



OFFICIAL REPORT  
AITHISG OIFIGEIL

DRAFT

# Citizen Participation and Public Petitions Committee

Wednesday 19 February 2025

Session 6



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Pàrlamaid na h-Alba

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**Wednesday 19 February 2025**

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**CITIZEN PARTICIPATION AND PUBLIC PETITIONS COMMITTEE**  
**3<sup>rd</sup> Meeting 2025, Session 6**

**CONVENER**

\*Jackson Carlaw (Eastwood) (Con)

**DEPUTY CONVENER**

David Torrance (Kirkcaldy) (SNP)

**COMMITTEE MEMBERS**

\*Foyso Choudhury (Lothian) (Lab)

\*Fergus Ewing (Inverness and Nairn) (SNP)

\*Maurice Golden (North East Scotland) (Con)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Siobhian Brown (Minister for Victims and Community Safety)

Jill Clark (Scottish Government)

Katy Clark (West Scotland) (Lab)

Sandra Jack (Scottish Government)

Stephen Kerr (Central Scotland) (Con)

Stephen Leetion (Scottish Government)

Carol Mochan (South Scotland) (Lab)

Megan Stefaniak (Scottish Government)

Paul Sweeney (Glasgow) (Lab)

**LOCATION**

The Adam Smith Room (CR5)



## Scottish Parliament

### Citizen Participation and Public Petitions Committee

Wednesday 19 February 2025

*[The Convener opened the meeting at 09:34]*

### Decision on Taking Business in Private

**The Convener (Jackson Carlaw):** Good morning, everybody, and welcome to the third meeting in 2025 of the Citizen Participation and Public Petitions Committee. Our first agenda item is the simple task of deciding whether to take in private item 4, which is to consider the evidence that we hear this morning, and item 5, which is to look at our recommendations on embedding participation into the life of the Parliament. Are members content to take those items in private?

**Members indicated agreement.**

**The Convener:** Thank you very much. I also record the apologies of the deputy convener, David Torrance, who is unwell and therefore not able to be with us.

## Continued Petitions

### Property Factors (PE2006)

09:34

**The Convener:** Our second item is consideration of continued petitions. The first of those is PE2006, which was lodged by Ewan Miller and calls on the Scottish Parliament to urge the Scottish Government to amend the Property Factors (Scotland) Act 2011 to cover dismissal of property factors or to lay other regulations that would achieve the same aim. That could include giving the First-tier Tribunal for Scotland housing and property chamber powers to resolve disputes related to the dismissal of property factors.

We last considered the petition on 13 November 2024. At that point, given all the different bits of evidence that we had received, we felt that, in order to understand matters better, including the position of the Scottish Government, we would invite the Minister for Victims and Community Safety to give evidence. I am absolutely delighted that the minister, Siobhian Brown, is with us this morning, together with a number of Government officials. Rather than my doing so, I wonder whether the minister would like to introduce the officials to us and tell us what they do.

**The Minister for Victims and Community Safety (Siobhian Brown):** I would like them to do it.

**The Convener:** In that case, I invite each of you to introduce yourselves and explain your work, because four different voices will sound much more interesting than my just reading it all out.

**Megan Stefaniak (Scottish Government):** I am a solicitor at the Scottish Government legal directorate.

**Stephen Leetion (Scottish Government):** I am part of the housing registers team, which is part of the better homes department, where I deal with policy and customer focus issues.

**Jill Clark (Scottish Government):** I am in the private law unit, dealing with property law, among other things.

**Sandra Jack (Scottish Government):** I am from the private law unit, dealing with property law.

**The Convener:** When I invited you to do that, I did not realise that it would sound like "University Challenge". I should now say that that was your starter for 10. *[Laughter.]* Thank you all very much, and welcome.

If you are content, we will move straight to questions. I invite you to decide, minister, when

you would like members of your team to contribute—that will be the easiest way forward.

As a general opening comment, I note that the committee has not fully understood why the Scottish Government thinks that no new legislation is required to deal with the problem that has been raised in the petition, given everything that we have heard from the petitioner about the difficulties of navigating the current arrangements.

**Siobhian Brown:** If I could, convener, I would like to start with a few opening remarks to provide a bit of clarity, as there is a bit of crossover between my portfolio and that of the Minister for Housing on the issue.

Thanks very much, everybody, for the opportunity to talk about the dismissal and the appointment of property factors, and to provide an update on the progress of the voluntary code of practice for the dismissal and the replacement of land-owning land maintenance companies.

My property law portfolio responsibility covers the dismissal and the appointment of property factors—sometimes referred to as switching—which includes the land-owning land maintenance companies. The Minister for Housing has portfolio responsibilities for the Property Factors (Scotland) Act 2011, which includes the register of properties factors and the code of conduct. My comments will focus specifically on my portfolio.

I know that the petitioner has called for legislation to cover the dismissal of property factors. Legislation is already in place that deals with that matter. If the title deeds of a property do not set out how the property factors are to be dismissed, provisions under the Title Conditions (Scotland) Act 2003 and the Tenements (Scotland) Act 2004 will apply.

As I have indicated in my previous responses to the committee, I consider that the existing remedies by which home owners might dismiss a factor are adequate and that a legislative change at this time is not necessary. I note that, in its response to the petition, Under One Roof said that the process to dismiss a property factor is not clear—I will come on to that—while the Property Managers Association Scotland considered that the current legislation on the matter is sufficient.

I recognise, however, that some home owners find the procedure to switch property factors complicated. A guidance note on manager burdens will be published shortly on the Scottish Government website, which will help home owners to navigate the various options with regard to establishing voting procedures.

I have spoken to my officials this morning and the website says that the guidance will be published shortly. I am told that the timescale is

within the next few weeks, but there are a few technical issues with the graphics that are being added to the website.

**The Convener:** To be clear, what will that do?

**Siobhian Brown:** It is guidance on the various options for how voting procedures should be carried out when dealing with factors.

**The Convener:** I understand that, but the petitioner's argument is that those who seek to dismiss property factors in the civil courts find that the whole process is not practical. Because of the intimidatory nature of potential legal costs and the unquantifiable nature of what they might be, it effectively flashes the frighteners, if I can put it that way, at residents who might feel that that is what they want to do so they hesitate before doing so. How do you respond to that inherent fear, which they say is a deterrent to acting on that instinct, even when they feel that it is what they have to do?

**Siobhian Brown:** I appreciate the petitioner's comments and his experience, but it is quite rare that this has happened with factors. However, we need to ensure that a process is in place for anybody who wants to remove a factor. Usually, that is in the title deeds, so it would be unusual if that was not in place.

Moving forward, if someone feels intimidated because they have to get legal advice or go through the court process, I think that they should feel supported through our guidance. My officials might want to come in with something further here.

**Stephen Leetion:** No matter which body you take such cases to, there will be a legal nature to it. Those cases are complicated, and they are not things that everybody deals with every day. It might just be that, because they are complicated, people will need legal advice, whether that is from the sheriff court or from another judicial body such as the First-tier Tribunal, and everything comes at a cost.

I appreciate exactly what you have said, however. It can be intimidating. The tribunal is supposed to be less intimidating, but there are complaints that people lawyer up and that is just the nature of the beast. It is complicated, and people on both sides of an argument need to have the right legal advice.

**The Convener:** Thank you. Is it Mr Leeton?

**Stephen Leetion:** Leetion.

**The Convener:** Will the advice that is being worked on be a pamphlet or an online directional guide? How would people know that that advice is available and find a route to access it?

**Siobhian Brown:** I will pass over to Jill Clark, who has been involved in the design of it.

**Jill Clark:** It will be online. I imagine that we will also get in touch with consumer groups and bodies such as Under One Roof to make sure that everybody is aware that it is available. We are trying to make it very simple to follow, with a flow chart, so it is clear what a home owner has to do and that they need a certain amount of votes in order to act. It will cover what applies—is it your title deeds or is it other legislation? It should be accessible, and it will be promoted.

**The Convener:** Am I correct to say that, in support of the Government's view that separate legislation is not needed, the initiative is designed to illustrate how individuals would navigate the current process, which the Government believes ought to be satisfactory to meet the issue of dismissal?

**Jill Clark:** Yes, that is correct.

**The Convener:** Finally, the minister and Jill Clark have touched on Under One Roof in its contributions. In its submission, the organisation takes the view that the complexity of the law on dismissing property factors, as well as the separate issue of what some people see as the intimidatory nature of the costs that they might be contemplating, is a barrier to home owners who want to switch property factors. It all looks too difficult to navigate. Is there a hope that the advice will also assist with that issue? Is that your response to the views of Under One Roof?

09:45

**Siobhian Brown:** That is part of it. As I said in my opening remarks, there has been a delay in issuing the voluntary code of practice because of pressures on the team. We are looking at doing that within the next six months. The draft has gone to key stakeholders to try to simplify the process. That will be in addition to what will be online on the Scottish Government's website.

Does anyone else have any views on how the voluntary code of practice will help?

**Jill Clark:** The voluntary code of practice relates to landowning and land maintenance companies, so it will certainly help in that area. The guidance that we should be putting out shortly should help people to navigate the existing system when voting on property factors.

**The Convener:** That scene setting was interesting. Do colleagues have any questions?

**Fergus Ewing (Inverness and Nairn) (SNP):** I suppose that I should declare that I am still on the roll of solicitors and am registered with the Law Society of Scotland, although that is more of an expense than an interest, albeit a merited expense.

The thesis of Mr Miller's petition is that he is calling for the legislation to be amended to enable the dismissal of property factors or for other regulations to be laid that would achieve the same aim. It seems to me that two things should be said about that. First, I think that Mr Miller is concerned not about tenement properties but about housing estates with open land that requires maintenance. The difficult issue of green belt has been a running theme with which I grappled—unsuccessfully, I should confess—during my time in your shoes, minister.

Secondly, it seems to me that the nub of Mr Miller's concern is not so much the issue of who is the factor but of how much they charge. In her evidence to the committee on 13 November 2024, Sarah Boyack cited an example in which the charges had increased dramatically, with quarterly fees rising from £300 to £800 pounds.

If I am right that the nub—the beef—of the issue is not so much who the factor is but what they are doing and whether they are fleecing the owners, the owners' problem is that going through the ordinary cause procedure in the sheriff court is too expensive. I know that they are absolutely right about that and can say beyond peradventure that only the very rich or those who are on legal aid can litigate in ordinary cause courts and that the cost deters everyone else.

I understand, minister, that you are providing the orthodox answer—as perhaps I did; not always but too often—that there is a remedy. The orthodox answer is that people can go to court and that is fine, but they cannot go to court because they do not have the money to go to court, so that is a theoretical remedy and not a practical one.

I will suggest a possible solution, although I do not know whether it will fly. We have, as alternatives to the ordinary cause court, the small claims court and the summary cause court. The small claims court is intended as one to which parties can go to explain their case, first in writing and then in person to the sheriff, with no lawyers involved—at least, lawyers should not be involved, although companies often send King's counsel. That is absurd, but that is what they do. Expenses are not usually awarded by that court unless there is an abuse of process. I am not talking about the summary cause court but about the small claims court, because summary cause is similar to ordinary procedure and practice, in which lawyers end up being involved.

There could be a stipulation regarding charges that are shown to be excessive in accordance with simple evidence given by a tradesman about the ordinary rates for that trade. A change from £300 to £800 per quarter is an absurd increase by any account. The example that Sarah Boyack cites is

an increase of almost 300 per cent and we have no reason to doubt that that is correct.

Would the answer not be to confer privative jurisdiction on the small claims court and give the sheriff in that court the power under legislation, if, in his discretion, he finds that the factor has overcharged and abused the system and a claim has been completely excessive, to say, "Look, you've abused your power. You're no longer the factor"? That could be set out quite simply in law as a matter of principle. I checked "Gloag on Contract" and I think that the claim would be dealt on a quantum meruit basis. I have no doubt that Jill Clark and Megan Stefaniak can correct me if I am mistaken on the law.

I do not expect the minister to be able to answer that, because I have not given her notice of my question—I thought of it only last night when I was looking at the committee papers. I wanted to set out my suggestion and I am grateful to the convener for allowing me to do so at some length.

**The Convener:** Thank you, Mr Ewing. Your intervention was interesting. It might be a little unreasonable to expect the minister to have an immediate response to that. I do not know whether you want to respond, minister? If you want to give it some further thought, would it be helpful for us to make available the *Official Report* with Mr Ewing's suggestion at the earliest opportunity?

**Siobhian Brown:** I would like to give it some further thought, but we are always open to new suggestions as to how we can simplify the process. I am probably putting my colleagues on the spot, but I do not know whether they have any initial thoughts about the legal implications of Mr Ewing's suggestion, or whether it is simply a case of our going away and thinking about it.

**Megan Stefaniak:** We will have to consider it and come back to the committee.

**The Convener:** We have touched on the nub of the issue, which is people's terror about the unquantifiable cost that they would incur.

**Maurice Golden (North East Scotland) (Con):** To round off some of the discussion, what is the minister's assessment of how the legislation allows access to justice?

**Siobhian Brown:** Legal aid is available for people who apply and are eligible for it. There should be no problem with anyone accessing justice if they would like to.

**Maurice Golden:** Just to be clear, is it the Scottish Government's position that the current approach allows for a justice system that is up to date, fair and respects the rights and diverse needs of users?

**Siobhian Brown:** Yes, that is my understanding. Do my officials want to say anything other than that?

**Megan Stefaniak:** If home owners have any issues with property factors relating to the requirements of the Property Factors (Scotland) Act 2011, they can take that to the First-tier Tribunal. There is no cost to take a case to the tribunal, although the legal advice has costs. Separately, a home owner can take a matter to the sheriff court if it specifically relates to title deeds or the dismissal of a property factor.

**Maurice Golden:** What is the Scottish Government's view on the Competition and Market Authority's report and its position that the current system of private management of housing estates might lead to consumer detriment?

**Siobhian Brown:** The Scottish Government welcomes the CMA's report and is grateful for its engagement with officials and the Scottish market in its investigation. It is a substantial report. Ministers and officials are considering the recommendations and will respond fully in due course. The suite of recommendations extends over a few ministerial portfolios and the impact of each recommendation needs to be considered in the wider context.

I understand that the Minister for Housing considers that it would be useful, while examining the findings and the recommendations of the CMA, to add more voices to the discussion, and he might include them in the proposed round-table session with property factors. It is under consideration.

**Maurice Golden:** I am sure that we all appreciate that we are running down the clock in this parliamentary session. Is there any more detail on how and when that response might be published?

**Siobhian Brown:** That has not been made clear to me, but, as I said, the Minister for Housing is looking into it. We can perhaps write to the committee on that.

**Foysoil Choudhury (Lothian) (Lab):** Good morning, minister. In a previous submission to the committee, the Scottish Government stated that it had received fewer complaints about property factors over the past 10 years. Is the minister aware of how many property factors have been dismissed in the past 10 years?

**Siobhian Brown:** I am not aware of that number; I do not know whether any of my officials have it. We might have to write back to the committee with those details.

**Foysoil Choudhury:** Do you think that the present system is fair and democratic?



**Siobhian Brown:** Yes, I think that it is. However, we do not have the exact number of how many dismissals there have been in the past 10 years; it has not been specifically on my radar in my ministerial role for the past two years per se. However, if there are ways in which we can improve the system, the Scottish Government is always willing to look at them.

**The Convener:** I suppose that leads to Under One Roof's view that the Government should seek the views of housing professionals, owners and other organisations on what options might exist for reducing the barriers for owners to replace property factors. Have you given consideration to amplifying, perhaps, the options that others, such as Mr Fergus Ewing, might have for what could be done? Arguably, the number of factors that have been dismissed will be suppressed if people are deterred by the process from bringing forward an action to try to deter the property factor in the first place. Those barriers might limit that number.

**Siobhian Brown:** Yes, absolutely. One of the things that I can do, which I take away from this evidence session, is to speak with the Minister for Housing, because if he is going to have a round-table session to examine the recommendations from the CMA report, that consideration could be intertwined with that.

**The Convener:** That is very helpful. Thank you.

It seems that colleagues do not have any further questions. It was quite brief this morning, minister, but I think that, from our point of view, we got to the nub of the matter. It was short but sweet—I am sure that you are perfectly happy that that was the case. We thank you all very much for your participation.

09:57

*Meeting suspended.*

09:59

*On resuming—*

### **Surgical Mesh and Fixation Devices (PE1865)**

**The Convener:** Welcome back. We continue our consideration of continued petitions.

PE1865, which was lodged by Roseanna Clarkin and Lauren McDougall, calls on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while a review of all surgical procedures that use polyester, polypropylene or titanium is carried out and guidelines for the surgical use of mesh are established.

We are joined for our consideration of the petition by Katy Clark and our former committee colleague, Carol Mochan, both of whom have previously been concerned with the issues raised by the petition. Good morning to you both.

We most recently considered the petition nearly a year ago, last March, when we agreed to write to the Cabinet Secretary for NHS Recovery, Health and Social Care and to the Scottish Parliamentary Corporate Body. At this point, I should probably remind colleagues that I am a member of the SPCB.

The SPCB's response sets out the process for appointing the patient safety commissioner for Scotland. The post was first advertised in March 2024, although, as members might be aware, it remains unfilled and was readvertised on 7 February.

We have also received a response from the Minister for Public Health and Women's Health, which highlights the expectation that, regardless of where mesh removal surgery takes place, local health boards should provide any necessary aftercare that patients might require. The response also highlights that

"A patient should decide upon their treatment with their clinician, following meaningful discussion and sharing of all necessary information",

and that those discussions should be documented.

On the issue of natural tissue repair, the minister tells us not only that a "significant number" of hernias are repaired without mesh in Scotland, but that Government officials are working with surgeons who have a specific interest in hernia repair and have begun to identify individuals who have the skills to take forward surgical hernia repair that is consistent with the Shouldice technique, on which the committee took oral evidence from the Shouldice folk in Canada back in February 2022—PE1865 is a long-standing petition.

We have also received two submissions from the petitioners. The first draws our attention to an article in the *Journal of Abdominal Wall Surgery* on hernia repair surgery in adolescents and suggests that a similar approach, whereby consideration is given to the risks of hernia recurrence and mesh complications, should be adopted for hernia repair in adults. The petitioners believe that hernia surgery should be considered as principled surgery, with surgeons being trained specifically in the Shouldice and natural tissue repair techniques as well as mesh techniques. In their second submission, Roseanna and Lauren restate the call for a centre of excellence to be established as a means of ensuring that informed patient pathways are available for natural tissue repair and mesh removal.

Alongside that call, the petitioners continue to advocate for an independent review of the use of mesh, and they have provided a brief summary of their meeting with Terry O’Kelly, who is the Scottish Government’s senior medical adviser, whom the committee previously heard from, and representatives of the Scottish Health Technologies Group, which has only strengthened their calls for an independent review to be carried out.

I will invite Katy Clark and Carol Mochan to contribute before the committee considers how best to proceed. However, it is only fair to say—I say this as someone who has been closely associated with the issue for more than a decade—that the committee is not certain how to take this particular petition forward. Important issues have been raised. There has certainly been some advance in respect of the Government’s approach to the use of Shouldice techniques, which was a bit of an uphill push, but which the committee, with our introduction of the Shouldice evidence, helped to make happen. However, we are a little unsure as to what more we can usefully do, given that the parliamentary session is now beginning to wind down from the point of view of our ability to consider petitions.

I am keen to hear from Katy and Carol before we make any determination. It has been decided that Katy will speak first.

**Katy Clark (West Scotland) (Lab):** I am grateful to have the opportunity to make a contribution. I have met some of the petitioners on a number of occasions, including this week. The lead petitioners are both constituents. One of them has suffered quite severe complications as a result of the hernia mesh procedure; the other is the daughter of a deceased person who was also a constituent and who underwent the hernia mesh procedure. They are working with a range of campaigners across Scotland—and, indeed, the rest of the United Kingdom—who are collating information about the complications.

The submission that I made to the committee very much focuses on data. As the convener said, we had the opportunity to meet the minister and, as a result of that, we had a subsequent meeting with medical advisers and officials. It is clear to the petitioners that there is a lack of data in relation to the extent of the problem.

I have previously advised the committee of freedom of information requests that were submitted to health boards. We did not get information from many health boards, but the information that we got was concerning. The petitioners are concerned about the basis on which work is proceeding. Frankly, the data that we have does not truly reflect the scale of the number of people who have complications. That

was the focus of the written representation that I made to the committee.

I wonder whether the committee would be willing to engage further with the Scottish Government on the issue, as it is clearly not an issue that will go away. The petitioners and many others continue to suffer the consequences of the hernia mesh procedure, and the campaign will continue. It would be appropriate for the Scottish Parliament to be engaged with that in order to ensure that an evidence-based approach is taken and that work is undertaken to gather such evidence.

**The Convener:** Has the subsequent meeting that you mentioned taken place? Am I correct in picking up that it has?

**Katy Clark:** Yes, that is correct. That meeting took place before Christmas. I attended it, along with the petitioners.

**The Convener:** Okay—thank you.

**Carol Mochan (South Scotland) (Lab):** I thank the committee for inviting me to attend the meeting, because, as members know, I have previously spoken on the issue, and I want to ensure that people are fully aware of the extent of the situation involving people who have undergone the mesh procedure.

I echo the points that have been made by Katy Clark and the petitioners in their submissions to the committee. I support their point about the lack of data on the number of patients who are experiencing complications as a result of the use of mesh. It is concerning that we do not know whether we are capturing that data, which is important. The submissions highlighted the fact that the data that is currently being relied on is inconsistent, incomplete and often outdated. We should all take that issue very seriously. I will not repeat the point that the convener made about that, which was well made. It is clear the minister has taken the issue seriously.

Although the Scottish Health Technologies Group report is interesting, there is good reason to think that the data sets that it used are, as one of the petitioner’s submissions highlights, “narrow and incomplete”. Action could be taken to look at that.

In addition, the absence of follow-up data is worrying. We do not know whether any follow-up work is being done, although a commitment has been made that such work will be done. The full extent of mesh-related complications is also worrying. Given that complications might not be immediately apparent after surgery, could we have a system in place that would allow us to look at that?

I echo the points that Katy Clark made, and I request that the committee keeps the petition open and perhaps writes to the Government regarding a review of the current data sets, so that we can continue to support the work of the petitioners.

**The Convener:** Thank you. Do colleagues have any thoughts? I am between a rock and a hard place on this one. There is probably not much more that we can do in this parliamentary session, and I am minded to move to close the petition. However, I might be prepared to defer closing it, and to indicate to the Government that although we are moving in that direction, we would like to have further confirmation on the points that have been raised about data, in particular.

If colleagues are content, we could approach the Government to get a specific response on that. However, we should be mindful of the fact that, notwithstanding any response that we got, we are probably nearing the point at which we would have to say that any future work on the issue would be best served by the lodging of a fresh petition in the next session of Parliament. I think that I would feel most comfortable if we agreed to go down the route of giving the Government a further nudge on the aspect that arose from the work of the Scottish Health Technologies Group, as amplified in Katy Clark's written submission and the oral submissions of our colleagues.

**Fergus Ewing:** The evidence that we have heard from our colleagues today indicates that there has been a lack of response from health boards. I do not know why that is, but that is the situation. Because that is the case, Katy Clark sought to obtain relevant information but has not received it. Were we to close the petition today, the petitioners could easily and legitimately lodge a fresh petition, calling for the data to be analysed. Rather than have all that delay and extra work, we might as well keep the petition open so that we can ask for the information that Katy Clark has, quite rightly, sought. I am aware of the evidence that Clare Adamson gave on behalf of her constituents. Plainly, those who are affected have been affected very profoundly.

**The Convener:** Do we agree to keep the petition open on that basis?

**Members** *indicated agreement.*

### **Universal Free School Meals (PE1926)**

**The Convener:** PE1926, which was lodged by Alison Dowling, calls on the Scottish Parliament to urge the Scottish Government to expand universal free school meals provision for all nursery, primary and secondary school pupils.

We last considered the petition at our meeting on 17 April 2024, when we agreed to write to ask

the Cabinet Secretary for Education and Skills for an update on the phased roll-out of free school meals provision in primary schools and to confirm the Scottish Government's position on a pilot for universal free school meals in secondary schools.

In her response in May, the cabinet secretary stated that the roll-out of free school meals to primary 6 and 7 pupils who are in receipt of the Scottish child payment remained her priority. She also provided information about the funding that was given to local authorities to support the expansion of the free school meals programme, which is expected to come into effect this month.

Although the cabinet secretary's priority is building towards the universal provision of free school meals for primary pupils, she went on to say in her response that the Scottish Government was considering initial views from local authorities on a pilot for secondary schools. Members will be aware that, since we received that response, Parliament debated the provision of free school meals for primary school pupils, in September 2024. Although the motion was non-binding, the Parliament agreed that free school lunches should be provided for all primary school children, including in the school holidays, in the current parliamentary session, as promised by the Scottish Government.

In the light of that, do colleagues have any comments or suggestions for action?

**Maurice Golden:** Unfortunately for the petitioner, we have reached the end of the road with the petition. The one positive aspect is that the petition called on the Scottish Parliament to urge the Scottish Government

"to expand universal free school meals provision for all nursery, primary and secondary school pupils."

As you have highlighted, convener, that has been secured. We therefore have no choice but to close the petition under rule 15.7 of standing orders, on the basis that a debate on a non-binding motion has taken place, the Scottish Government has reaffirmed its commitment to rolling out the next phase of the free school meals programme to primary 6 and 7 pupils who are in receipt of the Scottish child payment, and it continues to work closely with the Convention of Scottish Local Authorities and other stakeholders to ensure that the capital work that is required to support the expansion of free school meals can begin. The Government is also considering initial views on a pilot for universal free school meals in secondary schools.

**The Convener:** I am inclined to agree. I think that the failure to deliver such provision is a matter that now rests with colleagues elsewhere and with the public. However, with regard to our ability to advance the petition, are colleagues content that

we thank the petitioner and close the petition, on the basis outlined by Mr Golden?

**Members** *indicated agreement.*

### **Holiday Let Accommodation (Rates Relief) (PE2019)**

**The Convener:** Petition PE2019, which was lodged by Alan McLeod, calls on the Scottish Parliament to urge the Scottish Government to prevent all owners of self-catering holiday accommodation from obtaining rates relief under the small business bonus scheme.

We last considered the petition at our meeting on 1 May 2024, when we agreed to write to ask the Scottish Government for a fuller response to the petition, including a clear indication of its views on the action that the petition calls for.

In its response, the Scottish Government states that it is committed to maintaining the small business bonus scheme for 100,000 properties for the duration of the current parliamentary session, and that it has no plans to add “self-catering holiday accommodation” to the list of properties that are ineligible for small business bonus scheme relief at this time.

The Scottish Government also states that it is committed to keeping under review all recently implemented non-domestic rates reforms, such as changes to the thresholds for the small business bonus scheme relief, and to ensuring that the system effectively supports businesses and communities.

In his written submission, the petitioner shares his view that awarding market-distorting rates relief to businesses that secure economic advantage from state-provided infrastructure is unfair to citizens who are being denied critical care and services.

Do members have any comments or suggestions for action?

10:15

**Fergus Ewing:** I have some sympathy with Mr McLeod’s arguments, which are that the current system distorts the market by providing an unfair subsidy to those who operate on a hobby or minor basis. He has a point, albeit a free-market capitalist point. I commend him for setting out the argument, but it is clear that the Scottish Government is not going to move. I do not think that there is any chance that the petition will be granted, but he has aired the argument.

In case Mr McLeod is noting these proceedings, I add that self-catering properties have been the subject of what some people feel is a pretty punitive licensing regime, coupled with the need to

obtain planning permission, which, in some cases, has caused thousands and thousands of pounds of expense. Self-catering properties also face a visitor levy that could be as much as 5 per cent on top of the accommodation costs, although it is not clear what the accommodation costs would be in bed-and-breakfast establishments, for example.

To balance out the equation, it seems to me that Mr McLeod, as a free marketeer, might not be too keen on the regulation or the taxation. Mentioning that might soften the blow of the petition being closed. However, given the plight of self-catering and small accommodation providers, particularly those who run the accommodation as a business, there are very real problems in that area. I am sure that we will have a lot more work on that in the next session of Parliament.

**The Convener:** Thank you, Mr Ewing. Those are all helpful points to have on the record. However, as you said, the Scottish Government has made it absolutely clear that it has no intention of taking forward the issue in the petition. On that basis, it is proposed that we close the petition, albeit with a statement attached, which we can ensure that the petitioner receives. Are colleagues content that we do so?

**Members** *indicated agreement.*

### **FAST Stroke Awareness Campaign (PE2048)**

**The Convener:** That brings us to petition PE2048, which has been lodged by James Anthony Bundy, who I see joins us in the public gallery. The petition calls on the Scottish Parliament to urge the Scottish Government to increase awareness of the symptoms of stroke by reviewing its promotion of the FAST—face, arms, speech, time—stroke awareness campaign and ensuring that awareness campaigns include all symptoms of a potential stroke. My colleague Stephen Kerr joins us for consideration of the petition.

At the previous meeting—I apologise again that I was indisposed and unable to participate—the committee heard evidence from representatives of stroke awareness charities, the Scottish Ambulance Service, NHS 24 and clinician academics who specialise in stroke care. Following that meeting, we have received a new submission from the Stroke Association to provide further detail on the research that Mr John Watson referred to during that discussion.

I remind Mr Bundy that the option to provide written submissions to aid our consideration of the petition is always available, whether that is sharing new views or any additional suggestions that he might hope that the committee would consider.

Unfortunately, as I said earlier, David Torrance is not well and is unable to be with us today, but members have had an opportunity to reflect on the evidence that both panels of witnesses provided. On my reading of the *Official Report*, that evidence appeared to suggest that improving clinical awareness of less common symptoms of stroke and ensuring timely treatment for people experiencing a stroke might hold the key to delivering better outcomes for patients.

Although there appeared to be consensus that the current situation is not good enough, participants raised concerns that, with regard to public awareness, widening the FAST approach to include balance and eyes could have the counter-productive effect of delaying individuals from presenting for diagnosis and treatment, with initial studies indicating lower levels of recall for BE FAST—balance, eyes, face, arm, speech, time—compared to FAST and a risk that individuals will wait for all symptoms to be present before they seek help.

The committee also heard that Scotland's stroke services have limited capacity and that our priority should be ensuring that people experiencing a stroke can access timely and appropriate treatment. Witnesses expressed concern that, if everyone who presents with vision or balance issues was sent for a stroke assessment without further generalist diagnostic examination, the risk increases that we would end up delaying access for patients experiencing a stroke.

Before I invite colleagues to comment and reflect, I invite Mr Kerr to contribute to our discussion.

**Stephen Kerr (Central Scotland) (Con):** Thank you for the opportunity to say a few words to the committee this morning, particularly in the light of the summary that you have just presented.

Before I do so, I hope that you do not mind if I take the opportunity to acknowledge the incredible efforts of James Bundy and his family, especially his mum, Selena. Their campaign to improve stroke awareness is not just about public health; it is personal, deeply meaningful and already saving lives.

James works in my parliamentary office, and his commitment to BE FAST comes from his experience of the sudden and tragic loss of his dad, Tony, to a stroke. He is determined to ensure that other families do not face the same heartbreak that the Bundy family have faced. They have channelled their grief into action, and their efforts are already making a difference.

At their campaign's heart is a very simple but vital improvement, which builds on the existing FAST model by adding two additional early warning signs: balance and eyes. FAST has done

an excellent job at helping the public become more aware of stroke symptoms, but we now know, based on evidence, that it does not cover all strokes.

Many people, in particular those who have strokes that affect the back of the brain, do not present with facial weakness or arm numbness. Instead, the symptoms often include a sudden loss of balance or vision problems. BE FAST strengthens FAST by making sure that more strokes are recognised earlier, so that people get the treatment that they need in time.

The evidence is clear: time is everything when it comes to stroke care. Every minute that is lost reduces the chance of survival and recovery, as was the case in the tragedy that befell Tony and the Bundy family. BE FAST awareness is growing among the public and national health service staff, and, already, strokes are being recognised sooner and patients are receiving life-saving treatment more quickly. I therefore conclude that the campaign is already having a positive impact.

Selena has said:

"Life has been tough since the death of my husband. We believe his condition was not picked up using routine tests. We have been campaigning hard on this issue, and we hope to see positive change to help people displaying the lesser-known signs of stroke, to stop this tragedy happening to others."

Convener, you mentioned specific evidence that the committee had received about the memorability of FAST versus BE FAST. Frankly, I struggle to believe that the public, who send us to this place, cannot grasp the concept of BE FAST when the evidence suggests that they are aware of FAST. It seems to me that experts are being faintly reductive if in their suggestion that the public cannot grasp BE FAST.

The time has come for us to take the next step, because BE FAST is not difficult to remember. In fact, the two-word acronym is arguably slightly easier to remember, because BE FAST also conveys the essence that lies behind the effective countering of a stroke's effects, which is time. The next step is for Scotland to formally adopt BE FAST in public health messaging, NHS training and emergency response protocols. That simple, practical change will prevent strokes from being missed and ensure that more people receive urgent care when they need it.

I note what you said in your summary, convener, about capacity in the NHS. It is a subject that I have raised with Neil Gray, the Cabinet Secretary for Health and Social Care, in the chamber. He said on the record that the issues of capacity ought not to prohibit people from turning up in hospital if they believe that they or their loved ones have symptoms of a stroke.

Therefore, I do not think that the argument that there is an issue of capacity is valid—especially in the eyes of the Scottish Government, according to the pronouncements of Neil Gray.

As you mentioned, the Stroke Association has submitted additional evidence that suggests that it would now support a trial of BE FAST, and I note that. NHS Ayrshire and Arran has said that it is willing run a trial in its health board area.

I see all that as positive. I hope that there might be an opportunity for James Bundy himself to respond to some of the evidence that the committee has received. I thank you, convener and members of the committee, for the way in which you have engaged with the issue. Your scrutiny of the evidence and your willingness to listen and reflect demonstrates a real commitment to improving stroke outcomes in Scotland. That is what this is all about.

The Bundy family has already helped to change and save lives but, together, we can take that further. It is a small change that will lead to a big difference. It will save lives.

**Jackson Carlaw:** Thank you, Mr Kerr. This petition has impressed its importance on the committee and it is one with which we have engaged, hence the journey that led us to hearing from the two panels of witnesses at our last meeting.

Would any colleagues who were present at that meeting like to offer reflections on the evidence that we heard, on Mr Kerr's contribution and on how we might now proceed?

**Fergus Ewing:** I am grateful to Mr Kerr for his contribution this morning. I find myself largely in agreement with it.

I should say that the witnesses that we heard from last week were not enthused about moving from FAST to BE FAST. To be fair to them, there were various reasons: they thought that it would bring people from the emergency department to the stroke department who would then be referred back to the emergency department. A separate issue was the overload problem that Mr Kerr mentioned. There was also a hint of a suggestion that the general public are not quite sophisticated or clever enough to cope with and spit out six letters as opposed to four. I must say that I was not particularly impressed by that argument. On the other hand, we have heard from a newly published document in America that BE FAST was found not to work as well as FAST. We will want to study that.

However, we should pursue the matter further. Perhaps we should write to NHS Fife seeking further information on the BE FAST pilot trial that it undertook. We heard in NHS Fife's written

submission that it undertook a pilot scheme, but it did not say what the findings were, including any available analysis and evaluation of the pilot.

We might also write to NHS Ayrshire and Arran, which offered to carry out a pilot—it was the only health board to make that offer, and it did so gratis; it was voluntary, not conscripted. The minister Jenni Minto said that she would be sympathetic to a pilot, although she did not go as far as advocating for it.

Were there a pilot in Ayrshire and Arran, it would have to be properly and rigorously set up so that its findings had statistical validity. That might involve a bit of thought and organisation by the experts—otherwise, to put it bluntly, it is rubbish in, rubbish out. If Ayrshire and Arran wants to do that, I think that we should contact the board and ask whether it would be willing to consider that further with the relevant bodies, with the Bundy family also contributing if they wish to do so.

10:30

We could also write to Chest Heart & Stroke Scotland and the Scottish Ambulance Service seeking further detail about the training programme and resources referred to during the round-table discussion and specifically about the guidance being produced for clinicians to increase awareness of atypical stroke symptoms, such as changes to balance and eyesight, that are absent from the FAST acronym but would be present in the BE FAST one.

Lastly, there would probably have to be some sort of public awareness campaign prior to the launch of the pilot so that people in Ayrshire and Arran are aware that it is happening. I think that a modest public awareness campaign would continue to create further interest and awareness nationally, because I am sure that newspapers and the media would cover that campaign very well in the way that, to be fair to them, they do. That in itself would be an opportunity to continue raising awareness and arguably, as Mr Kerr has said, to save further lives, which must be a good thing.

**The Convener:** Do any colleagues have further reflections?

**Maurice Golden:** I agree with everything that Mr Ewing has said.

I was slightly concerned by the evidence that we took regarding the marketing of and communication about BE FAST rather than FAST. In that regard, I wonder if we could write to the Chartered Institute of Marketing, first to ask whether there is any evidence about whether the addition of two letters to a four-letter word makes any difference to people remembering that term

and secondly to find out whether there is any evidence about the effect that adding two letters has on meaning. That might be useful evidence to obtain.

**The Convener:** As a former resident of South Ayrshire, I can say that I am sure that my friends and neighbours were sufficiently erudite and compositis mentis to absorb those additional two letters. That was my experience.

I wonder whether the minister has seen the evidence that we received from the witness panels. Notwithstanding the slight lack of enthusiasm that was expressed, we could also go back to the minister to highlight Ayrshire and Arran health board's willingness to undertake a pilot, about which the minister was sympathetic. As well as writing to that health board, we could facilitate that discussion.

In light of other recommendations by colleagues, we will keep the petition open and will seek to advance the aims of that petition on the basis that we have just described. I thank Mr Kerr as I do Mr Bundy, who joined us in the public gallery.

### **Private Ambulance Service Providers (Licensing and Inspection) (PE2078)**

**The Convener:** We move to petition PE2078, which was lodged by Ryan McNaughton and calls on the Scottish Parliament to urge the Scottish Government to create a new body to be responsible for the inspection, assessment and licensing of private ambulance service providers, or to encompass the clinical governance management of service companies in Scotland into Healthcare Improvement Scotland. We last considered the petition at our meeting on 1 May 2024, when we agreed to write to the Cabinet Secretary for NHS Recovery, Health and Social Care.

Members will recall that we heard that, although the Public Services Reform (Scotland) Act 2010 covers independent ambulance services, Healthcare Improvement Scotland confirmed that regulation of those services had not yet commenced, which means that HIS is unable to undertake any regulatory activity in relation to them. The Scottish Government's initial response to the petition stated that it would prioritise the commencement of HIS's functions in relation to the regulation of independent ambulance service provision.

In his written submission to the committee, the cabinet secretary recognises that, although private ambulance services must comply with Health and Safety Executive responsibilities, the broader regulatory framework does not currently offer adequate assurance. The cabinet secretary states

that officials are engaging with HIS on regulation of independent ambulances and that the next steps include stakeholder engagement and a public consultation, but he is unable to confirm a timeline for when provisions will be in place.

Do colleagues have any suggestions about how we might proceed?

**Maurice Golden:** Particularly at this point in the parliamentary session, it is unacceptable not to have a timeline in place. We should write to the Cabinet Secretary for Health and Social Care to highlight the time that has elapsed; request an update and a timeline for the Scottish Government's work, including the stakeholder engagement and public consultation; and, critically, ask whether that will be concluded in the current session. Perhaps we could consider inviting the cabinet secretary to give evidence on the petition at a future meeting.

**The Convener:** Are colleagues content?

**Members** *indicated agreement.*

## New Petitions

10:36

**The Convener:** That brings us to agenda item 3, which is consideration of new petitions. As I always say for the benefit of those who are joining us online to hear about a petition that is being considered for the first time, before a petition is considered by the committee, we take advice on it from the Scottish Parliament information centre, which is the Parliament's independent research body, and we ask the Scottish Government for a general initial view on the petition. We do those things because, historically, they were the first recommendations of the committee and waiting for that information simply added delay into the process. We therefore get it in advance.

### Abortion Services (Availability) (PE2126)

**The Convener:** Our first new petition is PE2126. I have advanced it in the list of new petitions that we will consider this morning because we hope that Paul Sweeney will join us to discuss another petition but he has not materialised yet.

PE2126, which was lodged by Gemma Clark, calls on the Scottish Parliament to urge the Scottish Government to ensure that abortion services are available up to the 24th week of pregnancy across all NHS boards in Scotland.

Members may recall that that ask formed part of a previous petition from Gemma Clark that the committee agreed to close on 23 November on the basis that the Scottish Government had committed to reviewing the law on abortion with the intention of publishing proposals for reform before the end of the current parliamentary session. Although the Government has committed to reviewing the law on abortion, the petitioner remains concerned that abortion services up to the existing legal limit of 24 weeks are not available across the country, with reports that only one doctor in Scotland is trained to provide surgical abortions, resulting in vulnerable individuals travelling to England to end their pregnancies.

We have been provided with a comprehensive briefing from the Scottish Parliament information centre that details the prevalence, procedures and provision of later-stage abortions in Scotland, which means those that are carried out between 20 and 24 weeks' gestation. It is clear that health boards have variable policies on interaction with the individuals concerned and what they will fund in relation to provision of the service in England and any other associated costs.

It is also noted that no Scottish health board offers what the Abortion Act 1967 defines as

"ground C" or "ground D" abortion services up to the legal limit of 24 weeks.

The requirement to travel to England to access services can carry emotional, physical and financial implications for pregnant women and girls. Examples of those implications are provided in the joint submission that we have received from the British Pregnancy Advisory Service and Back Off Scotland, which is included in the papers for today's meeting.

It is important that we draw a distinction between the ethical issues that some may wish to raise, the existing legal position, and the provision of services to support that position.

The British Pregnancy Advisory Service's submission also raises concerns about systemic abortion stigma in the NHS and an unwillingness on the part of the Scottish Government to consider commissioning services outwith the NHS to deliver surgical abortion services in Scotland.

In its response to the petition, the Scottish Government says that it is

"working urgently with NHS boards and other stakeholders to determine the most appropriate way of ensuring abortion services are available in Scotland, up to 24 weeks' gestation, for all patients who require them."

The response refers to work by the NHS National Services Division to develop the optimal delivery proposal for later-stage abortion services. However, as no health board has volunteered to host the national service, a short-life working group was established to recommend the most attainable and sustainable way of delivering services in Scotland. The response goes on to state:

"The Scottish Government is committed to providing funding to any commission that wishes to train to provide later-stage abortion services within Scotland."

As we all consider the implications of the petition, does anybody want to offer a comment or a suggestion for action?

I suggest that we write to the Minister for Public Health and Women's Health to highlight the submission from the British Pregnancy Advisory Service and Back Off Scotland and to seek clarification of the Scottish Government's unwillingness to commission an organisation outwith the NHS to deliver a surgical abortion service in Scotland, particularly as no health board has volunteered to host such a service. It is important to understand the distinction for women between a surgical abortion service and having to go through a natural delivery, which some women will find very difficult in those circumstances.

Might we also ask what consideration the short-life working group has given to the suggestion that systemic abortion stigma within the NHS is a



barrier to the provision of later-stage abortion services in Scotland, including any action to address the perceived stigma?

Are colleagues content for us to proceed on that basis?

**Members** *indicated agreement.*

**The Convener:** We will keep the petition open and move forward on that basis.

### **General Practice Building Projects (PE2125)**

**The Convener:** I deferred our consideration of PE2125 to allow for the arrival of our esteemed former colleague Paul Sweeney, who might want to find his nameplate and join us at the table.

Petition PE2125, which was lodged by Victoria Shotton, calls on the Scottish Parliament to urge the Scottish Government to restart overdue work on NHS Scotland buildings and prioritise funding for primary care building projects to ensure that community health teams have the physical spaces and renovations that are required to treat their patients efficiently and safely.

As I indicated, we have been joined by our former colleague Paul Sweeney. Welcome back to the committee, Mr Sweeney.

The petitioner tells us that funding for general practice has always been too low for service provision, with many primary care buildings across Scotland being well overdue for renovation or complete replacement. The situation has been exacerbated by the Scottish Government's decision in February last year to pause all new NHS capital projects, which might be contributing to widening health inequalities and poor health outcomes for communities.

Our SPICe briefing notes indicate that a recent Audit Scotland report on the finances and performance of the NHS in Scotland recommends that the Scottish Government produces a national capital investment and asset management strategy. According to data published by Public Health Scotland, payments from NHS Scotland to general practices increased by 5.5 per cent in 2023-24 compared with the previous year. It is also noted that the Cabinet Secretary for Health and Social Care has announced £13.6 million of additional funding for general practice, although that is intended to support retention and recruitment of staff.

Despite the Scottish Government indicating that it would publish a reset of the infrastructure investment plan project pipeline along with the 2024-25 budget, that did not happen. It has been delayed until after the UK Government's spending

review, which is due to conclude in the spring of 2025.

In its response to the petition, the Scottish Government highlights an additional investment of £139 million for NHS infrastructure as part of the 2025-26 budget proposals, which it says will be the first step in lifting the pause on capital projects. The response goes on to state that the Government is working with health boards to develop a whole-system NHS infrastructure plan, which will include the needs of the primary care estate.

I am sorry—that was quite a long preamble. Mr Sweeney, would you like to comment on the petition before I invite the committee to consider what we might do next?

**Paul Sweeney (Glasgow) (Lab):** Yes. Thank you, convener. I appreciate your patience in accommodating me this morning. I am here to speak in general terms in support of the petition. I believe that it merits further scrutiny by the committee, perhaps in collaboration with the Health, Social Care and Sport Committee, of which I am deputy convener.

There are significant issues with the capital investment programme across the NHS estate, not simply with capital budgets—finance is one thing—but with how efficiently investment is made and whether it is made in the right locations. An example that I encountered on a recent committee visit to the Isle of Skye was the recently reconstructed Broadford hospital, where clinicians said that the health board did not adhere to their feedback or guidance on how the hospital should be designed and laid out and that it could have been better optimised. They are now dealing with the consequences of that.

Similarly, we hear from surgeons that the focus on national treatment centres is not necessarily helpful in the context of underutilised operating theatres and that the capital investment might be better focused on the primary care estate, for example, which is often crumbling and decrepit.

It might be interesting for the committee to consider wider consultation with the clinicians who operate in those facilities on whether the capital investment programme that the 14 territorial health boards are developing is as good as it could be or whether it ought to be reviewed, taking greater cognisance of clinical feedback and design, so that we get the best use of that budget. The budget feels scarce but, even when it is spent, it is not necessarily realising the best benefits for the patients and the healthcare system.

10:45

**The Convener:** Thank you. Colleagues, do you have any suggestions on how we might proceed?

**Foysoil Choudhury:** We should keep the petition open and write to the Scottish Government to seek clarity on what proportion of the NHS infrastructure investment is expected to be allocated to primary care facilities. We should also ask that it commits to providing an update on the development of the whole-system NHS infrastructure plan and the infrastructure investment plan pipeline reset as soon as is practicable after the UK spending review is completed.

**Fergus Ewing:** I support Mr Choudhury's recommendations.

I thank the petitioner, Dr Shotton, who describes herself as a deep end GP working in the heart of Glasgow, which, I gather, has no shortage of health problems. In her submission, she says that only 8 per cent of the capital budget that is applied to health service capital projects goes to primary care and that the lion's share goes to hospitals. We all want modern and efficient hospitals, and the announcement of capital funding for the Belford hospital at Fort William, the new University hospital Monklands and the Edinburgh eye pavilion is welcome. However, we all have our constituency needs and, following on from Dr Shotton's analysis, I want to make a particular point on which I would be grateful for the cabinet secretary's response.

In my constituency, the population is growing. Inverness is arguably the fastest-growing city in Britain, if not in Europe. I am sure that that has nothing whatsoever to do with the quality of the political representation. The problem is—

**The Convener:** We know that you might be looking for a new job, Mr Ewing, but I did not realise that it was with the Inverness tourist board.

**Fergus Ewing:** Do not get me into even more trouble than I might already be in, convener. *[Laughter.]*

The serious point is that at least one practice in my constituency—Culloden medical practice, with which I have been working on the upgrade of its facilities—cannot accept, and is not accepting, new patients. More and more people are moving to the area within its curtilage, as it were, but the practice has said that it is full and it cannot take any more patients. That has caused enormous problems. The practice has worked for years and I have tried to support it and other practices in the constituency, but they feel that they have hit a brick wall, and I know that the issue is not unique to Inverness.

Spending 8 per cent of the budget on primary care and the rest of it on hospitals therefore seems to be an imbalance. I think that that is the meat of Dr Shotton's point—she is arguing not so much for more expansion, but for general practice to be allocated a greater share. She has pointed out that, frankly, most of the daily legwork is done by our very hard-working general practitioners.

I wanted to make that point on the record, with the request that the clerks perhaps try to make it a bit more succinct and less wordy. I would like to get the cabinet secretary's views on that and find out whether the Scottish Government might wish to emphasise primary care in the deployment of its capital budget in the future in order to help practices such as the one at Culloden.

**The Convener:** Thank you, Mr Ewing. As the representative of Eastwood, which also has a very fast-growing population and is in what is obviously one of the most attractive parts of the country, I have similar concerns about practice provision in relation to new-build housing in the community. Indeed, a general practice in my constituency has just announced that it will close, which will cause even greater issues, so I understand the point that Mr Ewing has made, which marries with Mr Sweeney's suggestions.

Are we content to keep the petition open and write to the cabinet secretary, perhaps with less emphasis on the constituency concerns of two members of the committee and more emphasis on the general points that have been raised in support of the petition?

**Members indicated agreement.**

### **Digital Connectivity Plan (Highlands and Islands) (PE2127)**

**The Convener:** The next petition is PE2127, on the development of a new digital connectivity plan for the Highlands and Islands. This is the first example of a poacher turned gamekeeper in the public petitions process, because the petition has been lodged by John Robert Erskine, who was previously the committee's media adviser and joins us in the public gallery.

The petition calls on the Scottish Parliament to urge the Scottish Government to develop a new digital connectivity plan for the Highlands and Islands that aims to address digital infrastructure gaps, improve mobile internet coverage, establish public-private partnerships and support economic growth, education and healthcare.

The SPICe briefing highlights Ofcom's "Connected Nations Scotland Report", which was published in 2024. The report found that, as of July 2024, 62 per cent of residential properties in Scotland had access to full-fibre networks—an

increase of 9 percentage points from September 2023. However, the briefing notes that, although 89 per cent of Midlothian and Glasgow city residences have full-fibre connection, only 14 per cent of residences in Orkney and 11 per cent of residences in Shetland do.

The Scottish Government's response to the petition highlights Scotland's digital strategy, which aims to ensure

"that no one is left behind in the digital world and that geography should not be a barrier to getting online."

It highlights that the national strategy for economic transformation 10-year plan includes a

"commitment to provide an efficient and resilient digital infrastructure in Scotland."

The submission states:

"over 19,000 premises now have access to faster broadband connections thanks to the R100 North contract".

The Scottish Government has also worked with Building Digital UK on project gigabit to prepare a regional procurement exercise that will cover more than 13,500 eligible premises in Orkney and Shetland.

However, the petitioner believes that the Scottish Government's actions

"fall short of addressing the fundamental issues of digital exclusion, inequality, and slow delivery in rural Scotland."

In his written submission, Mr Erskine highlights that Scotland has

"the highest rate of 4G 'not spots' in the UK"

and the

"lowest rural residential superfast broadband coverage in the UK."

There are one or two of those 4G not-spots in my constituency on the south side of Glasgow, which everybody imagines must be incredibly well connected, but such areas exist. The petitioner states that connectivity issues are felt "more acutely" in communities in the Highlands and Islands and that

"that's why this petition is asking for the Scottish Government to provide a dedicated, new digital connectivity strategy for the region."

Our colleague Rhoda Grant MSP, who had hoped to join us this morning but is unable to do so, has provided a written submission outlining her support for the petition. Her written submission stresses the importance of digital connectivity and highlights the

"increasing reliance on online services to deliver basic facilities."

Her submission states that good connectivity is, inevitably, "inherently linked" to attracting workers

and families to the Highlands and Islands in a digital age.

Do members have any comments or suggestions about what we might do?

**Fergus Ewing:** This is an excellent petition that raises very important questions. There is no doubt that there are serious problems in the Highlands and Islands—not just in Orkney and Shetland but in many other parts, including in my constituency—throughout rural Scotland and, as you mentioned, in our cities, where there are some gaps. Broadband connection is regarded as a *sine qua non*. Twenty years ago, it was a luxury, but it has now become, frankly, a necessity.

Broadband connection in rural properties can allow people to work remotely and carry out work anywhere in the world. That might be one of the key ways to stem the depopulation problem that remote parts of the Highlands, particularly the islands, face. Therefore, I wonder whether we could write to the Scottish Government to seek a bit more information. Its response was very comprehensive, to be fair to it, and it detailed the various programmes.

I should say that I had an involvement with the reaching 100 per cent—R100—programme and, indeed, its predecessor, which actually exceeded performance expectations. That is not something that one always hears in relation to public infrastructure projects, convener.

I suggest that we write to the Scottish Government to ask whether it will develop a new digital connectivity plan for the Highlands and Islands and request a timeline for procurement for project gigabit in the Highlands and Islands. That project was highlighted in the Government's submission, but there is very little detail. There are promises of lots of money, but nobody really knows what is going to happen in the area or when. That is the basic problem, and people become a bit cynical about promises of such a grand nature, unless the meat can be placed in the middle of the sandwich.

**The Convener:** If there are no other suggestions from colleagues, are we content to keep the petition open and to initiate inquiries as suggested by Mr Ewing?

**Members indicated agreement.**

**The Convener:** We will keep the petition open on that basis.

### **Post-mastectomy Breast Reconstruction (Waiting Time Information and Funding) (PE2128)**

**The Convener:** PE2128, on increasing funding for post-mastectomy, or delayed, breast

reconstructions and ensuring that waiting time information is accurate, has been lodged by Christy Esslemont. The petition calls on the Scottish Parliament to urge the Scottish Government to provide additional funding to reduce waiting times for post-mastectomy, or delayed, breast reconstructions in Scotland and to assess whether the communications section of its waiting times guidance is being followed by health boards.

As the SPICe briefing explains, breast reconstruction can take place at the same time as a mastectomy, which is known as immediate breast reconstruction, or it can take place at a later point, which is known as delayed breast reconstruction. In July 2024, £30 million of targeted additional funding was allocated by the Scottish Government to health boards to address long waits across a range of treatment areas. Some health boards received funding specifically to address backlogs of mastectomy and immediate breast reconstruction surgery, but delayed reconstruction surgery was not included in the funding allocation. Indeed, I have recollections of such issues being raised in the chamber.

The Scottish Government's response to the petition states that it is currently working with health boards on developing a plan for patients waiting for delayed reconstructive surgery. However, the SPICe briefing states that waiting times for breast reconstruction surgery have not been routinely reported since 2020. In October 2024, the First Minister stated that the Scottish Government was currently

“exploring issues on the quality of”

existing

“data”

so that it can

“determine what information can be published.”—[*Official Report*, 10 October 2024; c 20.]

The Scottish Government's written submission explains that there are two types of breast reconstruction—implant based and free flap—and that although implant-based reconstruction is generally a short procedure, the free-flap procedure involves complex surgery requiring highly specialised plastic surgery services and can take many hours to complete. Indeed, in some cases, up to four theatre sessions can be required. The procedure also requires skilled aftercare and intensive monitoring.

The submission states that, because of a growing volume of cancer and clinically urgent cases, efforts have been concentrated on treating patients with trauma or after cancers. The Scottish Government also states that it intends to allocate funding from the 2025-26 budget—that is, the

budget that we are currently considering—to delayed reconstructive breast surgery.

Do members have any comments or suggestions for action?

**Maurice Golden:** I think that the petition definitely requires further investigation. On that basis, we should write to the Scottish Government, seeking an update on its work with health boards on developing a plan for patients waiting for delayed reconstructive surgery. Furthermore, we should ask what information is available on the capacity of specialised plastic surgeons and whether the Government has considered how any gaps in the availability of specialised plastic surgery services can be addressed. Finally, we should seek an update on the Government's commitment to exploring the publication of data on the current waiting times for breast reconstruction surgery.

**The Convener:** Are we content to act on those proposals?

**Members indicated agreement.**

**The Convener:** Thank you very much. We will hold the petition open and make inquiries as suggested.

### Denominational Schools (Assessment of Demand) (PE2129)

11:00

**The Convener:** Our next petition is PE2129, which was lodged by Elizabeth Spencer. It calls on the Scottish Parliament to urge the Scottish Government to require education authorities to adopt a uniform set of criteria and standard consultation process for assessing community demand for denominational schools.

The Scottish Government's response to the committee points to the statutory consultation process under the Schools (Consultation) (Scotland) Act 2010 for significant changes to the school estate. The submission highlights that the legislation ensures

“that local authorities consult widely with communities when making decisions about school provision, including establishing new denominational schools, and that there is transparency and public involvement in that process.”

For those reasons, the Scottish Government is of the view

“that the current framework for decision making around the establishment of denominational schools is sufficient.”

The petitioner's written submission states:

“Despite the legal framework, local authorities vary greatly in how they interpret and apply”

the legislation. Her submission also calls for a dedicated fund for denominational school proposals and clear national guidance to minimise local biases when proposals are being assessed.

Do members have any comments or suggestions for action in the light of the Scottish Government's response?

**Maurice Golden:** I do not think that I need to declare an interest, but I attended a Catholic secondary school for some time. I think that we should write to the Cabinet Secretary for Education and Skills to ask whether she is confident that the consideration of proposals for denominational schools is fair and consistent across Scotland and, if so, what evidence exists to support that view.

**The Convener:** Thank you, Mr Golden. Are colleagues content that we should take those actions?

**Members** *indicated agreement.*

### **A96 Dualling (Inverness-Nairn Timeline) (PE2132)**

**The Convener:** That brings us to the last of the new petitions. PE2132 was lodged by the *Inverness Courier* and calls on the Scottish Parliament to urge the Scottish Government to publish a clear timeline for the dualling of the A96 between Inverness and Nairn and the construction of a bypass for Nairn, by Easter 2025. I presume that the *Inverness Courier* is known to Mr Ewing, given his earlier intervention.

As the background to the petition reminds us, the Scottish Government committed in 2011 to dualling the full length of the A96 between Inverness and Aberdeen by 2030. At that time, the expectation was that work to dual the A96 would follow the completion of the dualling of the A9, which, as the committee knows all too well from our inquiry, has not progressed as originally timetabled—to put it mildly.

In 2018, a public inquiry was held to consider objections to specific proposals in the draft orders for the section of the road between Inverness and Nairn. The outcome of the public inquiry was that Scottish ministers agreed that the orders could be made subject to amendment. The road orders and compulsory purchase order were subsequently made on 22 February 2024, signalling the completion of the statutory process for dualling the A96 between Inverness and Nairn.

In its response to the petition, Transport Scotland referred to the Cabinet Secretary for Transport's statement in November 2024, in which she confirmed that the Government's favoured position is to fully dual the A96, and it stated that the dualling process from Inverness to Nairn,

including the Nairn bypass, is under way. Transport Scotland's response also states:

“work is also underway to determine the most suitable procurement option”—

heavens—

“for delivering the A96 Inverness to Nairn including Nairn bypass dualling scheme ... It is expected that the work ... will take a further 12 months”

and will be closely aligned

“with the Mutual Investment Model ... assessment work being undertaken on the A9 Dualling”.

Transport Scotland is appearing to suggest that is only after the procurement option is identified that a timetable for progress can be set.

Well, well. Do members have any comments or suggestions for action? Do I need to even look up before I call Mr Ewing?

**Fergus Ewing:** I am pleased that the *Inverness Courier*, in its wisdom, has chosen to lodge the petition. I thank it for doing so and for championing the issue, which is of massive concern to everyone in Nairn as well as the wider north-east. In one way, it is quite a modest ask. It is not demanding that the whole project be completed by a certain time. It is simply asking for the Government to publish a clear timeline for the dualling of the A96 between Inverness and Nairn, and for the construction of a bypass for Nairn.

You have outlined the sad history of the work to dual the A96 by 2030. Thus far, £90 million has been spent on preparatory work for the dualling of the A96, but not one centimetre of tarmac has been laid. Many people, including me, find that almost incomprehensible.

In the Government response in defence of the lack of a timeline, a number of points are made, which I will cover briefly, in the hope that the cabinet secretary might appear before us to give evidence on that and other transport measures, as we might have mooted before. I hope that that will give her some indication of the issues with which she will be concerned and which will certainly be put to her.

The first point is on the made orders, which are an important milestone in the statutory process to determine which properties require to be compulsorily purchased and which ancillary roads need to be adjusted to fit in with the new road. Those are the two main made orders, although there are subsidiary ones. The response says that they were made on 12 March 2024, which is quite true.

There is something that the response does not say, however. I have a document here—I believe that we are not allowed to brandish documents, otherwise I would do so right now—from Transport

Scotland. It is a 2016 document, which states that the made orders were expected to be published later that year. Well, that was 2016; we then got to 2024. What happened?

It used to be that draft made orders were displayed on the Transport Scotland website. They were displayed in draft, and they were ready for ages in draft. The year in the provisional date on this draft was 2-0-1-blank. In other words, it was planned that this work would be done nearly a decade ago. It was also promised in the 2011 manifesto and slightly before that by Alex Salmond.

The first point that I want to make is that no explanation has ever been given as to why there was a delay of eight years, which is the longest delay ever in respect of reaching this important stage of the proceedings. That is point 1.

The Cabinet Secretary for Transport has a personal enthusiasm for taking the issue on, to be fair to her. She is the fourth transport minister that we have had in four years, which is not terrific. Setting that aside, the submission says that the reason for the delay is that

“It is fundamental that ... authorities allow sufficient time to properly consider the range of procurement routes available”.

How much more time do they need? I do not want to be too political, but the Government has had four years of this parliamentary session, and I have raised the issue, as members will appreciate, fairly frequently during those four years. That is point 2.

There are two final points that I want to make. I do not want to go on forever, convener—I have a habit of doing that.

**The Convener:** Is there a proposal in all this?

**Fergus Ewing:** There is a proposal, which is that fair notice be given to the cabinet secretary.

**The Convener:** She is coming to the committee to address a tapestry of transport issues.

**Fergus Ewing:** Yes—a rich tapestry of transport issues.

On a practical level, Nairn is really a one-horse town, in the sense that there is one road in and one road out. There are various rabbit runs, which contain diverted traffic and cause danger, because people drive far too fast on them, particularly in the south of Nairn. However, it is basically a one-road town and, in the summer, with tourism and an increased number of visitors, it can take up to an hour to get from one end of it to another, which is about a mile and a half. I do not know whether there is another town in Scotland that has such a serious congestion problem. Nairn feels that it is a forgotten town.

The final point that I want to make—this is important, and I have put it to the cabinet secretary, but we have not really had an answer—is that the cabinet secretary says that she cannot announce a plan because the Government has not decided how to fund it. Well, it has announced a plan and a timeline for the A9, but it has not decided how to fund those sections north of Drumochter, for exactly the same reasons as for the A96. If the argument is that it cannot publish a plan because it does not quite know how it should be financed, I note that the A9 is in exactly the same position as the A96. Ergo, that argument is plainly fallacious. I am afraid that, locally, there is cynicism that that argument is just a pretext, because it is dragging its feet.

I believe that the main parties—not the Greens—support dualling. With the commitments to dual the rest of the A9 under question, unless there is a clear timeline, there is a concern that, after the 2026 election, the Inverness to Nairn section commitment will be dropped like those for the rest of the A9. I am sorry to take up so much committee time on a constituency matter, but I cannot allow that to happen. I cannot remain in my current position unless there is a timeline; that is not compatible with my standing up for my constituents. It would be a betrayal, and I am not prepared to be part of that betrayal. I just wanted to put that on the record.

**The Convener:** Thank you, Mr Ewing. No doubt the cabinet secretary will take note of the *Official Report* when we flag up issues that might be raised with her when she gives evidence. I note that Nairn is a one-horse town with rabbit runs and that the traffic moves at the pace of a tortoise, but we will try to move beyond all those metaphors and analogies.

Are we content to include the petition as part of the forthcoming evidence session with the Cabinet Secretary for Transport on the various road transport petitions that we have before us?

**Members indicated agreement.**

**The Convener:** That concludes the public part of our meeting. We next meet on 5 March.

11:11

*Meeting continued in private until 11:37.*

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