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Scottish Parliament

Thursday 12 December 2024

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

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. The first item of business is general question time.

Family Court Proceedings (Support)

1. **Emma Harper (South Scotland) (SNP):** To ask the Scottish Government what support it provides to people who are going through family court proceedings. (S6O-04105)

The Minister for Victims and Community Safety (Siobhian Brown): The Scottish Government provides funding to a range of voluntary sector bodies that can provide support in relation to family disputes. Support might also be available through the legal aid system.

Emma Harper: I have been working with a family in Wigtownshire who are in the same position as many others, in that a contact order was given by a sheriff for a father to have contact with his son months ago, but that order is still not being complied with. The minister will know that I have corresponded with her on the issue, but will she agree to meet me to explore whether a change could be made to the law that would compel a party to comply with a court order in a Scottish family court as in criminal cases?

Siobhian Brown: Delay in child contact proceedings is not in the child's best interests, and I recognise the negative effect that non-compliance with contact orders can have on a child. If a person believes that an order has not been obeyed, they can go back to the court and ask for it to be varied, or they can ask for the person who did not obey the order to be held in contempt of court.

New case-management rules for family actions in the sheriff court came into effect in September last year, which are intended to help to prevent undue delay in proceedings relating to the welfare of children. I would be very happy to meet Ms Harper to discuss the matter further.

Learning Estate Investment Programme (Mull)

2. **Ariane Burgess (Highlands and Islands) (Green):** To ask the Scottish Government what assurances it can provide to the community on Mull regarding whether learning estate investment programme funding can be used flexibly to support

both the construction of a new high school in Craignure and the refurbishment of the existing site in Tobermory for nursery and primary provision. (S6O-04106)

The Cabinet Secretary for Education and Skills (Jenny Gilruth): I can provide the member with a direct assurance that, in the learning estate investment programme, there is a wide range of locations, including remote sites, and a variety of school types, including campuses and stand-alone schools, new builds, extensions and refurbishments, depending on the needs of different communities.

Initial discussions with Argyll and Bute Council are based on the LEIP's policy of like-for-like replacement funding, but they also recognise the specific circumstances of the existing Tobermory campus and, for example, the likely increased costs due to the island location. LEIP funding based on like-for-like assessment could potentially support the construction of a new high school in Craignure and the refurbishment or replacement of the existing site in Tobermory for nursery and primary provision, if that is deemed to be the best option. Any additional costs arising from not pursuing a like-for-like approach would have to be borne by the council. We will continue to work with the council to support the development of that project.

Ariane Burgess: I am raising the issue because the community has come to me. Unfortunately, this is another example of island communities feeling that their voices are unheard and that their very particular challenges are overlooked. The special islands needs allowance is supposed to recognise the increased cost of delivering services to island communities, but it has dwindled due to a failure to link that cost to inflation. Will the Scottish Government seek to address that unfairness?

Jenny Gilruth: First, I very much recognise that certain members of the community feel strongly that a split-site option, with early years and primary remaining in Tobermory and a new secondary school being built on a site in a more central island location, would mean that families would no longer need to send their children to Oban. I recognise the unique circumstances that the member speaks to.

The member highlighted the special islands needs allowance. Responsibility for that does not rest within my portfolio, but I am more than happy to write to her directly on that, although I suspect that another minister will respond to her on that ask.

I go back to my original response in relation to the flexibility of LEIP funding. If Argyll and Bute Council decides that a two-site option is best for its

community, there is currently flexibility in the LEIP fund to reallocate the funding from a single campus to the two-site proposal, but additional costs would have to be borne by the local authority.

Budget 2025-26 (NHS)

3. **Clare Haughey (Rutherglen) (SNP):** To ask the Scottish Government how the Scottish budget 2025-26 will support the national health service. (S6O-04107)

The Cabinet Secretary for Health and Social Care (Neil Gray): With record funding of more than £21 billion provided in this year's proposed budget, we aim to improve patient experience by ensuring that the journey from diagnosis to treatment to aftercare is as straightforward and stress free as possible. A commitment to provide £200 million to reduce waiting times and improve capacity, with a vow to make the system more efficient and reduce delayed discharge, means that, by March 2026, more than 150,000 extra patients are expected to be treated as a result.

Despite substantial funding increases, significant challenge remains, which means that prevention and reform remain critical to delivering a sustainable health and social care system.

Clare Haughey: I remind members that I hold a bank nurse contract with NHS Greater Glasgow and Clyde.

My Rutherglen constituents often contact me regarding support for long-term health conditions, and in particular access to diabetes technology. How will measures in this year's budget support those requiring long-term treatment?

Neil Gray: I thank Clare Haughey for bringing up a point that is absolutely central to the elements of reform and improvement that I spoke about. Addressing concerns around long-term conditions and managing them better is central to those aims, and the Government is committed to supporting people with long-term conditions for those reasons.

On the question of diabetes tech, this year alone, we have provided funding for 2,100 people to receive a hybrid closed-loop system. We will continue to support those people with recurring funding for as long as they use the system, and we are working on plans for expansion in 2025.

The 2025-26 budget also includes an additional £4.5 million to deliver new specialist support across the country for people with long Covid, ME, chronic fatigue and other similar conditions. That important investment will support people with those conditions across Scotland. We are asking Parliament to unite behind the budget to ensure

that that funding reaches the people who really need it.

Carol Mochan (South Scotland) (Lab): A recent Audit Scotland report on alcohol and drug services recommended that the Scottish Government increase funding to tackle alcohol-related harm by mid-2025. However, the budget indicates that those services received a real-terms funding cut. How does the Scottish Government respond to Alcohol Focus Scotland's assessment that

"the budget in its current form is ... lacking in the ambition and determination needed to tackle Scotland's alcohol emergency"?

Neil Gray: I thank Carol Mochan for raising an important issue that is a priority for the Government. We have maintained alcohol and drug services funding, which includes the national mission funding of £60 million a year and the £250 million across this parliamentary session.

We have also baselined a significant amount of money—£19 million—into alcohol and drug partnership funding to give long-term certainty, which was one of the ADPs' asks. Alongside the funding that we provide, there is wider health board intervention, details of which are not readily available in the budget document, which speaks to services that are being delivered in communities.

On that basis, I hope that Carol Mochan is reassured that the issue remains a significant priority for the Government.

Child Poverty (Highlands and Islands)

4. **Emma Roddick (Highlands and Islands) (SNP):** To ask the Scottish Government whether it will provide an update on how it is tackling child poverty, including in the Highlands and Islands region. (S6O-04108)

The Cabinet Secretary for Social Justice (Shirley-Anne Somerville): The Scottish budget for 2025-26 outlines plans for wide-ranging investment to drive further progress in our national mission to eradicate child poverty. In addition to continued investment in the likes of the Scottish child payment, that includes our increased investment in affordable housing supply, investment to expand breakfast clubs and expanding free school meals to pupils in primary 6 and 7 who receive the Scottish child payment.

Importantly, we have also committed £3 million to develop the systems that are required to mitigate the two-child cap, with the Child Poverty Action Group estimating that scrapping the cap could lift around 15,000 children in Scotland out of poverty.

Emma Roddick: I note that today is Christmas jumper day, which gives us an opportunity to

reflect on what more we can do to ensure that no child grows up in poverty in Scotland. As the cabinet secretary noted, a number of last week's budget announcements, including the scrapping of Labour's two-child cap and the expansion of free school meals, will help to lift thousands of children out of poverty. Can the cabinet secretary outline what more we could do, and how much further we could go, if this Parliament had the powers of a normal, independent country?

Shirley-Anne Somerville: Emma Roddick raises an important point. It highlights the fact that, under some of the most challenging budget settlements since devolution, we as a Government are committing more than £3 billion in 2024-25 to policies that tackle poverty and protect people as far as possible during the cost of living crisis.

Emma Roddick is also right to point out that we could do so much more if we had the full economic and fiscal powers of an independent nation, because only with independence would we stop having to mitigate United Kingdom Government policies. This year, we are spending £134 million to mitigate the bedroom tax, the benefit cap and other policies, while we spend nearly £500 million on the Scottish child payment. Next year, we will have to mitigate the scrapping of the universal winter fuel payment while, unfortunately, the two-child cap is retained at the UK level.

While the UK Government makes decisions, we will take action, but with independence we could do so much more.

NHS Major Service Change

5. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government how it determines what constitutes a major service change in the national health service. (S6O-04109)

The Cabinet Secretary for Health and Social Care (Neil Gray): Scottish ministers consider a range of factors, including the views of Healthcare Improvement Scotland and the health boards, before coming to a final decision on whether a proposed change should be considered major.

NHS boards can also consider whether a proposed change is a major service change themselves. Healthcare Improvement Scotland has published guidance to help NHS boards to identify potential major service changes. It poses questions for NHS boards to consider under eight key areas, including the

“impact on patients and carers”,

the level of public concern, “financial implications” and “consequences for other services”, among others.

Neil Bibby: Proposals to close ward 36 at the Royal Alexandra Hospital in Paisley, which serves

older adults, would result in the removal of 22 beds. Those proposals are proceeding despite significant opposition from NHS staff, the Unison trade union, families and patients, given the impact that the closure could have on delayed discharge and the wider hospital.

Healthcare Improvement Scotland's guidance outlines key factors for designating a major service change, including the

“impact on patients and carers”,

changes in accessibility, “public or political concern”, “consequences for other services” and alterations in service delivery methods, each of which is clearly relevant to the closure of ward 36.

In the light of that, will the cabinet secretary pause the proposed closure until a full public consultation is carried out?

Neil Gray: I thank Neil Bibby for raising an important issue, which I also raised with NHS Greater Glasgow and Clyde and discussed with it at the board annual review a couple of weeks ago. To be fair to Mr Bibby, he reflects one element of the decision, but not the other, which is about what the capacity is going to be used for.

That ward has been used for some time for patients who are awaiting home care or care home placement and are otherwise medically fit for discharge. In line with national policy on appropriately shifting the balance of care and minimising delayed discharge, the health board is embarking on a test of change in which those resources will be directed instead to supporting hospital-at-home services in Renfrewshire. The test will be kept under review. If it is successful, the potential for a longer-term change will be investigated.

I hope that that puts the change into greater context for Mr Bibby and his constituents, as well as for the trade union representatives, with whom I have also had this discussion. I also hope that that gives some reassurance about the actions that have been taken by NHS Greater Glasgow and Clyde.

Colin Beattie (Midlothian North and Musselburgh) (SNP): I understand that the Scottish Government contacted NHS board leaders two weeks ago to outline a changed approach to the planning of services in NHS Scotland, focusing on moving to population-level planning. Can the cabinet secretary speak to how that will help to meet Scotland's changing needs and build the foundation for the transformation of our healthcare services?

The Presiding Officer: Give a brief response, cabinet secretary.

Neil Gray: Colin Beattie raises an important issue. As part of the reform agenda, we have developed a renewed approach to the planning of services in NHS Scotland to ensure that planning is best aligned to the size of the population who make use of those services. There will be a significant change to the way that we plan and deliver services to enable us to meet the changing needs of Scotland's population and build the foundation for the transformation of our service. I hope that it will give reassurance to know that the change is based on clinical input from our national conversation, as well as the views of patients, as I was able to discuss with patient representatives this morning.

GP Access Models (Performance)

6. Brian Whittle (South Scotland) (Con): To ask the Scottish Government, further to the publication of the access principles in November 2023 by the general practice access short-life working group, what work it has undertaken to develop a set of standards or performance indicators to evaluate the performance of GP access models. (S6O-04110)

The Cabinet Secretary for Health and Social Care (Neil Gray): We continue to work with all relevant partners to effectively implement the general practice access principles, including through our commitment to the on-going recruitment of primary care multidisciplinary teams, as well as 800 more general practitioners.

Healthcare Improvement Scotland has already worked with more than 100 general practices to improve access arrangements, and it is ultimately for individual practices to assess whether their access arrangements meet the needs of their patients.

Brian Whittle: Over the past year, GP services in my region have begun moving to purely digital points of access for the service. As the cabinet secretary is aware, I am hugely supportive of the use of digital infrastructure to relieve pressures on the national health service. However, the integration of digital services must not create barriers to access.

Recently, I have become aware of access issues that have had negative impacts on patients, such as increased waiting times for GP appointments or missed triage, which have landed patients in accident and emergency departments.

Does the cabinet secretary agree that that is an important issue to monitor as we change our access models? How is the Scottish Government ensuring that integration of technology is properly resourced?

Neil Gray: Brian Whittle raises two really important issues. First, when we adopt a new

innovation, particularly a patient-facing innovation, we must take people with us, and we cannot have inequity of access based on digital literacy, as Brian Whittle has set out.

Secondly, the purpose of adopting innovation and taking forward greater digitisation is to improve, speed up and provide greater capacity in our service. That is what I expect to come forward.

Conversations continue with the British Medical Association and the Royal College of General Practitioners about how we ensure equity of access and improve capacity, on the back of our budget proposals to provide greater capacity in primary care and general practice in particular.

Cultural Facility Sustainability (North East Scotland)

7. Maggie Chapman (North East Scotland) (Green): To ask the Scottish Government what action it will take to enhance the sustainability of cultural facilities in the North East Scotland region, including to prevent job losses in the sector and improve support for cultural education. (S6O-04111)

The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson): Creative Scotland has invested more than £30 million in response to applications from individuals, projects and organisations in the North East Scotland parliamentary region since 2019 and has made more than 1,400 awards. That investment includes: a total of £1.7 million in more than 40 projects through Screen Scotland's screen education programmes; a total of £2.9 million in six Culture Collective projects; a total of £12.5 million each year for 12 regularly funded organisations; and youth music initiative formula funding to all five local authority areas in the region each year, which, in 2024-25, totalled £1.2 million.

Maggie Chapman: Culture is a fundamental human right and an important part of our expression and identity. It has a positive impact on our lives and supports social connections and wellbeing.

As Dundee marks the 10th anniversary of being the first and only United Nations Educational, Scientific and Cultural Organization city of design in the United Kingdom, key cultural organisations and the creative economies that they support are at risk.

Has the cabinet secretary engaged with Dundee Contemporary Arts, Dundee Rep and other organisations about their sustainability? Does he agree that a move to multiyear funding would give those cultural institutions the long-term financial guarantees that they need?

Angus Robertson: Maggie Chapman makes an excellent point about multiyear funding. As a result of the Scottish Government's proposed budget, there will be the biggest ever funding increase—outside of the Covid recovery period—for the culture sector in Scotland. That will allow the introduction of multiyear funding for cultural venues and organisations throughout Scotland.

However, I gently say to Maggie Chapman and to colleagues in other political parties across the chamber that that will happen only if MSPs pass the budget. I hope that she will vote for the budget, vote for the increase in culture funding and give the green light to multiyear funding.

The Presiding Officer: I remind Ms Chapman and all other members that large campaigning symbols are not allowed in the chamber.

I will take a very brief question—number 8—from Willie Rennie.

Nursery Closures (North East Fife)

8. Willie Rennie (North East Fife) (LD): To ask the Scottish Government what its response is to reports that both of the privately run nurseries in the east neuk, in the North East Fife constituency, will close by the end of 2024. (S6O-04112)

The Minister for Children, Young People and The Promise (Natalie Don-Innes): I know from engagement with the sector that many providers are facing cost and workforce pressures, and the United Kingdom Government's changes to employer national insurance contributions are only going to add to that.

I continue to prioritise efforts to support providers in Scotland and, provided that we have support from parties across the chamber for the budget, we will give an additional £9.7 million to councils to enable workers in private and third sector services that deliver funded early learning and childcare to continue to be paid at least the real living wage, meaning that Scotland will be the only part of the United Kingdom to do so.

We are also continuing our work with the Convention of Scottish Local Authorities to strengthen the sustainable rates-setting process.

Willie Rennie: That sustainable rates-setting process is important. Closing the funding gap between council and private nurseries is part of the reason why those two nurseries are in difficulty. Will the minister update us on how quickly that gap will be closed?

Natalie Don-Innes: I am happy to provide an update on that. Jointly with COSLA, we have established a sustainable rates review implementation working group that brings together sector and local government representatives to inform delivery of the sustainable rates review

actions. A key recommendation of that review was the need to improve the cost data that is available to inform rates setting. I am pleased to update Mr Rennie that the Scottish Government has just completed the commissioning of a new national cost collection exercise, which will take place in spring next year.

Together with COSLA, we also hosted six provider reference groups during October and November, and we have had really good involvement from across the sector to inform that cost collection exercise.

I have some other things to update Mr Rennie on, and I would be happy to do that later, as I believe that I need to keep my answer short.

The Presiding Officer: That concludes general questions.

First Minister's Question Time

12:01

Teacher Numbers

1. Russell Findlay (West Scotland) (Con):

Scotland's schools are critical to the fortunes and future of our country, but after 17 years of Scottish National Party rule, pupils and teachers are being failed. The SNP's 2021 manifesto promised to increase teacher numbers by 3,500 so, at the very least, they should be rising. Are they rising, First Minister?

The First Minister (John Swinney): On Tuesday, the annual teacher census reported that there has been a reduction of 621 in teacher numbers from last year to this year. That was the subject of a statement that the Cabinet Secretary for Education and Skills made to the Parliament on Tuesday.

In response to that situation, the Government, as part of the budget settlement, has negotiated an agreement with local authorities in which the Government and local authorities will work together to ensure that teacher numbers are restored to 2023 levels, which means that, during the next year, teacher numbers will increase.

Russell Findlay: As the First Minister just admitted, Scottish Government figures this week show that teacher numbers are not up by 3,500, as the SNP promised, but down by 600 in this year alone. When he was education secretary, John Swinney promised more teachers, but instead there are fewer. He will not ever accept responsibility. Does he at least accept that the fact that there are fewer teachers is having a negative impact in Scotland's classrooms?

The First Minister: I want to see teacher numbers rising, which is why the Government has negotiated an agreement with local authorities on restoring teacher numbers to their 2023 levels.

However, it is important that we look at the outcomes that are achieved as a consequence of the investments that have been made by the Government and local authorities. Figures that were published this week show record levels of attainment in literacy and numeracy in our schools, and the attainment gap in literacy has reduced to its lowest level ever.

The attainment gap in positive destinations has reduced by 60 per cent since 2009-10—*[Interruption.]*

The Presiding Officer (Alison Johnstone): Let us hear the First Minister.

The First Minister: In 2022-23, 92.8 per cent of school leavers were in positive destinations nine months after leaving school. Many of those measures were put in place by me as education secretary—*[Interruption.]*

The Presiding Officer: Let us hear the First Minister.

The First Minister: Many of those measures were put in place by me as education secretary, in recognition of the fact that, if we want to close the poverty-related attainment gap—when poverty has been made worse by the decisions of the most recent Conservative Government in the United Kingdom—we must take long-term action and make a long-term commitment to strengthening education. That is precisely what the Scottish Government has delivered.

Russell Findlay: I would need all day to list all the Scottish National Party's broken promises on the attainment gap. The truth is that fewer teachers are being expected to do more and more, and that is fuelling a collapse in discipline in our schools. Last year alone, there were almost 45,000 recorded incidents of violence and abuse. One teacher told me that female pupils and teachers routinely suffer sexual intimidation and even violence. Girls are too scared to use mixed-sex toilets because they risk being photographed under cubicle doors. As a parent, I would be worried. It would make my blood boil. Frankly, I would be on the warpath.

Those shocking incidents are happening because disruptive pupils know that there are no consequences for their actions. Is it not time for the SNP to crack down on the behaviour of the minority, who are ruining it for the majority?

The First Minister: The Government is taking action to address behaviour in our schools. It is doing so as part of the action plan that the Cabinet Secretary for Education and Skills has set out to Parliament. Schools are empowered to take decisions that are designed to address unacceptable behaviour. Let me make it absolutely crystal clear that the behaviour that Mr Findlay has recounted to Parliament today, which I know takes place in our schools, is completely and utterly intolerable.

However, I cannot allow Mr Findlay to denigrate the achievements of educators in our schools. The statistics that were published on Tuesday show that there are record levels of attainment in literacy and numeracy in our schools, and I will not have that denigrated by the leader of the Conservative Party.

I can tell Mr Findlay that although the measures that were taken by the most recent Conservative Government exacerbated poverty in our society and have made the challenge that the Scottish

Government faces ever greater, this Government will deliver on Scottish education.

Russell Findlay: I will say this very slowly for the First Minister. He and his Government have been entirely responsible for Scotland's education system for 17 years—no one else.

The First Minister mentioned an action plan, but there was also a summit last year, and it did not achieve anything. If a nation's success was measured in talking shops, Scotland would truly be world leading. Instead of letting violence continue, the SNP must empower teachers to take a tougher approach where necessary, but all that John Swinney has done is to cut teacher numbers, break promises, let standards slip and allow toxic behaviour to spiral out of control.

After 17 years of SNP rule, our schools need change. John Swinney's way is not working for pupils, it is not working for teachers and it is not working for parents. Is it not plain common sense what our schools need? *[Interruption.]*

The Presiding Officer: Let us hear Mr Findlay.

Russell Findlay: More discipline and more teachers.

The First Minister: I have made it clear that unacceptable behaviour in our schools must be tackled in our schools. We have provided the approaches that are necessary to do that, and schools should feel empowered to do that.

However, we will not be able to increase teacher numbers if we follow Mr Findlay's plans. This is the third week in which I have reminded Parliament of the folly that Mr Findlay has put in front of us. He has argued for a tax cut of £1 billion in public expenditure, which would reduce public spending by £1 billion. The savings that he has identified total £54 million. There is a £950 million gaping hole—*[Interruption.]*

The Presiding Officer: Let us hear the First Minister. I am aware of loud shouts coming from across the chamber. Members, if you have not been called, do not speak.

The First Minister: There is a gaping hole of £950 million of public spending cuts in Mr Findlay's plans. When I watched him being interviewed on television on Sunday, he could not provide one specific answer to any of the questions about where those cuts would come. It was an embarrassing interview, which the Conservative Party should be embarrassed about.

There are school pupils watching this exchange from the gallery and I say that if the behaviour of the members of the Conservative Party in this chamber was prevalent in our country's schools it would need to be confronted and that the Conservatives are a disgrace to this Parliament.

Additional Support Needs (Support for Pupils)

2. **Anas Sarwar (Glasgow) (Lab):** It was revealed this week that 40 per cent of pupils in Scotland have additional support needs, which is a new record. At the same time, the number of ASN teachers has fallen by 400 on the Scottish National Party's watch. The National Parent Forum of Scotland has said that

"many parents"

are

"left feeling that their children are being failed by our current system".

Education was supposed to be this Government's top priority, but it is clear that John Swinney and the SNP have failed, so does he accept that we need a change of direction from the Cabinet Secretary for Education and Skills and from this SNP Government?

The First Minister (John Swinney): What we must do is listen carefully to the views and contributions of educators and families to ensure that children's needs are being met. That is exactly what the education secretary has done and it is exactly why the Government's draft budget has set out an additional £29 million of investment for additional support needs, along with increased resources to support teacher employment within our schools. If my memory serves me right, there is an additional £40 million of expenditure to support teacher numbers and make sure that resources are in place. That comes on top of a real-terms increase in the core grant for local authorities to ensure that they are able to invest more in education, should they choose to do so.

What the Government has done in the budget will provide local authorities with the tools to address the very issues that Mr Sarwar puts to me and I look forward to the Labour party supporting the Government's budget when the time comes.

Anas Sarwar: John Swinney has been passing budgets for 17 years and things in Scotland keep getting worse, so he needs to wake up to the reality faced by Scotland's pupils.

Educators, families and charities are saying that this Government is failing Scotland's children. I said that 40 per cent of children in Scotland have additional support needs, but many do not get the support that they need, and a third of children are also regularly absent from school. However, that is the best answer that we can expect from a former education secretary.

The fact of the matter is that children across Scotland are not getting the support that they need, and that will impact on their whole lives. Education is meant to be the great leveller in our

country, which allows every child to thrive, but, under this SNP Government, Scotland's young people are not being given the opportunities that they deserve. Children are absent from school and miss out on the education that they need; pupils with ASN are not being supported, which holds back their potential; and thousands of children are crying out for help but being rejected by mental health services. I ask John Swinney, why is this SNP Government failing Scotland's children?

The First Minister: I do not accept what Mr Sarwar has set out. The measures that the Government is taking are having a positive impact on the attainment of children and young people in our education system.

Let me return to the data that I went through with Mr Findlay, which needs to be repeated because Mr Sarwar has obviously not been able to adjust his questions following the answers that I gave to Mr Findlay. *[Interruption.]*

The Presiding Officer: Let us hear one another.

The First Minister: The first point I will make—*[Interruption.]* I am answering the question, Mr Bibby; I do not need any prompting. *[Interruption.]* I do not—

The Presiding Officer: First Minister, if I may. Members, let us conduct ourselves in a courteous and orderly manner.

The First Minister: The first point that I will make is that figures published this week show that record levels of attainment in literacy and numeracy have been achieved in our schools and that the attainment gap in literacy has reduced to its lowest level ever. The attainment gap in positive destinations has reduced by 60 per cent since 2009-10, with 92.8 per cent of school leavers being in positive destinations nine months after leaving school in 2022-23. Figures published just today show that, when young people leave school, more Scottish students than ever before are securing places at university, including record numbers of students from our most deprived communities.

In addition, the Government has secured agreement with local authorities on an increase in teacher numbers. We have also secured agreement about reducing teacher contact time to give teachers and professionals the opportunity to develop their practice, and we are putting in place resources to improve the levels of attendance in our schools, which are lower as a consequence of the Covid pandemic. We need to work hard with individual pupils to rebuild their attendance at school. That is the set of actions of a Government that is determined to strengthen Scottish education and deliver for the people of Scotland.

Anas Sarwar: I asked about ASN levels, pupil absence and children not being able to access mental health services, but John Swinney could not think of a different answer from the one that he rehearsed before he came to the Parliament.

The failure in our schools is on John Swinney. Let us not forget that he was the education secretary who downgraded the results of working-class kids during the pandemic, and now, as First Minister, he is overseeing the erosion of our public services. Just this week, it has been revealed that there are record levels of ASN pupils, that one in three children are absent from school, that there are falling teacher numbers, that crimes of domestic abuse are up by 11 per cent, that general practitioner numbers are falling, that accident and emergency waits are the worst since January and that 100 times more people are waiting for more than two years for treatment compared with people in England. On every measure, this Government has lost its way, and it is Scots who are paying the price. Why can John Swinney not see what the rest of Scotland can see—that it is time for a new direction?

The First Minister: This Parliament will face a set of decisions in the course of the next few months that are all about whether we are prepared to invest in strengthening the public services of Scotland.

Mr Sarwar suggested that the issues that he raised were not addressed. I addressed the issue about attendance, the issues about attainment and the issues about positive destinations, and I note that we are reducing the child and adolescent mental health service waiting times very significantly for children and young people.

There are of course challenges in the national health service. I want the best for Scotland and the best for the national health service, which is why there is £21 billion of investment in the Scottish Government's budget that can be deployed to support the national health service. It is why I want to make sure that the substantial resources that the education secretary has secured to invest in education are able to be deployed. However, that will happen only if this Parliament passes a budget in February, and that is when the Labour Party comes into play.

I am interested in the Labour Party's tactics here. Last night, most of the Labour Party members voted in favour of a motion that welcomed the steps in the budget to lift the two-child benefit cap and restore winter fuel payments to pensioners and looked forward to further discussions with the Government about the budget. I know that those discussions took place this morning with Mr Marra, and I welcome that. There was only one member who did not vote for that motion last night, and that was Anas Sarwar.

It is not that he did not vote for it once; he managed not to vote for it twice. *[Interruption.]*

The Presiding Officer: Do continue, First Minister.

The First Minister: All that I can say to Mr Sarwar is this: if the one thing that he has got to do in a day is turn up and vote the right way—and, most important, vote against an odious motion from the Tories—he should at least be competent enough to do it on that occasion.

Donald Trump (Discussions)

3. **Lorna Slater (Lothian) (Green):** I was disappointed to hear that Scotland's First Minister has been having friendly chats with President-elect Trump, with no discussion of his policy agenda. Donald Trump's climate-destroying, racist and conspiracy theory-based politics are endangering people and planet and are the exact opposite of the future that we want for Scotland. Here in Scotland, we proudly welcome refugees and immigrants as new Scots. *[Interruption.]*

The Presiding Officer: Let us hear Ms Slater.

Lorna Slater: We value democracy, our environment and the rule of law. I ask the First Minister: how can it be in Scotland's interests to court the favours of someone such as Donald Trump?

The First Minister (John Swinney): I am responsible for the Government's policy programme and its agenda. That agenda speaks for itself, and I answer questions on that here in a democratic Parliament, where I believe fundamentally in the rule of law. Lorna Slater and I are in absolute agreement about the importance of democratic processes and the rule of law—and I believe that the acceptance of that point is fundamentally part of my being.

I recognise that there will be political differences from one Government to another, but I also have a duty to promote and protect the interests of Scotland. President Trump and I had an introductory call, at his request, on Tuesday evening. He spoke positively about Scotland and I expressed the views and interests of the Scottish Government in relation to areas of co-operation with the United States—in particular, on relevant and important issues of the whisky trade, which matters to the Scottish economy. I have a duty to represent Scotland and to make sure that that is done on our terms, representing our policy agenda, and I assure Lorna Slater and other members that I will always take that approach.

Lorna Slater: There are risks to a friendly approach. Already, we see the Trumpification of Scottish politics. All week, the Tories have been working to demonise people who seek asylum—to

pit one group of vulnerable people against another. It is shameful. At the same time, we see the rights of refugees and of LGBTQ+ folks coming under attack from Westminster policies. Will the First Minister stand up to Donald Trump, stand up for human rights, equality and democracy, and make it clear that we are proud of compassionate and humane policies such as the extension of free bus travel to people who seek asylum?

The First Minister: I believe that I represent those values every day in all my actions as First Minister of Scotland.

I agree with Lorna Slater that this week marked a worrying departure from the prevailing approach that has taken place in the Scottish Parliament. When Their Majesties the King and Queen came to the Parliament in September, I quoted Winnie Ewing—a political figure for whom I could not have more respect—who, in the first words that were put in the *Official Report* of this Parliament, encouraged us all, regardless of where we had come from, to live compatibly and happily together with tolerance in Scotland. I said that, for 25 years, that view had been upheld and expressed by every single member of the Parliament, without exception.

I am afraid that this week represented a turning point in that respect, and I profoundly regret that. What was said on Wednesday by some members of the Conservative Party departs from that approach, and I deeply regret that.

On Tuesday evening, under the leadership of the Presiding Officer, there were public service awards in this Parliament. One of the awards was given to the Linda Norgrove Foundation, which is a wonderful organisation that succeeded in bringing 19 female medical students from Afghanistan to Scotland. That was enabled by wonderful co-operation between the United Kingdom Government and the Scottish Government. I have met those 19 women, as have the education secretary and Kirsty McNeill, the Scotland Office minister. We welcome all of that.

That is what we should be doing, as a mature and tolerant country—we should be recognising that people who seek asylum in our country are people who are in desperation. We should not demonise them but embrace them. We should be living up to the values that founded this Parliament, and we should turn our back on the populist rubbish that has consumed the Conservative Party this week.

Non-fatal Strangulation (Criminalisation)

4. **Michelle Thomson (Falkirk East) (SNP):** To ask the First Minister what plans the Scottish

Government has to bring forward legislation to criminalise non-fatal strangulation. (S6F-03622)

The First Minister (John Swinney): Non-fatal strangulation is an abhorrent act, and I fully recognise the significant physical and psychological impact that that type of criminality has on victims and their families. I have met Fiona Drouet, who explained the basis of the petition that she has presented to the Parliament to make non-fatal strangulation a stand-alone criminal offence.

Conduct amounting to non-fatal strangulation is already a criminal offence under the common law of assault, and carries maximum penalties of up to life imprisonment. However, we constantly keep the law under review. For a stand-alone offence to be put in place, we would need to be confident that there is a gap in the law. We will give the proposal serious consideration.

Michelle Thomson: I thank the First Minister for that response. Non-fatal strangulation is a known, serious and growing problem. Thirty-five per cent of women between the ages of 16 and 34 have experience of it, and each year that passes sees more violence, strokes and deaths. It is clear that the common law route for dealing with this offence is not working. As Fiona Drouet, who lost her daughter, says,

“we know you are eight times more likely to be murdered by the person that has strangled you. We can’t ignore that, we can’t treat that like common assault because it’s far more complicated, far more complex and far more dangerous than that.”

A defence of so-called rough sex is being used and it is being accepted by courts. That resonates with the “she asked for it” idea—a misogynistic myth that it has taken years to overturn.

Doing nothing more is not an option. We require proper data collection via criminal health routes, an awareness-raising programme and a clearer prosecution route. Will the First Minister meet me, Professor Cath White from the Institute for Addressing Strangulation, Fiona Mackenzie from the We Can’t Consent to This campaign and Linda Thompson from the Women’s Support Project to take forward the issue?

The First Minister: I hope that, in my original answer, I indicated the seriousness with which I take the issue. The Government will give serious consideration to the matter.

I disagree with Michelle Thomson’s characterisation of the point that I made about non-fatal strangulation already being a criminal offence under the common law of assault. It is a serious criminal offence that carries a maximum penalty of up to life imprisonment. However, the Government will explore the question of the appropriateness of a stand-alone offence.

Michelle Thomson set out many actions that need to be taken. I am very happy for the Cabinet Secretary for Justice and Home Affairs to have a meeting on the matter, and I will obviously be close to the issue.

However, there is one other thing that needs to change, and that is the behaviour of boys and men. Last Thursday afternoon, I took part in a debate in the Parliament on violence against women and girls, because I take deadly seriously my responsibility as a male First Minister of Scotland to make it absolutely clear that the behaviour of boys and men is integral—central—to the experiences of women in our society. We will consider all the measures that we need to take on criminal offences, but I will lead from the front a campaign to say to boys and men in Scotland that their behaviour has got to improve.

Tess White (North East Scotland) (Con): At the Beira’s Place event that I co-sponsored with Claire Baker last week, we heard alarming feedback about what is going on and the frightening frequency of non-fatal strangulation. Within six to eight seconds, a woman loses consciousness. After 15 seconds, her bladder will be incontinent. After 30 seconds, her bowels will open. She will be brain dead within four minutes. I note the First Minister’s remarks to Michelle Thomson, and I implore him to take a look at the law.

I note that the First Minister referred to Fiona Drouet, whose daughter Emily tragically took her own life in Aberdeen after being choked by her boyfriend. If the First Minister believes that common assault reflects the gravity of the crime, I ask him to consider meeting the experts and campaigners and to do that in a cross-party way—as he did with placental growth factor testing—and to explore why they are all calling for legislative change.

The First Minister: I hope that I have given Parliament enough reassurance about the seriousness with which I take the issue. However, I have to say that non-fatal strangulation is treated as a very serious criminal matter. I understand the rationale and the argument for a stand-alone offence, but I do not want these exchanges to suggest in any way that the practice, which I deplore, does not, under common law, carry a very serious criminal penalty of up to life imprisonment. It is a very serious offence. We will consider whether it should be a stand-alone offence, but I do not want these exchanges to suggest in any way that the penalties for that type of behaviour are anything other than very serious.

Claire Baker (Mid Scotland and Fife) (Lab): It is important to recognise that, in the survey that Michelle Thomson referred to, the figure of a third of people who had experienced choking during

consensual sex includes men and women. The survey shows that non-fatal strangulation during consensual sex is becoming increasingly common, to the extent that it is being normalised.

On a connected point, earlier this year, the Cabinet Secretary for Justice and Home Affairs advised me that the Scottish Government would work with key partners on promoting and sharing guidance issued by the Institute for Addressing Strangulation, and that officials would engage with health officials and Police Scotland on the issues of non-fatal strangulation and improving pathways between healthcare and policing. Can the First Minister update us on the progress on that work, particularly in relation to the public health messaging that needs to go out to people aged between 16 and 35, which is the group in which the practice is increasingly common?

The First Minister: The work that Claire Baker has set out is part of the approach that the Government takes on gender-based violence. As I have said, important messages have to be communicated to change behaviour and to make people aware of the risks of that practice. It is important that that is informed by the Government's activities, and I will ensure that a detailed response on the actions that the Government has taken is given to Claire Baker as a consequence of our exchanges today.

Library Closures

5. Liz Smith (Mid Scotland and Fife) (Con): To ask the First Minister what discussions the Scottish Government has had with local authorities regarding the reported impending closure of library facilities across Scotland. (S6F-03621)

The First Minister (John Swinney): Libraries are at the heart of Scotland's communities and, although library policy is devolved to local authorities, which have a statutory duty to ensure the adequate provision of library services for their residents, they are a hugely important community and cultural resource that is valued by us all.

Liz Smith: The First Minister will have received the many emails that have been sent to Mid Scotland and Fife MSPs and constituency MSPs in the region from Perthshire residents who are complaining bitterly about the threatened closure of five public libraries, in Scone, Birnam, Alyth, Comrie and Auchterarder. I hope that he will also recall his appearance before the Public Petitions Committee in 2017, when he gave a firm commitment to support library access for our young people.

In a week in which new statistics show that two in five Scottish pupils require extra help with their learning, and when members of the public across Perth and Kinross are furious about the impending

closures, given that their council tax is being hiked by 10 per cent, what does the First Minister believe should happen to keep those essential services open?

The First Minister: As Liz Smith knows, I am really quite familiar with Perth and Kinross, since I have had the privilege of representing the county for 27 years, and I intend to carry on representing it for many more years to come. I tell Liz Smith that what would enrage the people of Perth and Kinross would be a £1 billion unfunded tax cut. This is where the Conservative Party is really in a mess in Parliament just now.

Liz Smith is a member of Parliament for whom I have the greatest respect, and I understand the seriousness of the question that she puts to me about libraries, but how is that situation going to be helped if we have a tax cut of £1 billion, which takes £1 billion out of public expenditure? That is going to make the situation much worse.

The Government is giving local authorities a real-terms increase in their core revenue grant. We have increased the money that is available to local authorities as a whole by £1 billion. I hope that, out of that, local authorities will be able to make measured decisions about the level of the council tax and about the funding of public services.

Liz Smith said that Perth and Kinross Council has implemented a 10 per cent council tax increase. That is not the case. The council has considered indicative council tax increases, but it has not yet had the financial settlement specific to Perth and Kinross, which will be set out later today, when the local government circular is issued. Perth and Kinross Council is planning on a flat-cash settlement, but it has a real-terms increase, and I hope that, when it sees that circular, it will see that it has more money than it expected. I am sure that the people of Perth and Kinross will be reassured by my answer and will not be hoodwinked by the false promises of the Conservatives.

Education (Additional Support Needs)

6. Pam Duncan-Glancy (Glasgow) (Lab): To ask the First Minister what the Scottish Government's response is to reported comments from the Children and Young People's Commissioner Scotland that "children are being let down" by an education system that needs "radical reform". (S6F-03628)

The First Minister (John Swinney): On Tuesday, the Cabinet Secretary for Education and Skills made a statement to the Parliament setting out the Government's long-term strategy for Scottish education. In addition to that, data was set out to the Parliament, as I have rehearsed, on

the narrowing of the attainment gap and improvements in attainment in our education system.

Pam Duncan-Glancy: The First Minister can list and input all the selective data that he likes, but the reality is plain to see. The commissioner spoke for many when she said that education needs “radical reform”, but the reality is that that is not on offer from the Government. Its supposed reform bill is little more than a rebrand and, as the commissioner said, it

“will barely move us forward”

while education is in decline.

The GMB has said that support staff have been left with post-traumatic stress disorder. NASUWT has said that the Government

“cannot continue to ignore their duty to every child”.

Parents have said that the situation has reached crisis point, and a senior headteacher has said that, put simply, Scotland is “being let down” and is letting down young people.

Passing the buck to local authorities is not acceptable. The sector is screaming the reality, and I am afraid that the Government is not listening. Why is the First Minister right and the children’s commissioner, teachers, unions and parents wrong?

The First Minister: The Government takes forward its education priorities in consultation with all stakeholders in the education system. That is why the Government will take forward an education assurance board with local authorities, which have the statutory and legal obligation to deliver education in our communities the length and breadth of the country.

The Government will support that endeavour. We have put more resources into additional support needs, which were proposed in the budget and argued for by the Cabinet Secretary for Education and Skills. We have allocated more resources to boost local government funding, so that local authorities have more choice for investment. We have taken forward a behaviour in schools action plan, and we have taken forward steps to ensure that the attainment gap is narrowed.

Pam Duncan-Glancy will have to start making some choices. She has to decide whether she will support the Government’s budget in February. I am getting a bit more encouraged that the Labour Party might actually see sense and might see that an investment has to be made in public services. That will happen only if the Government’s budget passes in the Parliament. It is time for the Labour Party to get off the fence and support the Government’s budget.

The Presiding Officer: Time is tight, colleagues, so I would be grateful for concise questions and responses.

Jackie Dunbar (Aberdeen Donside) (SNP): Children in Scotland are undoubtedly being let down. How many children in Scotland have been dragged into or kept in poverty by disgraceful policies such as Labour’s two-child limit? Will the First Minister tell the chamber how the policies of his Scottish National Party Government and the budget are delivering for Scotland’s education system and for our bairns and young folk?

The First Minister: There is a way to address the two-child limit issue that Jackie Dunbar has put to me, and that is by passing the Scottish Government’s budget, which will take measures to lift the two-child limit and, as a consequence, will lift more children out of poverty. That is the first thing that the Parliament can do. That could be added to the measures that we are taking in the budget to provide the Scottish child payment, which is helping to keep 100,000 children out of poverty. We can strengthen the outcomes for young people by supporting the Government’s budget, which invests more in education to support additional support needs and deliver more teachers. That is some of the action that the Parliament can take when it supports the Government’s budget.

Miles Briggs (Lothian) (Con): When the First Minister became First Minister, he said that enterprise was one of the key aspects of education that he wanted to grow and to be invested in. Why, therefore, has the Scottish Government decided this week that Youth Enterprise Scotland will not be funded? It is laying off 17 members of its staff. The organisation has delivered enterprise education to young people across Scotland for 30 years. Why has the Scottish Government decided to shut it down?

The First Minister: That is not happening. The Government has provided financial support to Youth Enterprise Scotland. We value the work that it is doing and will continue to support it.

The Presiding Officer: We move to constituency and general supplementary questions. Again, concise questions and responses will be appreciated.

Scottish Budget

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): On the subject of the Scottish budget, new polling this week showed that 78 per cent of Labour voters, 69 per cent of Tory voters and 81 per cent of Liberal Democrat voters support the Scottish National Party Government’s record funding for the national health service in the proposed Scottish budget. Does the First Minister

agree that that clearly shows that the budget speaks directly to people's priorities across Scotland and that it is vital that Opposition parties listen to their voters and support the budget?

The Presiding Officer: The First Minister should address only matters for which the Government has general responsibility.

The First Minister (John Swinney): I take great heart from the motion on the budget that was agreed to by the Parliament last night. The only people who voted against the motion were the Conservatives and Anas Sarwar. Despite Mr Sarwar's opposition, I am generally more hopeful and optimistic that we are moving in the right direction. The Parliament approved our motion, which welcomed the steps in the draft budget

"to introduce a universal Winter Heating Payment and create the systems necessary to effectively scrap the two-child benefit cap in 2026, and looks forward to further engagement between the Scottish Government and the parties represented in the Parliament in advance of the next stage in the budget process."

I welcome the fact that the Parliament supported the motion.

The Conservatives are in a poor place and are obviously not prepared to be part of the dialogue. They do not even want to have more discussion about the budget; they have closed the door on that.

I hope that Mr Sarwar will recover from his little indiscretion last night and that the vote indicates that we are moving towards a point of agreement. We deliberately constructed the budget in the hope that there would be broad agreement in the Parliament on the investment in health, local government, housing and culture funding. I encourage the Parliament to support the provisions in the budget.

University of Dundee (Budget)

Maurice Golden (North East Scotland) (Con): Universities Scotland has said that the sector is in an "immensely difficult place". The University of Dundee, which is of critical importance to the city and to Scotland, faces a budget deficit of up to £30 million. In the short term, what reassurance can the First Minister provide to University of Dundee staff? In the long term, will the Scottish Government consider changes to governance mechanisms to mitigate the risk of such situations arising at the University of Dundee or, indeed, any Scottish institution?

The First Minister (John Swinney): Mr Golden has raised a significant and serious issue. On the general position, the budget settlement includes more than £1.1 billion of funding for teaching and research in our universities, which will be distributed by the Scottish Funding Council. As Mr

Golden will appreciate, the University of Dundee is an independent institution, as are all universities, but it is in all our interests that those independent institutions are able to thrive and flourish. Like Mr Golden, I am concerned about the situation at the University of Dundee, which is an important university in the locality that I represent.

The Scottish Funding Council has been engaging with the University of Dundee, as has the higher education minister, Graeme Dey. The Funding Council will work closely with the university, on the understanding that the Government wishes to be kept very close to the discussions to ensure that we can provide exactly the reassurance that Mr Golden has asked of me, because it is vital that the university community feels confident about the future.

The University of Dundee is a magnificent institution that has tremendous strength in a variety of sectors, not least its contribution to life sciences research in Scotland. It is vital that the university gets a vote of confidence from the Parliament, and I am grateful to Mr Golden for providing me with the opportunity to say exactly that.

Scottish Budget

Clare Haughey (Rutherglen) (SNP): I am sure that the First Minister shared my surprise that, last night, Anas Sarwar voted with the Conservatives against the Scottish National Party Government's budget—[*Interruption.*]

The Presiding Officer: Thank you, members.

Clare Haughey: —which will mitigate Westminster Labour's cut to winter fuel payments for pensioners and the callous two-child cap. The rest of the Labour group backed those two policies, which will right the party's wrongs. Does the First Minister agree that, if Labour members want to tackle child poverty and support our pensioners, they should support the budget, with or without their leader?

The Presiding Officer: I call the First Minister on matters for which he has general responsibility.

The First Minister (John Swinney): Of all the things that I have ever thought about Anas Sarwar, I have never had him down as a rebel, but every day is a day of difference.

Members will perhaps hear that I am gently encouraging the Labour Party to get behind our budget, because it will do very good things for Scotland. Given that it now looks pretty obvious that the Conservatives are implacably opposed to the sensible investments in strengthening local authority services and the health service, I encourage the Labour Party to get in behind us.

NHS Lothian Maternity Services

Foyso! Choudhury (Lothian) (Lab): An investigation into Edinburgh maternity units found that

“Mothers and newborn babies came to harm”

from

“a ‘toxic’ culture”,

fuelled by

“staffing shortages”.

That comes almost a year after the British Medical Association Scotland warned that national health service staffing levels were becoming “dangerously low”.

We are now seeing the consequences, with mothers and newborns needlessly being put at risk by the Scottish National Party’s mismanagement of our NHS. Will the First Minister listen to those concerns, stop pretending that nothing is wrong and step up to protect patients and staff?

The First Minister (John Swinney): Mr Choudhury has raised a very significant issue, and I have naturally been very close to the issues that have been raised in that regard in the past couple of days.

First, I make it clear that the greatest importance is attached to ensuring the safety of all services in the national health service, and that must be especially the case for maternity services. We have taken forward the Scottish patient safety programme perinatal programme, which has received a great deal of international commendation because of its focus on improving patient safety. We have also taken steps to increase the number of qualified midwives, and there has been an increase in that number over the past 10 years, especially in the past year.

However, all that said, the issues that have been raised publicly about the climate in NHS Lothian maternity services are not acceptable, and they must be addressed. The Cabinet Secretary for Health and Social Care is insisting that NHS Lothian addresses those issues, because mothers must feel safe going into maternity services.

I consider, on the best advice that is available to me, that those services are safe, and I reiterate that point to Mr Choudhury today. However, I do not want in any way to suggest anything other than that there must be improvements in the relationships in NHS Lothian maternity services to ensure that the fundamental concerns that whistleblowers have raised are properly and fully resolved, because that will be in the interests of mothers and babies in those maternity services.

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

Point of Order

12:47

Douglas Lumsden (North East Scotland) (Con): On a point of order, Presiding Officer. Under the Parliament's standing orders, written questions about the operation of the systems of criminal prosecution and investigation of deaths are answerable only by the law officers, as are oral questions on those matters in all but exceptional circumstances.

Last week, I asked a question regarding the provision of forensic pathology services in Aberdeen. I was expecting to hear from the Lord Advocate, as that function falls under her responsibility, but the question was instead dealt with by the Cabinet Secretary for Health and Social Care. Presiding Officer, were any exceptional circumstances conveyed to you regarding why the Lord Advocate was not able to attend the Parliament on 5 December to fulfil her responsibilities?

The Presiding Officer (Alison Johnstone): I thank Mr Lumsden for his point of order. The rules allow answers to be given by another member of the Government, and it is a matter for the Government to determine whether the circumstances warrant that.

There will be a short suspension to allow those who are leaving the gallery and the chamber to do so.

12:48

Meeting suspended.

12:50

On resuming—

Kingdom Off Road Motorcycle Club

The Deputy Presiding Officer (Liam McArthur): The next item of business is a members' business debate on motion S6M-14008, in the name of David Torrance, on Kingdom Off Road Motorcycle Club being awarded £90,000 of funding. The debate will be concluded without any question being put. I invite members who wish to participate in the debate to press their request-to-speak buttons.

I call David Torrance to open the debate—you have around seven minutes, Mr Torrance.

Motion debated,

That the Parliament congratulates Kingdom Off Road Motorcycle Club on securing £90,000 of funding from Foundation Scotland's Tackling Inequalities Fund; understands that the Fife-based motorbike charity will use the money over a three-year period to go towards supporting local young people and harnessing their energy through the adrenaline-inducing sport; acknowledges the club's aim to make safe, off-road motorcycling more accessible for people of all ages in a bid to reduce the antisocial and illegal use of off-road motorcycles; understands that the club works in partnership with Police Scotland and other organisations and has sustained an 80% reduction in antisocial behaviour over the last couple of years; commends the club on the opportunities that it provides for people, as well as the reported social impact that it has had in the Fife area, and wishes the club the very best for the future.

12:50

David Torrance (Kirkcaldy) (SNP): I thank my colleagues for supporting my motion and allowing it to be debated in the chamber. It is a pleasure to lead the debate and to recognise the success and outstanding achievements of a remarkable group of individuals and a fantastic community group that plays such an important role in Fife—the Kingdom Off Road Motorcycle Club. Before I reflect on the history, growth and success of the club and recognise the dedication, passion and resilience of its members, I would like to welcome some of those very people to the chamber—David Paton, chief executive officer and founder of the club, Jessica Carstairs, Calum MacLellan, Calum Michie, Kevin Davis and Owen Montgomery.

First, what is Kingdom Off Road Motorcycle Club? It is a registered charity whose aim is to make local communities safer by providing a controlled area for children, young people and adults to enjoy off-road motorcycling. However, that is merely the tip of the iceberg. Through its social awareness and re-education programmes in Fife, which seek to change behaviour, attitudes

and values, it has helped to reduce antisocial and illegal use of off-road motorcycles. It recognises the value of its high-adrenaline-fuelled activity and the use of motorcycle-related activities as a means to influence positive change and promote health and child and youth development.

From its humble beginnings 21 years ago to the dynamic and vibrant club that it is today, Kingdom Off Road has become a shining example in the world of off-road motorcycle riding. It is committed to creating an environment where young people can grow, not just as riders but as individuals. The relationships and friendships that are formed in the club are invaluable and foster a sense of belonging while developing independence, resilience and character.

I have followed the club's progress with a keen interest over the years and watched with great pride as it expanded and grew into the invaluable community asset that it is today. I have also taken part in a session with the club. My staff—many of whom have never been on a motorbike before—and I recently headed along to meet the team and try our hand at some off-road riding. There were varying degrees of success but I can assure members—and they can imagine—that a single common factor was the smile on all our faces and the buzz, which lasted for days.

While preparing for the debate, I asked the club whether any of its members would like to give us an insight into what the club means to them and how it has impacted on their lives. I am extremely grateful to everyone who took the time to share their story with me, and I would like to share a couple of them with members now.

This is Lewis's story:

"I have volunteered at Kingdom Off Road Motorcycle Club for two years now. I go to the track and workshop every week, where I fix and maintain bikes for the club. I want to be a mechanic, so this is definitely helping. I also assist on track days, maintaining the track and ensuring that it is in the best condition for riders. Through my last year at school, I was authorised day release, where I helped out with Kingdom Off Road's structured group working and mental health programmes. Volunteering for the club has given me opportunities to attend events, including the Scottish six-day trial in Fort William, where I was part of a Scorpa UK support team in keeping the bikes maintained and up to spec for the riders to compete. I attended the Drumlanrig castle Scottish road festival, where I had a stand as an assistant coach, and we taught people to ride. I always have fun, I am volunteering and I love to learn new skills. I feel very lucky to receive an amazing sponsorship deal from Kingdom Off Road and Duncan Wood's East Neuk Trials Motorcycles. They are providing me with a trial bike to compete in the Scottish championships. I want to say a huge thank you to them both. I love off-road motorcycle sport and I feel very lucky to be given this opportunity."

This testament comes from Lewis's mum:

"Kingdom have played a crucial role in my son's life opportunities and have positively impacted on his wellbeing and social skills. My son volunteers and they have provided him with mechanical experience, which has helped him secure a mechanical apprenticeship, which he will start in August. He has also developed a passion for riding and competing on trial bikes. That has been encouraged and supported by Kingdom, allowing him to develop his skills and participate in events. Because of Kingdom, my son has constantly achieved, from education awards, volunteering awards and skills development. All have really underpinned and improved his sense of self wellbeing. We will be forever grateful to Kingdom Off Road Motorcycle Club and will continue to support the charity to ensure that other young people are afforded the same opportunities as my son."

Calvin's aunt wanted to share the following words:

"Kingdom Off Road Motorcycle Club has helped Calvin a lot over the past year that he has been around them. He was on a programme after being referred to Kingdom Off Road charity through his school. This is where he got his chance to ride off-road motorcycles in a safer, legal place, where he was no longer getting into trouble. He stopped antisocial riding in the local community. After the programme, he was asked to be a volunteer for them. The volunteering has boosted his confidence and we have noticed an improvement in his behaviour as well. It has helped him improve on the bike too. He has been given the opportunity to do motorcycle racing events and follow his dreams. Calvin loves going to the club and he helps out every weekend and often during weeks too."

Lastly, we have Jay's story.

"He was struggling at school and riding illegally. He attended a club, the through the gears programme that is run in partnership with the community learning and development team in Levenmouth. His progress has seen his school attendance and behaviour in the community improve. He no longer rides illegally on the streets or in local parks. He does enjoy demonstrating his skills at the Scottish Twin Shock championship. He is usually in the top three of his start line. Competing is fierce and the quality of riders this year is great. Jay has finished his last race of the season in a commendable sixth position. He has now passed his motor CBT test and can ride a motorcycle legally on the road. This will help him with his transportation to employment or further education. More recently, Jay has been invited to visit Gray Fabrication in Cupar. Our charity has nominated him as being a good candidate, competent in the use of tools and mechanical knowledge, some of which he has learned from his time at Kingdom Off Road Motorcycle Club. Over the last year, Jay has grown in confidence and we hope his potential position on a mechanical maintenance apprenticeship will offer him"

the opportunity

"to kick-start his life beyond school."

It is important that the voices of those young people are heard and that their experiences are recognised and used as we look to shape the future delivery of services and ensure a culture of inclusion.

Although off-road riding is an exhilarating sport, antisocial behaviour, illegal riding and misuse of road bikes is a problem in many constituencies. We have all witnessed the damage to roads,

green spaces and other vehicles, but there is also an element of human tragedy that often occurs with antisocial behaviour. The work of the club with the area's youngsters has produced dramatic results. Local police have witnessed an 80 per cent reduction in calls about the illegal use of motorcycles, as well as a decline in traffic incidents. That is a notable reduction and a testament to the passion and dedication of the staff and volunteers at the club. Many accolades and awards have been bestowed on them over the years and, from coaching sessions to volunteering mechanical engineers, volunteering hours at the club have exceeded 5,000 hours, with more than 25 people regularly giving their time.

Never one to rest on their laurels, David and his team are always looking to the future: electric trial parks, school initiatives and better ways of sharing effective intervention strategies, and research and work to discourage young people from being involved in illegal and dangerous activities—they truly never take a breath. Indeed, I know that they followed the debate about off-road vehicles in the chamber in September, which was led by my colleague Bob Doris, and were pleased to hear his call for a working group to be established by the Scottish Government to look at how partnership working can tackle the misuse of vehicles. As one of the leaders in research into and knowledge of off-road misuse behaviour, I believe that the club could be an integral part of that working group.

Antisocial behaviour involving the use of vehicles is on the rise. There is much work to be done to tackle that problem and make our streets and green spaces safer for everyone. However, the work of the Kingdom Off Road Motorcycle Club has shown that, with the right people, the right tools and a lot of hard work, a big difference can be made. I congratulate the club on everything that it has achieved so far, and I look forward to seeing its success in the future.

12:59

Liam Kerr (North East Scotland) (Con): I do not often speak in members' business debates, and even more rarely do I pop up in debates that are about areas outside the north-east. However, on this occasion, I saw the motion that David Torrance put forward on the Kingdom Off Road Motorcycle Club and I pretty much demanded to speak in the debate, because what the club is doing is brilliant.

Two aspects of what the club does caught my attention. First, it focuses on reducing illegal and antisocial motorcycling in communities. As David Torrance pointed out, many of us will be familiar with or represent places where that happens. We all recognise that, although the police do their absolute best—as they always do—funding and

resource issues make their job challenging. We also recognise that a formal response to criminal or antisocial behaviour is one way to deal with things, but such an approach can have consequences for individuals that extend long into the future and impact their life choices and chances going forward. Sometimes, a different approach will result in better outcomes in the short and longer terms, and for the individual and the community.

That is one of the things that the club is about. It takes that energy and passion for riding and excitement, and channels them in productive and useful ways, while also providing insight into the impact of antisocial behaviour and victims' perspectives. That says to young people, "Make different choices, not only to enjoy what you are doing but to do it safely and with positive outcomes for all."

The club is proactive. Earlier this week, I saw on its Facebook page that it had put out a call to find bikers who have been putting themselves and others at risk. It sought to find out who they are, contact them and work with them to make those different life choices. The data shows that that works, as David Torrance said. The motion refers to local police reporting an 80 per cent reduction in calls about the illegal use of motorcycles as well as a decline in traffic incidents. Perhaps Inspector Matt Spencer of the Levenmouth police station put it best when he said that the club has been

"an integral part in the work we do to tackle antisocial behaviour. They provide a safe and structured environment to teach the responsible use of bikes, along with the opportunity to learn maintenance skills."

All that is impressive in itself, but there is another reason why I was keen to speak. Members may know that I am a keen biker, and I am very jealous that David Torrance got a shot at off-road. In my view, biking is about road craft and also about transferable skills, from working on the bike and from being social. It is also one of the best ways that I have found for reflection and destressing. I agree with David Paton, the club's founder, when he said, after the club won an award from sportscotland, that it is also about

"the fitness and dedication required"

to ride.

Safe riding is good, but it is neither the easiest thing to get into nor the cheapest. There is a real risk that it is denied to people who do not have the funds or, perhaps, the opportunities, or that those who are keen to get into riding will take a, shall we say, less appropriate route. Therefore, the fact that the club has as one of its key aims that of making motorbiking more accessible is to be absolutely commended, because that gives, as the club puts it,

“a chance for youngsters to take part in high-adrenaline sports in a safe and controlled way”.

That is demonstrated by the fact that the club has taken on a coach to encourage school pupils to get involved through three introductory sessions.

I have no hesitation in echoing David Torrance's commendation of Foundation Scotland's foresight in giving the club £90,000 from the tackling inequalities fund. I wish all involved with Kingdom Off Road Motorcycle Club—especially the dedicated volunteers who are so crucial to it—every success in continuing to achieve their aims, both now and for a long time to come.

13:03

Ben Macpherson (Edinburgh Northern and Leith) (SNP): I thank David Torrance for bringing the motion to the chamber for debate, not only allowing us to pay tribute to the Kingdom Off Road Motorcycle Club and welcome those who are here today to represent it, but giving those of us across the country who are interested in these issues the chance to recognise that club in Fife and to consider how it could serve as an example of how to make a bigger difference.

The club is clearly a great example—because of the volunteer effort, the investment and the organisation that has gone into making it happen—of the difference that constructive youth work and strategic investment can make.

As I have said before in this chamber, when I was first elected as MSP for Edinburgh Northern and Leith in 2016, we faced significant issues with motorbike crime in the north of the capital city because stolen motorbikes were being brought there, driven dangerously and then burned out.

Operation Soteria by Police Scotland was activated to deal with that. Along with the stronger north initiative, the Scottish Violence Reduction Unit, the council, the third sector, funding from the Robertson Trust and a youth work collaborative, it made a difference through diversion and intervention.

At that time, one of the projects that was looked at was in Fife. That shows that, even then, there was an understanding that what was being done in Fife was interesting because it was providing an alternative place for young people to learn about motorbiking in a safe way and to get the thrill of participating in that activity without engaging in criminality.

At the moment, in my constituency, the situation in the north of the city is not perfect, but it is not problematic in the way that it was. However, in Leith, as I have said in the chamber on several occasions in recent months, we have experienced issues with off-road vehicles—both two-wheeled

and four-wheeled—being driven dangerously as part of a wider issue, with a very small minority of young people engaging in dangerous antisocial and criminal behaviour.

We can learn important lessons from the example that David Torrance has brought to the chamber. As Mr Torrance mentioned, this debate feeds into Bob Doris's debate and other recent debates about how we not only better support the police but intervene in other ways to challenge this growing trend in communities in Scotland.

In some ways, it is a social media-driven trend. As I have said before, there is an element of organised crime in some incidents, but, along with some general crime trends that concern a very small minority of our youth, the situation has definitely got worse in the capital city and elsewhere in 2024.

In 2025, how do we undertake new initiatives collectively to improve the situation and make sure that it does not get worse? The working group proposal, which was discussed in previous debates and mentioned again today, is a good one. I would be interested to hear, not just in the minister's response but as we go into the early quarters of 2025, what the Government will undertake to ensure that we have initiatives in all areas across the country that can make a difference by intervening, providing more positive destinations for young people, giving the police the resources and powers that they need, and putting public safety above everything else.

Although £90,000 is a lot of money, compared with, for example, the spending that would be needed if people ended up in the criminal justice system, it is not a large amount of money and could be a really important example of the Christie principle of engaging in preventative spend. What more preventative spend, such as the example that has been brought to the chamber today, can we have to make sure that we get on top of this issue in 2025?

13:08

Claire Baker (Mid Scotland and Fife) (Lab): I congratulate David Torrance on today's debate on Kingdom Off Road Motorcycle Club's success in securing a significant award from Foundation Scotland's tackling inequalities fund.

This is not the first time that I have highlighted the work of Kingdom Off Road in the chamber. I pay tribute to the work of David Paton and his team for establishing the charity, investing their time and resources into the local community, and I recognise their efforts on expanding and growing what they have to offer.

I first met David Paton, who co-founded the charity, around 2014 when I was supporting my constituent Shelagh Cooper, who had had a terrible experience with someone riding an off-road bike illegally, which resulted in the death of her dog from injuries.

I became involved in campaigning to tackle antisocial behaviour on off-road and quad bikes, and I held a number of round-table events and meetings across my region. In 2015, I led a members' business debate, which members of Kingdom Off Road attended. Shelagh supported the work that it was doing. Since then, I have supported and promoted the work that the club does and have argued for that approach to become more widespread.

As David Paton has said, Kingdom Off Road Motorcycle Club was established in response to a community crisis. Young people were tearing around Levenmouth illegally on off-road bikes, risking injury to themselves and to others. Although dealing with the issue is partly the responsibility of the police, they cannot do that alone, and their ability to fine or arrest people is limited by the nature of the offence.

Kingdom Off Road was set up to offer a different solution. Through a referral system, with support from community workers, the police and local schools, young people are identified and offered a programme that covers topics such as the victims' perspectives, the law, responsible riding, accidents and incidents, and riding on a motocross track. The programme has made a huge difference to many young people in the area by offering them an alternative to antisocial and risky behaviour. They learn bike maintenance and how to ride responsibly, and the programme has been shown to improve school attendance, health and focus.

As the motion recognises, the work of the club has supported a significant decrease in related antisocial behaviour in recent years. That has involved a concentrated focus on tackling the issue in Levenmouth, with local councillors, the police, community workers and activists co-ordinating activity and using a multipronged approach, which has included making physical changes to the landscape to make riding more difficult and focused efforts to gather intelligence and approach offenders.

Last week, I met police officers in Kirkcaldy to raise constituents' concerns about antisocial behaviour on off-road bikes and quad bikes in an area of Kirkcaldy. I am pleased that the police will work with local stakeholders to target that area, but there remain limitations on what the police can do, and they rely on local intelligence to identify riders. We need to make sure that police across Scotland are able to share best practice, and that

a method that is successful in one area—in a recent debate, Jackie Dunbar mentioned the use of spray paint in Aberdeen to identify riders and bikes—is available in others across the country.

The police successfully seize bikes, which are not always collected. I worked with Kingdom Off Road to establish a route for it to access those bikes and use them for its programmes, and that initiative is running successfully.

In the past few years, from its base in Levenmouth, Kingdom Off Road has developed its outdoor track at Cardenden. It is a valuable resource that provides affordable access to a legal off-road motorbike track. It is a controlled area that allows adults, children and young people to enjoy off-road tracks, and a facility that is much needed in the area. If riders have the resources to buy, maintain and fuel a bike, and they have a vehicle to move the bike around, they should ride responsibly to access the site. The costs involved—annual family membership costs from £30 and track fees cost between £15 and £25—are reasonable for such activity.

As we approach Christmas, the cost of off-road bikes has reduced significantly due to the availability of cheaper imports. We should make it clear to people that they cannot be ridden in local parks or on footpaths, and that it is illegal to do so. I have previously expressed concern about the Government's weak response, but I hope that recent events will focus the Government's mind on what positive actions can be taken.

The longer-term goal of Kingdom Off Road Motorcycle Club is to open an indoor all-weather track. A similar facility used to exist and was very popular. That would provide a year-round facility. I will support the provision of such a facility in any way that I can, and I wish the club well in those efforts and all its future endeavours.

13:13

The Minister for Victims and Community Safety (Siobhian Brown): I thank David Torrance for proposing this subject for today's members' business debate, and I welcome the members of the Kingdom Off Road Motorcycle Club who are in the gallery.

We have had several important debates on antisocial behaviour recently, and I am pleased that we are able to have a debate in which we can celebrate a community that is leading on a project of its own that has had such positive outcomes. In his opening speech, David Torrance recounted individual experiences that are testament to all the positive work that the club has done.

The wider social impact of the Kingdom Off Road Motorcycle Club is considerable, and I

welcome Foundation Scotland's continued support. The provision of an additional £90,000 over three years will make a big difference to the club's work in Fife.

As well as tackling inequality, the club aims to provide safe spaces for young people, where they can develop safety awareness and skills. I understand that Fife police and local businesses are supporting the club with small donations. That is positive and a great example of how to engage with communities.

The Scottish Government is committed to delivering diversionary work with children and young people and the debate has given me an opportunity to highlight the on-going diversionary and intervention work that the Scottish Government supports through the cashback for communities programme, which reinvests the proceeds of crime in youth projects.

Since 2008, that flagship programme has invested £130 million in community-based activities the length and breadth of Scotland, supporting close to 1.3 million young people in that time. We continue to provide that support and we are currently in phase 6 of the cashback for communities programme, which runs from 1 April 2023 to 31 March 2026 and will invest £20 million. It will deliver a range of services and activities for young people between the ages of 10 and 25 across Scotland.

At its core, the programme provides safe spaces, trusted adults and the opportunity for young people to build positive relationships with their peers. In Fife alone, the cashback for communities programme invested more than £4,123,000 in projects between 2008 and 2023, reaching more 142,000 young people.

The evidence proves that the cashback for communities programme is working. Evaluation shows that 4,318 young people reported that their antisocial and criminal behaviour reduced, 6,292 young people felt that they were less likely to engage in antisocial or criminal behaviour, and 4,954 young people gained an accreditation in furthering their development. Those statistics are from last year's impact report for the cashback for communities programme that was published yesterday. The numbers illustrate how our focus on early intervention and diversionary activity is making a difference in communities.

While helping to provide more opportunities for young people in their communities, we also want to keep them safe from harm. That is why we have invested more than £4 million in the past two years to implement the action set out in the Scottish violence prevention framework. That supports the work of a range of partners, including the Scottish Violence Reduction Unit, YouthLink Scotland and

Medics Against Violence, to prevent young people from engaging in violence.

I also highlight the work of the improving Levenmouth together partnership. Through the Scottish Violence Reduction Unit, £30,000 has been awarded to the local trade hub partnership, so that a science, technology, engineering and mathematics bus can now visit all 18 primary schools that feed into Levenmouth academy. Plans are in place for roadshow events led by various partners, including the Scottish Fire and Rescue Service and ScotRail, covering issues such as fire-raising and track safety. In addition, the Scottish Violence Reduction Unit is supporting the role of the think equal programme across nurseries in the area with the stop the violence message. Together, those are some great examples of early and effective interventions in Fife that complement the work of the Kingdom Off Road Motorcycle Club in supporting children and young people.

I made it clear earlier that I wanted to focus on commending the positives in the debate. However, that does not mean avoiding concerns about antisocial behaviour, which remains such a core focus of the work of the Kingdom Off Road Motorcycle Club. As I have said previously, we take seriously the impact of antisocial behaviour, including antisocial driving, in our communities, and we have debated that four times in recent months. We are committed to working with local partners to tackle those issues effectively.

Recently, Bob Doris and Alex Cole-Hamilton have highlighted concerns about the reckless and dangerous misuse of a range of vehicles, and nuisance, such as noise. We have had another two comprehensive debates on that specific issue and, understandably, the level of interest in the debate has been high. Mr Cole-Hamilton discussed his concerns about South Queensferry with the First Minister. Along with the Minister for Agriculture and Connectivity, I hope to meet Mr Cole-Hamilton and Bob Doris to discuss practical considerations of what could be done in the new year with Police Scotland.

Ben Macpherson: It was interesting to get that update from the minister. Will she extend the same courtesy to other members who have expressed a significant interest in those issues, which are of significant concern to their constituents? I, for example, would very much want to attend such a meeting.

Siobhian Brown: I am definitely happy to consider that, although I would have to speak to Mr Fairlie about it. We are going to have an initial meeting; it was meant to be in December, but after trying to co-ordinate the diaries of all the members involved, Police Scotland and the Convention of Scottish Local Authorities, it will now be in

January. I should also say that we are aware, too, of developments in England, as they might have a wider impact on any reserved matters, and we are ensuring that we are kept involved.

I know that Ben Macpherson has a constituency interest with regard to antisocial behaviour involving off-road vehicles, and he has contributed to many of the debates to highlight the importance of diversion and intervention. Claire Baker also highlighted the dangers of off-road vehicles when she talked about her constituent Shelagh Cooper, who lost her dog, and I know that Bob Doris's constituent lost his life. Such antisocial behaviour can result in some very tragic circumstances.

I want to conclude on the high note with which David Torrance proposed this debate. The Kingdom Off Road Motorcycle Club has successfully helped to reduce off-road-related antisocial behaviour in Levenmouth by a really impressive 90 per cent, as has been confirmed by local police. It is also really welcome that overall antisocial behaviour in the area has reduced by almost 80 per cent over the period.

The club has achieved that through a remarkably simple approach—by providing a safe space, using private land, and all the associated support required. It is clear that we need to learn from that approach and all that it has achieved. Indeed, I understand that the additional funding that the club has secured will help it to create safe spaces for another 70 young people from Cowdenbeath, Glenrothes and Kirkcaldy.

On that note, I join all members in commending the club's efforts, and those of similar community groups, in helping to address inequalities and in providing real opportunities and hope in our communities.

The Deputy Presiding Officer: That concludes the debate.

13:22

Meeting suspended.

14:30

On resuming—

Portfolio Question Time

Net Zero and Energy, and Transport

The Deputy Presiding Officer (Liam McArthur): The next item of business is portfolio question time. I remind members who wish to ask a supplementary question to press their request-to-speak button during the relevant question.

Onshore Wind Farm Public Inquiries

1. **Alexander Burnett (Aberdeenshire West) (Con):** I refer members to my entry in the register of members' interests.

To ask the Scottish Government what additional support it will provide to local authorities in relation to holding public inquiries into onshore wind farms. (S6O-04113)

The Acting Minister for Climate Action (Alasdair Allan): Improving planning skills and capacity is a key commitment and priority for the Scottish Government. Together with the Improvement Service, we offer planning authorities training on appeals processes including public local inquiries. We have also been working closely with the United Kingdom Government on its review of Scottish consenting, which included a recent public consultation on potential reforms to the UK Electricity Act 1989. Those reforms are intended to mandate early engagement with statutory consultees to increase application quality and reduce the need for public local inquiries.

Alexander Burnett: The Hill of Fare wind farm proposal has been unanimously opposed by Aberdeenshire Council and the wider community. Over the 50-year lifespan of the project, the developer, Renewable Energy Systems Ltd, would generate around £1.2 billion of income at today's prices and the landowner, Dunecht Estates, would be paid more than £140 million in rent, while the community benefit would amount to only £26 million. If Dunecht Estates does not withdraw the application by 21 January, there will need to be a public inquiry at further cost to Aberdeenshire Council, despite whistleblowers in Scottish and Southern Electricity Networks telling me that it is already a done deal as they prepare connections.

Does the minister believe that those who profit so obscenely from the destruction of a community should bear the cost of the public inquiry, particularly at a time when councils are so stretched for cash?

Alasdair Allan: The member is well aware that I simply cannot comment on a live application of the kind that he mentions. I reiterate what I said about

the fact that, looking into the future, the Scottish Government is happy to work with the UK Government on finding solutions and reform around the planning system. However, as I said, the member knows full well that I cannot comment on a live application.

Bill Kidd (Glasgow Anniesland) (SNP): Reaching our net zero goal should be done in collaboration with local communities, which must see the benefits of the Scottish Government's efforts to kick-start Scotland's green reindustrialisation. Can the minister say any more about the twin aims of ensuring a fair process while decarbonising the country?

Alasdair Allan: There are twin aims, and it is vital that people and communities share the wealth of Scotland's abundant renewable energy resources and net zero transition. Through our good-practice principles for onshore development, the Scottish Government continues to encourage developers to offer community benefits as standard on all renewable energy projects. Community benefits are a well-established and integral part of renewable energy projects in Scotland, with more than £30 million of community benefits being offered to Scottish communities in the past 12 months.

New Oil and Gas Licences

2. Ash Regan (Edinburgh Eastern) (Alba): To ask the Scottish Government whether it has a policy of a presumption against new oil and gas licences. (S6O-04114)

The Acting Minister for Climate Action (Alasdair Allan): As the member will be aware, decisions on offshore oil and gas licensing and consenting are reserved to the United Kingdom Government. The Scottish Government's draft energy strategy and just transition plan includes a proposal for consultation of support for a presumption against licensing for exploration to identify entirely new fields. We have never proposed a policy of no new licensing at all. Where fields are already identified but are not yet in production, we consulted on support for those continuing to progress through the licensing and consenting process, subject to a robust climate compatibility checkpoint.

The judgments and issues in the strategy are informed and influenced by recent developments in the UK Government's energy policy and court decisions. This is a rapidly changing landscape and we are taking time to reflect on those developments and the strategy before drawing any conclusions and publishing any final strategy.

Ash Regan: I do not think that anyone will be the wiser as to where the Scottish Government stands on this after that answer from the minister.

As members will know, the energy sector has fiercely criticised the Government's uncertain tone when its energy strategy and just transition plan was unveiled last year. That tone has knocked confidence and discouraged industry investment.

Workers in the sector urgently need confidence that the energy transition will protect the livelihoods of their communities across Scotland. A lack of clarity on new oil and gas licences or the future of Scotland's refinery capacity at Grangemouth does not build confidence. Will the Government now step up with a plan that meets Scotland's energy security from our own natural resources, and provide a realistic plan to restore the industry confidence that will secure sectoral skills?

Alasdair Allan: I do not think that anyone could be in any doubt, realistically, about the Scottish Government's commitment not only to finding a just transition but to supporting the jobs that exist in the sector that the member mentioned.

The member also mentioned Grangemouth. I remind her of her exchange with the First Minister on the subject, in which he reacted to the comments that she made about the situation at Grangemouth, saying:

"I am actively pursuing an option to maintain the refining capacity at Grangemouth. If that needs to be stated again, I will state it again to Parliament".—[*Official Report*, 21 November 2024; c 17.]

Douglas Lumsden (North East Scotland) (Con): Since 2021, the words and actions of the Government have demonised the oil and gas industry and condemned steps to secure our energy security at Rosebank and Cambo. Can the minister say that the poisoned rhetoric of Nicola Sturgeon, Humza Yousaf and Patrick Harvie has been consigned to history, and will his Government act now to secure the livelihoods of 100,000 people and remove the presumption against oil and gas?

Alasdair Allan: I suggest that the language and rhetoric that has been overstated is that which we heard in the question. I state again that the judgment and issues in the strategy will be informed and influenced by recent developments in UK Government energy policy and by court decisions. Any responsible Government would be expected to do that.

Sarah Boyack (Lothian) (Lab): Will the minister acknowledge that the Government's energy strategy was promised years ago, and that we urgently need confidence for new investment right across Scotland's supply chains and a just transition for workers, never mind more delays with the strategy or in planning decisions on renewables? When will the Government's energy strategy and just transition plan be published?

The Deputy Presiding Officer: That is not directly related to the original question, but if the minister can add anything by way of response, that would be helpful.

Alasdair Allan: I am not sure that I can add much more, other than to say that the Government will reflect on the issues before drawing any conclusions and publishing any final strategy.

Net Zero (Workforce)

3. **Craig Hoy (South Scotland) (Con):** To ask the Scottish Government what discussions the net zero secretary has had with ministerial colleagues on how to ensure the delivery of the workforce required to deliver its net zero targets, including through discussions with Skills Development Scotland and colleges. (S6O-04115)

The Acting Minister for Climate Action (Alasdair Allan): I regularly engage with my education and skills ministerial colleagues to discuss the importance of the net zero workforce. Scotland is already leading the way in the creation of green jobs. New PwC data shows that the Scottish green jobs market has tripled since 2021. PwC has been clear that Scotland's strong skills base is a critical factor in attracting green investment and the creation of green jobs.

Institutions such as colleges have a critical role in developing the multiskilled workforce that will drive the just transition to net zero. Last week, my colleague the Acting Cabinet Secretary for Net Zero and Energy visited the North East Scotland College campus in Fraserburgh to discuss its curriculum and to launch its Ocean Winds pre-apprenticeship scheme, which is an initiative that supports students who are preparing to work in the offshore wind industry.

Craig Hoy: Due to the uncertainty over which heating technologies will prevail in the decarbonisation process, colleges, employers and the private sector say that there is a reluctance to invest in large-scale training for young people in new skills such as the installation and maintenance of heat pumps. Has the Government explored the possibility of redirecting ScotWind moneys towards decarbonising the public estate rather than committing them to the crowded renewables investment market? That would surely create the surety of demand to pump prime skills and college places for those who would be needed in a large-scale roll-out of renewable heating in Scotland.

Alasdair Allan: I will attempt to react to some of that and not to the pun about pump priming.

I have recently visited a number of colleges where it has been very clear that there is a commitment in the further education system to introduce young people to all manner of

technologies. The member rightly mentions the importance of having a broad spectrum of technologies available, including technologies for older types of heating systems, heat pumps and, perhaps for the future, other means of electric heating for existing radiator systems in houses.

Michael Matheson (Falkirk West) (SNP): The minister will be aware that one of the key risks that we face in achieving our net zero targets relates to access to the right skills to support the roll-out of the renewable technologies that are required to decarbonise our energy system, whether that is offshore or onshore wind, marine and tidal energy generation or the new age of pumped storage hydro power, which is coming as a result of the planned introduction next year of a cap and floor system for pump storage. Given the critical skills that are needed to achieve net zero, can we do more to ensure that the needs of industry and colleges are effectively aligned to ensure that we are generating the workforce that will be necessary to deliver these technologies in the years ahead?

Alasdair Allan: The member raises important points. We are working to ensure that we have the workforce that we need for the future. The PwC green jobs barometer has been clear that Scotland's skills base is providing a clear advantage to Scotland, capitalising on green jobs and green skills and identifying applicable skills in other sectors for people who wish to transfer into a new career.

Onshore Wind Farm Planning Consents (Highlands and Islands)

4. **Tim Eagle (Highlands and Islands) (Con):** To ask the Scottish Government how many planning consents for onshore wind farm developments in the Highlands and Islands region the Scottish ministers have approved following an appeal since 2021. (S6O-04116)

The Acting Minister for Climate Action (Alasdair Allan): Since 1 January 2021, a total of nine planning appeals for onshore wind farm developments in the Highlands and Islands region have been allowed.

Tim Eagle: Clachaig Glen wind farm on the Mull of Kintyre was recently approved by ministers despite huge opposition and concern from local people. One of those campaigners told me that

"the whole focus is on policy and net zero. It is completely lacking in humanity. The SNP talk about empowerment but it is obviously just theirs."

Many campaigners are not against harnessing wind power, but the sheer volume of applications, especially in the Highlands and Islands, is changing rural communities. Does the minister

agree that local people's views are being ignored? What can he do to improve the situation?

Alasdair Allan: I do not accept the premise of the question, which is that the process ignores people's views. However, as I have mentioned, the Government is continually seeking to improve the process. That is why we are working with the United Kingdom Government to include things such as pre-consultation for major applications to ensure that those views are taken into account at the earliest possible stage.

Colin Beattie (Midlothian North and Musselburgh) (SNP): Can the minister outline the increase in Scotland's renewable energy generation capacity as a result of developments such as onshore and offshore wind and solar energy?

Alasdair Allan: As of June 2024, there was 15.6GW of renewable electricity capacity in Scotland. In the past 12 months, renewable electricity capacity has risen, and it is up 5 per cent since June 2023. That is largely due to increases in onshore and offshore wind capacity.

Active Travel Funding

5. Stephen Kerr (Central Scotland) (Con): To ask the Scottish Government what recent assessment it has made of the effectiveness of its funding for active travel. (S6O-04117)

The Cabinet Secretary for Transport (Fiona Hyslop): All active travel programmes are assessed against criteria set out in the active travel framework, which establishes high-level outcomes and key indicators to monitor and evaluate progress. Data and analysis that inform progress against those outcomes are measured and published annually. In addition, the national performance framework includes journeys by active travel as a national indicator and it is routinely monitored and assessed.

In addition, relevant partners publish annual assessments of their programmes. Those include the national cycle network and places for everyone programmes that are delivered by Sustrans, and the Ian Findlay path fund programme that is delivered by Paths for All.

Stephen Kerr: It is Sustrans that I would like to refer to in my next question. It reports that, in 2024, it received £97.9 million from the Scottish Government and, in the same period, gave out £81 million in grants to Scotland.

Sustrans takes money that should be sent directly to local authorities, and it top slices £17 million of it to pay for its organisation's overhead. It is based in Bristol and it has no fewer than 13 directors on its board. Why should we not give that money directly to Scotland's local authorities and

leave Sustrans to market itself to them, as any other consultancy does? Would the taxpayer not get better value and more accountability that way?

Fiona Hyslop: I question the member's figures. I can tell him that we have allocated more than £66 million of funding to Sustrans this financial year. That funding supports local authorities and others in Scotland to deliver the infrastructure that is required, including the expansion of the national cycle network, which I am sure that Mr Kerr would want to support. That is managed by its Scotland-based staff.

To bring the member up to date, as part of the transformation of active travel delivery, the funding of the main Transport Scotland infrastructure programme, places for everyone, which is managed by Sustrans, will wind down by December 2025. Any remaining projects will, subject to assessment, shift to the new active travel infrastructure fund, which will see Transport Scotland directly award funding to local authorities, regional transport partnerships and national park authorities. I am sure that the member will welcome that answer.

Claire Baker (Mid Scotland and Fife) (Lab): Can the cabinet secretary confirm the extent of the cut to the active travel budget in the 2025-26 proposals? Spokes estimate the cut to be not £20 million but in excess of £40 million.

Fiona Hyslop: Again, we will lay out the detail of our active and sustainable travel funding as the draft budget progresses through Parliament.

The member will be aware of the emergency measures that took place over the past year. We had a real challenge, particularly following the incoming United Kingdom Government's July statement. In the end, we allocated £155 million for active travel. In the 2025-26 draft budget, which includes money for a bus infrastructure fund—I point that out in order to highlight that the member's recent assertions in relation to buses are also incorrect—the total for active travel is £188 million, which she will understand is an increase on last year's spend.

Mark Ruskell (Mid Scotland and Fife) (Green): The national cycle network, which was built and managed by Sustrans Scotland, has been hugely successful, generating 60 million trips every year. It does not just connect places together; it connects people to schools and shops within communities as well. Can the cabinet secretary confirm whether the funding for the national cycle network specifically is going up next year in order to enable Sustrans to deliver the projects to start to close some of the missing links that we see at the moment, such as Comrie to Crieff and Dunkeld? [*Interruption.*]

Fiona Hyslop: Our funding for the national cycle network will continue positively. I will not give the detail at this stage, as we work through the detail of the overall active and sustainable transport plan, but I can say that we are very supportive of the national cycle network. Just last week, I saw the good development work on the national cycle network at Carnoustie. It is a plan, a project and a development that we continue to support.

The Deputy Presiding Officer: I ask members on the Conservative benches to treat with respect those who are asking the question, which I am sure that they will do with regard to question 6, which is from Jeremy Balfour.

Regional Transport Partnerships

6. Jeremy Balfour (Lothian) (Con): To ask the Scottish Government how it plans to enhance regional transport partnerships over the coming year. (S6O-04118)

The Cabinet Secretary for Transport (Fiona Hyslop): Transport Scotland supports regional transport partnerships and local authorities in their role to strengthen the planning and delivery of regional developments. This year, we are providing funding to regional transport partnerships to help them to develop locally targeted interventions that help to encourage and enable people to walk, wheel and cycle more in their neighbourhoods. They also play a central role in delivering the programme as funding recipients, allowing them to allocate funds to local projects.

Transport Scotland continues to engage with regional transport partnerships, which are all quite different in their requirements, on opportunities to increase accessibility, availability and affordability of public transport.

Jeremy Balfour: As Stephen Kerr just pointed out, figures that were revealed to us show that Sustrans received £97.9 million from the Scottish Government. That is at a time when the City of Edinburgh Council cannot deal with the potholes in our city. Does the cabinet secretary believe that it would be more effective to give the money to the City of Edinburgh Council to fix the potholes, rather than wasting money on an unelected body?

Fiona Hyslop: The original question was about regional transport partnerships, not the City of Edinburgh Council specifically. Councils have responsibility, with funding coming from the Scottish Government, and councils make their decisions about what they fund locally.

Our funding for transport has gone up. For the first time ever, it will be more than £4 billion, and more than £1 billion of that will be in our trunk road developments. As for our funding and support, we will ensure that the regional transport

partnerships—which, as the member will be aware, consist of a board comprising a number of different councils tasked with taking regional approaches—will continue to be supported.

A77 Closures

7. Colin Smyth (South Scotland) (Lab): To ask the Scottish Government what its response is to the request from the A77 action group for the establishment of a task force to consider issues relating to the impact of the reported increased use of full road closures on the A77. (S6O-04119)

The Cabinet Secretary for Transport (Fiona Hyslop): The Scottish Government is committed to on-going engagement with interested parties on strategic transport matters affecting the A77. Transport Scotland has developed a long-standing relationship with the A77 campaign, and there are regular meetings, the last one being on 5 December. I had productive discussions with the group last month and heard directly about the impacts that closures have on road users and local communities. I have agreed to bring together interested stakeholders and the A77 group at a round-table meeting to collectively scope and work through the variety of issues that have been identified and recommended. That will be a better way to achieve progress.

Colin Smyth: The cabinet secretary will know from her meeting with the A77 action group that the neglect of that trunk road has reduced parts of it to one lane for 3,000 out of 3,652 days since 2014. That is because of a lack of investment. There is an increasing number of evening road closures, which send road users on detours of hours and hundreds of miles, but there are still no plans for any improvements to the road.

It has been some weeks since the cabinet secretary met the action group, so when will those round-table discussions take place? Will she ensure that those discussions become a permanent task force, so that the issues can be discussed regularly?

Fiona Hyslop: I met the group last month, and we are making arrangements as to when we will have the round-table meeting. That will allow us to scope out what the issues are. There are a number of issues to consider, particularly the concern about Carlock wall, which has been a great player in affecting the number of days of closure. The closure there has been in place since 2020. I understand that there is a programme completion date of mid-December 2024, which is fast approaching. Work is being carried out to deliver that, at which time temporary traffic lights will move there. That is a challenge geotechnically and topographically, as everybody who knows the area will know.

There are other road closures and diversions. There is a multilayered area of attack that we need to work through, and I think that that will be best scoped out through meetings with the action group. I encourage all partners to come to the table to systematically address the different issues.

Emma Harper (South Scotland) (SNP): It is welcome to hear the update that the cabinet secretary is working really well with the A77 action group. Will she clarify that, although overnight closures of the roads are extremely frustrating, they are necessary to ensure the maintenance of critical infrastructure routes such as the A77? Will she highlight how the A77 has been improved in recent years as a result of action taken by the Scottish National Party?

Fiona Hyslop: The majority of works on the A77 trunk road can be carried out safely without the need for full closure, but, when the road has to be closed, there must be engagement with local communities and the travelling public.

Even in the past financial year, £9.4 million has been spent on improving the road. We have invested £134 million since 2007, and there is also the £29 million Maybole bypass. There is investment in the road, but things are problematic because of landslips and other challenges. That is why we need to systematically work through the improvements that can be made.

Brian Whittle (South Scotland) (Con): I and other members from across the chamber have spoken about the need for urgent investment in the A77 during all the time that I have been in the Parliament, and we have waited with bated breath for actual action on strategic transport projects review 2.

The cabinet secretary mentioned the Maybole bypass, for which there was £30 million of investment. If the cabinet secretary ever wanted evidence, I would mention that Maybole has now managed to leverage £100 million of investment because of the bypass. Is that not evidence enough that an awful lot more work on the A77 would improve the lives of people all the way down to Stranraer?

Fiona Hyslop: I am glad that the member supports the SNP Government's delivery of the Maybole bypass. I am from Ayrshire, so I know how important it is and the benefits that it can bring for businesses. The bypass was planned for and delivered.

There is continuing investment in the A77. We hear complaints about closures because of the investments that are being made. You cannot have it both ways—you cannot complain that there is no investment and then complain when works are required for maintenance and because of

issues such as landslips. We have invested more than £134 million in the road. Can more be done? Yes. Are we going to systematically work through the issues on the A77? Yes, and I look forward to meeting the A77 group again.

The Deputy Presiding Officer: Members should always speak through the chair.

Bus Industry (Zero-emission Technologies)

8. Gordon MacDonald (Edinburgh Pentlands) (SNP): To ask the Scottish Government how it supports the bus industry to transfer to zero-emission technologies. (S6O-04120)

The Cabinet Secretary for Transport (Fiona Hyslop): Since 2020, the Scottish Government has provided more than £150 million to decarbonise the bus sector. More than 800 zero-emission buses and coaches and their charging infrastructure have been supported. The funding includes £41 million in the most recent round of the Scottish zero-emission bus challenge fund, which draws in more than three times as much in private sector investment. The project will support more than 250 new zero-emission vehicles and the installation of 200 chargers across 20 depots, and it will establish the backbone of a pan-Scotland charging network that will be available to other large road vehicles. Since 2018, our bus emissions abatement retrofit scheme has awarded £24 million to retrofit more than 1,200 buses and coaches to support the bus industry in adapting to low-emission zones.

Gordon MacDonald: With electrification of the bus industry, how will that funding help to create a whole-Scotland network for buses, coaches and heavy goods vehicles?

Fiona Hyslop: As I set out in my original answer, our significant investment in charging infrastructure through ScotZEB 2 is providing electrified depots that can be used by other businesses across the country, where it is possible to do so. Opening the depots to other road users such as heavy goods vehicles can create beneficial new revenue streams for their owners and, at the same time, provide confidence to other fleets that charging can be made available to support operations that are making a transition to zero-emission alternatives. I hope to see even more shared charging infrastructure in the future.

Paul Sweeney (Glasgow) (Lab): I am sure that the cabinet secretary will agree that Alexander Dennis in Falkirk is one of the jewels in the crown of Scottish manufacturing, but it has cited increasingly unfair competition and subsidies from overseas manufacturers, such as those in China, as being responsible for its recent difficult decision to consult on 160 redundancies at its site in Falkirk. It has said that, of the 252 buses that are

expected to be delivered through the Scottish Government zero-emission bus challenge fund, 80 per cent will likely be manufactured outside of the United Kingdom. Will the cabinet secretary agree to engage with Falkirk's MP, Euan Stainbank, and the Secretary of State for Business and Trade to resolve the issue with unfair procurement practices and ensure that more buses are built in Scotland?

Fiona Hyslop: I am disappointed to hear about the redundancies, because the Scottish Government has supported Alexander Dennis through our zero-emission fund. Alexander Dennis has secured orders for more than 360 buses, which is more vehicles than any other manufacturer has secured through our Scottish ultra-low-emission bus scheme and ScotZEB. As the member might be aware, Alexander Dennis might not currently manufacture the type of vehicles that are required, which is why it is important to support the company in developing for future markets.

The member's point about the new UK Government is really important, because there are questions about its support for zero-emission buses and the potential orders that Alexander Dennis could get from its supporting scheme. He made a point about subsidy control, and we regularly engage with the UK Government on that issue.

The Deputy Presiding Officer: I apologise to members whom I was unable to call, but that concludes portfolio questions on net zero and energy, and transport.

There will be a short pause before we move to the next item of business to allow front-bench teams to change positions.

Healthcare in Remote and Rural Areas

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a debate on motion S6M-15767, in the name of Clare Haughey, on behalf of the Health, Social Care and Sport Committee, on its inquiry into remote and rural healthcare. I invite those members who wish to speak in the debate to press their request-to-speak button.

15:00

Clare Haughey (Rutherglen) (SNP): As convener of the Health, Social Care and Sport Committee, I am pleased to open the debate on our recent inquiry into remote and rural healthcare. It has long been recognised that people who live in remote and rural areas face unique challenges in accessing healthcare. In recognition of that, the committee decided to undertake an inquiry to get a better understanding of those challenges and the actions that the Scottish Government is taking in response to them.

Before I discuss our findings, I thank everyone who engaged with the inquiry, including those who responded to the initial consultation on the your priorities platform and the call for written evidence, participants in the informal engagement sessions and witnesses who took the time to provide oral evidence. It was a lengthy process, covering a broad subject area, so the expertise and lived experience of patients, professionals and other stakeholders was crucial in shaping the recommendations in our report.

In particular, I extend a special thanks to the national health service staff, third sector workers and residents of the Isle of Skye who took the time to meet committee members during their external visit in April. I know that those who attended the visit found it massively beneficial, and we thank all those who took part. The committee also thanks our officials, the committee clerks and Scottish Parliament information centre colleagues for their work on the inquiry and the final report.

The original impetus for the inquiry came from a number of petitions that were shared with the committee last year, which shone a light on some of the key challenges that face our more remote and rural communities in accessing healthcare services. The committee was motivated to undertake a broader inquiry with the aim of making long-term policy recommendations to improve access to remote and rural healthcare. The inquiry was also informed by previous scrutiny during the current session of Parliament, including inquiries into alternative pathways for primary care, health inequalities and periodic scrutiny of NHS boards.

In preparing for the inquiry, we felt that it would be particularly important to hear directly from those stakeholder groups and individuals who were directly affected, to enable us to make targeted recommendations that would shape future policy in a way that best serves the needs of remote and rural communities. An initial consultation on the your priorities platform generated 179 ideas and 221 comments, and reached 218 users, comprising a range of individuals and stakeholder organisations across Scotland.

Following the initial consultation, the committee decided to focus its inquiry on assessing two key areas of Government policy that were designed to improve access to healthcare in remote and rural areas: namely, the recently created national centre for remote and rural health and care and the Government's forthcoming remote and rural workforce recruitment strategy. The more detailed call for views that followed received a total of 70 responses. Those helped the committee to identify a number of common themes, which it then explored further in formal evidence sessions.

One key theme that was echoed by respondents and witnesses was the need for training and development opportunities for healthcare staff that were better geared to the specific needs of remote and rural areas. Given the nature of work in those areas, there was broad agreement on the need for a more tailored approach to delivering education and training to the healthcare workforce. I welcome the Government's response, which acknowledges that need and outlines what it and NHS Education for Scotland are doing to improve the availability, suitability and flexibility of local training and development opportunities through the work of the national centre. I hope that that will be further reflected in the forthcoming remote and rural workforce recruitment strategy, the scope of which the committee would like to see significantly widened.

More tailored training and greater development opportunities are a prerequisite for tackling recruitment and retention issues in remote and rural areas. At the same time, our inquiry has highlighted the impact that a lack of affordable housing is having on recruitment and retention, and we have concluded that resolving that issue will require a collaborative approach, involving NHS boards, local authorities, professional bodies and other key stakeholders.

The report also outlines various opportunities to disseminate examples of good practice more widely and to pursue innovative solutions, not least improving use and availability of digital infrastructure, where appropriate. I hope that those recommendations will be reflected in future policy.

Liam McArthur (Orkney Islands) (LD): The member spoke about the need for recruitment into those roles to be tailored to those communities. Did the committee do much by way of exploring good examples, whether in health or education services, of advertising the lifestyle change that is available as well as the mechanics of the role that they might be recruiting to?

Clare Haughey: Liam McArthur has raised a really interesting point. As a committee, we heard about some of the advantages of living in and the attraction of moving to remote and rural communities as well as the difficulties that people faced. In particular, we heard about students who were keen to work in remote and rural areas but whose opportunities to do so were somewhat limited, if not completely curtailed, because of the lack of accommodation. The Government should consider that issue further.

Another common theme was that the design of services and service delivery often fails to meet the particular needs of remote and rural areas. I therefore welcome the Government's commitment to explore ways of designing systems and services that are more flexible and responsive to local needs and that combat silo working. In concluding its inquiry, the committee is a confirmed advocate of a whole-system approach.

The committee also heard extensive evidence of the specific challenges associated with implementing the 2018 general medical services contract in remote and rural practices. In light of that, the report calls on the Government to explore the extent to which a revised, more flexible approach to implementing that contract might improve the sustainability of rural general practitioner services and the financial viability of remote and rural practices.

As I mentioned, the report outlines significant opportunities for improving services in remote and rural areas through better use of technology and digital infrastructure. Our inquiry has concluded that that has the potential to streamline service delivery and cut down waiting times for patients waiting for face-to-face appointments. Regrettably, digital infrastructure in remote and rural areas remains unreliable and the committee looks forward to seeing concerted action by both the United Kingdom and Scottish Governments to remedy that situation.

The robustness of data collection and research could also be greatly improved, which would allow the impact of specific policy decisions concerning provision of remote and rural healthcare services to be more clearly measured, ensuring that future policy is effectively targeted. The committee looks forward to seeing progress in that area and hopes that improving access to, and sharing of, research

and data across healthcare teams will be a key area of focus for the national centre.

In the time allowed, I have been able to give only a brief flavour of the wider range of issues that have been touched on by the committee's inquiry. I know that we all share a commitment across the Parliament to improve the health and wellbeing of people across Scotland, regardless of where they live. The inquiry has highlighted the myriad challenges that our remote and rural communities face in accessing healthcare. I look forward to continuing to scrutinise the work of the Scottish Government and other key decision makers as we seek to improve the quality and availability of health services in our remote and rural communities for the benefit of patients, staff and the wider constituencies that they serve.

I put on record my entry in the register of members' interests: I hold a bank nurse contract with NHS Greater Glasgow and Clyde.

I move,

That the Parliament notes the conclusions and recommendations contained in the Health, Social Care and Sport Committee's 13th Report, 2024 (Session 6), *Remote and Rural Healthcare Inquiry* (SP Paper 654).

The Deputy Presiding Officer: I call Neil Gray, the Cabinet Secretary for Health and Social Care, to open on behalf of the Scottish Government. You have a generous eight minutes.

15:09

The Cabinet Secretary for Health and Social Care (Neil Gray): I thank the committee for conducting the inquiry, and I thank those whom the convener referred to who contributed to the report. I welcome the opportunity to discuss this important issue with members, and I welcome the way in which the convener has set out the motion before us.

Over the past eight months, I have had the privilege of visiting communities in every health board area across Scotland, which has given me a deeper appreciation of the incredible work of our health and social care services and the challenges that they face on the front line of health and social care. Those communities have shared with me their concerns and raised issues that the committee's inquiry report highlighted, as well as the opportunities, as Liam McArthur referenced in his intervention, to make better use of rural and island community environments as attractive places to live, work and learn in.

I know that many of the issues, such as housing, digital infrastructure and education, go much wider than healthcare. I know that because I have lived it—I grew up in Orkney and have family members still living there, and I have ministers

who represent rural constituencies. Those issues impact not only our existing rural and island populations but our ability to attract, recruit and retain health and care staff. That is why a cross-government approach is being taken, and the minister-led rural delivery plan, which is to be published during this parliamentary session, will cover a range of issues, such as health and social care, transport, housing, population, skills, digital connectivity and economic development.

The rural delivery plan has a key strategic objective—to support sustainable local communities by addressing population challenges in rural Scotland. It will complement our islands plan, which has been in place since 2019 and sets out objectives to improve the quality of life for island communities.

We will continue to listen to and be guided by islanders while we sustain our efforts to meet their needs and ambitions. Their voices will inform the new national islands plan, which is expected to be published next year.

Colin Smyth (South Scotland) (Lab): Will the rural delivery plan include a set of minimum standards of access to care that people in rural communities are entitled to? That is one of the single biggest issues—basic care is not available to too many of our communities.

Neil Gray: I recognise that as a challenge, which we must address through the rural delivery plan and through some of the interventions that I will speak about, including the centre that the convener referenced in her opening speech. Although I celebrate the incredible successes of our health and social care services, I recognise the challenges that Mr Smyth outlines.

Among the issues, I recognise that access to the right type of housing, particularly in rural and island areas, can have an immensely powerful and generational impact. It can support young people to stay in or return to those communities, and it helps to attract and retain health and care staff, as well as the employees who are needed to support local businesses. I heard that directly from Dr MacTaggart when I was on Islay with Jenni Minto in the summer. That is why we remain committed to delivering 110,000 affordable homes by 2032, with 70 per cent for social rent and at least 10 per cent in rural and island communities. As announced last week, we will ramp up action in that space by investing £768 million in affordable housing to increase the delivery of more high-quality and energy-efficient affordable homes, including by supporting acquisitions of existing properties.

We are also making available up to £25 million from our affordable homes budget over the next five years for the demand-led rural affordable

homes for key workers fund, to enable local authorities and registered social landlords to purchase properties, including empty homes, for key workers.

Rhoda Grant (Highlands and Islands) (Lab): Will the cabinet secretary take an intervention?

Neil Gray: If I have time in hand, Presiding Officer, I am happy to do so.

The Deputy Presiding Officer: There is plenty of time.

Rhoda Grant: That all sounds great, but the trouble is that rural housing is being built on the outskirts of Edinburgh, Aberdeen and Glasgow, not in rural areas. It will not make one jot of difference unless the Scottish Government changes its categorisation of rural areas.

Neil Gray: The rural affordable homes for key workers fund is directed at those areas. I recognise the challenge there, because different people define "rural" differently. Decisions on the extent of rurality in Kirkwall in Orkney, as opposed to in Dounby or on one of the islands, will be at people's discretion. I recognise the challenge that Rhoda Grant has raised, and the housing minister continues to keep the matter under review.

On funding, we will invest £21.7 billion in health and social care services, as set out in the 2025-26 draft budget. That includes £16.2 billion for health boards, which represents a 3 per cent cash uplift and a real-terms increase on their baseline funding. It also includes £139 million in additional investment across NHS infrastructure to support improvement and renewal.

Access to education, as the convener referenced and the committee has reported, is also crucial. That is why we are already working collaboratively with professional bodies and higher education institutions on the delivery of education programmes that can meet the needs of the NHS workforce. We know that career pathways such as earn as you learn can not only support those who want to work and remain in their community, but widen access to careers in health and social care. That is why we are funding a dedicated resource within NHS Education for Scotland to identify where earn as you learn routes can be expanded and where further development is needed.

Reform is critical. Equitable access to healthcare, regardless of one's geography or demographic, is central to that reform. That is why we have convened a rural and island health board-led working group to consider how reform can improve sustainability of care in those communities, harnessing local knowledge and innovation to improve access and ensure equity of outcomes for all communities. We aim to develop a balanced model, with services that are provided

as locally as possible and are specialised as necessary.

We recognise that such planning takes place within the broader context of whole-system health and social care and public sector reform. We are working with local partners in three rural authorities on proposals for single island authorities, in order to streamline and strengthen local decision making, including in health. I look forward to rural Scotland leading the way on that ambitious governance reform and seeing those changes deliver material benefits for local people.

As I set out in my recent update to Parliament, we aim to shift the balance in care to make it more preventative and community based. We acknowledge the central role of primary care, which is particularly vital, including in rural and island areas, where the flexibility and adaptability of the NHS workforce must be even stronger and where its wide-ranging expertise takes on added significance to the people in those communities.

To further support that aim, I have recently made available to general practice more than £13 million, which is intended to address known pressures and support staff costs to help practices underpin their business decisions and support them to continue to provide high-quality patient care. We recognise that, to provide high-quality, patient-centred care, the right levels of staff need to be in the right place at the right time. I thank the committee for its comments on the scope of the rural and island workforce recruitment strategy and for its recommendation to take a whole-system approach in order to address all potential barriers to recruitment in rural areas.

That need has been echoed by stakeholders throughout officials' engagement with them in the development of the strategy. In recognition of that, in partnership with NES through its national centre for remote and rural health and care and its centre for workforce supply, we will develop a sustained model of direct support that will provide rural and island employers with the whole-system approach that is necessary to improve recruitment and retention success. A strategy paper will be published early next year.

I have also recently published a new GP recruitment and retention plan, which sets out a suite of 20 actions that we will take to improve GP retention and recruitment. A key action in the plan is to retain more of our newly qualified GPs in Scotland, and specifically in our rural and island areas through the remote and rural fellowships.

Also in recognition of the unique needs of rural and island areas, we have invested £3 million over three years in the national centre for remote and rural health and care to bring a co-ordinated approach to the improvement of rural healthcare

by increasing the recruitment, retention and development of a highly skilled workforce and by bringing in new delivery models that drive reform, all of which is focused on improved outcomes for rural communities.

The national centre, which has now been operational for a full year, is delivering against its targets in building workforce resilience and capacity; increasing the evidence base and data accuracy; and working with stakeholders to develop rural and island health and care by bringing a co-ordinated approach to the design and evaluation of rural-specific working.

I have set out actions that the Government is taking to ensure that rural and island communities benefit equally as we work to improve public services. It is critical that we do that work. Those communities must be at the forefront of the reforms that we need to make to secure sustainable healthcare provision, now and in the future.

The Deputy Presiding Officer: Thank you, cabinet secretary. I advise members that there is quite a bit of time in hand this afternoon. I call Sandesh Gulhane, who has a generous seven minutes.

15:19

Sandesh Gulhane (Glasgow) (Con): I declare an interest, as a practising NHS GP. Through that work, I have witnessed at first hand the growing challenges that face rural and remote healthcare in Scotland. Those challenges are not theoretical; they are the lived realities of patients and healthcare providers in our rural and island communities.

Rural Scotland faces systemic issues that worsen year after year. Chronic underfunding, inadequate infrastructure and a lack of strategic vision continue to undermine healthcare. Despite repeated promises, those failures have culminated in a crisis that demands immediate attention, because a thriving general practice is crucial for rural healthcare. However, GPs face immense pressures, a shrinking workforce, barriers to recruitment and implementation challenges through the general medical services contract.

The Scottish Government's commitment to recruit 800 new GPs by 2027 is not on track. Vacancy rates in rural health boards are alarming, at 66.7 per cent in the Western Isles, 63.8 per cent in Grampian and 57 per cent in Orkney. Handing back GMS contracts has become increasingly common, particularly in rural areas. When practices transition to being run by a health board, continuity of care often suffers and operational costs rise. The NHS has a lot of inefficiencies and waste, while GP surgeries are nimble and far more

efficient. Ensuring recruitment and retention in those areas is critical to reversing the trend and stabilising rural healthcare.

Clare Haughey: I appreciate what Sandesh Gulhane is saying about the difficulty in recruiting GPs and other healthcare professionals to remote and rural areas. Does he see the impact that policies such as Brexit and the hostile immigration policy have had on attracting overseas medical and nursing personnel to Scotland and the rest of the UK?

Sandesh Gulhane: Clare Haughey needs to understand the important challenges that come from people going back to their own countries after they have come here to study. They do not seem to find it attractive to stay here. We also have challenges in retaining our own GPs. Let us look at what is happening. Doctors are skilled migrants who could come here, but they are not coming here. Therefore, we need to think about why that is and make Scotland a more attractive place so that we get more people in an ethical manner.

Ultimately, we cannot just take people from other countries. We also need to train our own people and, to do so, we need to abolish the false cap that the Scottish National Party has put in place, which prevents doctors from being recruited from within our communities.

Infrastructure is a major barrier to delivering quality care. Beyond operational inefficiencies, the neglect of capital spending is glaring. Many rural GP practices operate in outdated premises with limited capacity for multidisciplinary teamwork. In my region of Glasgow, Drumchapel health centre has been consistently overlooked for a vital upgrade. Urgent upgrades are long overdue, and the Scottish Government must prioritise addressing those deteriorating conditions.

Without investment in modern energy-efficient buildings and information technology systems, the vision of community-based care cannot be realised. Reliable digital infrastructure is equally vital. Telemedicine and remote consultations offer some solutions to geographically isolated communities, but patchy 4G and broadband coverage hinders their effectiveness. Glenn Preston, Ofcom's Scotland director, has said that his organisation's latest "Connected Nations" report

"demonstrates that Scotland remains, by many metrics, the least connected of the UK's four nations, with the situation often more challenging in rural and island areas."

In addition, rural health boards seem to get funding for part-time, short-term jobs. Who would move for a part-time, short-term job? Housing shortages, limited job opportunities for families and poor transport links deter professionals from moving and migrating from urban areas and

settling in rural areas. Only 19 homes have been secured through the SNP's rural affordable homes for key workers fund, which is a glaring inadequacy, given the scale of the housing crisis.

Proactive measures are essential to attract and retain staff. For example, support for students to experience rural working environments would bolster people's ability to go to rural areas and stay there. People must also be trained in those areas if they want to stay there.

The fact that services have been moved further away has forced patients to undertake long and perilous journeys for care. For example, a woman from the Isle of Skye had to travel regularly to Raigmore hospital in Inverness for chemotherapy. That involved a long ferry trip and a long drive, both of which were physically exhausting and emotionally draining.

Emma Harper (South Scotland) (SNP): Sandesh Gulhane and I are members of the Health, Social Care and Sport Committee and worked together on the inquiry. I hear what he says about the challenges in rural areas. Does he agree that the Scottish graduate entry medicine programme, which is unique to Scotland, is one way in which people with primary healthcare degrees have been supported to get a medical degree and to focus on remote and rural healthcare? That programme has been really successful in Dumfries and Galloway.

Sandesh Gulhane: I welcome anything that improves people's ability to experience the great rural areas of Scotland and that makes them want to stay there, but that is not enough. We need to do far more. We need to attract people to our rural areas, show them how great they are and get them to stay.

As well as doing that, we need to decentralise healthcare services and invest in community-based care to reduce strain on central hubs, which would improve rural patients' access. Scotland's funding model must account for higher costs of service delivery in sparsely populated regions, where multidisciplinary teams can play a pivotal role.

Only 14 per cent of GPs report having sufficient access to mental health practitioners. That leaves many patients without care, which further worsens their mental health. Social isolation, poor transport links and limited resources exacerbate those challenges. A dedicated rural mental health strategy is urgently needed to address those disparities.

The Scottish Conservatives have proposed a series of targeted actions to address those failures, including a review of the health board funding formula to ensure that rural NHS boards receive fair funding; the provision of mobile testing

facilities to bring diagnostic services closer to patients; bursaries and housing support for healthcare professionals in remote areas; and a rural mental health strategy to deliver tailored support for isolated communities.

After 17 years of SNP-style governance from a Government that lacks vision and cares only about its obsession for independence, rural Scotland has been left in crisis. GP surgeries in rural areas are closing at twice the rate of those in urban areas. Women are forced to travel hundreds of miles for maternity services. Those are systemic failures that must end.

Scotland's rural and island communities deserve healthcare that respects their dignity and supports their wellbeing. Let us rebuild trust, deliver for those communities and ensure that equitable healthcare is provided for every Scot, no matter where they live.

15:27

Carol Mochan (South Scotland) (Lab): For me, as a member of the Health, Social Care and Sport Committee, our inquiry into remote and rural healthcare painted a sobering picture. Patients who live in such areas face unique challenges in accessing healthcare, so I welcome the debate, which will enable us to have an open and frank discussion about the harsh realities that are experienced by so many Scots who live in those areas.

The oral and written evidence that the committee received only reinforced what we—and, I believe, the Government—already knew: that remote, rural and island communities experience greater inequalities in accessing healthcare when compared with communities in urban and central areas. The fact that someone lives in a remote and rural community should not limit their access to basic and specialist care. Why do cancer patients in remote, rural and island areas receive less specialist care? Why are maternity and gynaecology patients in such areas forced to travel long distances to give birth and attend appointments? Why do communities that have a particularly high elderly population have problems in accessing palliative care and support?

To address those issues and the others that members across the chamber have mentioned, the Government needs to be honest about how bad the situation is for many people in Scotland. The challenges to do with staff recruitment and retention are a major issue across the whole of Scotland, but they are particularly hard felt in rural communities, as we have heard. Even a small number of vacancies can cause huge challenges in running services safely. A lack of suitable training and development opportunities,

unattractive pay and conditions, and a lack of access to affordable housing act as significant barriers.

The Government must work with trade unions, local government, professional bodies, training providers and NHS boards to discuss opportunities for creating better training, living and transport flexibility. “Cross-portfolio” does not just mean talking about it—it means actually delivering results across portfolios.

I also urge the Government to consider apprenticeship opportunities—perhaps that is what the cabinet secretary discussed earlier—for healthcare workers across our professions. At a meeting that I held last week, the British Dietetic Association conveyed its willingness to engage with the Government on that and to discuss how greater flexibility could be worked into the system to promote better uptake of apprenticeships in healthcare roles. I wonder whether the cabinet secretary will respond to that in his closing remarks.

Many professionals have raised the issue as a way of recruiting and retaining excellent staff from diverse backgrounds. However, despite what the cabinet secretary said in his opening speech, there seems to be a difference on the ground. Things do not seem to be moving very quickly.

Clare Haughey: I support some of the things that Carol Mochan has said. An apprenticeship-style model for healthcare workers, whether that be nurses or occupational therapists and so on, would be a good way of trying to expand our workforce and to give opportunities to people who might not have gone to university to access those professions when they were younger, but who are still working and supporting families. I wholeheartedly support Carol Mochan’s calls on that.

Carol Mochan: I really appreciate that intervention. It sounds as if we could put some effort across the Parliament into moving a bit faster for those professions, particularly those that are highlighting to us that they really need this to happen in remote and rural areas.

A debate on rural healthcare cannot be complete without discussing maternity services, and I am sure that other members will raise that. Patients who live in my region of Dumfries and Galloway are all too familiar with the challenges in accessing pathways and services. As has been discussed many times in the chamber, expectant mothers in Stranraer are forced to travel an average of 75 miles or more to deliver their babies. That is unacceptable. The thought of having to make that journey while heavily pregnant makes me nervous, never mind expectant mothers. The Government is aware of that and must do more.

Emma Harper: That is a challenge. As we have discussed, I know about Stranraer and maternity issues, but we need to focus on safety. That is a primary concern for me when we think about the best place for care to be delivered.

Carol Mochan: I know that Emma Harper takes the issue seriously, but we would all agree that it is not safe for women to have to travel across the country on the A75 in that condition. We must be more honest about that.

Douglas Ross (Highlands and Islands) (Con): Carol Mochan is absolutely right that it is terrible for women to have to travel to give birth. My wife had to be strapped into an ambulance while she was having contractions. However, family members also have to follow and that journey is difficult for them, as they are worried about what is happening in the ambulance. There is a safety issue not just for the expectant mum but for others who are travelling.

Carol Mochan: I fully agree with Douglas Ross. He has spoken about that often in the chamber.

On women’s health, accessing something as basic as gynaecological care should not require entire days of travel. The women’s health campaigner Rebecca Wymer has said:

“women make up 51% of Scotland’s population so gynaecology is not specialist care. Gynaecology is a basic human right”.

Therefore, we should have those services in rural areas.

Alcohol consumption remains a prominent problem in Scottish society, but remote and rural communities are particularly disadvantaged when it comes to prevention and support. I hope that we can talk more about that. We should be talking more about the relationship that Scotland has with alcohol.

The Government must listen to the vast number of charities, unions, health boards and patients that are crying out for reform in our rural health services, because one size does not fit all. We are discussing problems with rural NHS services that I think have been exacerbated by poor decision making and governance. We need more honesty about what is actually happening to patients out there. The challenges that are being discussed today are real. In a country that prides itself on universal free healthcare—as I know we all do—it is frankly shocking that this Government has allowed things to get so bad. I hope that we can work to get things done, because the situation is not good enough at the moment.

The Deputy Presiding Officer: I call Liam McArthur to open on behalf of the Scottish Liberal Democrats.

15:35

Liam McArthur (Orkney Islands) (LD): I welcome the debate and very much welcome the tone of the contributions that we have heard so far. Throughout November, I have spent my Tuesday mornings listening in to the oral evidence sessions on my member's bill on assisted dying, so I feel almost like an honorary member of the Health, Social Care and Sport Committee. I sincerely congratulate the committee on its work on an excellent, thorough and insightful report and I pay tribute to those who contributed by giving oral and written evidence. In fact, so good is the report that I am almost prepared to forgive the use of the word "remote", which I know is a bugbear for me and for the Minister for Public Health and Women's Health, Jenni Minto. The preferred terminology for us islanders would be "rural and island".

The report coincides with a similar one from the Scottish Human Rights Commission outlining the challenges for those living in the Highlands and Islands when accessing their rights not only to healthcare but to housing and food. The health committee has looked in some detail at some of the causes that lie behind the access problems that we are seeing, not the least of which is the recruitment and retention of health and care staff. The SHRC report amplifies some of the impacts and effects—the lived experience—of those challenges with the provision of and access to key services.

What I saw in both reports very much echoes what I see every week in my mailbag and inbox and I suspect that that will be the same for colleagues who represent other rural and island constituencies and regions around the country. The two reports complement each other.

I will turn soon to an Orkney perspective on those access issues, but I will reflect first on the difficulties of ensuring that there are sufficient qualified staff to serve the healthcare needs of the constituency that I represent and others like it.

I have always been aware of Orkney's heavy reliance on locum practitioners. It is hard to imagine where we would be without them, but that comes at a financial cost and at a cost to resilience and self-reliance, which I know has been a concern for the health board for a number of years. Covid also exposed the extent to which we are reliant on health and care staff regularly coming in from mainland Scotland. Once again, it is hard to imagine where we would be without them, but that exemplifies the fragility and vulnerability of many rural and island communities.

I noted the suggestion in the report that around 35 per cent of staff are due to retire within five to seven years and that about 20 per cent of posts

are currently vacant. I do not know the precise figures for Orkney, but those figures do not seem entirely out of step with my discussions with the health board or with what I receive in my mailbag.

There may be many reasons behind that recruitment and retention challenge. Low pay and poor working conditions were flagged up in the committee's report and I also hear that in some of the conversations that I have and the correspondence that I get. There are additional responsibilities that come with being a practitioner in an island area. That brings a degree of job satisfaction for many, but it also comes with challenges and I do not think that that is necessarily reflected in the NHS pay and conditions structure.

Clare Haughey: Liam McArthur has touched on a couple of issues that the committee raises a bit further into the report than the ones that I alluded to in my speech. Wages and the higher cost of living in our rural and island communities—I am being careful with my language—were raised with us. In some island communities, a premium or weighting allowance is put on to pay, but it is felt that it is not enough and that it does not cover enough areas.

Another issue that was raised with us is the opportunity for senior clinicians to have dual roles. An example is a practitioner who works in, I think, Caithness and also has a role at the University of Aberdeen. They were attracted to work in a more rural community because it gives them opportunities that they would not necessarily have in an urban area. Does the member support that?

Liam McArthur: I support that whole-heartedly. There are examples of health boards that have become more creative in identifying roles that give practitioners the opportunity to enhance and stretch their skills and a degree of diversity in what they do. That will not necessarily work in every instance—it is very personal to the individual—but I know of GPs operating in some of the smaller islands in Orkney who have taken on roles at the Balfour hospital, which is to their benefit but also to the benefit of the wider community as a whole.

The particular challenges that dental services have faced in recruiting and retaining dentists has been an issue. I know that the Minister for Public Health and Women's Health has that on her radar. Previous schemes that provided targeted support for places such as Orkney were very successful in addressing the problems that we faced a decade or so ago, but the decision to spread eligibility more widely has diluted the effectiveness of such support. I know that work is going on to review that, and I urge the minister to ensure that it is completed as quickly as possible and to reinstate something that has proven its worth in the past.

The disparity between dental nurse pay and conditions in the single NHS dental practice in Orkney and those in the hospital practice is not helpful to recruitment and retention, either.

In its report, the committee talks about career opportunities in general. I understand why there may be limitations there, but there is a risk that, in highlighting the challenges, we do not do enough to shine a light on the benefits that are to be gained from working in such areas. The convener—fairly—alluded to that. I was interested in the evidence from Annetta Smith from the University of the Highlands and Islands, who spoke powerfully about ways in which we can flip the situation round and highlight the wider benefits, which I mentioned in my intervention on the committee convener. There are lifestyle benefits, and practitioners can develop their skills in ways that they would struggle to do in more urban areas. Placing greater emphasis on that would be helpful all round.

Carol Mochan: While you were speaking, the opportunity for people who are in training to go to the islands came to my mind. Do you think that more could be done in that regard so that people see the benefits of the work that is done there, and also the lifestyle, which they might be interested in?

The Deputy Presiding Officer: I remind members to always speak through the chair.

Liam McArthur: That is fair. People having the opportunity, almost, to suck it and see has been talked about quite a bit.

That leads me to the problem of housing. The availability of housing is a real issue in places such as Orkney. People are taking on roles but then finding either that housing is not available or that it is available only at a cost that is wholly unaffordable in the context of such roles.

Sandesh Gulhane: Will the member take an intervention?

Liam McArthur: I am conscious that I have already abused my time—

The Deputy Presiding Officer: There is still some time in hand.

Liam McArthur: In that case, I will gladly take the intervention.

Sandesh Gulhane: I agree that we have an issue with housing, but what about the partners of the people who come to work in such places? We need to find work for them, and we need to have schools and support the entire family. How can we do that in our remote and rural communities?

Liam McArthur: Again, that is a fair point. It is very individual to individual circumstances. I know of many examples where the partner of a

practitioner has taken on a role with NHS Orkney or care services. They have readily found employment and made an immediate and invaluable contribution to the local community. In other cases, depending on the person's skill set and the role that they have performed elsewhere in the UK, it might be more tricky. There are opportunities, but they are very individual to the circumstances of the individual practitioner.

In addition to the housing issues, there are issues of a lack of transport, a lack of childcare and insufficiency of broadband. All of those have the combined effect of ensuring that, even if staff can be recruited, their ability to take on those roles is challenging.

I was going to talk about the availability of palliative and end-of-life care, not just in the context of my Assisted Dying for Terminally Ill Adults (Scotland) Bill—which, I think, has shone a wider light on the end-of-life choices that are available at the moment—but because there is certainly a rural and island dimension to that.

Similarly, mental health affects the entire country but has a specific rural and island dimension. That is partly to do with isolation and partly to do with issues of stigma that arise more in smaller communities than in larger ones. The mental health issue is as relevant to those who provide health and care services as it is to the wider communities.

I was also going to talk about the accessibility of our lifeline air and ferry services. That is an issue on which the Cabinet Secretary for Health and Social Care is engaged. I am confident that we can make progress on it.

We also need to make progress on new ferries, because those are our lifeline links. At the moment, they are wholly inaccessible to those with a disability or a mobility issue.

Ending on a ferries issue is probably where I ought to finish, as it is my happy place. I again congratulate the committee on the excellent work that it has done, and I leave it up to ministers across a range of portfolios to deliver the asks of them.

The Deputy Presiding Officer: We move to the open debate. I advise that we still have quite a bit of time in hand and therefore plenty of time for interventions, should members wish to make or receive them.

15:46

Emma Harper (South Scotland) (SNP): As a member of the Health, Social Care and Sport Committee, and as a representative of rural Dumfries and Galloway, I am pleased to speak in the debate about our inquiry into healthcare in

remote and rural areas. I remind members that I am a registered nurse and that I was a clinical educator for remote and rural NHS Dumfries and Galloway.

Our inquiry focused on many issues that relate to the challenges of providing healthcare in remote and rural areas. Members of the committee visited the Isle of Skye, for example, and we took online evidence, including from persons in my South Scotland region—people who were aligned with the Galloway community hospital action group, and a former GP who was also the previous chief medical officer of the Galloway community hospital in Stranraer.

I cannot cover everything in the report in the six minutes that I have—maybe I have more than six minutes now, Presiding Officer—but I welcome the fact that the committee convener covered lots of information from the inquiry, including the GMS contract flexibility needs. I will highlight some of the key issues that came out of the inquiry. The committee made recommendations on education and training, recruitment and retention, how services are designed and delivered, primary care and multidisciplinary team working, and the importance of the third sector.

As we have heard, one prevalent and prominent issue was the lack of housing. That is a challenge not only for full-time workers but for people who are assigned a placement in remote and rural areas as part of their training. As I said, that has been highlighted by many. Dumfries and Galloway Council and Scottish Borders Council recently declared housing emergencies, and that certainly impacts on the ability of the health boards in both areas, and of both councils, to recruit and retain a health and care workforce.

However, I know people who work in NHS D and G and live south of the border—who, for example, commute from Carlisle to Dumfries. One team member told me that they chose to travel to Scotland from England because the pay is better, the patient to staff ratio is better and the NHS service performs better. I can say that as a person who lives near the border and has had people give me such testimony about why they choose to live in England but work in NHS Dumfries and Galloway.

I highlight the success of the unique Scottish graduate entry medicine programme, about which I made an intervention earlier. ScotGEM is a four-year graduate medicine programme that trains healthcare professionals with a primary degree in health or science to work as generalists in the NHS in Scotland.

I was a member of the Health and Sport Committee in the last parliamentary session, when the then cabinet secretary Jeane Freeman took

forward the legislation that allowed ScotGEM to proceed. The programme has a specific focus on rural practice, and we know that GP training, recruitment and retention are not just a Scottish problem but a global problem. Closer to us, Ireland is experiencing the same reduction in GP numbers in its remote western places. ScotGEM has proved to be very successful for NHS Dumfries and Galloway. I am a member of the British-Irish Parliamentary Assembly, and, in BIPA debates, I have cited ScotGEM as a model that could be replicated in Ireland. That has been welcomed and people have been positive when they have heard me speak about it.

Will the cabinet secretary comment on the success of the ScotGEM programme? Does he have figures for GP retention in rural areas once ScotGEM GPs graduate? We need to talk up some of the good-news stories.

Tim Eagle (Highlands and Islands) (Con): Will the member take an intervention on that point?

Emma Harper: Yes.

Tim Eagle: I do not disagree with you that ScotGEM could have been an answer, but I recently asked a question on the programme and I found out that, of the 52 students who graduated, only 42 completed their foundation year and only 10 of those went into GP training. In the north of Scotland, we got only two GPs. Therefore, although the programme could have been successful, it has not been successful for us yet. Do you agree with that?

The Deputy Presiding Officer: Mr Eagle, always speak through the chair, please.

Emma Harper: I am aware that there have been challenges in other parts of Scotland. I highlighted the successes in my area, south of the central belt, which I am more familiar with. I am interested in the success of the ScotGEM programme, which is why I am asking the cabinet secretary to give us some figures for that.

We have just heard that expectant mothers who live in Stranraer and Wigtownshire are required to make a 150-mile round trip to deliver their babies in Dumfries. We have heard horror stories of mothers birthing at the side of the A75. The situation causes a huge amount of stress and anxiety for mothers and their families. This is not dissimilar to what is happening in other areas of Scotland, and I am sure that we will hear about that from Douglas Ross in a wee minute. The report also highlighted the issue.

I thank the minister Jenni Minto and Maree Todd, in her previous ministerial role, for their engagement with me on these matters. That continued engagement includes our meeting just last week. Again, it is about highlighting what we

are hearing on the ground and what could be done differently. As a registered nurse and as someone who used to teach midwives about safety, assessment and all the associated matters, I am acutely aware of this issue. I reiterate that I would like to see the situation addressed so that people who live in rural Scotland can deliver their babies as close to home as is clinically safe and possible.

Colin Smyth: Does Emma Harper accept that the independent review of maternity services in Stranraer made it absolutely clear that the unit at the Galloway community hospital could safely reopen to allow births to take place in that community? The health and social care partnership's refusal to do that had nothing to do with safety. The decision was simply to do with funding, and it was the wrong decision.

Emma Harper: As Colin Smyth knows, we have worked on that matter together with the minister, so I am aware of what was highlighted in the independent review with regard to having a midwife-led unit. There have been real recruitment challenges, which we have highlighted. It is an on-going issue that we are working with the minister to address, and I welcome that work.

I am conscious of the time. During the informal evidence session in the inquiry, the committee heard about issues to do with cancer pathways, including the fact that people in Stranraer and Wigtownshire have to go to Edinburgh for radiography, for example, although Glasgow is closer. D and G's cancer pathway is linked with the south-east cancer network, which sends people to Edinburgh for radiotherapy, for instance, for part of their treatment. We have been asking for patients to be given a choice. Some people might choose to go to Edinburgh if they have family support there, but others might choose to go somewhere closer to home. The issue has been on-going for more than 20 years, and people have been campaigning about it. It will be interesting to see whether any progress can be made, including looking at the optimal place for people to receive services and offering people a choice as the bottom line.

Neil Gray: I am grateful to Emma Harper for referencing something that I discussed with NHS Dumfries and Galloway at the recent board review, recognising that, where clinical pathways have inter-board relationships, changing those has a wider impact—if changes to pathways such as the ones that she mentions are made, the effect is felt not only by NHS Lothian or NHS Greater Glasgow and Clyde, as a number of boards feed into those systems. She will recognise that the discussions are on-going, and I say to her that I discussed the point that she mentions with the patient forum.

The Deputy Presiding Officer: Please bring your remarks to a close, Ms Harper.

Emma Harper: I thank Neil Gray for highlighting that. I know that it is a complicated issue, and that the interchanges between various health boards and pathways are complex.

I welcome the report, and I thank the committee members, clerks and the people who gave evidence. I also commend all the health and social care staff for their compassion and commitment to the people in their care, and I look forward to the Government's response.

15:55

Tim Eagle (Highlands and Islands) (Con): I remind members that my wife is a practising GP.

I want to start by reading out some recent communications that I have received from medical staff in NHS Grampian and NHS Highland.

One message, which was sent to me yesterday, says:

"Raigmore hospital NHS Highland delayed discharge went over 100 for the first time today, that's nearly 1/4 of the hospitals 476 beds. We had thought 50-60 delayed discharge was bad earlier in the year."

Another message, sent to me last week, says:

"How much have you been kept in the loop of the current storm in NHS Grampian? Are you aware of the Orthopaedic service downgrade at Dr Grays? There is no winter plan that's been shared with clinical staff. There is a strong link that the major incident declared at ARI was in part due to the increase in Orthopaedic workload since shutting down services at DGH and I've been informed the senior executive are presenting a report to the Board which will in effect give a plan to reduce the capacity's of DGH, possibly including reducing the ED remit, in the future to save money."

I am sure that my colleague Douglas Ross will pick up on the issue of Dr Gray's hospital, but I urge the cabinet secretary to help us in the north by looking into the issues around Dr Gray's and some of the things that are going on there.

This week, I also received a letter from residents of Barra, who are still reeling after the shock announcement that there is no intention to build a replacement hospital on Barra, even though that had been a firm commitment from 2008. The islands of Barra and Vatersay have been without a permanent doctor since the summer of 2022, and residents are now faced with a one-hour flight or a six-hour drive to get to their nearest accident and emergency department.

This summer, I joined other MSPs and the cabinet secretary to hear from residents in Uist about their struggles with accessing healthcare, a situation that still continues.

I could also talk about the fact that NHS Grampian has the lowest bed base in Scotland at 1.4 beds per 1,000 people, and that NHS Highland

has the second lowest, with two beds per 1,000 people. If NHS Grampian matched the provision in NHS Highland, it would have an additional 349 beds, but if it matched the Scottish median figure of 2.4 beds per 1,000 people, it would have 608 additional beds. What a difference that would have made in the recent crisis.

There is no doubt in my mind that rural Scotland's NHS is disadvantaged and needs to be fixed. Scotland is mainly rural and, therefore, there must be an acceptance that there has to be basic coverage of NHS services in the islands and rural areas. That is only fair.

If the SNP is not going to listen to what people are saying about the vast gap that is being created, perhaps it is now time for a campaign that defends rural Scotland's right to healthcare.

The committee's report notes that rural GPs told the committee that there are particular difficulties with providing suitable staff training within remote and rural practices, given that rural GPs are often required to operate as "jacks of all trades". It also says that there was a consensus in the evidence that was given to the committee that

"current pay rates and working conditions offer insufficient incentive for staff to remain in remote and rural areas."

The Scottish council of the British Medical Association has called for higher pay and better training and facilities in remote areas. Dr Iain Kennedy, the chair of BMA Scotland, said:

"What we can see is that the rural-urban divide is getting greater and that of course is widening health inequalities ... We haven't recruited enough doctors in general, across Scotland. When we have a shortage of doctors, rural areas and deprived areas are the first places to be affected."

GP surgeries in rural Scotland are closing at more than twice the rate of those in many central belt health boards.

The main problem here is the SNP Government's one-size-fits-all health funding formula, which is not delivering for rural areas. That funding formula does not consider depopulation, a greater requirement for small-scale service delivery or an ageing population—all challenges that disproportionately impact rural areas. The Scottish Conservatives would introduce a review on a separate rural NHS funding formula to fix those issues.

The committee report highlights housing as a significant issue. In particular, the lack of

"availability and affordability of housing ... came up extensively throughout the inquiry."

Research by Scottish Land & Estates, which I think has already been mentioned today, revealed that more than £100 million of funding that had been earmarked for rural and island communities was diverted to housing projects in Edinburgh and

Aberdeen. Added to that, only 19 homes have been delivered in rural areas for key workers by the rural affordable homes for key workers fund—just 19.

I truly believe that the failure to deliver a basic health service in our remote and rural areas is one of the main factors driving depopulation in the Highlands and Islands, as well as in other parts of Scotland.

I welcome the committee's report, but it must not be another document left on the shelf to gather dust. Rural health costs more to deliver but, in a country that is proud of its rurality, that should not matter.

I want to get behind the points that the cabinet secretary made on the rural delivery plan, but it is so hard for me to do so when it is his Government that has been in power for 17 years. It is time that the Scottish Government properly invested in rural health and social care in order to deliver better, fairer health outcomes for our rural Scotland.

16:01

Rona Mackay (Strathkelvin and Bearsden) (SNP): I am pleased to be speaking in this important debate, despite my not being a member of the Health, Social Care and Sport Committee or the Rural Affairs and Islands Committee. As the MSP for Strathkelvin and Bearsden, whose constituents do not face the challenges that have been highlighted in the committee's excellent report and by colleagues throughout the chamber today, I think that it is important to highlight the difference between rural areas and largely urban areas, such as my constituency.

Residents in East Dunbartonshire can access public services including transport and health centres without difficulty, but we must have equity throughout Scotland. Although my constituents might dispute the efficiency of services at times, their experience does not compare with the situation in our rural areas, as we have been hearing today. That really matters: we need to repopulate our rural areas, so it is essential that we do everything that we can do to ensure that such challenges are properly considered and addressed. In addition, we owe it to the communities and people who choose to live in rural areas to give them equal access to the services to which council tax payers throughout Scotland are entitled.

I endorse Carol Mochan's comments about women's health and access to gynaecological services, and Emma Harper's comments about maternity care being so crucial. In that respect, the Scottish Government has made a number of policy commitments to meet the health and social care needs of people living in remote and rural areas.

We are supporting the implementation of multidisciplinary teams in rural and island communities through £123,000 of additional funding in 2024-25. The new national centre for remote and rural health and care, which was referred to by the cabinet secretary, will help to reduce health inequalities and to improve the delivery of healthcare services in rural communities.

The rural and islands workforce recruitment strategy focuses on sustained direct support, with long-term methods to provide rural and island employers with the help that they need in order to recruit successfully. That is absolutely crucial because, as we know, more and more people are attracted to the idea of living in the beautiful remote and rural areas of Scotland, but they have to be reassured that there will be opportunities for employment, so that they can afford a decent standard of living. A short strategy paper will be published early next year, which will outline the direct support model in more detail.

General practice does not have its troubles to seek at the present time, but the Government is taking steps to address that. We are taking forward a range of initiatives to support recruitment and retention of the workforce in rural general practice. Those include a golden hello scheme to attract new rural GPs, and ScotGEM, which is a scheme that provides a graduate entry medical degree that has a rural focus. The Scottish Government is also supporting an innovative recruitment campaign called "Rediscover the joy". RTJ aims to recruit experienced GPs to provide support for rural practices.

As we have heard in the debate, housing continues to be a massive problem in rural areas. I believe that the challenge has been exacerbated in recent years by holiday-home ownership and Airbnb properties. We want people to visit and enjoy our beautiful country and for those who can afford it to own their own homes for their families to enjoy or to rent out as a business, but that cannot come at the expense of those who have chosen to live, work and bring up their families in an area. That is why the Government remains committed to delivering 110,000 affordable homes by 2032, of which at least 10 per cent will be in rural and island areas. The Scottish Government is making up to £25 million available from our affordable housing supply programme budget from 2023 to 2028 in the form of the rural affordable homes for key workers fund. The funding is available to support local authorities and registered social landlords in purchasing existing suitable properties, including empty homes, in rural and island areas for key workers and others who need affordable housing where there is an identified need.

However, we cannot ignore the fact that Brexit has exacerbated the employment situation generally in rural areas, not least in healthcare. I recall that, during the election campaign, Scottish Labour deputy leader Jackie Baillie stated that she would be open to a discussion about a distinct Scottish visa scheme to address the unique challenges that Scotland's rural communities face. Does Labour still support those calls? Does Labour also recognise that there will be an uplift in funding for front-line health services in rural health boards of between 15 and 20 per cent, depending on the board allocation, in the upcoming Scottish budget? That is another reason why parties across the chamber must support the budget to ensure that it can be delivered to help our rural areas to flourish.

In conclusion, I commend the Health, Social Care and Sport Committee for shining a light, which is long overdue, on a crucial subject, and for confronting the challenges that need to be addressed so that future generations are able to enjoy our beautiful country.

16:07

Colin Smyth (South Scotland) (Lab): I echo other members' comments and thank the Health, Social Care and Sport Committee for carrying out its inquiry into rural and islands healthcare.

If the current crisis in the NHS and social care is engulfing every part of our health and care service in every part of our country, the impact in rural areas, where services are so precarious, is even more profound. Almost every day, I am contacted by constituents with heartbreaking health and care cases. The Health, Social Care and Sport Committee took evidence in January from patient advocates who shared some of the stories from my region. I want to focus on those stories in my speech because, sadly, the situation is not improving.

We have heard about maternity services in the debate. The committee also heard from mums-to-be in Wigtownshire being forced to make a round trip of up to 200 miles if they want to give birth in hospital. They have to drive past the local community maternity birthing unit in Stranraer, which remains closed, despite an independent review having recommended that it be opened, and saying that it can be reopened safely. The review's recommendation has been ignored by members of the Dumfries and Galloway health and social care partnership and by the Government, whose ministers told the community to have faith in the inquiry. The community feels badly let down.

One of my constituents, Claire Fleming, lives in Glenluce, which is 15 miles from Stranraer. Her

first pregnancy was with Abbey, who was sadly stillborn. Despite the heartbreaking end to that pregnancy, she had to drive herself to the hospital in Dumfries, which is 60 miles away, to deliver Abbey. Since then, Claire has thankfully had three children, but has had to clock up more than 7,500 miles between her home and Dumfries for maternity appointments.

Claire has told me—and I know she told the minister who was then responsible for women's health—about women in Wigtownshire who have decided not to get pregnant because they were so scared of having to make that journey in a rush if they went into labour, for fear that they would give birth in a lay-by at the side of the road. We know that that has happened. Claire herself said:

"I would have as many children as I could. I absolutely loved having children, but I got sterilised the last time I was in the hospital because I couldn't face doing that journey again."

I am also aware that the committee heard about families in Wigtownshire who have to travel to Edinburgh to access specialist cancer care, because Dumfries and Galloway is aligned with the south-east Scotland cancer network, rather than with the west of Scotland cancer network, through which patients could access the nearer Beatson west of Scotland cancer care centre. One constituent, John, travels from Stranraer, using patient transport, for two hours to Dumfries, before having to make another two-hour journey to Edinburgh to begin his radiotherapy.

I note the cabinet secretary's comments that he discussed the issue of alignment with NHS Dumfries and Galloway recently. I welcome that, but I will make this point. NHS Dumfries and Galloway promised in 2006 to seek a change in the alignment of pathways. I accept that the issue is complex, given the pathways involved, but we have had nearly 20 years of no action from the health board or the Government in delivering that change, just as we have not seen delivery of the 2015 pledge to eradicate delayed discharge.

Tonight, dozens of older people remain in hospitals across Dumfries and Galloway, and others have been shunted off to care homes miles away from their families, because there are no carers to look after them in their own homes. Every week, 3,000 hours of assessed home care in Dumfries and Galloway alone are not being delivered. One constituent of mine, Pat, suffered from cancer, and her dying wish was to spend her final days at home. She could not do so, because there were insufficient carers. She died in hospital, where she did not want, or need, to be.

Neil Gray: I am grateful to Colin Smyth for raising those issues on behalf of constituents, and I take them very seriously indeed. The palliative care issues that he has raised were a subject of

discussion in NHS Dumfries and Galloway because, in the patient forum that I mentioned in response to Emma Harper, I was made aware of a very harrowing case of someone facing such an issue.

We are addressing those issues within NHS Dumfries and Galloway, and we are looking to support the board in ensuring that palliative care support is in place so that issues such as those that Colin Smyth raises on behalf of constituents can be properly addressed.

Colin Smyth: I welcome the cabinet secretary's comments, but my concern is that some of the decisions that are currently being made are actually making things worse.

Another constituent of mine spent his final days in hospital in Kilmarnock, which meant a 100-mile round trip for his family, because his local community hospital in Newton Stewart, with its two palliative care beds, was closed. We were told that that was a temporary closure during Covid. However—as the cabinet secretary will be aware—that community hospital closure, and the temporary closures of community hospitals in Moffat, Thornhill and Kirkcudbright, were all made permanent in the past few weeks, which has made it more difficult for people in rural communities to access palliative care beds.

It is not just community hospitals that are closing their doors to NHS patients: local dental surgeries are, too. A total of 30,000 adult NHS patients, from Langholm to Stranraer, have had NHS care removed and have been forced to go private—if they can afford it. People cannot currently register with an NHS dentist in Dumfries and Galloway.

Earlier this month, Public Health Scotland revealed that the region has the worst NHS dental registration rates in Scotland as a result of the lack of NHS dentists. Almost 40 per cent of adults are not registered and, shockingly, 20 per cent of children have no NHS dentist. NHS Dumfries and Galloway warned the Government five years ago that a crisis was coming, but those warnings were ignored.

Sandesh Gulhane: Would Colin Smyth agree that it is not just about people being registered with a dentist, but about their being able to access that dentist? We are seeing that problem throughout Scotland.

Colin Smyth: I agree entirely with that point.

One of my constituents—Brian, from Dumfries—told me recently that he now has to travel to the nearest dentist with whom he could register, who is in Edinburgh. That is not a journey that many people can make regularly, just to access basic dental care.

That is just a fraction of the stories from my constituents. What they all have in common is that none of them are calling for every single form of specialist healthcare to be available on their doorstep. They accept that living in a rural area might well mean that they have to travel for specialist care, but they should not have to travel for hours to get basic care from a dentist, a carer or a hospital midwife. Nonetheless, that is the reality for far too many of my constituents.

One of my constituents, Dr Gordon Baird, lodged a petition in Parliament four years ago, on behalf of the Galloway community hospital action group, seeking a rural health commissioner. Dr Baird has rightly called for equal access to high-quality health and social care for people wherever they live, which is a basic human right that too many people are denied.

I hope that the report from the Health, Social Care and Sport Committee leads to a clear commitment from the Government, in its rural health delivery plan, to a minimum standard of access for rural and island communities. Mums-to-be should not have to travel for miles, back and forth, to access basic maternity services. Cancer patients should not have to spend their last days in hospital because there are no carers to enable them to be cared for at home. People should not be forced to have to use their savings in order to see a dentist. It should not be that way, but sadly, it is that way for too many people in our rural communities.

16:14

David Torrance (Kirkcaldy) (SNP): I extend my thanks to everyone who took time to give evidence to the committee, whether it be in writing or in person. Without your engagement, the inquiry and report would not have been possible. My thanks also go to the committee clerks, whose work is always appreciated.

As we have heard, rural and island communities have their own unique challenges when it comes to providing high-quality healthcare. It is essential that we do everything and anything that we can to ensure that those challenges are properly considered and addressed. Medicine is advancing at an incredible rate and, as we stand on the edge of remarkable developments, we simply cannot allow any individual to be left behind due to where they call home. Healthcare is a fundamental human right, and the geography should never be a barrier to its ethical provision.

To understand healthcare challenges in these areas, we must appreciate the context. Rural and island communities are characterised by sparse populations, geographical isolation, limited infrastructures and economic disparities. Although

each community has its own culture, traditions and strengths, rural and island communities share a common vulnerability when it comes to healthcare access. For example, if you live in an island community where the nearest hospital is a ferry ride and several hours away, simply getting there is a barrier to treatment. Living in a rural farming town where a local clinic is understaffed and unable to provide specialist care is another barrier to effective treatment. Those scenarios highlight just how big a part geography can play in amplifying health inequalities, leaving residents at greater risk of preventable illness and poorer health outcomes. Such barriers can delay diagnosis and treatment, and turn manageable conditions into life-threatening emergencies.

To inform its work, the committee sought evidence from and listened to the views of many different stakeholders and members of the public about the key issues and challenges that they face when accessing healthcare in remote and rural areas. We also spent a very informative day on the Isle of Skye. We met staff from Broadford medical centre to hear at first hand their experience of dealing with primary care in the area as well as the unique challenges that are associated with serving patients in remote, rural and island areas, before heading on to Broadford hospital for a tour of the newly built facility and discussion with some of its staff. We also met various patient groups, individuals and stakeholders at the Skye and Lochalsh Mental Health Association to learn more about its work and the specific challenges that the organisation and its users face.

In the report, we highlight the significant extent to which the lack of available affordable housing is acting as an indirect barrier to healthcare provision in remote and rural areas, by dissuading, or making it practically impossible for, healthcare workers to locate themselves in communities that they would otherwise wish to serve. We believe that the issue must be urgently discussed and addressed. There is an opportunity to learn from, and disseminate more widely, examples of good practice and innovative approaches to resolving the issue, one of which is to repurpose vacant local authority and NHS properties to provide accommodation for healthcare workers.

During our visit to Broadford hospital on the Isle of Skye, I noticed a large area of land and an old, boarded-up hospital sitting behind the new hospital. To my mind, that hospital could have been redeveloped to create housing, thereby encouraging staff into positions at the hospital by providing them with affordable housing options and reducing the large bills that NHS Highland pays annually for accommodation. When I raised that as part of the discussion, it was clear that the board was reluctant to consider taking that

approach. With models available of other NHS Scotland boards having already undertaken refurbishment projects of existing buildings to provide purpose-built accommodation—NHS Fife being one of them—it would be valuable to look further into the reasons why some health boards are hesitant to take that approach.

For islands such as Skye, the geography is both a blessing and a challenge. The island's remote villages are often connected by narrow, winding roads, which make travel to healthcare facilities a daunting task.

One of the most significant challenges in remote and rural areas is the shortage of healthcare professions. Recruiting and retaining qualified doctors, nurses and specialists in rural and island areas is a persistent struggle. The reasons are clear: isolation, limited professional opportunities and a lack of support and infrastructure can make it very difficult to attract new staff to fill vacancies. For many, the appeal of larger cities, with more varied opportunities, is far stronger than the prospect of practising in a remote location such as Skye. That shortage, in turn, leaves existing staff overworked and overstretched, leading them to burnout and causing further turnover.

Sandesh Gulhane: It is not just about the staff we are employing. The Royal College of Nursing told us that one of its student nurses had a placement on Skye and pulled out because the costs were prohibitive for her to be able to stay there. That is not the way to get people into our remote and rural areas.

David Torrance: The evidence that we heard from the management in the hospital on Skye was that recruitment, or even getting training nurses in, was very difficult because of the lack of accommodation in the area. If there was accommodation, the price was sky high, and staff just could not afford it.

Paul Sweeney (Glasgow) (Lab): The member makes an astute observation about something that we talked about when we visited Broadford hospital on Skye. We were rather bemused by the derelict old hospital buildings behind the new-build hospital. There seemed to be a lack of capacity or ability to renovate those old buildings into accommodation for healthcare workers. Surely that would have made sense but, because of the lack of a span of control, there was clearly not the ability to do that. Maybe we need to reform the policy there.

David Torrance: I agree with Paul Sweeney. Both of us were there when we took evidence from senior managers on the Isle of Skye. As he knows, I pointed out a vast area of land and buildings only 75 yards away. When I asked whether the buildings could be converted into accommodation

for nursing staff and training staff, the answer that I got was, "That is not my job." People who are in senior positions like that should be able to think outside the box and find new ways of delivering social housing for problem areas. I know that Mr Sweeney was as shocked as I was at the answer that came back that day.

The challenges that are faced in these areas are about much more than just recruitment and retention. They include education, training and technological issues. From the evidence that we have heard, it is clear that issues facing remote and rural healthcare delivery need an holistic approach. The challenges simply cannot be looked at in isolation, because incentivising healthcare workers to boost recruitment will not work if there is no adequate or affordable housing for them to live in. However, increasing the availability of affordable housing will not help if childcare provision is lacking, and innovative technological advances and digital health programmes will not help those living in remote and rural areas if they do not have reliable broadband access.

I know that the Scottish Government is committed to meeting health and social care needs. People living in remote and rural areas need support such as the affordable housing initiative for key workers. A fund is available to purchase existing, suitable properties in rural and island areas, including empty houses for key workers and others who need affordable housing, where there is identified need. We also need to ensure that the right homes are delivered in the right places.

Our digital infrastructure programme has delivered broadband services and access for more than 1 million additional homes or businesses to date, and the new national centre for remote and rural health and care will undoubtedly help to reduce health inequalities and improve the delivery of healthcare services in rural communities. The centre, which will be both virtual and local to ensure its availability to all communities, will provide a resource to support health boards and health and social care partnerships in their responsibilities and to drive essential improvements in sustainability.

We must all embrace innovation and flexibility in our approach to serving these communities because, when it comes to rural, remote and island healthcare, a one-size-fits-all approach does not work. All these communities have unique challenges, but with commitment, creativity and collaboration, we can build a healthcare system that truly serves all of them.

16:23

Douglas Ross (Highlands and Islands) (Con):

I, like others, congratulate the Health, Social Care and Sport Committee on its comprehensive report, the work that it has done and the evidence that it took. I want to focus on a number of issues. I have picked out a few areas, but there is a lot that we could go into.

I will respond to a point that David Torrance made. I think that he summed up a lot of the problems that we have. On a visit to Skye, he could see potential and, when raising it with senior managers, their response was to shrug their shoulders and say that it was someone else's responsibility. The problem is that senior managers in councils, health boards and education are all shrugging their shoulders at the same time, and no one is taking responsibility. We have solutions on the doorstep that are not being taken up, and it comes back to people who are very well paid, in senior positions, who should be looking outside the box. That is an important point that we should take forward from the debate.

I begin by speaking about GP surgeries. Sandesh Gulhane and Tim Eagle have both spoken about how rural GP surgeries are closing at two times the rate of those in central belt health boards. I have spoken in the chamber before about the situation in Burghead and Hopeman. The health team will know that I have a question lodged on that for answer next week. I was grateful to Jenni Minto for coming to Burghead in the summer to meet campaigners.

Burghead and Hopeman are just two villages that have seen their GP surgeries lost, but they are coming up with solutions. The local group has worked hard to develop a proposal, but it did not get the response that it was hoping for from Health & Social Care Moray this week. Next week, I will put to the minister or the cabinet secretary the potential for Moray, and Burghead and Hopeman, to lead the way in coming up with a pilot that could improve healthcare through GP practices, albeit they would be nurse led, across Scotland. I hope that the proposal is taken on board in the spirit in which it is presented.

David Torrance and Liam McArthur mentioned digital connectivity, which is raised in paragraph 7 of the report's recommendations. Importantly, the report says that

"digital infrastructure has a crucial role to play in significantly improving the availability of appropriate training opportunities"

for the workforce and in

"improving their quality of life".

Not only does getting digital connectivity right help people to get the training that they need when they

are in a more remote and rural area, it attracts people to take up jobs in those areas and move there with their families, which increases the local population.

I say, gently, that the Scottish Government often claims that it is responsible for digital infrastructure when it is going well, but, when it is going badly, it blames the United Kingdom Government. The report and the committee inquiry put an obligation on both Governments, and I think that it is right that both Governments work to sort it.

Liam McArthur: I echo the sentiments that Douglas Ross expresses about digital connectivity. Does he also accept that its importance spans even further? Telehealth and telecare rely on a good broadband connection. When accidents or incidents happen outwith the home or another such location, having mobile connectivity so that people can phone in and seek support is integral, but that is sometimes more difficult to find in rural and island areas.

Douglas Ross: I agree with Liam McArthur. When he mentioned telehealth, I was reminded of one of our former colleagues on the Conservative benches, Mary Scanlon, who spoke about telehealth for years. Mary Scanlon has been out of Parliament since 2016, and we have not made the progress that I think she or those who responded to her questions on telehealth at that time would have expected. Telehealth is a great opportunity for our island and rural communities that is not being taken.

Another area that the report focuses on, in paragraphs 16 and 21, is the long distances that some people have to travel to get the healthcare and treatment that they need, and the cost of that for patients. I was struck by paragraph 155, on page 45, where there is a reference to the Dewar report, which was published by Highlands and Islands Medical Service Committee and highlighted that people were choosing between paying for food and heating their home or getting access to healthcare. The Dewar report was written in 1912. That was the year that the Titanic sank—it was over a century ago—and we are still raising the same issues that were raised back then about people having to pay to travel to get to healthcare and treatment.

That comes back to the point that I raised with the cabinet secretary a few weeks ago about the need for more local services. As Tim Eagle said, we have seen the downgrading of a number of services at Dr Gray's hospital, which have been moved to Aberdeen royal infirmary. That has put pressure on ARI, which came to the fore when the critical incident was declared a few weeks ago. It also means that people are having to travel to get treatment that could be delivered closer to home; some people are having to pay for that, and it is

difficult for them. I would have liked to have seen a lot more progress being made since the Dewar report back in 1912.

Presiding Officer, before you came to the chair, we were being given a bit more time. If that is still the case, I will take a couple of minutes to finish. Liam McArthur took 11 minutes—I am not a telltale, but just so you know, he took 11 minutes. [*Laughter.*] I will not go quite as long as he did.

Ralph Roberts did a report on Moray maternity services that was published in December 2021. It said that, at that time, Dr Gray's hospital had not had the same investment as similar hospitals across Scotland had received. We are seeing the impact of that now. I want to see more investment in hospitals such as Dr Gray's to ensure that we can have treatment and procedures as close to home as possible.

I will also speak about Moray maternity services, which have been mentioned by Emma Harper and Carol Mochan. Colin Smyth's speech, in particular how he put across the case of Claire Fleming, was difficult to listen to. No mother should have to go through what Claire went through in having to travel such a great distance to have a stillbirth. The fact is that that adds to the trauma of the pregnant mum, the family and the husband or fiancé or boyfriend. Such trauma can be eased by ensuring that those services get back up and running.

In July 2018, we were told that our maternity services in Moray would be downgraded for one year. I remember saying at the time that, for one winter, Moray mums would have to travel to Aberdeen or Inverness, but it has not been just one winter. We had winter 2019, winter 2020, winter 2021, winter 2022, winter 2023, and here we are in winter 2024. About 75 per cent of Moray mums are still having to travel—in difficult conditions, along the A96—outwith our community to give birth. Whether they go to Inverness or Aberdeen, that is a journey that mums should not have to make, and we should be doing as much as possible to get those consultant-led maternity services back up and running. I know that there is a target to do so by 2026. Let us make sure that we deliver that, because I am not sure that progress is being made. We need to make sure that it is delivered sooner rather than later.

This has been an important debate and it is an important report, but every word that is written in it and every word that is spoken in the chamber today will mean absolutely nothing unless we deliver improved healthcare for our constituents in remote and rural areas. That will be the true test. If we can do that, we will improve the lives of our constituents. If we do not, then, sadly, this will be another report that has good intentions but does not deliver.

The Presiding Officer (Alison Johnstone):
We move to the winding-up speeches.

16:31

Rhoda Grant (Highlands and Islands) (Lab):
I, too, thank the committee for carrying out the inquiry in response to a number of petitions, some of which came from my region.

The committee report coincides with the publication of Scottish Human Rights Commission report "Economic, Social and Cultural Rights in the Highlands and Islands". Not so long before that, the Scottish Women's Convention held roadshows throughout the Highlands and Islands.

Those reports highlight that access to healthcare is restricted for people in rural and island areas, and more so for people without money or the means to travel. The evidence is piling up, and we need the Scottish Government to act.

Many members, including Colin Smyth, talked about the distances that people have to travel, and that comes at a cost. The committee report calls on the Scottish Government

"to set out what actions it will take to encourage development of a more consistent and suitably flexible policy for reimbursement of travel and accommodation costs for remote and rural patients accessing healthcare."

The Scottish Human Rights Commission said in its report that people were not actually accessing healthcare because of the cost of travelling. The Scottish Government recently published the "Transport to Health Delivery Plan", which commits to reviewing the patient travel scheme, but there is no delivery date. That scheme was devised in 1996, but the rates have not been reviewed for more than a decade. The Scottish Women's Convention quoted those rates as being £16 a mile and £50 per person per overnight stay. It said that the average cost of a bed and breakfast at that point was £100.70 and, in peak season, £155.08.

This summer, in our office, we did some research and had a quick look for an overnight stay in Inverness. The cheapest that we could find in a budget hotel was £400, so the £50 does not go very far to access hospital treatment.

Many members, including Carol Mochan and Colin Smyth, spoke about maternity and women's health. The committee report was based partly around the Moray maternity services review, Rebecca Wymer's petition on women's health services and campaigns by keep MUM—maternity unit for Moray—and Caithness Health Action Team.

In Caithness, maternity services were withdrawn because of a lack of paediatric services, but there

are no paediatricians on the A9 between Wick and Inverness. Because of the removal of maternity services, women's gynaecological services have also been removed. The Scottish Women's Convention talks about the negative impacts of that on women—not only on their physical wellbeing but on their mental wellbeing.

Colin Smyth talked about the mums in Wigtownshire who have done a round trip of 200 miles to access maternity services. The Scottish Government has risk assessed maternity services, but it has refused to risk assess the current model. What is the risk attached to giving birth by the side of a road, in the back of an ambulance? What is the risk attached to the increase in inductions and caesarean sections? Those are medical interventions that are not required, which are being used as a result of a lack of services.

Carol Mochan talked about how we train staff. It is clear that if we train staff in their own locality and give them the opportunity to work there, they will stay, because they will not need to find a house or to change their lifestyle. They will stay and deliver services in their own community. In Inverness, there used to be a really good course that was run by the University of the Highlands and Islands that trained nurses and upskilled them to provide midwifery services, but that was taken away from UHI and moved to Dundee. No one in Highland can now access that course.

Liam McArthur pointed out that the lack of permanent staff in rural and island communities has led to the use of locums, which is hugely expensive. The financial cost is incredible, but there is also a cost in care, because locum practitioners are not able to provide the continuity of care that other people know and enjoy.

Sandesh Gulhane: On community NHS providers, Optometry Scotland has said that the national insurance hike will jeopardise access to care, and that has been echoed by pharmacists, dentists and others. The third sector has said that it might have to reduce staff as a result. The average GP surgery needs to find £20,000 to pay for that. The national insurance hike will destabilise community NHS providers, and rural areas will suffer the most. Will Rhoda Grant condemn the national insurance hike and call for it to be reversed?

Rhoda Grant: No, because the UK Government is making money available to pay the NHS for public sector workers. Sandesh Gulhane's point is a bit of a spurious one, but good on him for trying to get it in.

Other members have talked about the provision of training for people in rural practice. That is really important. In rural and island practice, it is necessary to have a breadth of service and a

breadth of knowledge. However, we train clinicians to provide a depth of service, and we pay them more as they increase their specialisation, rather than paying them more for having a breadth of knowledge.

By way of light relief, I will mention the fact that the research on housing that Tim Eagle referred to as being Scottish Land & Estates research was actually research by my office that Scottish Land & Estates had quoted. It gave me the credit for that, which perhaps Mr Eagle could do in future.

This is a really important debate. The cabinet secretary talked about the national centre for remote and rural health and care collecting data and evidence. We could have given him that—we have been collecting data and evidence for years. What we really need from the cabinet secretary is services.

The Presiding Officer: I call Brian Whittle. You have up to six minutes, Mr Whittle. At this point, I inform the chamber that members have used up almost every extra moment that was available.

16:38

Brian Whittle (South Scotland) (Con): My colleagues have managed to make sure that I cannot speak for very long. I thank Mr McArthur for that.

I am delighted to close the debate on behalf of the Scottish Conservatives. It has been the kind of debate that I would like to see more of in this chamber. It has been an extremely important debate, and I thank my new colleagues on the Health, Social Care and Sport Committee for what is a very thorough and welcome report. I also thank the clerks and those who gave evidence.

The report highlights the fact that the environment in which rural healthcare is delivered is very different from the one in which urban healthcare is delivered. That said, it is incumbent on the Scottish Government to ensure equity of access to healthcare, no matter where our constituents live. Unfortunately—as is highlighted in the committee's report—that is not the reality.

I was pleased to hear Carol Mochan and Liam McArthur raise palliative care, social care, residential care and, of course, the delivery of mental health.

At this point, I want to commend my colleague Douglas Ross for his campaign. He has consistently campaigned for maternity services in his constituency. He has shared his and his wife's stressful experience of having to travel a great distance in an ambulance to give birth to their son. Maternity services are one of those services that are most affected by a lack of rural healthcare. Colin Smyth highlighted that all too well when he

talked about his constituent who had to travel for hours to give birth to a stillborn child. That should all make us think.

Sandesh Gulhane can, of course, speak from a great deal of experience. I was interested when he talked about how the most effective healthcare is in a thriving GP practice. He went on to say that there are many more vacancies in rural healthcare than in urban healthcare, and that GP practices are being handed back.

Sandesh Gulhane also brought up a point that I remember from when I had the health portfolio, which was about the crucial element of continuity of care, which is so important to our constituents. Liam McArthur raised the same point about his rural and island constituency. It is not just about the financial cost of delivery of rural health care; it is about the resilience that is required of that service. Much of that delivery is done by local practitioners, who have additional responsibilities, which is something that I had not thought about, so I was pleased with Liam McArthur's interventions.

Of course, he could not get out of his speech without mentioning ferries and transport connectivity. We all know that many of the solutions to rural healthcare lie outside the health portfolio, and it has been highlighted again in the chamber today. I would speak about the A77 and the access to ambulance services that have to go from the A77 to the A75, especially when there are problems on those roads. It is really problematic. Of course, Mr McArthur had to trump me with ferries.

In rural communities, there are also issues with services such as schooling, childcare, leisure services and housing. In October, Miles Briggs put in a parliamentary question and discovered that only 19 homes have been approved through the affordable homes initiative for key workers. That is not going to help with recruitment.

The lack of implementation and adoption of artificial intelligence in technology will have a significant impact on the delivery of healthcare in rural communities, as highlighted by Douglas Ross. That is something that we need to start considering, as one size does not fit all.

Tim Eagle highlighted the massive rural to urban migration, which has an impact on the continuing degradation of rural services and the ability to encourage healthcare professionals into rural settings. Tim Eagle also spoke well about the lack of investment in the Highlands healthcare system. He came out with the stark fact that, if Grampian had the same bed base as the average of the rest of Scotland, there would be 608 additional beds. That is a stark statistic that we need to think about.

Clare Haughey: Brian Whittle hits on an important point about some of the discussion that the committee had—I appreciate that he was not part of the committee at the time of drafting the report or taking the evidence—which was that there has to be an in-the-round, holistic look at what is required to ensure that we have adequate and easily accessible healthcare in our remote and island communities. It cannot just be about healthcare—it has to be about housing, support services and so on. We need those who make the decisions to work outside of silos. They need to work together.

The Presiding Officer: In conclusion, Mr Whittle.

Brian Whittle: I absolutely agree with Clare Haughey. I have talked about cross-portfolio working ever since I have been in the Parliament. When we are trying to tackle healthcare issues, it is important that we look at education, connectivity and transport. I encourage the cabinet secretary and his colleagues to work across portfolios to deliver for our communities.

I am coming to a close. Carol Mochan made a really interesting and important point about how we must look at apprenticeship opportunities that are available in the rest of the United Kingdom but not in Scotland. We should consider that potential route into healthcare, while also, as Sandesh Gulhane said, lifting the cap on GPs.

This has been a really excellent debate with much consensus across the chamber. Many of the solutions lie outside the health portfolio, so cross-portfolio work is necessary. We cannot just talk. We need action and we agree on many of the actions that are needed, so let us get on with it.

16:45

Neil Gray: I thank all members who have contributed to this important debate, which I will try to summarise as best I can from my scrawled handwritten notes.

This has been a good debate. It has been challenging, which is fair, but it has also been well informed by lived experience and by the experiences of the constituents we represent.

I thank the committee for its work in preparing the report, which has informed a good debate and has allowed us to air issues that are at the heart of some of the work that the Government is doing across portfolios, as Brian Whittle said. The delivery of the rural plan will absolutely be done across portfolios, for the reasons that he set out.

The debate has shown that we are all in agreement in our support for Scotland's rural areas. Although colleagues have challenged me, my ministerial team and the Government, and will

continue doing so, I welcome that challenge and the way in which it has been raised today. There are areas of consensus and agreement that we can build on to move forward.

Before I go on to refer to some areas of the debate, I will bring in Sandesh Gulhane.

Sandesh Gulhane: Councillor Blackett from Aberdeenshire asks whether access to healthcare, particularly in Braemar, is becoming “a human rights issue”. She writes:

“we already travel 60 miles to give birth or be treated for a stroke”—

the budget for which, incidentally, was cut. The GP at an award-winning surgery has handed back the contract and has an eye on retiring. Does the cabinet secretary agree that that might be a human rights issue?

Neil Gray: I am familiar with that situation and have been in correspondence with Alexander Burnett about the provision of services in Braemar. I am familiar with the setting because I have family members who live not far from there, so I recognise the concern in the area and would be happy to work with Councillor Blackett, Mr Burnett or others to address the challenges that have been raised.

I hope that colleagues have recognised from my response to the debate and to interventions, as well as other discussions that we have had, that we are not shying away from the challenges that exist. Far from it—we are addressing those challenges in discussion with individual health boards and in the plans that we are taking forward. However, I also want to celebrate the incredible successes across our health and social care services, including in rural and island areas. I will come to some of those shortly.

During the debate, Sandesh Gulhane referred to a number of areas where he wants to see more progress. I point to the fact that we have a record 1,200 GPs in training, although I recognise that the million-dollar question is how we go on to recruit and retain them. We are working with the British Medical Association and the Royal College of General Practitioners to look at how the proposed budget can be invested in that.

Sandesh Gulhane and Tim Eagle asked about the funding formula. They suggested that it does not address rurality or the islands. It does: that is a fundamental part of the NHS Scotland resource allocation committee formula, which already accounts for rurality and island considerations.

Sandesh Gulhane also asked about the availability of mobile diagnostic services. I point him to the availability of the Vanguard systems in many of the communities that we have been talking about today.

Carol Mochan made the stark point, which I absolutely agree with, that living in rural and island communities should not limit people’s access to healthcare. I point to my lived experience and my family’s living experience of an island community, and I agree. As I know she will recognise, given her practice, there are patient safety considerations that have to be part of the design of service delivery. Emma Harper made that point as well. We need to ensure that there is a consistent volume of patients for clinicians to be able to maintain their practice levels.

That being said, it is always a balancing act, and I note the points that Carol Mochan, Rhoda Grant, Colin Smyth and others across the chamber made about where the balance currently is. I recognise that we need to ensure that we listen to patients on the issues that they are facing, recognise the balance of risks and take the right steps to ensure that people have equity of access to healthcare services—and never more so than in relation to the women’s health issues that Carol Mochan raised when she spoke about maternity and gynaecological services. I absolutely recognise those points.

Brian Whittle: [*Made a request to intervene.*]

Neil Gray: I need to make a bit of progress, if Mr Whittle will allow me, and get through some of the points that I want to make.

Carol Mochan asked about the earn as you learn programme. Some of that is being worked on through the nursing and midwifery task force, and we will come forward with recommendations through that shortly. There is also access to mental health nursing training and other areas through the likes of the Open University, so some of that is in train already.

I very much appreciated Liam McArthur’s speech, not just because of his insistence that we get our language right, which I fully concur with, but also because of his point about the resilience of services and his reflections on the attraction—which we should make more of—of living and working in rural and island communities. I raised that point in Islay, in the Western Isles, when I visited in the summer. I recognise that, for some people, the flexibility and dynamism of practice in such areas is off-putting, but for many it is an attraction, and we need to build on that more.

Liam McArthur also referenced the reliance on locum and itinerant staff. I recognise that continuity of care is a particular issue in relation to locum staff, but some itinerant staff return over years and years so continuity of care is in place.

On dental services, I note that, following the round table, Jenni Minto will continue to follow up the discussions that Liam McArthur raised.

Liam McArthur: Will the cabinet secretary take an intervention?

The Presiding Officer: The cabinet secretary must conclude.

Neil Gray: Liam McArthur also referenced ferries. I would pray in aid the budget proposals that have come forward so that he can have some confidence around the Government's proposals in that sense.

I wish that there was more time for me to reference some of my scribbled notes on the speeches by Emma Harper, Tim Eagle and Douglas Ross, all of whom made valid points about issues in their communities, which I would be more than happy to follow up on, with regard to NHS Grampian, NHS Highland and Dr Gray's hospital in particular. All those points were well made.

I conclude by going back to where I started. This afternoon, we have heard Parliament come together and recognise the importance of rural healthcare service delivery. I thank the committee and its clerks and everyone who contributed to the report. We take it very seriously and we will be looking to do all that we can to ensure that we continue to deliver for people who live in rural and island communities.

The Presiding Officer: I call Paul Sweeney to wind up the debate on behalf of the Health, Social Care and Sport Committee.

16:54

Paul Sweeney (Glasgow) (Lab): As deputy convener, I am pleased to close this important debate on behalf of the Health, Social Care and Sport Committee. I extend sincere thanks to all my parliamentary colleagues across the chamber for their contributions this afternoon.

As the convener highlighted in her opening speech, it has long been recognised that people who live in remote and rural areas face unique challenges when it comes to accessing healthcare. I believe that the report and its subsequent findings shine a light on the reality of those challenges.

I also echo the convener's sentiments when she spoke about all those who contributed to the inquiry, be they national health service staff, third sector organisations, patient campaign groups or those who responded to the various consultation exercises. The level of engagement throughout the inquiry has been outstanding. Without those contributions, we would not have been able to create such a comprehensive report on this complex and wide-reaching issue. I, too, thank everyone who took the time to contribute to the inquiry.

On behalf of committee members, I also extend our thanks to the clerks and the staff of the Scottish Parliament information centre who have done so much work to support us in recording and publishing our findings.

Equally, I am grateful to all members who contributed to today's debate. The vast array of issues that have been raised is testament to the significance of the inquiry as well as the wide-ranging challenges that must be tackled if we are to improve the delivery of healthcare services in remote and rural areas. It goes without saying—and I hope that the recommendations in the report and the points that were raised in the chamber today will be appropriately reflected and implemented by the Government in forthcoming policy actions—that members across parties will be persistent in pursuing ministers in that regard.

Rather than cover ground that has already been touched on by colleagues in their personal constituency experiences, I will take the opportunity to reflect on the external engagement that the committee carried out as part of the inquiry—namely, the committee's visit to the Isle of Skye. That was certainly a novel experience for me as a Glaswegian. I extend sincere thanks to all who took time out to meet me and other committee members during our visit.

The opportunity to meet staff at the Broadford medical centre was a particularly invaluable experience for the committee members. It allowed us to hear at first hand of the professional experience of delivering primary care in a rural setting as well as the unique challenges that are associated with serving patients on the island.

I was particularly struck by the conversation that we had with staff at the practice about the availability of training. One person informed us that she worked in both the medical centre and the adjacent hospital, and that that experience had been massively beneficial in helping her to further develop her clinical skills. Unfortunately, we were also informed that very little official support and few channels were available for someone who, potentially, sought to go down that route in order to develop their professional competencies—which, given the issues that surround the suitable training and retention of staff in healthcare settings, seemed particularly surprising.

Brian Whittle: Does Paul Sweeney agree that one way in which we could develop that is through the use of artificial intelligence and technology? We are way behind the curve in Scotland in that regard, and catching up—at least, investing in that technology—would go a long way to alleviating that problem.

Paul Sweeney: I agree with those observations. They are very relevant, particularly given that

medical practices on Skye serve a number of outlying islands. *[Interruption.]*

The Presiding Officer: Mr Sweeney, I will stop you. It is fair to say that I am developing quite a lot of sympathy for those who try to close business at the end of the day, because there is a tendency for members to engage in conversations; probably most members recognise that. It would be courteous to get into the habit of listening to the speaker.

Paul Sweeney: Thank you, Presiding Officer. Brian Whittle has made an important point. For example, good broadband connectivity can allow for online consultations. Similarly, being able to assess and diagnose conditions using AI might speed up the process.

However, in the case that I mentioned, the issue is to do with contractual arrangements and ensuring that, with regards to tax arrangements, there is no conflict between a clinical contract with an acute hospital and a primary care contract with a GP practice. That probably happens because of there being a very central-belt focus in such matters, but, uniquely to the clinical setting in a rural area, it is more of an issue, and there needs to be a broader opportunity to develop skills. It might not be such an urgent matter in a major city such as Glasgow, for example. We design our services with a central belt bias in mind. That was clear to members of the committee.

I therefore reiterate the report's calls that much greater structural support should be given to remote and rural GPs, to enable them to develop their skills and experience by facilitating greater opportunities to work simultaneously in general practice and acute hospital settings. I hope that the Government, NHS boards and professional bodies will look to collectively promote and facilitate such opportunities for rural primary care practitioners in the future.

We also had the privilege of meeting staff from Broadford hospital, where we received a tour of the newly built facility and engaged in candid discussions with available staff. Although it is clear that staff at the hospital face challenges that are unique to their geographical setting, their commitment to serving their community in the face of those challenges is inspiring. Their efforts deserve commendation, and they deserve our support to enable them to continue carrying out their crucial work. The same could be said of staff in all hospital settings in remote and rural areas.

We had candid discussions about the lack of proper consultation with clinicians resulting in design flaws in the newly built hospital. Those included the lack of a computed tomography scanner, which has resulted in hundreds of unnecessary referrals to Raigmore hospital, which

is a 90-mile two-hour trip up the road. The petrol costs alone would likely pay for a CT scanner, which is one of the many absurdities that clinicians highlighted.

The member for Kirkcaldy also observed that the adjacent old hospital buildings could readily have been converted to accommodation for visiting clinicians. However, there is a lack of capacity and entrepreneurship in the health board to expedite that opportunity with the council, housing associations and so on.

We ended the evening by meeting various patient groups, individuals and stakeholders at the Skye and Lochalsh Mental Health Association to learn more about its work and the specific challenges that the organisation and its users face, as well as the wider difficulties with regard to the delivery of third sector services on the island.

What was particularly striking was people's fear of being sent long distances, particularly for care packages. One person expressed a fear that they would be sent to a care home in Thurso, which is a 200-mile journey that takes four and a half hours by car, because that was the only available package in the board area. That is the same distance as from here to Manchester, which highlights some of the fears of people on the island about being able to finish their life on the island.

Mental health services, particularly the role that third sector organisations play in delivering those services, are often overlooked, but they remain crucial to remote and rural communities. It was disappointing to hear that, despite the invaluable work that is done by those organisations, many of the services are struggling to plan due to funding uncertainties.

Given that those organisations provide essential services, I hope that the Government will work with local decision makers to explore the opportunities to develop a revised approach to funding applications and allocation processes that could mitigate funding uncertainties. As highlighted in the report, that should include multi-annual funding allocations and improved application processes through enhanced transparency, thus reducing unnecessary administrative burdens for organisations whose capacity is already stretched thin.

I thank all the staff, stakeholders and individuals who made the visit so worth while. I hope that the report's recommendations are adequately reflected in future healthcare policy. I look forward to scrutinising any forthcoming strategies to ensure that new measures are effective in mitigating the unique everyday challenges in the delivery of healthcare services in remote and rural settings.

The Presiding Officer: That concludes the debate on the Health, Social Care and Sport Committee's report on its inquiry into remote and rural healthcare.

Decision Time

17:02

The Presiding Officer (Alison Johnstone): There is one question to be put as a result of today's business. The question is, that motion S6M-15767, in the name of Clare Haughey, on behalf of the Health, Social Care and Sport Committee, on its inquiry into remote and rural healthcare, be agreed to.

Motion agreed to,

That the Parliament notes the conclusions and recommendations contained in the Health, Social Care and Sport Committee's 13th Report, 2024 (Session 6), *Remote and Rural Healthcare Inquiry* (SP Paper 654).

The Presiding Officer: That concludes decision time.

Meeting closed at 17:03.

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