physical health. Primary and community-based care are priorities for this Government. We are committed to continued partnership working with our professional bodies to ensure that reform and our committed investment in the draft budget are configured for the needs of our communities.

I hope that members can see that this Government is delivering on its ambition for a thriving and sustainable primary care system that is focused on both mental and physical health at the heart of our healthcare service.

The Deputy Presiding Officer: I invite Willie Rennie to wind up the debate.

15:58

Willie Rennie (North East Fife) (LD): I thank everyone who has taken part in the debate. I especially thank Tim Eagle for a fine first speech, which I thought was excellent. He showed his passion for Moray, and he has a good grasp of the issues that are at play. My one bit of advice would be not to follow the lead of Sandesh Gulhane and fail to turn up for the summing-up speeches of the debate; otherwise, it was an excellent first start.

One of the issues that Mr Eagle specifically mentioned was the long distances to get access to some care, especially around maternity services and Dr Gray's. That was the bit of Beatrice Wishart's contribution that she was not able to squeeze in because she was far too generous to Fergus Ewing. It was about Jamie Stone's point about maternity services in Caithness and the far north and how women have to travel hundreds of miles to get treatment. The strain must be incredible.

Alex Rowley was right. All members in the chamber recognise the value of NHS staff. We understand it. We have seen it at first hand. I have seen it at first hand over the past year with far too many family members who have spent a long time in hospital. I have seen at close quarters the pressure that NHS staff are under, and there is no

doubt that all members present would thank them for the work that they are doing.

The morning call to the GP is incredibly stressful. People have to make repeated calls. Sometimes, the line is engaged if the practice does not have the right telephone system and, sometimes, people fail to get an appointment day after day. Those long waits add to the pressure, strain and anxiety that patients already feel because they believe that they have an important illness that needs to be addressed. Moreover, something might be urgent without people knowing it, so those waits might prevent us from making the early intervention that GPs often provide.

Ivan McKee was bang on when he said that GPs were the gateway. The preventative service—the old-style family doctor—was an important part of the community. That has changed, and I am sure that everybody recognises the additional health professionals who are now part of the multidisciplinary team that the minister just talked about. We should encourage our constituents to accept the advice from the receptionist to go to another health professional and not just insist on seeing their GP. That helps, alongside going to a pharmacy, which often provides more direct support.

Although Ivan McKee was right about that, he was a wee bit wrong in blaming the Lib Dems for everything to do with primary care. However, I accept that he is allowed to make some political points.

The cabinet secretary acknowledged some of the issues. I accept that there are issues connected to Brexit—to which we are still opposed. The pandemic has added to the pressure, and we know that budgetary pressures apply, too. However, I have to say that there was a bit too much of blaming everybody else and not accepting the responsibility for the inordinate pressures that primary care services face.

Neil Gray: In the work that I seek to take forward and the reform that is needed across the NHS and social care services, I absolutely accept responsibility. We need reform in that service. Therefore, I assure Willie Rennie that not only is the context in which we operate important but I take very seriously my responsibilities to ensure that we have reform and that we increase capacity and productivity in our service.

Willie Rennie: I accept that. The problem that the minister faces is that we have had 17 years of the Government and promises of endless reform. I have to say that we are not much further forward. We still have the long waits that I talked about when people try to access their GP in the morning. I talked about the waits for mental health

treatment. I know that the minister is saying that the very longest waits have almost been eliminated, but thousands of people are still waiting a hell of a long time to access mental health services. That is adding to the problem.

The minister did not refer to the fact that GPs are retiring early and hardly any of them go to their full term now. We need to get to grips with that, which feeds into what Fergus Ewing was talking about. We need to ensure that we keep GPs for longer. Secondly, an awful lot of GPs are going part time. That is a symptom of the pressure that they feel in their practices. We are into a vicious cycle, in which the GPs and all the staff feel the pressure. The demand increases, so they go part time, and the demand increases more because of the pressure on the staff who are left.

We have long-term problems with general practice, and I hope that the minister will try to address the issues around GPs. The pension changes at UK level will help a bit, but far too many GPs have already gone.

Paul Gray, the man who used to be in charge of the NHS in Scotland, warned the Government some time ago that, irrespective of the pandemic or Brexit, there were already deep-seated problems in the NHS. I am afraid that the response from the Government has been wholly inadequate. According to the RCGP, the Government is not on track with the recruitment of GPs. It is just not. In the past two years, there has been a decline. According to Audit Scotland, we are not on track to meet the recruitment targets for mental health staff, either. It says that the plan is at risk. I have raised with the minister the issue that there are pockets of the country where we are not able to recruit members of multidisciplinary teams. There has been an in-year cut in the mental health budget, which does not help, either.

We need action on recruitment and retention, and we need to explore the use of a bond. I prefer carrot rather than stick, but we need to think about whether we should consider a bond.

Fundamentally, we need to look at the long-term problem whereby, although primary care deals with the bulk of the work in the NHS and deals with most people, it gets a fraction of the budget. We have not shifted that dial enough. We need to increase the proportion of the budget that primary care gets. That is not easy, especially when there are significant pressures elsewhere in the system, but if we do not address the bit of the problem that relates to the gateway and the early intervention and prevention work that Ivan McKee talked about—

The Presiding Officer (Alison Johnstone): Would you conclude, please, Mr Rennie?

Willie Rennie: Certainly.

If we do not do that, we will simply add to the problems in the rest of the health service.

National Health Service Dentistry

The Presiding Officer (Alison Johnstone):

The next item of business is a debate on motion S6M-12215, in the name of Willie Rennie, on the crisis in NHS dentistry. I would be grateful if members who wish to speak in the debate would press their request-to-speak buttons.

16:05

Willie Rennie (North East Fife) (LD): In case members have not had enough of me, I will speak in this debate, too. In preparation, I asked for people's experiences of NHS dentistry. I had a tidal wave of responses: indeed, I am still receiving responses this very day. The stories are nothing short of extraordinary—apart from those of Scottish National Party supporters, who, it appears, are all registered with NHS dentists, get an appointment before they ask for one and even have the shiniest teeth on the whole planet.

It is certainly true that many people get a good NHS dental service experience, but so many people do not. Our job in Parliament is never to stop until everyone gets the service that they need and deserve.

The steps that people have taken are nothing short of extreme. Those steps have included DIY dentistry with tools that have been bought on Amazon; travelling hundreds of miles; sometimes paying a small fortune; and hunting for an NHS dentist for weeks on end without success.

Elaine Stewart could not find an NHS dentist in St Andrews, so she is still using her parents' address on the west coast. She is not alone.

Naomi Kimber from Newburgh is a single mother with no support. She is on universal credit, she cannot work and does not drive. She told me:

"In one month, I spent almost £400 on X-rays, two fillings and cleaning. This left me short for food, which meant I skipped meals so that my son could eat."

That is what NHS dentistry has brought for that young mother.

Alfie Cook could not get any treatment during the pandemic. He later paid £2,600 for private treatment because he could not get an NHS dentist.

Stephen Kelley from Tayport says that he has now been on a waiting list for four years. He told me:

"I have had to resort to 'DIY dentistry' with dental tools purchased on Amazon".

He added, in brackets, that he was "not joking".

Another constituent told me that he was going to Turkey for treatment, because it was cheaper to

travel all the way there than it was to incur private costs here. So, as well as getting our ferries from Turkey, we are getting our teeth done in Turkey.

NHS dentistry is in crisis. It was in trouble before the pandemic. The British Dental Association says that the revised payment system that the Scottish Government introduced in November last year has made little to no difference.

No dentists in Fife are accepting new NHS patients. This month, Nanodent in Glenrothes said that it had no choice but to shut for "an extended period". Redburn Dental in Kirkcaldy is going fully private due to on-going pressures. Last year, the Newburgh practice in my constituency went private and the Tayport practice closed altogether. A practice called Mydentist in Prestwick, Ayrshire, dropped 1,500 patients overnight, as it went private.

Almost 82 per cent of NHS dentists in Scotland no longer take new patients, and 83 per cent say that they will reduce their NHS numbers. Therefore, it is absolutely bogus to claim that, because a high percentage of people are registered with an NHS dentist, everything is fine.

Research that was carried out by my party last year found that almost half of people who are registered have not been seen by an NHS dentist in two years, 1.2 million have not had an examination or treatment in five years, and more than 10 per cent have not seen an NHS dentist in more than a decade. New statistics that were published yesterday by Public Health Scotland reveal that there was a 25 per cent drop in the number of NHS dental examinations that were paid for between December 2019 and December 2023—a drop of 50,000 from 195,000.

We should not forget that the SNP has abandoned its promise to abolish all NHS dental charges, but worse than that is that it has increased the charges rather than scrapping them. When the minister stands up next, her first words should be, "There's a problem with NHS dentistry in Scotland." If she does that, we can have a serious debate about how to fix it. It should include, I believe, a fee system that reflects the true cost of providing treatment and reverses the 35 per cent real-terms cut that has been made in recent years.

We should raise the cap on numbers of student dentists. Vocational dental training is the entrance to NHS dentistry. We should fund 70 more places, starting this August, and give NHS Education for Scotland the funds to act quickly. Come August, that would open NHS access across the country, with a very moderate financial outlay.

We also need to speed up the registration process for overseas dentists, which currently involves a three-year wait with the General Dental

Council. We have the powers to do that in Scotland, so we should get on with it. I know of a dentist who is working as a pizza delivery driver because he simply cannot get registered. The Scottish Government must rewrite the failing NHS recovery plan.

I will finish with a final chilling anecdote; a dentist told me this. Someone with an early stage oral cancer has a five-year survival rate of 80 per cent and a late stage survival rate of only 20 per cent. One oral surgery department reports alarming increases in late presentations of oral cancers. That is something that should send shivers down all of our spines. It is not just about shiny teeth—it is a matter of life and death.

The Presiding Officer: Can you confirm that the motion has been moved?

Willie Rennie: That was a rookie error.

I move,

That the Parliament believes that there is a crisis in NHS dentistry; considers that it is deeply concerning that people are finding it increasingly difficult to see an NHS dentist locally, if at all, and in some cases are resorting to DIY dentistry; notes concerns that changes to the payment system, which came into force on 1 November 2023, will do little to stop the exodus of NHS dentists; recalls that the Scottish Government committed in 2021 to abolishing all dentistry charges by the end of the current parliamentary session, but that charges for NHS patients have since increased substantially and been expanded to cover emergency appointments and denture repairs; believes that there must be decisive action to resolve this crisis, and calls, therefore, on the Scottish Government to rewrite the failing NHS Recovery Plan to prioritise workforce planning, boost the number of dentists taking on NHS patients and increase the number of appointments available.

16:12

The Cabinet Secretary for NHS Recovery, Health and Social Care (Neil Gray): The previous debate focused on the importance of care being delivered in our communities through, and in partnership with, general practices.

This debate is equally important and it recognises dentistry as an essential linchpin of our primary care system. I would go further and say that it is a key driver in realising our commitment to delivering preventative and proactive healthcare, delivered by sustainable and effective public services, working in partnership with patients.

It is for that reason that the extension of free dental care to under-26s formed an integral part of this Administration's first 100-day sprint, and why dental access remains a core tenet of the First Minister's policy prospectus and my personal mandate from the First Minister.

Sue Webber (Lothian) (Con): The cabinet secretary speaks about the preventative agenda

being foremost in his thoughts, but how can dental treatment be preventative when there are two years between check-up appointments? Much can change in that time.

Neil Gray: I will come on to talk about some of the detail of the work that we are doing with the industry to provide greater capacity, so that Sue Webber can be reassured.

As I said earlier, even with the short time that we have for them, I welcome such debates as an opportunity to talk in greater detail about the essential nature of community-based healthcare. I am therefore grateful to Willie Rennie and the Liberal Democrats for bringing the debate to the chamber.

In talking about dentistry, it would be remiss of me not to set out, as necessary context for the debate, the impact that the pandemic had on dentistry—for practitioners and for the public who, overnight, lost access to that vital service. It is not hyperbolic to say that the pandemic had, and continues to have, a seismic impact on the dentistry sector—possibly more than on many other health services—because of the nature of dental care and its high reliance on aerosol-generating procedures, and the stringent infection prevention and control measures that were put in place, which effectively stopped activity overnight.

Claire Baker (Mid Scotland and Fife) (Lab): Can the cabinet secretary explain why private sector dentistry is not facing the same pressure as NHS dentistry, post-pandemic?

Neil Gray: There are pressures across the dentistry sector. I do not think that it would be fair to say that any one part is facing the pressures alone. That is why we have developed the reform, which I will go on to talk about shortly.

Although controls were relaxed, they were still a significant barrier to full productivity in the sector and thus to dental-contractor incomes. The Scottish Government responded with more than £150 million of additional emergency financial support to sustain and, ultimately, to preserve the sector. We recognised then, and continue to recognise now, how important dental care is.

Although the immediate impacts of the pandemic on activity are now behind us, the dentistry sector continues to feel the impact of the pandemic in relation to access and the available workforce. Parliament will recall that all undergraduate and vocational training was suspended for a year at the height of the pandemic, due to the IPC restrictions, and that loss of an entire cohort of 160 dentists is undeniably still being felt today and is recognised by members across the chamber, I am sure.

I want to address Willie Rennie's opening comments and the awful examples that he gave of people seeking NHS dentistry and the lengths that some people have gone to in the absence of access to it. I recognise that there are challenges—of course I do—and I recognise the difficulties that have been faced by people of late.

I recognise, as well, that the Liberal Democrats have set out their own action plan for dentistry and I thank them for that plan. People who are paying attention will see that the plan is, in many areas, a direct copy of the actions that this Government is already taking. Their proposed plan outlines the intention to reform the funding structure for NHS dentistry—something that the Scottish Government has already delivered through significant root-and-branch payment reform on 1 November last year.

The reformed payment system comprises a completely new fee structure, which is designed to attract dentists to provision of NHS care and, ultimately, to improve patient access.

That builds on the commitments that we set out in our 2018 "Oral Health Improvement Plan". It follows one of the biggest consultations with the dental sector in recent times, and it is the most substantial reform of NHS dental services since the introduction of the NHS in 1948, backed by a recurring investment from this Government of almost half a billion pounds. The data that was published yesterday shows almost 400,000 unique patient contacts in NHS primary care dentistry in November 2023 alone. That does not reflect a system that is "in crisis", as has been suggested.

That said, although I am encouraged by how the sector has engaged with payment reform, I am not complacent. We recognise that payment reform is not a remedy for all the ills, and we know that in some areas local access problems remain, driven in part by the same workforce problems that I alluded to earlier.

Again, aligned to the action plan, we are already actively consulting the sector on ways to strengthen the NHS dental workforce, including greater utilisation of highly skilled dental therapists. The Minister for Public Health and Women's Health has also initiated and led discussions with her counterparts in the other UK nations regarding ways in which we can increase the number of overseas dentists coming to the United Kingdom. I am pleased to see that, as a result of those discussions, the Department of Health and Social Care has already moved to consult on reform of that vital pipeline.

I am under no illusions—I know that the NHS dental sector has faced, and continues to face, significant challenges, so I give my heartfelt thanks to dentists working in the NHS for their

resilience and dedication. The shadow of the pandemic and other external factors remain, not just in Scotland but across the UK. I am, however, proud that Scotland is the only nation in the UK to actively tackle those challenges head-on through significant generational reforms. That is despite our already being in a relatively stronger position.

The Presiding Officer: Thank you, cabinet secretary, you must conclude.

Neil Gray: I move amendment S6M-12215.2, to leave out from first "believes" to end and insert:

"recognises the significant challenges in dental services, compounded by the impacts of the COVID-19 pandemic, high inflation, and Brexit on public services, dentistry and the available dental workforce across the UK; welcomes that the Scottish Government has confirmed the sustainment and improvement of access to NHS dentistry as a strategic priority; acknowledges that payment reform, as introduced on 1 November 2023, is the most significant change to NHS dentistry since its inception and the most meaningful intervention to realise the Scottish Government's ambition at this time; recognises that payment reform correctly prioritises public resources on securing access to NHS dentistry by incentivising delivery of NHS care through improved fees; is confident that the changes are the appropriate basis for further reforms to NHS dentistry, which will be focused on improvements in workforce and access to services across Scotland, and thanks NHS dentists and all staff working across Scotland for their continued commitment to the sector and provision of a vital service to the people of Scotland."

The Presiding Officer: I should say that we are very tight for time this afternoon—we have no time in hand. I call Sandesh Gulhane to speak to and move amendment S6M-12215.3. You have up to five minutes.

16:19

Sandesh Gulhane (Glasgow) (Con): I refer members to my entry in the register of members' interests—I am a practising NHS general practitioner.

There we have it from the cabinet secretary: everything is perfect. The SNP's plans are perfect. Mr Rennie, why bother having this debate? Well, members and the public at large may recall the SNP promise at the last election to make NHS dentistry free at the point of care to everyone in Scotland by the end of this parliamentary session. Three cabinet secretaries, two First Ministers and nearly three years later, this SNP Government still has no plan for how to make that possible. The reality is that, no matter how big the headline or how many Scots are registered with a dentist, too many patients cannot get an appointment to see a dentist and access full NHS dental services in the first place.

This is not rocket science. A shortage of dental nurses, a lack of dentists and rising costs, including for materials and lab works, have left

many practices providing NHS services at a loss, so it is no surprise that practices are folding. The situation is unsustainable and the SNP Government has been warned, time and again, that this would happen. In fact, the SNP's shortage of dentists is even holding back Scotland's space industry, as engineers are reluctant to relocate to Sutherland because of a lack of dental care. Holyrood—we have a problem.

I remember being at a conference of local dental committees last April, when a delegate reminded the minister Jenni Minto that NHS dentistry in Scotland is broken and that the SNP Government had broken it. Yesterday's "NHS Dental Data Modelling Report" for November and December is telling. In December 2023, the number of people who saw an NHS dentist had fallen by more than a third, which begs the question what patients are doing if they cannot see a dentist.

Under the SNP and its botched management, patients are opting for an alternative model of dentistry—the SNP-DIY model. The British Dental Association says that 83 per cent of Scottish respondents to its survey said that they had treated patients who had performed DIY on their own teeth since lockdown. Desperate patients are taking desperate measures and are literally taking matters into their own hands by ripping out teeth, supergluing crowns and even using repair kits ordered from Amazon. That is gruesome.

More and more patients are heading overseas for dental care, as Willie Rennie mentioned. In fact, patients are travelling to central Europe and even India for standard treatment. Refugees from Ukraine are returning to a war zone for care, but the cabinet secretary thinks that that is just unfortunate. That is not medical tourism—it is desperation.

The SNP Government, like Corporal Jones, cries "Don't panic!" and points to its reformed payment system for NHS dentistry, which was introduced in November last year and which aims to incentivise dentists to stay in the NHS system. It includes changes to fees for many treatments and reduces the number of treatments available from 400 to 45. Although it is too early to measure the real impact of the reform, we know that the SNP has just been tinkering with the problem. The BDA warns that

"the fundamentals of a broken system remain".

That is because the SNP Government decided to stick with the drill-and-fill model.

All of us who work in primary care understand the importance of preventative healthcare, and we know that it delivers better outcomes for patients. It is also important to understand that oral health can tell us a lot about our overall general health. Regular monitoring identifies and deals early with

problems such as oral cancer and bacterial fungal infections that can cause sepsis. In fact, gum disease is linked to a higher risk of heart disease and dementia.

As the Scottish Conservatives argue in our NHS reform policy paper, we support incentivising preventative healthcare, as it is good for patients and cost effective. That is what dentists want and what they believe in. When it comes to prevention, we want to go further than just regular check-ups. Good oral health relies on healthy lifestyles. We need to be effective in tackling unhealthy behaviours including vaping, smoking, consuming alcohol and consuming high-sugar foods and beverages. That is very different from the SNP's approach to dentistry, which is geared towards saving the Scottish Government money in the short term and is clearly not geared towards long-term dental health.

Cabinet secretary, please go back to the drawing board. We need a root-and-branch reform of the statement of dental remuneration so that dentists are valued and supported and so that patients are helped to stay healthy and not just to queue to be fixed when things go wrong.

I move amendment S6M-12215.3, to insert after "resolve this crisis":

"; notes with great concern that the number of people able to see an NHS dentist in Scotland fell by over a third in just one month in December 2023, as dental practices abandoned NHS work in droves; stresses that registration rates with dentists in no way indicate satisfactory dental service provision if registered patients are unable to get an appointment; regrets that the Scottish Government has failed to do what is necessary to restore NHS dentistry activity levels to at least pre-COVID-19-pandemic activity levels; expresses concern that people in rural and more deprived areas will likely suffer disproportionately negative oral health consequences from these failures".

16:24

Paul Sweeney (Glasgow) (Lab): I take this opportunity to welcome the new cabinet secretary to his place. It was remiss of me not to do so during the previous debate, but I do so now. I also congratulate the new member, Tim Eagle, on his excellent maiden speech.

The decline in NHS dentistry in Scotland under the SNP is, frankly, scandalous. The Government is driving NHS dental services into the ground. Oral health is consistently a second thought, and there are people across the country who are unable to sign up to a dentist and who are relying on emergency dental phone lines instead. In 2022, the number of NHS 24 calls about dental health exceeded 60,000, which was an increase of 40,000 compared to four years prior. That is not good enough. Scots should be able to access the care that they need in their local area and should

not have to wait until a minor dental issue becomes an emergency to see a dentist.

Labour research shows that, in recent years, waits for dental surgery have soared. Each of the 14 territorial health boards has seen an increase in the average waiting time for dental surgery. In some parts of Scotland, people are waiting close to a year, in excruciating pain, for the surgery that they desperately need.

The Government's failure to get to grips with NHS dentistry issues is—as is far too often the case—compounding health inequalities. In 2022, children and adults from the most deprived areas in Scotland were less likely to have seen their dentist compared to those in the least deprived areas. The gap between child participation rates in dental care was 20 percentage points between the most and least deprived, which is completely unacceptable. Shockingly, only 68 per cent of 10 to 11-year-olds in the 10 most deprived areas in Scotland are decay free compared to 90 per cent in the 10 least deprived areas. That is a stark contrast. Patients and dentists deserve better.

I can furnish members with a personal anecdote. For the past 20 years, I have been registered with an NHS dentist in one of the most deprived communities in Scotland—north Glasgow—and, for the first time in my life, from childhood to the present, I have been unable to get a routine check-up because the permanent dentist has left, locums continually fail to appear and dental appointments have routinely been cancelled. I have not been able to get a dental check-up for eight months, despite repeatedly attempting to book one. That is just one personal example.

In 2006, the last Labour-led Scottish Government introduced the world-leading and ambitious childsmile programme, which gives young people free toothbrushes and toothpaste as well as two fluoride varnishes a year. The programme has vastly improved prevention of the signs of tooth decay in primary school-aged children. Childsmile is an example of spending to save down the line and improving through-life costs. It is about prevention and is a good example of what the Government could do much more of. It was also a targeted intervention to close the oral health gap. That is why I mention it in my amendment. That foresight and long-termism is missing from the Scottish Government's sticking-plaster approach to dentistry.

Last year, Labour members welcomed the news that the Scottish Government was in conversation with dentists regarding a new payment reform plan to ensure that dentists continue to offer NHS services in the light of swathes of dental practices turning away from NHS provision. Often, once

they go, they will not come back in a hurry. However, what the Government offered fell short of the mark, and, as the British Dental Association has said,

“the fundamentals of a broken system remain”.

Dentists regularly tell me that they have witnessed a huge increase in the number of patients presenting with signs of DIY dentistry, and I am sure that they have said the same to ministers. We only have to look at the explosion of adverts for self-dental scaling kits that are available on social media as an indication of what is going on out there. A British Dental Association survey showed that 83 per cent of Scottish dentists have treated patients who performed DIY dentistry during lockdown. That is simply outrageous.

Significant change to the NHS recovery plan is needed to reverse the decline in NHS dentistry so that Scots have access to dental healthcare when and where they need it.

I move amendment S6M-12215.1, to insert at end:

“and recognises that the world-leading Childsmile programme, which was implemented by the last Scottish Labour Party-led administration in 2006, has been widely recognised as one of the most effective public health interventions of the devolved era and has transformed child dental health.”

The Presiding Officer: We move to the open debate. I call Liam McArthur, to be followed by David Torrance.

16:28

Liam McArthur (Orkney Islands) (LD): A year ago, in a similar Scottish Liberal Democrat debate, I suggested that any objective analysis of NHS dentistry across Scotland could only conclude that the sector was in crisis. At the time, the then health secretary—now the First Minister—was writing to dentists, telling them how pleased he was about how well the sector was performing. It was the sort of tone deaf ministerial complacency that had dentists around the country clutching their drills more tightly and possibly even dreaming of the emergency extraction work that they would love to perform.

Twelve months on, and despite changes that were introduced by the Government last November, the BDA insists that NHS dentistry has been

“in crisis for a generation”

and that the action taken by ministers falls short of the root-and-branch change that is needed. Willie Rennie vividly highlighted the painful consequences of that failure by Government to get to grips with the scale of the challenge that the

sector faces. I will use my time to illustrate how the crisis in dentistry is playing out in the islands that I represent.

As the BDA briefing for the debate makes clear, the registration rate for adult patients in Orkney stands at 50 per cent, which is the lowest rate in the country. That is no great surprise, despite the Herculean efforts of local dentists and staff. It reflects what I have been seeing in my casework over recent years. That figure needs to be considered in the context of the participation rate—contact with a dentist in the past two years—which, last summer, stood at 50 per cent of all those who are registered. The fact that that figure is lower than the figure in 2021, when we were in the midst of a pandemic, should flush out any residual complacency in St Andrew's house.

NHS Orkney's dental lead, Steven Johnston, has confirmed to me that, between 2020 and 2022, the participation rate among children plummeted from 87 per cent to 57 per cent. Although overall dental hygiene among children in Orkney remains good, there must be a serious risk of problems being stored up in the longer term. Mr Johnston has also spoken about a concerning shift in activity from the NHS to the private sector. Again, that trend is borne out by my mailbag and it undermines any claim that the Government might make that even basic dental provision in Scotland is free for all at the point of delivery.

Addressing that will require the wider reforms that were set out by Willie Rennie, as well as a sustainable funding model. Changes to date may have stemmed the exodus of dentists from NHS practices, but, as one local dentist told me this week, it will not reopen lists to new registrations. The low-margin, high-volume funding system does not work in island and rural settings. Certain treatments are, de facto, loss making unless they are delivered in high numbers, which simply cannot be achieved in places such as Orkney.

On recruitment and retention—where, again, specific challenges exist in island and rural areas—there is a lack of clarity on the support that is available. I previously raised the issue in Parliament with the minister and was told that support is being provided where it is most needed. However, NHS Orkney and the remote and rural directors of dentistry group still appear to be awaiting details of the financial allowances. In the meantime, the loss of the fully-funded remote and rural fellowship is being keenly felt. In the past, that scheme was well used by dentists in Orkney, even allowing one dentist to go on to provide orthodontic services prior to 2021. There is now no provider of orthodontics locally, which is leading constituents to contact me to highlight the impact on their children, for whom there are mental health as well as oral health implications. A replacement

for the fellowship scheme to improve recruitment and retention in island and rural areas is urgently needed.

The crisis in dentistry persists, and more urgent and concerted action is needed by the Government. I urge the Parliament to support the motion in the name of Willie Rennie.

16:32

David Torrance (Kirkcaldy) (SNP): We all know that Opposition parties do not like talking about Brexit, but given that approximately 60 per cent of the dental workforce is European, to simply ignore it or pretend that it has played no part in the situation in which we find ourselves is beyond disingenuous. It simply cannot be ignored. It is utterly undeniable that Brexit, which all the main parties at Westminster are now signed up to, has had a huge impact on recruitment. Eight long years after the referendum, Brexit has had a devastating impact on the UK labour market, and it has hit the recruitment of professionals in the health and social care sector especially hard. The number of EU and European Free Trade Association dentists who have joined the register has halved since the referendum. That is backed up by a Nuffield Trust report on health and Brexit, which states:

"Before the EU referendum, consistently well over 500 dentists trained in the EU and EFTA registered in the UK each year. They made up around a quarter of the additions to the workforce. This dropped sharply around the time of the referendum to around half its previous level, and has never recovered."

Brexit has brought nothing but harm to people, communities and businesses all across Scotland. This debate gives yet another example of its devastating impact. Scotland needs a migration system that is humane and meets our social and economic needs. We will certainly not get that while we take part in the broken Westminster system.

However, in the face of that challenge, the Scottish Government remains firmly committed to sustaining and improving patient access to NHS dental services. Despite the challenges presented to the profession by the global pandemic and a disastrous Brexit, the Government has maintained a strong track record in growing the NHS dental workforce in Scotland, with 57 dentists per 100,000 population. It continues to work closely with the British Dental Association and others on the recruitment and retention of dentists, particularly in areas where the problem is known to be most acute.

It is worth noting that Scotland continues to outperform England when it comes to the number of dentists per head of population. Compared with England's 4.3 dentists per 10,000 population and

Northern Ireland's 6, Scotland had 5.9 and Wales had 4.6 in 2021-22. In England, the number carrying out NHS work per head of population has not risen in a decade.

Willie Rennie: Will the member give way?

David Torrance: I am short of time.

Willie Rennie: I will be very brief.

David Torrance: No, thank you.

It is fair to say that the rate of NHS registration is also significantly higher in Scotland than in the rest of the United Kingdom, with more than 95 per cent of our population registered with an NHS dentist.

The work by the Scottish Government, alongside the British Dental Association Scotland and the wider sector, on payment reform is the most significant change to NHS dentistry in generations. It provides practitioners with a new suite of fees that are designed to provide a full range of care and treatment to NHS patients. The reform will provide long-term sustainability to the dental sector and encourage dentists to continue to provide NHS care, helping to mitigate some of the access challenges that we are seeing.

The payment reform will improve the system for both dental teams and patients, and it is the first step in the process to make the services that are available on the NHS reflect the changing oral health needs of the population. It also reaffirms the Scottish Government's commitment to the sector and to all NHS patients in Scotland.

The modernised system will increase clinical freedom for dentists, provide long-term sustainability to the sector and encourage dentists to continue to provide NHS care. Scotland is the only part of the UK where free examinations are available to NHS patients, and that will continue. All patients will receive free NHS dental examinations, with those who are exempt, including children, young people under 26 and those on certain benefits, continuing to receive free care and treatment.

I believe that people in Scotland recognise and appreciate the Government's commitment to sustaining and improving patient access to NHS dental services. Earlier this week, I received a call from a constituent who wanted to reach out after hearing about the debate that was planned for this afternoon. The gentleman wanted to highlight his recent experience of accessing emergency treatment. He was of the firm belief that he would not get the quality of care that he had received anywhere but in Scotland.

It is an improving picture in NHS dentistry, and building on that progress is an absolute priority for the Scottish Government.

16:36

Sue Webber (Lothian) (Con): Two years ago, the Scottish Conservatives held a debate called "Preventing the Collapse of NHS Dentistry in Scotland". Two years on from that debate, NHS outcomes in Scotland have worsened, waiting times for all sorts of NHS treatment have increased, and here we are explaining that dentistry has got no better in that time.

It is clear that the SNP Government has failed to do what is necessary to restore NHS dentistry activity levels to pre-pandemic rates. That raises further concerns that rural and more deprived areas are likely to suffer disproportionately from negative oral health as a result. Indeed, 90 per cent of respondents to a recent BDA survey said that they believe that oral health inequalities in Scotland are on the rise.

Oral health can tell us a lot about our general health. Regular monitoring identifies and deals with problems early—not just oral issues but oral cancers. We heard from Willie Rennie about the catastrophic effect that late presentations can have on survival. There are also bacterial and fungal infections that can cause sepsis, and gum disease is linked to a higher risk of heart disease and dementia, both of which cause a disproportionate number of deaths in Scotland.

However, dentistry is becoming harder to access, with waiting times increasing. The 2023 BDA survey of general dental practitioners showed that nearly 60 per cent had reduced the amount of NHS work that they undertook since lockdown, and four in five said that they plan to reduce their commitment further in the year ahead. All the while, patient numbers are increasing. Dental practices are abandoning the NHS in droves for private practice, leaving many Scots without an NHS dentist. Failure to act risks sparking an exodus from the workforce that will leave families across Scotland losing access to NHS dentistry for good.

Many Scots are not having dental treatment, with almost half of the people registered with an NHS dentist in Scotland not having seen a dentist in the past two years and 1.2 million people not having had a dental examination or treatment in five years. The crisis in access to NHS dentistry in Scotland has resulted in many desperate patients taking matters into their own hands with DIY dentistry, or heading overseas for care, as we have heard from many members. Hearing that people are resorting to putting Super Glue on their dentures should be a wake-up call to all of us.

It is worrying that, on the number of children who have seen a dentist in the past two years, the gap between the most deprived and the least deprived children has widened. In 2021, 55 per

cent of the most deprived children had seen a dentist, compared with 73 per cent of the least deprived children; in September 2022, that percentage had risen, and 56 per cent of children from the most deprived backgrounds had seen a dentist in the past two years, compared with 76 per cent of the least deprived children.

Let us remember that NHS dentistry in Scotland was in crisis long before Covid hit, so the SNP must get a grip on the situation and bring forward a credible plan to restore routine dental care and tackle the enormous backlog. I said earlier that Robert Donald, who is the chair of the BDA's Scottish council, has warned that there could be a "wholesale exodus" of the profession from the NHS if ministers fail to make a "serious long-term commitment" to the sector.

For too long now, people have gone without access to full NHS dental services. To tackle that unprecedented challenge, dental practices need support from the Scottish Government. The new cabinet secretary, Mr Gray, and the SNP must offer more solutions. Healthcare staff and patients have been repeatedly let down.

The recovery plan is not fit for purpose. We want a plan that is clear to deliver a modern and efficient local NHS. For dentistry specifically, that means an end to drill and fill; it means the prioritisation of prevention, and a plan that reflects modern dentistry.

16:41

Claire Baker (Mid Scotland and Fife) (Lab): As Willie Rennie highlighted, we are seeing more people struggling to get access to NHS dentistry in Fife. David Torrance can defend the Scottish Government if that is what he wishes to do, but he must also recognise that constituents in Kirkcaldy have recently been told that Redburn Dental is going fully private and that he will have constituents who will not be able to access an NHS dentist.

The Scottish Government points to 95 per cent of Scots being registered with an NHS dentist. However, following the introduction of lifetime registration in 2010, that figure actually tells us little. Far more relevant is the percentage of people who have seen an NHS dentist in the past two years, which is only around half of those who are registered. The dental statistics that were published this week unfortunately do not give an update to that figure. I hope that future publications will assess any impact of the changes on access to NHS care.

We need more information on registration. Registration numbers do not show that a third of children who are registered have not seen a dentist in the past two years; they do not include

the fact that people who are registered with a practice but are currently without a dentist within it are unable to access routine treatment; and they do not include patients who are currently at practices that will close in the next couple of months and who, in the meantime, cannot get an appointment. Registration without access to dentistry is meaningless.

Recruitment and retention are clear challenges. The overall increase in the number of dentists since 2010 has evaporated since the pandemic, and issues with the supply of dentists from training or from other countries are a major pressure on the system. In evidence on dentistry to the COVID-19 Recovery Committee, it was noted that private practice was not experiencing the same difficulties.

We know that dentists are leaving NHS practice and that practices are struggling to recruit new dentists. Practices are closing, leaving patients without access to care. In Fife, Nanodent in Glenrothes will close in April due to a lack of staffing. One dentist is moving to another practice, but all adult patients with other dentists will be deregistered. Patients have been struggling to get appointments for the past two years due to low staffing, and that struggle will now continue as they try to find somewhere else in Fife that offers NHS care. Another practice in Glenrothes is to relocate many of its patients to a dentist 14 miles away in Cowdenbeath. For those who rely on public transport, real issues exist around accessibility.

Letters that advise of closures tell patients that it proved impossible to recruit dentists. The letters also recognise the difficulties in finding a dental practice that is willing to accept NHS patients. More than 80 per cent of NHS practices in Scotland are no longer taking on new patients, with a similar number reducing their lists. As of this morning—as has been the case for some time—zero NHS dentists in Fife are taking on new patients, whether people are under 26 or not. Patients who are looking to register with a dentist can do nothing but wait, and out of more than 50 listed NHS dentists, only two practices in Fife are even operating waiting lists.

The BDA is clear that lower attendance at dentists will result in a higher dental disease burden down the line, with health inequalities expected to widen further. The organisation is also clear that the changes that were brought in late last year were not the "root and branch reform" that those in the profession sought. Instead of shifting to a more prevention-based system, the Scottish Government has merely tinkered with the drill-and-fill model, and it is not clear how that will make NHS dentistry a more attractive place to be

for practitioners or how that will improve access for patients.

The promise of free dental care for all was not made before the pandemic; it was made at a point when dental services had been heavily impacted and we knew that there would be on-going consequences. However, the majority of Scots are not only still paying for dental treatment; since November, they are now paying even more than they used to.

I am concerned that, rather than providing free, quality dental care, we are in a situation in which people are being pushed into using private dentistry with no other option available to them. The changes that were made in November must be only the beginnings of much more comprehensive reform if NHS dentistry is to have a future.

16:45

Gillian Mackay (Central Scotland) (Green): As I did in the previous debate, I thank all the professionals working in the sector for their hard work. I also thank the BDA for its briefing ahead of the debate.

I met the BDA on Monday and had a good discussion with it about several of the issues that have been covered so far. It raised issues, particularly those relating to the backlog that has been created by the pandemic, that practices across the country are working hard to overcome.

With regular check-ups not happening during the pandemic, many changes or problems that would have been picked up early have surfaced only when patients have experienced pain and disease has been much further advanced. We have heard many stories of people being unable to access treatment and the potential risks of that.

The pandemic has undoubtedly had an impact on the delivery of the childsmile programme, with children missing out on that for a time. The education on good brushing and oral hygiene habits that the programme produced are incredible, as are the preventative measures that were mentioned earlier. I would be grateful for an update from the minister about the status of the programme and on whether those who may have missed some of the programme due to the pandemic have the opportunity to catch up.

In our conversation, the BDA acknowledged the difference in administrative burden that the reformed payment structure gives, but it said that the outcome and effect of that structure cannot be known as yet. Its briefing to us for today's debate said the same. Some patients may still be on a course of treatment that was started under a code on the previous fee structure, so the full effects

may not be seen for some time. I asked the BDA about what the measure of success of the new payment structure looks like. It would be useful if the BDA and the Government laid that out clearly. No two practices are the same in terms of size, structure and services, and rural and urban practices have their own differences and challenges, too. Given that it is so difficult to compare practices, it would be useful to define what the measure of success is for the new payment structure and when we might see that coming to fruition.

There is a widening gap in registration levels between the least and most deprived areas, especially in the registration of children. More needs to be done to ensure that parents register where they can and that, where there are difficulties, parents are given support to find care. Some of the causes behind the dip in registrations are complex. We need to fully understand the dip and address it urgently.

In my conversation with the BDA, it also raised the issue of access to general anaesthetics for dentistry in hospitals and the number of cancellations. The greatest number of general anaesthetics that are administered to children is for dental issues. That can be for a multitude of reasons, but it is often to reduce the trauma for invasive procedures where children cannot tolerate the same level of treatment as adults may be able to.

Access to general anaesthetics is also relevant for adults who have a disability or a particular medical condition that requires enhanced treatment. Waiting times for such treatment is often overlooked. In the interests of making a helpful suggestion somewhere in the debate, I hope that the cabinet secretary or the minister may raise the issue with health board, to ensure that people are getting the treatment that they need in the manner that they need it.

We need to closely monitor the changes that have been made recently to dentistry and ensure that they are achieving everything that they need to, while promoting good oral health and hygiene and reinforcing programmes such as childsmile, in order to ensure good oral health for all.

16:49

Fergus Ewing (Inverness and Nairn) (SNP): Like the offices of all other members in this debate, my constituency office receives a huge number of contacts from people who present with very serious problems because of lack of access to NHS dentistry. For a while, the nearest place for people in my constituency to access an NHS dentist was Invergordon, where they had to go instead of Inverness. I see no point in using the

short time that I have to repeat those stories, but they are toe curling, as Willie Rennie's stories were at the beginning of the debate.

I raised those concerns with the minister, Jenny Minto, and she pointed to a range of actions. I was extremely impressed with the minister's demeanour, the obvious care and time that she had devoted to the matter and the follow-up response, which outlined a number of those measures. I would be grateful if she could say how progress has been made on the access initiative, the recruitment and retention allowance, and the remote areas allowance. I praise the minister for her work. As members may have noticed, I do not tend characteristically to sprinkle praise on ministers—perhaps that is a failing on my part, but that is for others to judge.

In this debate, I want to make the wider case for what I suggested in the previous debate, because it applies—as the lawyers say—*mutatis mutandis*. Just as we see a flood of young people leaving Scotland to practise their medical profession elsewhere in the world, we are seeing nurses, teachers and dentists doing likewise. I do not know the number of those people. I was heartened that the new cabinet secretary said that he would get that data, and I think that that is very important to have.

Alex Cole-Hamilton (Edinburgh Western) (LD): Fergus Ewing is right to talk about the issue of potential bonds on new dental graduates, but is he also interested, as the Liberal Democrats are, in how easy it is to register overseas dentists to come and work in Scotland? Right now, that process is glacial. We heard the example of Willie Rennie's constituent who is working as a pizza delivery driver but wants to practise dentistry in this country.

Fergus Ewing: I totally agree with that point. Unnecessary bureaucratic imposts are one of the things that are really holding Scotland back across the range. Incidentally, I was heartened that the new cabinet secretary undertook, in his first statement, that he would seek reform. That is why I am making this speech—because I am trying to be helpful.

The idea of a bond is not new, and it is not mine—I am a practised plagiarist. I suppose that our job is to garner ideas from the public and people who approach us. I was accosted in the street by a somewhat elderly lady who told me of her plans. She kindly sent me a very detailed note, although she is not my constituent, so I cannot take the matter up for her. She described her experience as a teacher in New South Wales in Australia, where teachers who left Australia were required to pay back some of their training costs. I believe that she mentioned other countries that do something similar, but I am no expert on that—the

cabinet secretary can get his hordes of civil servants to do the necessary research, I am quite sure.

There were also provisions requiring that the teachers had to go to the outback—to the rural parts of the country. That meant that the schools and the hospitals in rural states in Australia had sufficient provision of personnel. If what I am advocating were to happen, the biggest beneficiaries would be the Highlands and Islands—Beatrice Wishart's constituents, Mr Eagle's new constituents and mine. That is why I felt it was appropriate to put forward this case.

I hope that I have made my point. I hope that the Government and the cabinet secretary, with the enthusiasm of a newbie, will adopt the policy. I think that the public would very much welcome it.

The Presiding Officer: We move to winding-up speeches.

16:53

Carol Mochan (South Scotland) (Lab): I am pleased to close the second debate for Scottish Labour. As before, I thank the Liberal Democrats for bringing this important debate to the chamber in their own time.

Having listened to the debate, I think that it is fair to say that NHS dentistry in Scotland is in crisis. Patients cannot get an appointment, dentists are leaving NHS practices, and our constituents and communities are suffering. I note, however, as Willie Rennie acknowledged, that when services are available, they are of high quality. Dentists are doing the best job that they can for their patients.

Despite what some members on the back benches think, this is a crisis and much of it is of the Government's making. It should worry the Government that I do not think that a single member of the public really trusts it to be able to fix the situation, so it needs to demonstrate that it can take action that will fix it.

In the amendment, the cabinet secretary again goes for the blame everyone approach, rather than talk about the Government's involvement. It is quite remarkable how often we have to go over that. To be honest, it is not surprising but, given that we have all talked about the information that we get in our inboxes from constituents, it is an insult to dentists and patients not to acknowledge some of the things that the Government has not put in place.

It is fair to say that it is a self-congratulatory SNP amendment that calls for Parliament to welcome the Government strategically prioritising dentistry access—after 17 years in power—and to thank dentists for their “continued commitment”.

We all know from our inboxes that dentists stay in the NHS because of their commitment to it. It is little wonder that patients feel that they are being forced out of NHS dentistry and that they are unable to get an NHS dentist.

Of course, it is right that we acknowledge the impact of the pandemic on dentistry because of its face-to-face nature. We know that dentists have by no means recovered, but it would be entirely disingenuous to suggest that the problem is only a post-Covid one. Other members have mentioned the words of the chair of the British Dental Association's Scottish dental practice committee, which made me think, so I will quote them again. He said:

"the fundamentals of a broken system remain unchanged.

The Scottish Government have stuck with a drill and fill model designed in the 20th century."

I know from what we have heard from the dental profession that it tried to help the Scottish Government to get this right. David Torrance, who is in the back row of the chamber, probably needs to listen to the dentists themselves, who say that there have been no changes to the model of care and that, despite recent changes in the payment system, NHS dentistry remains in dire straits, with a two-tier system becoming an increasing reality for patients. It feels like sticking plasters and will not cut it. That is what we are hearing from the dentists and the dentist professions.

I want to mention the oral cancer statistics that Willie Rennie gave, which are important facts that show why we must resolve the issue. I am running out of time, but I want to say that Claire Baker gave us excellent statistics that the members on the Government front benches should really look at. There is evidence from the COVID-19 Recovery Committee that private dentistry is not experiencing the same exit issues as NHS dentists. That is an important part of the inequalities that are happening.

16:58

Tess White (North East Scotland) (Con): Shocking new figures that were released yesterday have revealed the scale of the crisis in Scottish dentistry. In December last year, the number of patients who were able to see an NHS dentist fell by an astonishing 38 per cent. Gillian Mackay talked about regular check-ups not happening since the pandemic and mainly because of the pandemic. Mr Sweeney said that he was fine during the pandemic and afterwards but has now been waiting for nine months to be seen. I have a constituent in Angus who is in complete despair and significant pain and who

cannot find an NHS dentist. That has happened recently and it is happening now.

The number of NHS dental procedures fell by as much as 200,000. The cabinet secretary proudly states that his Government provides free dental care to the under-26s, but the sad reality is that they cannot find an NHS dentist to treat them. Eighty per cent of NHS dentists are no longer taking on new patients, and 83 per cent say that they will reduce their NHS numbers. Is it any wonder that people in Scotland are having to travel thousands of miles for dental treatment? As we have heard today from Willie Rennie, as well as the fact that we have ferries coming from Turkey, people are having to go to Turkey to have their teeth fixed. As Dr Sandesh Gulhane said, people are going to India, and refugees are going from Scotland back to war zones to have their teeth fixed.

Keith Brown said that Neil Gray is one of his most capable colleagues, and Neil Gray said that he recognises the challenges. The SNP Government has decimated NHS dentistry, and patients are paying the price. As Dr Gulhane said, the SNP is tinkering with the problem with an outdated drill-and-fill model.

Sue Webber talked about the fact that oral health is a good indicator of general health. We hear harrowing stories again and again of DIY dentistry, with people resorting to Amazon to purchase tools for self-treatment. *[Interruption.]* Those are not isolated incidents. According to the BDA, 83 per cent of dentist respondents to a recent survey—

The Presiding Officer: Ms White, I will stop you for a second. I am aware of several conversations going on across the chamber. I would be grateful if they would cease.

Tess White: Thank you, Presiding Officer. SNP members might not want to hear from the British Dental Association. For colleagues who were standing chatting to one another at the back of the chamber, I will repeat that, according to the British Dental Association, 83 per cent of dentist respondents to a recent survey reported treating patients who had performed some form of DIY dentistry since lockdown, such as using Super Glue to fix a crown or pliers to remove teeth. That is Dickensian dentistry. No one should have to pull out their own teeth or use glue to repair their dentures. It is disgraceful.

For so long—too long—the public have been told that prevention is better than cure, but 1.2 million people have not had a dental examination or dental treatment in five years. As Carol Mochan said, the SNP-Green Government blames everyone other than itself and has a track record of 17 years of managed decline. In our latest

health paper, the Scottish Conservatives have committed to root-and-branch reform of the statement of remuneration so that dentistry is financially viable and delivers modern best practice that is focused on prevention. Neil Gray said that he is not complacent, but he must heed the warnings of the experts.

17:02

The Minister for Public Health and Women's Health (Jenni Minto): I pass on my thanks to all those in the dental profession for their work in maintaining the dental health of the people of Scotland.

This has been an interesting and helpful debate. I am clear that the introduction of payment reform on 1 November 2023 has been a key intervention to improve patient access to NHS dental care. The changes were made in close collaboration and partnership with dentists. The Scottish Government has acted with a significant intervention by introducing major NHS dental payment reform. We have substantially improved fee-per-item payments to provide pricing that better reflects the increased cost of modern dentistry. In addition, we pay a premium on fees to dentists who work in our more deprived communities. When I introduced payment reform, I recognised that it was not a magic bullet, but it is part of a comprehensive plan of reform.

Willie Rennie: Will the minister take an intervention?

Jenni Minto: I would like to continue.

I am working on that plan with my officials and with directors of dentistry across NHS health boards.

As the cabinet secretary and others have highlighted, the necessary interruption in the training of undergraduate and newly qualified dentists during the pandemic had a significant impact on the introduction of home-grown talent into the sector. We are working on that. Training has now resumed. In August 2023, we had about 160 vocational trainees, and we anticipate having about 170 from August 2024.

Sue Webber made a point about frequent dental examinations. We have not reduced the number of dental examinations; we have followed the National Institute for Health and Care Excellence guidelines, which will allow dentists to have better conversations with people with poorer oral health, who will potentially be seen more often than they would have been under previous arrangements. That is incredibly important as part of dentists' key work on prevention.

Before Brexit, around one in 10 dentists working in Scotland was from the EU. In some rural board

areas, the percentage was much higher. As a result, I personally initiated and led discussions on exploring ways in which we could improve the registration process for international dentists across the four UK nations, as regulation of health professionals is a reserved function. I welcome the outcome of that meeting with my counterparts, as I do the consultation that the UK Government's Department of Health and Social Care published last week, to consider provisional registration of international dentists by the General Dental Council. I clarify that the Scottish Government will work alongside health boards and NHS Education for Scotland to design any required regulations and framework to support international dentists who come to practise in Scotland, so that they can safely follow that journey. That is incredibly important.

In addition to the full resumption of Scottish training programmes and improvements in overseas pipelines, the Scottish Government is clear that further short-term actions are required to boost the available dental workforce. I have met the directors of dentistry in the health boards to discuss those matters. We are actively considering whether we can better utilise our highly skilled dental therapists to provide dental care without the assistance of dentists, as is currently required. I am pleased to say that a short-life working group, comprising NHS dentists and dental care professionals, working alongside officials, has been convened to make recommendations on the best way to implement such a system.

I thank Fergus Ewing for his comments, although, to be honest, I was waiting for him to add a "but". In the vein of Mr Ewing's suggestion, I offer to hold a round-table meeting with members who have taken part in the debate.

I want to be clear that the Scottish Government continues to work closely with NHS boards to support them in identifying tailored solutions to local access problems. For example, the Scottish dental access initiative provides grants of up to £100,000 for opening a new practice or extending an existing one in a health board area. We also offer golden hello payments of up to £37,500 for new trainee dentists practising in such an area. I note that the UK Government has just announced a similar idea for England. In the meantime, I have been assured that unregistered patients will continue to be able to access emergency and urgent dental care via public dental service clinics.

Childsmile, which Paul Sweeney mentioned, does great and important work. This year's statistics showed that, in October 2023, 82 per cent of primary 7 children had no obvious decay, compared with 53 per cent in 2005. That shows that a policy that was introduced by a Labour Government, but which has been continued,

invested in and expanded by the current SNP Government, is a real success story.

The Presiding Officer: Please conclude, minister.

Jenni Minto: I would also make the point that England has copied Scotland in yet another idea. I believe that the only way to protect our NHS dental services is through independence. Until that is achieved—

The Presiding Officer: Thank you, minister. I must ask you to conclude.

Jenni Minto: —the Scottish Government will continue to work with partners to address the challenges of NHS dentistry and deliver sustainable services for people.

The Presiding Officer: I call Alex Cole-Hamilton to wind up the debate.

17:08

Alex Cole-Hamilton (Edinburgh Western) (LD): I am rather dismayed that the Presiding Officer cut the minister off, because I wanted to hear how the bombshell of independence was going to in any way improve any aspect of healthcare in this country.

A whole year ago, the Liberal Democrats used our one day of Opposition debate time to raise the crisis in NHS dentistry. During that debate, Maree Todd said:

“NHS dental services are on the road to recovery.”—
[*Official Report*, 8 February 2023; c 40.]

We are a year on and, in large tracts of Scotland, NHS dentistry is dead on arrival—there is no question about that.

As we have heard in today’s debate, there is a crisis in NHS dental care in this country. My party warned the Government about it last February but, in the interim, the Government has done very little to stop the rot. I do not remember an occasion when we have debated the subject in Government time.

The fundamental flaw to the Government’s rebuttal in the debate is that, once again, it leans on the global pandemic as an excuse for the problems that we see in NHS dental care. While that may be true for the delays in treatment that people suffered as a result of the hard stop on aerosol-generating procedures during the months of lockdown, it does not explain why so many of our dental practitioners are leaving the NHS profession and leaving the delivery of NHS care. That has nothing to do with the pandemic.

In truth, the SNP has abandoned NHS dentistry. Although changes have been made to the payment structure for NHS dentists—as

Government members were quick to talk about today—it is not enough. We should listen to the British Dental Association, which says that that is tinkering with a structure whose fundamentals are structurally unsound.

I say to Government back benchers that they should look at their casework bags—I do not believe that they are not getting what I am getting. Like Willie Rennie and others, I have heard testimony from my constituents, unbidden and unrequested, that is awash with human pain. I hear more and more every day from constituents who are struggling to get an appointment, including one with a 14-month-old baby who cannot get registered. Another constituent, who was unable to get an appointment after several attempts, said:

“it saddens me that the NHS dentistry service is so much worse now than it was when I was a young child in the 1960s and 1970s”.

Willie Rennie gave us a litany of human suffering from his casework bag in North East Fife. He is not alone. This is not a case of dentists leaving the profession or NHS dental care because of some rush to capitalism or profiteering; it is symptomatic of a fee structure model that is fundamentally no longer fit for purpose, and which the British Dental Association has been crying out for the Government to address for a long time.

As Willie Rennie rightly said, far from NHS dental charges being scrapped in their entirety, people who can still access NHS dental treatment are seeing an increase in charges. Shame on the Government.

We have produced solutions in our motion. First, we must engage with the dental profession on a fundamental redesign of the fee structure. We should also look to registration. The minister was quite quick to address Willie Rennie’s point and say that that is a reserved matter. However, it is not only the General Dental Council that deals with registration; the Royal College of Physicians and Surgeons of Glasgow and the similar body in Edinburgh are also empowered to deal with it. Let us work with them to make it easier for foreign workers to come and deliver dental care.

Fundamentally, we need to reform the recovery plan not only for dentistry but for primary care. As we heard in the earlier debate this afternoon, the recovery plan is no longer worth the paper that it is written on, and clinicians across the board are crying out for the Government to change it. The cabinet secretary made his protestations that he had taken on board our plan, but that will be cold comfort to the constituents whom we have heard about today.

Sandesh Gulhane was right to expand on the extreme measures that people are being driven to.

When our Ukrainian refugee guests, who have sought safe harbour in Scotland, are prepared to brave the Shahed drones and Iskander missiles of downtown Kyiv to access dental care for want of an NHS dentist in this country, something is fundamentally wrong.

We heard several times about the important early warning system that dental care can offer. If oral cancer is caught early, it is eminently survivable, but the time that we are asking our patients to wait between appointments means that the early warning signals and vital clinical signs are being missed.

Paul Sweeney's speech was excellent. He was absolutely right to point to the fact that we know the empirical measurement of how extreme things are in communities, when 83 per cent of our dentists are telling us that they have patients in their practice for whom they are having to deliver remedial work for botched DIY dental work that patients have tried to undertake on themselves. Things are Dickensian—it is terrible and it is extreme.

Liam McArthur was right to say that lists will not open to registration. Any tinkering around the edges might have changed things or stopped the exodus, but lists will not be opened to registration for new patients.

For those in our casework examples—the constituents whom we all know of—who have been jettisoned from NHS care or have moved into an area, the damage is already done. They are out in the wilderness and nobody is looking after their teeth.

In a typically refreshing speech, Fergus Ewing gave the lie to all the Government back benchers who are clearly not attending to their casework in-trays. David Torrance was the most extreme example of that, given that he was not even aware that his own surgery was closing to new patients.

I am aware that you want me to close, Presiding Officer. [*Interruption.*] It is emblematic of the rot that has set in—[*Interruption.*]

The Presiding Officer: Let us hear Mr Cole-Hamilton.

Alex Cole-Hamilton: —because of 17 years of SNP incompetence and, yes, ministerial disinterest. I make no apology for saying that—that is exactly what this is.

One of my constituents put it best when she wrote:

“Is the situation only going to get worse? Dental treatment only if you can afford it? Why is nobody in authority concerned about talking about this?”

Why, indeed; why, indeed.

Business Motions

17:14

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-12233, in the name of George Adam, on behalf of the Parliamentary Bureau, which sets out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 27 February 2024

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Ministerial Statement: Scotland's Prison Population

followed by Stage 3 Proceedings: Budget (Scotland) (No. 3) Bill

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.30 pm Decision Time

followed by Members' Business

Wednesday 28 February 2024

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Constitution, External Affairs and Culture;
Justice and Home Affairs

followed by Ministerial Statement: Working Towards a Tobacco Free Scotland by 2034 and Tackling Youth Vaping

followed by Scottish Government Debate: Local Government Finance (Scotland) Order 2024

followed by Scottish Government Debate: Recommendations of the Independent Review of Qualifications and Assessment

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Approval of SSIs (if required)

5.30 pm Decision Time

followed by Members' Business

Thursday 29 February 2024

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Portfolio Questions:
Education and Skills

followed by Stage 1 Debate: National Care Service
(Scotland) Bill

followed by Financial Resolution: National Care
Service (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 5 March 2024

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 6 March 2024

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Wellbeing Economy, Net Zero and
Energy;
Finance and Parliamentary Business

followed by Scottish Conservative and Unionist
Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Approval of SSIs (if required)

5.10 pm Decision Time

followed by Members' Business

Thursday 7 March 2024

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Portfolio Questions:
Transport

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

similar subject matter or" are inserted.—[George Adam]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S6M-12234, in the name of George Adam, on behalf of the Parliamentary Bureau, on the timetabling of a bill at stage 2.

Motion moved,

That the Parliament agrees that consideration of the Visitor Levy (Scotland) Bill at stage 2 be completed by 22 March 2024.—[George Adam]

Motion agreed to.

(b) that, for the purposes of Portfolio Questions in the week beginning 26 February 2024, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or

Parliamentary Bureau Motion

17:15

The Presiding Officer (Alison Johnstone): The next item of business is consideration of Parliamentary Bureau motion S6M-12235, on the designation of a lead committee.

Motion moved,

That the Parliament agrees that the Equalities, Human Rights and Civil Justice Committee be designated as the lead committee in consideration of the Disability Commissioner (Scotland) Bill at stage 1.—[*George Adam*]

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

Decision Time

17:16

The Presiding Officer (Alison Johnstone): There are nine questions to be put as a result of today's business. I remind members that, if amendment S6M-12214.2, in the name of Neil Gray, is agreed to, amendment S6M-12214.3, in the name of Sandesh Gulhane, will fall.

The first question is, that amendment S6M-12214.2, in the name of Neil Gray, which seeks to amend motion S6M-12214, in the name of Alex Cole-Hamilton, on improving access to primary care, be agreed to. Are we agreed?

Members: No.

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

17:16

Meeting suspended.

17:19

On resuming—

The Presiding Officer: I remind members that, if amendment S6M-12214.2, in the name of Neil Gray, is agreed to, amendment S6M-12214.3, in the name of Sandesh Gulhane, will fall.

We come to the vote on amendment S6M-12214.2, in the name of Neil Gray, which seeks to amend motion S6M-12214, in the name of Alex Cole-Hamilton. Members should cast their votes now.

The vote is closed.

Bill Kidd (Glasgow Anniesland) (SNP): On a point of order, Presiding Officer. My phone has something wrong with it, beginning with the letter B. [*Interruption.*]

The Presiding Officer: Members, could I please hear Mr Kidd?

Bill Kidd: I would have voted yes.

The Presiding Officer: Thank you. We will ensure that your vote is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, 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)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (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)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (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)
 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) (Alba)
 Robertson, Angus (Edinburgh Central) (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)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (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)

Against

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (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)
 Eagle, Tim (Highlands and Islands) (Con)

Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 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)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 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)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 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)
 Simpson, Graham (Central Scotland) (Con)
 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)

The Presiding Officer: The result of the division on amendment S6M-12214.2, in the name of Neil Gray, is: For 63, Against 53, Abstentions 0.

Amendment agreed to.

The Presiding Officer: Therefore, amendment S6M-12214.3, in the name of Sandesh Gulhane, falls.

The next question is, that amendment S6M-12214.1, in the name of Paul Sweeney, which seeks to amend motion S6M-12214, in the name of Alex Cole-Hamilton, on improving access to primary care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (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)
 Eagle, Tim (Highlands and Islands) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 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)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 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)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 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)
 Simpson, Graham (Central Scotland) (Con)
 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, 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)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (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)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)

Gibson, Kenneth (Cunninghame North) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (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)
 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)
 Robertson, Angus (Edinburgh Central) (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)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caitness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)

Abstentions

Regan, Ash (Edinburgh Eastern) (Alba)

The Presiding Officer: The result of the division on amendment S6M-12214.1, in the name of Paul Sweeney, is: For 53, Against 62, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S6M-12214, in the name of Alex Cole-Hamilton, on improving access to primary care, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

Claire Baker (Mid Scotland and Fife) (Lab): On a point of order, Presiding Officer. The app did not work. I would have voted no.

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

Angela Constance (Almond Valley) (SNP):

On a point of order, Presiding Officer. My screen went blank and it has remained blank since I voted. I voted yes.

The Presiding Officer: Thank you, Ms Constance. 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, 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)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (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)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (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)
 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) (Alba)
 Robertson, Angus (Edinburgh Central) (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)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (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)

Against

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (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)
 Eagle, Tim (Highlands and Islands) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 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)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 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)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 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)
 Simpson, Graham (Central Scotland) (Con)
 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)

The Presiding Officer: The result of the division on motion S6M-12214, in the name of Alex Cole-Hamilton, as amended, is: For 63, Against 53, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament notes that, every day, public services continue to face the aftermath of the biggest shock faced since the establishment of the NHS – dealing with the combined impact of a pandemic, Brexit, which Scotland

overwhelmingly rejected, and a cost of living crisis, amplified by catastrophic UK Government mismanagement; recognises that, in the face of over a decade of UK Government austerity, the Scottish Government's draft Budget will invest over £2.1 billion in primary care to improve preventative care in the community; welcomes that the Scottish Government's commitment to NHS staff has meant that Scotland is the only part of the UK not to lose any days to strikes; further welcomes an increase of 271 additional GPs in headcount terms since 2017, and a record expansion of GP speciality training, which will see over 1,200 GP trainees in Scotland in the next year; recognises the unique challenges that rural and island communities face and therefore welcomes the Scottish Government's intention to publish a Remote and Rural Workforce Recruitment Strategy by the end of 2024; welcomes the expanded primary care multi-disciplinary team workforce, with over 4,700 staff working in these services, including physiotherapy, pharmacy and phlebotomy; notes the doubling of mental health spending in cash terms from £651 million in 2006-07 to £1.3 billion in 2021-22, and that, as a result of that investment, child and adolescent mental health services (CAMHS) staffing has more than doubled; highlights the investment of over £100 million in community-based mental health and wellbeing support for children, young people and adults since 2020; acknowledges that the Scottish Government has exceeded its commitment to fund over 800 additional mental health workers in numerous settings, including over 350 in GP practices; welcomes the ongoing £1 billion NHS Recovery Plan to increase capacity and deliver reform, and pays tribute to, and thanks, the entire health and care workforce for its unstinting efforts to provide services through a very challenging period.

The Presiding Officer: I remind members that if the amendment in the name of Neil Gray is agreed to, the amendment in the name of Sandesh Gulhane will fall.

The next question is, that motion S6M-12215.2, in the name of Neil Gray, which seeks to amend motion S6M-12215, in the name of Willie Rennie, on crisis in national health service dentistry, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, 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)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dorman, James (Glasgow Cathcart) (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)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (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)
 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) (Alba)
 Robertson, Angus (Edinburgh Central) (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)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (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)

Against

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (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)
 Eagle, Tim (Highlands and Islands) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 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)

Johnson, Daniel (Edinburgh Southern) (Lab)
 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)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 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)
 Simpson, Graham (Central Scotland) (Con)
 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)

The Presiding Officer: The result of the division is: For 63, Against 53, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The amendment in the name of Sandesh Gulhane falls.

The next question is, that motion S6M-12215.1, in the name of Paul Sweeney, which seeks to amend motion S6M-12215, in the name of Willie Rennie, on crisis in NHS dentistry, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

Claire Baker: On a point of order, Presiding Officer. Can you confirm that my vote was registered?

The Presiding Officer: I can confirm that your vote has been recorded, Ms Baker.

Gillian Mackay (Central Scotland) (Green): On a point of order, Presiding Officer. My vote does not appear to have registered. I would have voted yes.

The Presiding Officer: Thank you, Ms Mackay. We will ensure that your vote is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baker, Claire (Mid Scotland and Fife) (Lab)

Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 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)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (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)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 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)
 Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Regan, Ash (Edinburgh Eastern) (Alba)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)

Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Dowey, Sharon (South Scotland) (Con)
 Eagle, Tim (Highlands and Islands) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East 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)
 McCall, Roz (Mid Scotland and Fife) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Ross, Douglas (Highlands and Islands) (Con)
 Simpson, Graham (Central Scotland) (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)

The Presiding Officer: The result of the division on amendment S6M-12215.1, in the name of Paul Sweeney, is: For 85, Against 31, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The question is, that motion S6M-12215, in the name of Willie Rennie, on crisis in NHS dentistry, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)

Boyack, Sarah (Lothian) (Lab)
 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)
 Choudhury, Foysol (Lothian) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (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)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 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)
 Maguire, Ruth (Cunninghame South) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Regan, Ash (Edinburgh Eastern) (Alba)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)

Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley)
 (SNP)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Clark, Katy (West Scotland) (Lab)
 Dowey, Sharon (South Scotland) (Con)
 Eagle, Tim (Highlands and Islands) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East 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)
 McCall, Roz (Mid Scotland and Fife) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Ross, Douglas (Highlands and Islands) (Con)
 Simpson, Graham (Central Scotland) (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)

The Presiding Officer: The result of the division on motion S6M-12215, in the name of Willie Rennie, as amended, is: For 84, Against 32, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament recognises the significant challenges in dental services, compounded by the impacts of the COVID-19 pandemic, high inflation, and Brexit on public services, dentistry and the available dental workforce across the UK; welcomes that the Scottish Government has confirmed the sustainment and improvement of access to NHS dentistry as a strategic priority; acknowledges that payment reform, as introduced on 1 November 2023, is the most significant change to NHS dentistry since its inception and the most meaningful intervention to realise the Scottish Government's ambition at this time; recognises that payment reform correctly prioritises public resources on securing access to NHS dentistry by incentivising delivery of NHS care through improved fees; is confident that the changes are the appropriate basis for further reforms to NHS dentistry, which will be focused on improvements in workforce and access to services across Scotland; thanks NHS dentists and all staff working across Scotland for their continued commitment to the sector and provision of a vital service to the people of Scotland, and recognises that the world-leading Childsmile programme, which was implemented by the last Scottish Labour Party-led

administration in 2006, has been widely recognised as one of the most effective public health interventions of the devolved era and has transformed child dental health.

The Presiding Officer: The final question is, that motion S6M-12235, in the name of George Adam, on behalf of the Parliamentary Bureau, on designation of a lead committee, be agreed to.

Motion agreed to,

That the Parliament agrees that the Equalities, Human Rights and Civil Justice Committee be designated as the lead committee in consideration of the Disability Commissioner (Scotland) Bill at stage 1.

The Presiding Officer: That concludes decision time.

Nuclear Energy

The Deputy Presiding Officer (Annabelle Ewing): The final item of business is a members' business debate on motion S6M-11662, in the name of Douglas Lumsden, on the declaration to triple nuclear energy, launched at the 28th United Nations climate change conference of the parties—COP28. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises the Declaration to Triple Nuclear Energy, which was signed by a number of countries at the COP28; understands that the declaration notes the key role of nuclear energy for achieving global net zero targets by 2050; further understands that the declaration recognises the importance of the application of nuclear science and technology to continue contributing to the monitoring of climate change and the tackling of its impacts, and emphasises the work of the International Atomic Energy Agency (IAEA) in this regard; notes from the declaration that nuclear energy is already the second-largest source of clean dispatchable baseload power, with benefits for energy security; further notes from the declaration that new nuclear technologies have a small land footprint and can be located where they are needed, such as within a large energy intensive industrial zone, with additional flexibilities that support decarbonisation across the power sector, including hard-to-abate industries; understands that analysis from the International Energy Agency (IAE) shows nuclear energy more than doubling from 2020 to 2050 in global net zero emissions by 2050 scenarios, and shows that decreasing nuclear power would make reaching net zero more difficult and more costly; further understands that analysis from the Intergovernmental Panel on Climate Change shows nuclear energy approximately tripling its global installed electrical capacity from 2020 to 2050 in the average 1.5°C scenario; notes that the declaration was signed by 22 countries, namely the UK, the USA, Canada, France, the Netherlands, Sweden, Finland, Poland, Ukraine, Czechia, Slovakia, Slovenia, Hungary, Romania, Bulgaria, Moldova, Mongolia, Morocco, Ghana, Japan, the Republic of Korea and the United Arab Emirates; welcomes the ongoing work and discussions that are taking place on this, including in the North East Scotland region, and notes the view that Scotland should fully consider this option going forwards.

17:34

Douglas Lumsden (North East Scotland) (Con): I thank the members who signed my motion to allow us to debate the topic tonight. The purpose of the debate is simple: to bring Scotland into line with the majority of countries in Europe and the rest of the western world in recognising that nuclear power is a key component of modern, zero-carbon and sustainable energy provision.

At present, Scotland's anti-science Scottish National Party Government has shut the door to considering that green, sustainable and reliable form of energy. We are losing out to our European and Scandinavian partners, and we are at risk of becoming overreliant on fossil fuels to supply our base energy levels. Quite simply, we are falling

behind the rest of the world in an area in which we have the skills and the potential to be leaders.

Why is that? It is because the SNP so-called green Government refuses to accept the science behind the technology and, instead, listens to anti-science rhetoric on a vital component of the green energy jigsaw.

At COP28, the declaration to triple nuclear energy was signed by many countries that see and understand the potential of nuclear to provide clean sustainable energy as part of the move to net zero. The declaration understands

“the importance of the applications of nuclear science and technology”

to continue contributing

“to monitoring climate change and tackling its impacts”.

It emphasises

“the work of the International Atomic Energy Agency”

and recognises

“that nuclear ... is already the second-largest source of clean ... baseload power”.

The International Energy Agency has said that nuclear energy will more than double before 2050. In addition, the agency recognises that, by increasing nuclear, we will reach our net zero targets more quickly, and doing so will be less costly.

The declaration was signed by 22 countries, and it demonstrates international recognition of the importance of nuclear as part of the picture in our journey towards net zero.

Martin Whitfield (South Scotland) (Lab): The provision of nuclear power gives us the non-weather-dependent grid stability and security that we need across the United Kingdom, which is essential as we go forward. Is that not right?

Douglas Lumsden: Mr Whitfield is absolutely spot on: nuclear is part of the energy mix that is required to provide the energy security that we need. Indeed, many countries feel that the picture is incomplete without nuclear and that the jigsaw will have a gaping hole if nuclear is not included as a key part of providing for our energy needs in a carbon-free world.

Craig Hoy (South Scotland) (Con): Does Douglas Lumsden share my concern that, in a debate on a matter that is as important as our energy future and security, not one single member of the Green Party is willing to come to the chamber to debate it?

Douglas Lumsden: Mr Hoy makes a very good point. I was expecting to see some Green members in the chamber, but obviously they do not want to make an argument against nuclear.

Fergus Ewing (Inverness and Nairn) (SNP): A rational approach should be taken to energy policy, because it is too serious a matter for us to do anything else. However, are there not at least three risks with nuclear? First, the costs for Hinkley Point C, Olkiluoto 3 in Finland and a third EDF plant have massively overrun. Secondly, the decommissioning costs are unquantifiable, as we have seen at Dounreay. Indeed, the costs for that site are still with us today, and it is still providing employment, I suppose. Thirdly—although I hesitate to say this—we need to consider, looking at what happened with Nord Stream, that nuclear power stations are particularly prone to terrorist attack in the future.

Douglas Lumsden: With regard to energy security, it is much better that the provision be built in this country. Yes, the costs for Hinkley Point have increased, but so has the cost of all our energy, including wind—the costs have shifted considerably in the contracts for difference allocation round 6 process.

In the short time that I have left, I will address some of those points further and set out the case for nuclear in relation to energy security, green credentials and economic viability. The war in Ukraine has revealed an overreliance on Russian oil and gas in many European states. Countries without a base load of nuclear power, such as Germany, have found themselves in economic hardship as a result of the fact that they do not produce enough power domestically, and they have even turned to coal. We must ensure that we, in Scotland, do not fall into the same trap and that we provide energy domestically rather than importing it from other countries.

Although nobody could deny that we have good wind generation in Scotland, it is weather dependent and does not provide the base load that is required for our communities day to day. At present, onshore wind provides 10.8 per cent of our UK energy mix, whereas nuclear provides 14.7 per cent. Wind is unreliable and provision depends on the ability to transport the energy from the turbines to where it is needed. In order to ensure grid stability and security, we require a form of energy that can supply a reliable base load 24/7, which nuclear does. It complements renewable generation, but it is required to supply that base load in the system.

By utilising nuclear energy, we were able to cut gas imports by 9 billion cubic metres in 2022, thereby reducing our exposure to international gas markets. Nuclear makes sense for energy security and is the only answer to ensuring that we can meet our base-load requirements in a non-carbon way. Nuclear is a green form of energy. According to the UN, it has the lowest life cycle of carbon intensity, the lowest land use and impact on

ecosystems, and the lowest mineral and metal use. In addition, it is the only form of energy that is required to track, manage and make safe its own waste, and it does so very successfully and safely. As I should have mentioned, the price of that is built into the initial cost.

Nuclear energy is heavily regulated, has extremely high safety standards and is well respected in the energy sector. To go against that is simply hyperbole, made up by the Green wine-bar elites who prefer to use pseudoscience, rather than the real science, to back up their claims.

Torness nuclear power station has the capacity to power 2.2 million homes from one tenth of a square mile of land; that is rather different from the capacity of our onshore and offshore wind farms. Soon, however, Torness, like Hunterston before it, will be turned off, and with it will go the future of many of our young workers, who have not had the opportunity to work in the nuclear industry—unless, of course, they up sticks and move down south, where the Government does not have a blinkered view of the world.

That brings me to something that I remember from the nuclear industry reception that my colleague Liam Kerr hosted a couple of months back. A young apprentice—I cannot remember his name—gave an inspirational speech on his career with EDF, but he was looking to move away from Scotland to continue his career. The highly skilled and bright workforce of the future is being lost to Scotland.

Nuclear energy is produced where it is needed, rather than in our precious rural countryside. On Friday, I will attend a meeting of a local community council that is very worried about the impact on the local community of the pylons and substations that are built to transport the energy from wind farms to where it is needed in the central belt.

The Minister for Energy and the Environment (Gillian Martin): Will the member accept that power that is generated by nuclear also has to be transmitted?

Douglas Lumsden: Absolutely, but the minister misses the point—the energy is produced near where it is needed, which means that there is less distribution, and fewer pylons are needed, across the country.

The impact of pylons on our scenery in Scotland should not be underestimated, and communities are rightly concerned about their impact on tourism and, therefore, on economic development, as well as about the disruption to ecosystems during their construction.

Finally, I will address the economic case for nuclear energy in Scotland. Wind energy has many hidden costs, such as the cost of the

transportation of energy and decommissioning costs for turbines. Those costs are included up front in the construction of nuclear power stations. Nuclear does not have to be the most expensive option when it is done properly and at scale.

In Scotland, the nuclear sector provides 3,664 jobs and £400 million in gross value added, and—significantly—almost 25 per cent of the sector's direct employment is in the most deprived 10 per cent of local authorities. Nuclear has a key role to play in Scotland's energy future. To ignore it and use false arguments against it is anti-scientific. The Government, which apparently has superior green credentials, is badly letting down the people of Scotland by not investing in a vital technology that could provide clean, green and sustainable energy for years to come. The position that the Government has taken is badly letting down our communities. It is anti-science, based on false claims, founded on fear and completely nonsensical. It lets down our energy industry and our communities, and it badly affects our standing with our neighbours.

I call on the Government to join countries such as the USA, Canada, France, the Netherlands, Sweden, Finland, Poland, Ukraine, Czechia, Slovakia, Hungary, Romania and many others in welcoming nuclear as part of the energy mix and as an essential piece of the jigsaw in reaching net zero.

17:44

Jackie Dunbar (Aberdeen Donside) (SNP): I refer members to my entry in the register of members' interests, as I am a former councillor in Aberdeen City Council. As it is traditional to do so, I congratulate Douglas Lumsden on bringing the debate to the chamber.

His timing in lodging the motion ties in with what has happened not just in Dubai, on the global stage of COP28, but in our old stomping ground of Aberdeen City Council. On the same day that COP28 came to a close, Aberdeen City Council was due to discuss a petition calling for it to join Nuclear Free Local Authorities, whose members aim to

“tackle, in practical ways and within their powers, the problems caused by civil and military nuclear hazards.”

I understand from my former council colleagues that the petitioners, when they finally spoke to councillors earlier this month, gave a very impressive presentation, in which they spoke of how renewable energy generation is cheaper and does not leave future generations having to deal with the nuclear waste that is left behind.

During a cost of living crisis that has been driven, in part, by high energy prices, it is particularly important that we consider how much it

costs to generate energy, especially if there is a risk that those costs will be passed on to consumers.

Liam Kerr (North East Scotland) (Con): Will the member take an intervention?

Jackie Dunbar: No male Opposition member took an intervention from any of the females on the SNP side of the chamber yesterday, so I will not give way to any male MSPs tonight. If we cannot intervene on the gentlemen, I will not take an intervention from the member.

I understand that, as things stand, nuclear costs £92.50 per megawatt hour, whereas offshore wind costs £37.65 per megawatt hour. The major driver of that higher price is the up-front costs of constructing the power stations. That ties into the Scottish Government's position, whereby it supports extending the operating lifespan of Torness, provided that strict environmental and safety criteria continue to be met, but it does not support the building of new nuclear fission power stations in Scotland with current technologies.

That cost remains high—too high, I believe—despite significant investment by the UK Government. Meanwhile, greener renewable technologies are not getting anywhere near the same level of financial support. An example is pumped storage hydro, which the minister has spoken of previously. It is able to plug gaps in the intermittent supply that can result from other forms of renewable generation.

Douglas Lumsden and I, along with Audrey Nicoll, who is also in the chamber, have the great privilege of representing Aberdeen, which is—I will keep saying this—the future net zero capital of the world. Alongside our hugely skilled workforce, which I maintain is our biggest asset, we also have, across and around Scotland, an abundance of renewable energy sources.

The motion that we are discussing states that nuclear technologies

“can be located where they are needed”.

Before I finish, I pose an open question. In a Scotland that has as much potential to generate wind, wave, tidal and hydro energy as we have, where exactly do Conservative members think should be fully considered for hosting new nuclear plants in the future?

Craig Hoy: Will the member take an intervention?

Jackie Dunbar: I know that the motion mentions industrial zones—

The Deputy Presiding Officer: The member is concluding her remarks.

Jackie Dunbar: —but I want to hear place names, and which parts of Scotland—*[Interruption.]*

I will take an intervention from Mr Hoy, because he is chuntering from the sidelines, as usual.

The Deputy Presiding Officer: Briefly, Mr Hoy.

Craig Hoy: The member asked for a location and a place name. I say Torness, near Dunbar, in East Lothian.

Jackie Dunbar: In case the member did not realise what I meant, I was referring to places where new plants would be built, because Mr Lumsden seems to have decided that they should be near the places that they are going to serve.

There might be a role for nuclear in Scotland at some point in the future but, at present, the cost of new power stations runs into billions of pounds, they take years to construct, and they look set to cost about three times as much per unit as can be achieved from renewables sources. I firmly believe that, as we look to tomorrow, our focus should remain on clean, green and cheap renewable energy.

The Deputy Presiding Officer: I call Graham Simpson, who joins us remotely.

17:49

Graham Simpson (Central Scotland) (Con): It has been interesting to listen to the debate so far, and I congratulate my colleague Douglas Lumsden on bringing it to the chamber.

Jackie Dunbar asked where new nuclear provision should be sited. Well, it cannot currently be sited anywhere, because the SNP is blocking it under the planning rules. If she wants to remove those planning restrictions, she might see applications coming forward.

Douglas Lumsden is absolutely right to highlight that the main point of all this is energy security. I would have thought that members on all sides of the chamber—by the way, I share Douglas Lumsden's disappointment that there are no Green members taking part in the debate—would recognise the need for Scotland and the rest of the UK to be energy secure, in particular in the light of the conflict in Ukraine. Surely we do not want to be held to ransom for our energy by despots such as Vladimir Putin.

We need a mix of energy. We need wind farms, and there is a role for hydro, too. However, we have to accept that the wind does not blow all the time and that there is a need to cover that base load, which is why nuclear has a role. I was delighted when the UK Government announced that it would be setting up Great British Nuclear to herald the introduction of small modular reactors. I

can tell members, if they do not know already, that those reactors do not have to be built on site; they can be built in factories and then transferred to their ultimate locations. That is a great development—it is good for the economy, for jobs and for skills.

The UK Government has an ambition—I wish that the Scottish Government would get on board with this—to have a quarter of our energy provided by nuclear by 2050. I would like Scotland to be part of that.

What does nuclear provide? It provides the energy security that I spoke about. Countries that phase out nuclear—Germany is a good example—become critically dependent on natural gas generation to guarantee security of supply. Nuclear provides grid stability and security and provides a non-weather-dependent 24/7 base load. It also provides green energy—it is as green as renewables. According to the UN, nuclear has the lowest life cycle carbon intensity, the lowest land use and impact on ecosystems, and the lowest mineral and metal use. One would have thought that Green Party members would welcome that.

Of course, there is an economic case for nuclear, too. Douglas Lumsden spoke about skills. We both attended the meeting in Parliament where, as he mentioned, we heard a powerful presentation from a young apprentice, who might well have to leave Scotland if we end up with no nuclear industry here. That would be a crying shame.

Scotland needs nuclear, and I thank Douglas Lumsden once again for securing the debate.

17:54

Martin Whitfield (South Scotland) (Lab): It is a pleasure to contribute to the debate, which allows me to talk about Torness in East Lothian, in South Scotland. I thank Douglas Lumsden for bringing the debate to the chamber when we are entering a period in which debates about nuclear energy have to take place. Those debates are taking place across the United Kingdom, but unfortunately, in Scotland, we seem to have a Government that has closed its eyes to the future. That is important, because Torness is the last remaining nuclear power station in Scotland. To answer Jackie Dunbar's question, the obvious site for a new nuclear plant is where the Torness B nuclear reactor was designed to be, which is right next door to Torness, so that the very same generation hall can be used for on-going electricity production.

It has been announced—it is in the public domain—that 2028 could be the last year of generation for Torness. As we have heard, that

would mean that Scotland would lose all its production capacity for maintaining the stability of the grid.

Paul Sweeney (Glasgow) (Lab): Will the member give way on that point?

Martin Whitfield: I am more than happy to give way.

Paul Sweeney: I thank my friend for giving way on that important point. He raised the issue of capital costs. One of the huge capital costs of building a nuclear power station is the turbine hall, which already exists at Torness and can continue operating for many decades to come. Adding on some new modular reactors to that turbine hall would massively reduce the capital costs of a new nuclear station, would it not?

Martin Whitfield: I am grateful for that intervention, and my friend is right. It is worth taking a moment to discuss that aspect, because we frequently hear about the high cost of nuclear power generation, but it is the only form of energy production for which the consequences at the end of the life of the power station are taken into account.

On 19 February, the Scottish Government published a paper on the challenges that are faced in offshore wind decommissioning. However, the Government is unable to tell us the period in which it will conclude its analysis and decide what it is going to do at the end of the generation period, in particular with regard to wind turbine blades, which are an intricate engineering marvel but are not easily recyclable or repurposed. That production charge for the wind turbine is not included in wind energy costs.

Gillian Martin: I am sure that Martin Whitfield will be aware of the onshore wind sector deal, which includes a blade remanufacturing site. That means that the ability to recycle the blades is imminent.

Martin Whitfield: I have spoken to a number of onshore turbine manufacturers, and I know that a significant number of primary schools already have beautiful rain shelters for their bicycles made from former turbine blades.

I recognise that that is a challenge, and I hope that the Government does too, because it puts to bed the argument that nuclear power is so expensive. It is expensive because it takes into account the whole life cycle—and beyond—of the production of green technology.

In the short time that I have left—I will not press you for more, Presiding Officer—I note that, last year, Torness generated 8TWh of low-carbon electricity. We can bandy around figures, as we do quite a lot in debates, but I also want to talk about the nearly 700 people who work at Torness. That

includes not only the apprentices whom we have heard about, who are so skilled—

Craig Hoy: Will the member take an intervention?

Martin Whitfield: If it is short, Mr Hoy.

The Deputy Presiding Officer: A very brief intervention, Mr Hoy.

Craig Hoy: Thank you. Mr Whitfield may be coming to this point. He, too, will have met Matthew French, the talented employee at Torness power station who was named apprentice of the year, and who told us when he came to the Parliament that he wants to continue working in nuclear and in Scotland. It would be deeply regrettable if we were to lose talent like that from Scotland, would it not?

Martin Whitfield: Yes. I am grateful for that intervention. That is not just an issue for Matthew—there are all the families who rely on the income from those jobs, the more than 8,000 people who, during a shutdown, come to ensure the safety of the nuclear power station site, and all the small and medium-sized businesses that rely on that income, with more than £10 million coming into East Lothian alone.

The fact remains that for the Scottish Government to take a simple ideological stance against an energy source that will be needed to maintain the grid and to ensure our security is short-sighted and wrong. I say that with the greatest respect. We need to readdress that point, and the Government, rather than hearing us shout “U-turn!”, will find support from us on that. We need to support the nuclear power industry as we go forward, in particular for the apprentices, the employees and the families, and for East Lothian, Scotland and the UK.

17:59

Liam Kerr (North East Scotland) (Con): I am pleased that Douglas Lumsden has brought the debate to the chamber, and I am pleased in particular to see that the Minister for Energy and the Environment will be responding, because I am confident, from my previous dealings with her, that she will take a more thoughtful approach than her predecessors did.

Almost exactly two years ago, I spoke in a debate on nuclear and dealt with all the Government’s objections at that time, some of which we have heard again today. One such objection was the economic argument; I have tried to help Jackie Dunbar with her misunderstanding of that today. At the time of that debate, the price of power from Hunterston B—until it was retired—and from Torness was about £45 per megawatt hour. Meanwhile, data suggests the average price

of 16 operational wind contracts for difference in Scotland is £82 per megawatt hour. I am pleased to inform Jackie Dunbar that the current offshore wind strike price is actually £73 per megawatt hour, rather than the figure that she offered, which is way out of date.

On the build cost, the Scottish Government at that time kept referring to Hinkley. However, while the smaller, cheaper SMR is, in any event, the preferred model that we would use in Scotland, the actual construction and operating cost of Hinkley Point accounts for only £30.50 per megawatt hour of the strike price of £92.50 per megawatt hour; the other two thirds relate to the cost of borrowing money. Interestingly, the National Audit Office said that the UK Government's regulated asset base model might reduce the cost of Hinkley by 40 per cent.

Furthermore, with wind, decommissioning costs are not included, unlike with nuclear, and constraint payments to compensate wind-farm operators for curtailing their generation when supply exceeds demand cost £380 million in 2022—that is roughly £11 per megawatt hour.

The Government has, historically, pointed to nuclear being high risk in terms of safety, but—touch wood—there have been no major nuclear safety incidents in the UK industry in its nearly 50 years of operation. Anyone who has done their homework knows that all current operating stations have extraordinary levels of built-in redundancy, while being subject to one of the most robust regulatory regimes in the world.

The minister's predecessors were also worried about waste, but they seemed to be unaware that the nuclear industry is the only one to track, manage, make safe and—crucially—pay for its own waste. Indeed, I recall that EDF and the UK Government set aside £14.8 billion to decommission existing power stations and dispose of waste from them. In any event, the amount of waste that is produced by nuclear is very small. Almost all the radioactivity is found in a tiny fraction of the waste, known as high-level waste, which is robustly dealt with.

The final point is about what we do if we do not have nuclear in Scotland.

Paul Sweeney: Does the member recognise that the evolution of modern fourth-generation and fifth-generation nuclear reactor designs means that they actually consume nuclear waste as energy, thus creating a closed waste loop?

Liam Kerr: Absolutely—Paul Sweeney makes a fantastic point.

I move on to what we do if we do not embrace that technology and do not move forward with nuclear. To pick up on Martin Whitfield's well-

made intervention, wind turbines tend to operate for about 25 to 40 per cent of the time, as against nuclear, which operates for just over 90 per cent of the time. Without nuclear power, when wind turbines are not operating or solar is not producing, the grid would have to use sources such as gas.

The point about energy security has been raised several times, and it is notable that nuclear cut our gas imports by 9 billion cubic metres in 2022. That is key. In 2022, I put to the then Minister for Just Transition, Employment and Fair Work the following point:

“According to the Climate Change Committee's report ‘Net Zero—The UK's contribution to stopping global warming’, to hit net zero, the United Kingdom will need four times more clean power by 2050. It further says that 38 per cent of that needs to be ‘firm power’”

—in other words, base load. I asked the minister:

“From what source will Scotland get that 38 per cent of firm electricity generation?”—[*Official Report*, 1 June 2022; c 6-7.]

Of course, he never answered the question. Nobody can answer it, and no one has done so since.

I am, therefore, looking forward to listening to the minister respond to that point, because I am confident that, in closing, she will eschew the approach of her predecessors. I am confident that she will not make false comparisons or question the safety of the technology and the waste issue, and that, above all, she will answer the question: if base load is not to be generated in Scotland by nuclear, from where will the Government generate it? The facts that I have set out do not mean that we should not build wind farms—they mean that we should not try to move forward with wind alone.

We should follow the advice of expert modelling organisations such as the Climate Change Committee, the Organisation for Economic Co-operation and Development, the UN, the International Energy Agency, Massachusetts Institute of Technology, Imperial College London and the Energy Systems Catapult, and build both nuclear and wind—and everything else—in Scotland in order to build a strong, secure, resilient net zero economy.

18:05

Fergus Ewing (Inverness and Nairn) (SNP): I had the privilege of being the energy minister for five years, from 2011 to 2016. That allowed me to meet and learn from experts in Scotland and the UK, some of whom Mr Kerr just mentioned.

It struck me that, to have a functioning electricity system, you need to have a variety of different provisions of electricity, because each has pluses

and minuses. There is a difference between electricity and most goods and services. I happen to like Mars bars, Maseratis and Mâcon Rouge wine, but I could live without them. If there was a shortage in the supermarket or the car showroom, it would not matter one jot. With electricity, however, you need to generate enough to keep the lights on and the factories going. If you do not do that, you have a very serious problem—as Germany has discovered, with much of its industry having had to shut down.

The maxim that applies best when it comes to electricity supply is that of Winston Churchill, who said that the solution is

“variety and variety alone.”

The question is, what is that variety? I am agnostic on future new nuclear power. When I was minister, the Government modulated its position to support the continued operation of Torness and Hunterston, which was welcome.

I am agnostic now, because the technology has driven forward, but so has the technology of advanced gas turbines, which has improved massively in the past 20 years. I am no expert in any of that, I have to say, but I think that base load and backup will be an essential feature of an electricity grid system; it cannot be entirely stochastic.

The risks of wind power are less pronounced than some argue, because of the way in which the electricity system is operated, as I learned when I visited National Grid in Warwick some years ago. It is more reliable, because one can predict within 24 hours where the wind is going to blow.

Floating offshore wind—as Fred Olsen told me over breakfast in Orkney—is advantageous for Scotland, because our waters are deeper and fixed platforms are more expensive. Floating platforms allow us the opportunity to station the wind farms where the wind is blowing in a different direction and therefore make more money and generate more electricity. However, perhaps that is a red herring.

Douglas Lumsden asked a fair question: if not from nuclear, from where do we get the base load and backup? On that, I think that advanced gas turbines should be considered, because they have improved so massively, can be built very quickly and the technology is established and clear. I am not quite sure that the technology has been fully developed in respect of some of the smaller nuclear power stations; it may have been, it may not.

Douglas Lumsden: Does Fergus Ewing think that the Government’s partners, the Green Party, would support him in advocating new gas turbine production?

Fergus Ewing: If I said that rain was wet, the Green Party would not support me. They are not here, which is a bit disappointing, but hey ho—I will leave that to one side.

There is far too much partisanship in these debates, which will not get us very far. Rationality alone is what is required. We need to look at things with an open mind and recognise that technologies have increased massively. The problems of the past will not be the problems of the future.

Are we going to have too many wind farms and too much generating capacity from wind? There is a risk around that, and the profitability and economic benefits of wind are nowhere near matching those of oil and gas. I am afraid that that is a fact, no matter how successful wind power becomes.

We should listen to the experts. In this debate about electricity supply, can we not have less heat and more light?

18:09

Craig Hoy (South Scotland) (Con): I thank Douglas Lumsden for bringing forward this timely debate. It is timely because, when it comes to energy, we in Scotland are at an inflection point—indeed, it is perhaps more accurately described as a tipping point. Minister, are we about to tip forwards—to maintain and renew our nuclear future—or backwards into what could be an intensely vulnerable position in our energy security?

If the answer is yes to the latter, the SNP Government must reconsider its approach to Scotland’s nuclear future, because nuclear is a critical part of the journey to net zero. That is why it is regrettable not to see Green members this evening, because they talk about net zero but neglect the fact that, in very many countries, nuclear will be a fundamental part of that journey. The declaration to triple nuclear energy, which was signed at the COP28 summit, underlines the vital role of nuclear in achieving global net zero targets by 2050. Regardless of what we do here, therefore, other countries’ nuclear capacity will help us on that journey. As John Kerry said at COP, the target simply cannot be met without it. There is, in effect, no net zero without nuclear.

In my region, EDF Energy has signalled its ambition—at this stage, it is no more than that—to extend the life of the Torness power station; indeed, it says that it plans to extend the life of four nuclear power stations in the UK, potentially, and increase investment in its nuclear fleet. Scotland will lose out on that unless it reconsiders its position now. It will make the decision whether

to extend the lifespan of those stations that have advanced gas-cooled reactors.

Gillian Martin: It is important to make the distinction that the Scottish Government is very supportive of extending the life of the existing plant at Torness.

Craig Hoy: Precisely—and I welcome the minister's saying that. However, if in principle the Government would like to see it extended, why not renew it? If the SNP and the Greens are really committed to net zero, they will have to tease out that question.

The four stations are Torness, Heysham 1 and 2 and Hartlepool, and a decision will be taken by the end of the year. The minister has pre-empted me, though, and it is good to hear that she welcomes the idea of an extension. Nevertheless, it will require regulatory approval. The fundamental question here in Scotland is whether we want nuclear to be part of our journey to energy security. In the words of Fergus Ewing, are the Government's mind, eyes and ears completely closed to the benefits that nuclear brings?

I will summarise those benefits. Torness opened in 1988, and EDF Energy confirms that it is still one of its most productive nuclear power stations. Despite what the nuclear doomsayers claim, it generates clean, safe power. Since it opened, Torness has produced nearly 280TWh of zero carbon electricity. Let me put that into context: that is enough electricity to power every home in Scotland for 28 years and losing it will be a critical loss to our energy capacity and security.

As Martin Whitfield has said, Torness provides many stable, high-skilled and high-paid jobs. Its pioneering apprenticeship programme, which delivers for the local community and the local economy, will be lost, and those skills, in turn, will be lost to the Scottish economy. It also remains one of East Lothian's largest employers, with 500 staff and 250 contractors; its salary bill totals £40 million per year—and much more than that through supply chain-related jobs. I hate to say it—and it is not a partisan point—but all of that is at risk because of what is now an illogical, dogmatic and, frankly, environmentally and economically illiterate approach to nuclear energy in this country.

As Douglas Lumsden has made clear, the Scottish Conservative Party supports a nuclear future for Scotland. Extending the lifespan of the existing stations will help cut gas imports and carbon and relieve winter pressures on our grid. That would be the short-term prize; the longer-term prize would be for Scotland to follow the rest of the UK, France and the many other European nations whose virtues the SNP regularly extols and look forward to a new fleet of nuclear stations

here in Scotland. Frankly, the policy that the SNP is adopting at the moment beggars belief, and Scotland will pay a heavy price if Scottish ministers do not think again on Scotland's nuclear future. It is a fundamental part of our net zero ambition.

18:14

The Minister for Energy and the Environment

(Gillian Martin): Despite all the accusations of our being dogmatic and ideological, the Scottish Government's position is, as everyone knows, that we do not support the building of new nuclear power stations in Scotland under current technologies. Our main objection is that it is expensive, creates toxic waste and, we believe, is not needed for our future net zero energy system.

However, I want to talk about Torness, which has been mentioned by a number of members and in which, obviously, Martin Whitfield and Craig Hoy have an interest.

Liam Kerr: Will the member give way?

Gillian Martin: I will do so once I have finished my point.

We recognise the contribution that Torness and other nuclear generation plants have made, historically, to Scotland's people and economy. It was important for me to mention to Mr Hoy that we are supportive of the operating lifespan of Torness, Scotland's last remaining nuclear power station, being extended, if strict environmental and safety criteria continue to be met.

Liam Kerr: The minister said that the main issue that the Scottish Government has is with the cost and the waste, but the points about the cost and the waste have been comprehensively debunked throughout the debate. How can the minister sustain the Government's objection on the basis of cost and waste?

Gillian Martin: Mr Kerr might think that he has debunked the cost issue. I beg to differ, and I will come on to that later in my speech. Jackie Dunbar was quite right to point out the difference with regard to terawatt-hour cost and so on, but there is also the cost of building such facilities in the first place, which I will come on to.

Historically, nuclear power has undoubtedly played an important role in electricity generation in Scotland. At the moment, however, it accounts for only 16 per cent of the total amount of electricity generated in Scotland. Meanwhile, electricity generated from renewables accounts for about 71 per cent of the total. Those figures are for the same period—that is, from last year. When it comes to consumption, the equivalent of 113 per cent of Scotland's gross electricity consumption is generated by renewables.

The reduction in the amount of electricity generated by nuclear power plants in Scotland will be compensated for, to a great degree, by the vast expansion of renewables and flexible technologies. I thank Fergus Ewing for making the point that we are in a fast-moving technological situation. We have existing and emerging technologies, particularly in wave and tidal, but also in battery storage. In addition, we have existing technologies that have not had the support that nuclear energy has had, such as pumped hydro storage. *[Interruption.]* I am not giving way to members—there are some points that I want to make.

I come back to Liam Kerr's point. We cannot ignore England's current experience of the nuclear developments that are taking place there. The new nuclear power stations that are being built in England will take many more years than was predicted, and it will be decades before they become operational. Those projects are pushing up energy bills even before they come online.

I want to mention the contract for difference for Hinkley Point C, which was agreed in 2013 and is for 35 years. As Jackie Dunbar said, that contract provides for a strike price of £92.50 per megawatt hour. That is far higher than the strike prices set for offshore and onshore wind in the sixth allocation round, which were £73 and £64 respectively.

Douglas Lumsden: Will the minister take an intervention?

Gillian Martin: No—I will carry on.

I also want to mention the fact that, whereas nuclear energy has had a great deal of support from the UK Government, other existing technologies that incur high capital expenditure costs, such as pumped hydro storage, have not benefited from the same scale of direct investment by the UK Government.

Douglas Lumsden: Does the minister accept that the UK's largest pumped storage station, which is in Wales, can produce only the same amount of electricity as Torness does in 7.5 hours? Does she not recognise that that is completely inadequate?

Gillian Martin: My point was about the fact that a great deal of investment has been put into nuclear energy—it is almost as though the nuclear sector has been propped up while other sectors have, in effect, been ignored. Given Scotland's geography, we have a major geographical advantage when it comes to pumped hydro storage. Indeed, Graham Simpson recognised its value in his speech.

As for the nuclear gamble that the UK Government is taking, members should not just

take my word for that; the International Energy Agency published research suggesting that new nuclear power in the UK would be more expensive than in any other country. However, the UK Government continued to commit significant sums of public money to it.

Hinkley Point C was due to be completed by 2025, at a cost of £23.5 billion—that is what was said at the time. With inflation taken into account, EDF Energy estimated last month that the project might not be completed until 2031, at a cost of up to £46.5 billion. I thank Fergus Ewing for pointing that out.

Liam Kerr: Will the member give way?

Gillian Martin: I have taken as many interventions as I think that I can manage.

Despite those delays and cost overruns—and indeed the price per megawatt hour—the UK Government continues to stake taxpayer money on its nuclear gamble.

Many times in Douglas Lumsden's speech and in other speeches by members, we were described as being anti-science. Are all the other countries that have decided not to go down the nuclear route anti-science, too? Are Austria, Denmark, Ireland, Italy, Estonia, Latvia, Luxembourg, Malta and Portugal anti-science?

Douglas Lumsden: Will the minister take an intervention?

Gillian Martin: No, I have taken as many interventions as I think that I can manage.

Liam Kerr mentioned small modular reactors—*[Interruption.]* I will battle on through the constant barrage of chuntering, Presiding Officer. Last week, the UK Parliament's Environmental Audit Committee said that the Government's approach to SMRs "lacks clarity" and that they are unlikely to play a role in decarbonising the grid by 2035. SMRs are innovative—I am not blind and deaf to innovations in any sphere that can decarbonise the grid and give us a more secure energy future—but they use the same method of electricity generation as traditional nuclear fission and leave the same type of radioactive waste.

I was struck by what Liam Kerr said about £15 billion being set aside to deal with nuclear waste. What else could be done with £15 billion? Could we invest it in pumped hydro storage? Could we invest it in moving battery storage to where it needs to be? One thing that I have noticed since taking this job and from going on many visits is that battery storage is really coming on in how it deals with the intermittent nature of wind.

Liam Kerr: Will the minister give way?

Gillian Martin: I have already said that I am coming to an end.

We know that Scotland needs to deliver cleaner and greener energy, but new nuclear is not the answer. We are energy rich—*[Interruption.]*

The Deputy Presiding Officer: Members, let the minister respond.

Gillian Martin: As has been pointed out many times by many members, we will have more electricity than we can use domestically—we are almost in that space already. Instead of wasting money on the wrong solutions, we will continue to support clean, green technologies that support energy security and a just transition to net zero, as well as fund the innovations that will be able to store that electricity.

I thank Douglas Lumsden for bringing the debate to the chamber, but we will just have to disagree on this. I can see that Liam Kerr thought that I was going to make a massive U-turn based on his arguments. However, although we disagree, what we will all agree on is that this is a very fast-moving area of technology. We cannot say never to any technology, but at the moment nuclear is far too expensive and waste is still very much a live issue. For that reason, our position has not changed.

Meeting closed at 18:23.

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