



OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Thursday 22 November 2018

Session 5



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Pàrlamaid na h-Alba

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PUBLIC PETITIONS COMMITTEE

17th Meeting 2018, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Angus MacDonald (Falkirk East) (SNP)

COMMITTEE MEMBERS

*Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con)

*David Torrance (Kirkcaldy) (SNP)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Stuart McMillan (Greenock and Inverclyde) (SNP)

Kathleen Orr

CLERK TO THE COMMITTEE

Sarah Robertson

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Public Petitions Committee

Thursday 22 November 2018

[The Convener opened the meeting at 09:34]

New Petitions

Public Access Defibrillators (PE1707)

The Convener (Johann Lamont): I welcome everyone to the 17th meeting in 2018 of the Public Petitions Committee. The first item on our agenda is the consideration of new petitions.

The first petition is PE1707, by Kathleen Orr, on public access defibrillators. The committee will take evidence from the petitioner, who is accompanied by Stuart McMillan MSP. Members might be aware that Mr McMillan has worked closely with the petitioner and had a members' business debate in April on the specific events motivating the petition. Mr McMillan is here to support Mrs Orr, rather than as a member who has an interest in the petition's general subject matter. We might ask certain questions that Stuart McMillan will be better placed to answer than the petitioner—we are entirely relaxed about that.

I thank you both for appearing before the committee. You have an opportunity to make a brief opening statement of up to five minutes, after which we will move to questions.

Kathleen Orr: I lodged the petition in memory of my son. It all started off as a normal day on 4 August 2017, just 10 days back from being on a family holiday. Jayden went skating in the morning, as usual, and to his normal skate club in the evening. While he was doing his normal skate routine, he collapsed on the ice and never got back up again. That was when my world fell apart.

Jayden was lifted from the ice by my husband and taken to the first aid room. I do not remember too much after that, but I know that there were a lot of members of staff and not one of them knew what the others were doing. To my knowledge, there was a defibrillator, but none of the staff used it because they were not fully trained and were scared of doing so.

I started the campaign in January. I want to—and I will—achieve my goal of ensuring that all schools and public places have access to defibrillators, which are mapped. I started with schools, because they have a lot of activities, including after-school clubs. When I was doing my research on defibrillators, I noticed that a lot of

young people pass away suddenly from cardiac arrest while they are taking part in sporting activity.

I am now Jayden's voice, and I will be the voice of other families who have lost their loved ones who could have been saved if there had been a defibrillator that was registered and able to be used by the public.

I thank the *Greenock Telegraph* for standing by me throughout my campaign. Stuart McMillan has been by my side from day 1. He has taken things at my pace, never pushing me in any way. That has made me feel a lot more comfortable.

The Convener: Thank you very much. I appreciate how difficult this is for you, so we will go at your pace. We want to be as helpful as possible on the issues that the petition raises, but we are very conscious that the personal dimension must be very tough for you. We will ask you a number of questions in order to tease out some of the issues that we will want to address with other people. You have told us powerfully about the motivation behind the petition, and we can all relate to that.

You mention that you have met officials from the public health minister's team. What was the outcome of that meeting?

Kathleen Orr: There was no further correspondence from the minister's office. I did not feel that the meeting was of any great benefit. The office was also meant to get back to me with information on local contacts, but that never happened.

The Convener: That is something that we can raise and pursue. During your meeting, did you discuss the possibility of there being an official public awareness-raising campaign? If so, what response did you get?

Kathleen Orr: I asked whether the Government would consider piloting a scheme in Inverclyde, given that that is where we are from and the nature of what we are trying to do. I was told that such schemes were happening in other places around the country and that the details on what was happening would be passed on, but I have not received that information either.

Brian Whittle (South Scotland) (Con): Good morning, and thank you very much for coming in. I am aware of your tragedy—I spoke in the debate in the chamber that was secured by Mr McMillan, who eloquently highlighted the issue.

In your petition, you ask for public access defibrillators to be fitted to buildings based on floor space. Why do you highlight a particular floor space?

Kathleen Orr: Along with Stuart McMillan's office, we looked at empty properties on websites

such as Rightmove and Zoopla. We looked at commercial properties that were up for rent and at their floor space by square metre. We then tried to work out what size the building would have to be to mean a significant footfall each day or a significant number of people working in the building. However, I am happy to discuss the figure if the committee feels that it should be higher or lower.

Brian Whittle: I am keen to establish whether it is the size of the building or footfall that is most relevant to delivering the aims of the petition. In the members' business debate in April, we heard that the Government had funded the University of Edinburgh resuscitation research group to carry out modelling to inform consideration of where defibrillators are best located in order to save lives. Are you aware of that work? Have you seen any of the outcomes? At the end of the day, we want the very best outcome.

Kathleen Orr: I am not aware of any work being carried out by the University of Edinburgh. However, I believe that we need to strike a balance between footfall and floor space. If the location of a defibrillator was based purely on footfall, we could end up with one in every shop on a high street, which would be too much. However, floor space would balance that out—that is why I came up with a figure of 7,500m². Again, I would be happy to have any guidance from the University of Edinburgh.

Stuart McMillan (Greenock and Inverclyde) (SNP): We had quite a lot of discussion on that aspect and there was a feeling that, if the floor space figure was set too low, that could have a financial impact on smaller businesses, particularly given the tough economic conditions across the country. We felt that, if the measure applied to buildings with a larger floor space, that would probably encompass larger businesses with more footfall, so there would not be an economic impact on small businesses. As Kathleen Orr stated, the figure of 7,500m² is not set in stone. We reached that figure so that we had something to put in the petition.

Brian Whittle: I am raising the issue because I am trying to put it in context. For example, the main town in many constituencies has no shop that is 7,500m², but we would want a defibrillator in those locations.

The Convener: The suggestion is that, once the principle of accessibility to defibrillators is established, we would look at how best that could be done.

Stuart McMillan: Yes. The figure came about through discussion, and it is intended to be a point for further discussion—it is not set in stone.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): I commend Kathleen Orr for bringing the petition to Parliament. I have asked the Scottish Government questions about it recently, because of some constituency work that I have been doing. Those questions are available on the Parliament's website. I am due to receive the answers in five days, and they might help your campaign. The petition is important, because performing cardiopulmonary resuscitation and using a defib can double the chance of survival.

I want your opinion on one of the questions that I have asked the Government. I do not know whether you have seen "Out-of-Hospital Cardiac Arrest: A Strategy for Scotland", but it aims

"to ensure that Public Access Defibrillators (PADs) are mapped, maintained and accessible to the public."

I asked the Government what its plans are to introduce a standardised identification system for all public access defibrillators to enable the Scottish Ambulance Service to more easily locate them in an emergency situation. What are your thoughts on that and how would it work with your campaign?

09:45

Kathleen Orr: When I started my campaign, only a handful of PADs were registered in Inverclyde. Now, a lot more people realise that they are needed and they understand the real importance of having them registered. I have gone to lots of places and told people that there is no point in them having a defibrillator if it is not registered because nobody knows that there is one in the building. I have made it clear that that is highly important—they have to be registered. At the beginning, there was not a lot of information at all about that.

The Government's strategy is well meaning but more needs to be done by 2020, which is the target date set in it.

Rachael Hamilton: I think that David Torrance will ask you some questions later about the British Heart Foundation but it is relevant to mention it now because it is really important that everybody works together, including the Scottish Government, the Scottish Ambulance Service and the BHF. At some points during your research, have you felt that everybody is doing different things?

Kathleen Orr: Yes. We are all doing different things even though we are all trying to achieve the same thing.

Rachael Hamilton: I suppose that it might help if everyone worked together.

Kathleen Orr: Yes. It would help if everyone worked on the same page.

Stuart McMillan: As a consequence of the Jayden's Rainbow campaign, we set about trying to talk to all the local partners who would be involved in this sphere. It was clear that each organisation seemed to be doing its own thing, without an Inverclyde focus or strategy.

It has taken a bit of time to tie down a date, but on Monday I am hosting a round-table discussion. Kathleen Orr, St Andrew's First Aid, and Heartstart Inverclyde will be there. We asked Inverclyde Council to come—it could not supply anyone for Monday but we will keep it fully abreast of the discussion and any outcomes from it.

The purpose of the discussion is to try to ensure that we have that focus in the Inverclyde area. Since the Jayden's Rainbow campaign started earlier this year, £20,000 been raised, defibrillator machines have been purchased and Kathleen Orr has started to distribute them to local schools. It is clear that the different organisations want to work together but the issue is finding a way to do that. Monday's discussion is the first step in trying to forge an Inverclyde-wide strategy.

Angus MacDonald (Falkirk East) (SNP): I would like to move on to some of the details that you put in the background information of the petition, Kathleen. You say:

"PADs have an excellent safety record and low upkeep costs ... I have been going into schools and showing kids how to do basic CPR and also how to use a PAD in an emergency. While conducting this work, I have realised that placing PADs in schools is great and showing the kids how to use them is vital."

You say that you have moved on from there to try to roll out that programme further.

Our briefing appears to support your position that PADs give a significant life-saving advantage. For example, if one is used within three to five minutes of a collapse, it can produce survival rates as high as 75 per cent. I am keen to hear your views on that. Also, can you give me a rough idea of what the "low upkeep costs" might be?

Kathleen Orr: Replacing pads after they have been used can cost between £70 and £90, depending on whether the replacement pads are for a child or an adult. Batteries cost about £100—that depends on the make and model of the machine. For the PADs that I give out, a replacement battery costs £100 and has a lifespan of two to three years.

As for the initial installation, housing a box comes in at £400 or upwards, but that is a one-off cost—there are no costs after it. The only other cost is from electricity and heat for the machine.

David Torrance (Kirkcaldy) (SNP): You have partly answered the question that I will ask. How aware do you think people are of the Scottish

Ambulance Service's public access defibrillators service?

Kathleen Orr: People in Inverclyde are definitely more aware now than they were a few years ago, but that is partly because of my campaign and the stories that have been in our local paper. Stuart McMillan promotes the Scottish Ambulance Service's yearly campaign to get PADs registered, but that is the only vehicle other than my campaign that I am aware of for registering PADs.

Stuart McMillan: I agree absolutely with Kathleen Orr that local awareness has increased about the importance of defibrillators. I was a wee bit concerned initially about the change that will take place with Microsoft and the database, as I did not have all the information, but the situation has been clarified for me. I felt that confusion might arise if two databases ran in tandem, but that will not be the case—all the United Kingdom ambulance services will feed into the Microsoft-supported database. That will have a positive effect for people who live in the Borders, because the closest defibrillator to someone in Scotland might be in England and, for someone who lives down south, it might be in Scotland.

The important element of any database is the information that goes into it. If people purchase a defibrillator or if one is donated to a school, community hall or other facility, it must be registered. It is important to purchase defibrillators but, if a defibrillator is not registered, the Ambulance Service cannot direct someone to get it and use it to try to save a life. Registering is so important. The information that goes into the database will help to save lives.

David Torrance: Four years ago, a defibrillator was put in a shop in my area. When I asked about it in the shop, none of the staff knew where it was, because the staff had changed so much. How do we keep staff members in leisure centres or whatever aware of what is on the premises?

Kathleen Orr: My PADs are being placed in schools but, within the year, I would like to get PADs placed outside school buildings, so that they are accessible and the public can see them. When staff change in a school, they should be clearly notified of the school's defibrillator and of where it is placed.

On the day when I hand over the defibrillator, I hang about in the building until I know that the school has gone online to register the machine. I am pushy on that subject so that the defibrillator is registered while I am there. I say that I will go home and check my side of things, although I do not do that—I make sure that the defibrillator is definitely registered while I am there.

The Convener: The challenge is that not everyone has a Kathleen Orr to make sure that we are doing the right thing. The powerful message that you are sending—and rightly so—is about how we ensure that this sort of thing is systematic across communities.

I have been involved in work to give people confidence in cardiopulmonary resuscitation through first aid training and so on. If I were to ask the people in this room, “Where is the nearest defib and if something happened, would you know what to do with it?”, I suspect that most people would not know and would not have the confidence to use it. I was lucky to be involved in work on CPR with St Andrew’s First Aid; after all, the defib might be there, but we might just walk away from it if we do not have the confidence to use it or if we do not do the initial things that might help. That is a huge issue. Have you had any involvement with not just the British Heart Foundation but other first aid organisations to take into schools and communities the message that first aid is a skill that not just the designated first aid person in a building but all of us should have?

Kathleen Orr: I have spoken to Heartstart, which is going around the schools in Inverclyde at the moment, and my son, my daughter and I also go into schools as a family with training defibrillators and let the kids have a shot at them as part of a scenario that we set up. The way I see it is this: the kids are the ones who are out playing in the streets, so we need to ensure that they know what a defibrillator is and that, when they see it housed in a box, they know exactly what to do with it and are not scared of it. As I have said, I take my training defibrillators and wee dummies into the schools and let every kid have a shot. The questions that they ask me are amazing, and it seems that, given how much has been published on this issue and how much everyone is talking about it, everyone wants to have training. When Heartstart sets up its wee place in community centres, a lot of people attend; it has only been since this campaign started that everyone wants to know where the defibrillators are, how they use a defibrillator and whether they will kill someone with it. They are scared to use a defibrillator, but when they have a shot of it, they realise that they will not kill anyone, because it will not administer treatment if it does not have to.

The Convener: Being able to save a life is an amazing skill. I have just been told that Fulton MacGregor MSP is going to ask a question at this afternoon’s Scottish Parliamentary Corporate Body question time about support for first aid in the Parliament, and that, too, is important for general awareness raising. Should anything specific be done about awareness raising or training? You are doing wonderful things in your area, but how do we ensure that that sort of thing

happens across the piece and does not simply rely on someone such as you being so focused on the issue? What do the Government and local authorities need to do to support that kind of work?

Kathleen Orr: I know that first aid training happens in secondary schools, but it is unfair that there are no such courses for primary school kids. The younger that people learn, the better, because when they grow up, they will know a whole lot more. Kids in high school take the training seriously—although it has to be fun—but younger kids need to know how to use this equipment, too, because if someone collapses in the street, it is probably going to be a nine-year-old who will have to get the box and save that person. I do not want any kids to be scared of using it—it is not scary. As I have said to kids, “Don’t worry—you are not going to hurt the person when you use it.” Schools are taking this on, but there is no push to give this training to primary school kids. I do not think that it should be just high school children who get it.

The Convener: I suppose that it is age-and-stage stuff; in other words, it is all about what a child is capable of understanding. The advice that we were given when we did our first aid training was that the equipment tells you how it should be used as soon as you start using it, and it is not possible to do it wrong. That is a very simple and helpful message to give people.

Did you have a final question, Rachael?

10:00

Rachael Hamilton: We have covered many parts of this issue, from encouraging people to have defibs in place to training, maintenance and so on, and Kathleen Orr’s campaign will highlight that so much.

I want to add one little point. Stuart McMillan said that the national defibrillator network will launch in spring 2019, when everyone will be able to register their defib with the local ambulance service. I know that that seems like quite a long way away, but Kathleen’s campaign will really highlight that, and I hope that everybody will replicate what she is doing. We will take on board her point about training for primary school-aged children.

Stuart McMillan: I want to come in on the convener’s previous question, which was about the next steps. At the round-table discussion that we will have on Monday, I am hopeful that, with Inverclyde being quite a compact area, the various partners who will be around the table can forge ahead with a coherent local strategy. When something comes of that, it can be rolled out to other parts of the country.

The Jayden's Rainbow campaign has helped hugely in making more people aware of access to and the importance of defibrillators. Over the past few months, Heartstart Inverclyde has increased the number of training sessions that it has undertaken in Inverclyde—I went on one in the summer. St Andrew's First Aid has also increased its local activity. Therefore there are three willing organisations that want to do the best for Inverclyde and, if we can put together something coherent and deliverable, that could be rolled out and utilised in other parts of the country.

The Convener: It would be useful for us to get an update from you after the round table. If anything comes out of it that would inform our thinking, I would appreciate that.

The question with the petition is how we can take the experience of and lessons from Kathleen Orr's tragedy, as well as Inverclyde's experience in trying to address it, and help communities around Scotland.

Kathleen's points have been powerfully made. Sometimes, these things are so obvious but they are not being done, so it might be a question of driving them through. I take it that the committee is aware of the sensible comments, points and requests that have been made in the petition. Do members have suggestions about who we should contact?

Brian Whittle: On the point that you made about people knowing how to administer a defibrillator and not being frightened to use it, it strikes me that everybody in the Parliament has access to a set of training sessions. If we have access to that, why do we not lead the way and give everybody in Parliament access to training on defibrillators and where the nearest defibrillator is? I do not know where the nearest one is. If we can roll out the training that we currently get, why on earth would we not do something similar on defibrillators? That would add a great deal of weight and publicity to the campaign that Mrs Orr is undertaking, and Parliament would lead the way.

The Convener: I have been banging on about this for a while. In any workplace that I have ever been in, there has been an identified first aider, but if something happens and they are not there, what happens? Therefore, giving everybody that life skill really matters. We could pursue that further.

I suggest that we write to the Scottish Government to get an update on Kathleen Orr's meeting with the Minister for Public Health, Sport and Wellbeing and to get its response to the petition. We have mentioned the British Heart Foundation. I suggest that we also contact St Andrew's First Aid for its views on how we take

what is being done in Kathleen Orr's location out into other communities.

Rachael Hamilton: You are suggesting that we write to those organisations but, because this is such an important issue, perhaps we should have a round-table evidence session with the Scottish Ambulance Service and the British Heart Foundation. The Resuscitation Council (UK), which is working on registration, is also important. I do not know how practical it is to get people from those organisations round the table. Another one is St John Scotland, which is different from St John Ambulance and which is based here in Edinburgh. It has volunteers throughout Scotland and is training people to use defibrillators. What is the practicality of bringing people in for evidence?

The Convener: There is a live petition from St Andrew's First Aid on giving all primary school children training in first aid. Once we have looked at that, we could consider having a further session to pull all the issues together. However, in the first instance, it would be worth while to get a response from the Scottish Government and the organisations that we have all identified, including the ones that Rachael Hamilton identified, on the asks in the petition. That would inform our decision on whether to have a round-table session. We can also get the information from Stuart McMillan's event on Monday. We will not leave it at that; we will reflect on what comes back. To be honest, the conversation with the Government seems to have run into the sand a little—it has not come back with the information that Kathleen Orr expected. We can raise that with the Government as well.

We recognise that we will definitely come back to the issue and to other petitions on related issues but, specifically on this petition, we will ask about the demands as a starter for 10. Is that acceptable?

Members indicated agreement.

The Convener: Kathleen, is there anything that you want to say before we move on?

Kathleen Orr: I would like to add that the machines that I am buying cost £1,000 and upwards. Maybe further down the line, when there is a new build or a new school is put up, an extra £1,000 should be spent on putting one in. In my area, a lot of schools have been refurbished, which costs up to millions of pounds but, in the whole time that that has been done, not once has any thought been given to even putting an outlet on the outside of a building in case anyone wanted to put in a defibrillator, and there has never been any thought about spending an extra £1,000 to have a machine inside. That is nothing to a massive company, but it is life-saving equipment. Everybody has to have a fire extinguisher, because that is the law and because fire

extinguishers save lives, but defibrillators save lives, too.

The Convener: That is a very important point, and it is rational, sensible and logical. We have to ask why that has not already been done. We can pursue the issue in legislative terms but, actually, we should also simply ask the Scottish Government and perhaps the Convention of Scottish Local Authorities about their policies when they are building. We have had conversations about fire safety and having sprinkler systems hardwired into new buildings. Is it not logical to ensure that there is at least the possibility of attaching a defibrillator to any new building? Those are hugely interesting issues and are practical points in taking forward your proposal.

Thank you very much for your attendance. I appreciate just how difficult this is for you and your family, and we thank you very much for all that you have been doing to pursue these important issues.

10:09

Meeting suspended.

10:13

On resuming—

Additional Support Needs Schools (PE1709)

The Convener: The next petition for consideration is PE1709, by Claire Mooney, on the installation of closed-circuit television cameras and the provision of full-time social work support in all additional support needs schools. Members have a copy of the petition and the briefing that has been prepared by the Scottish Parliament information centre and the clerks.

The petitioner raises concerns about restraint practices in additional support needs schools and is of the view that the way to address those concerns is to install CCTV cameras and establish a full-time social work presence in all additional support needs schools in Scotland. Our briefing note explains that approaches to the delivery of specialist additional support needs education differ between local authorities and it draws our attention to PE1548, on national guidance on restraint and seclusion in schools, which covers similar issues with regard to restraint practices in schools.

Do members have any comments or suggestions for action?

Brian Whittle: As you say, we looked at a petition that was specifically about restraint. I am of a mind to reflect back on the outcome of that. It

seems to me that PE1709 is about child protection. That is laudable, obviously, but it seems to me that the flip side of that is that it becomes very big brotherly rather than being about education of the staff.

10:15

The Convener: Beth Morrison's petition PE1548, which has been going on for a while, is about inappropriate restraint and seclusion of young people, and putting them in spaces that are not comfortable. PE1709 raises an interesting point about how we are made aware of those practices. A young person with a learning disability is regarded as not being a reliable witness.

These are interesting questions. I am not sure whether we would come to the conclusion that we should put in CCTV, but we can understand what drives the suggestion. If there is inappropriate behaviour towards a young person and they are not regarded as being able to describe what has happened, what evidence is there? That is why there is also a suggestion that social work support be made available in every additional support needs school. I suppose another question is what protections are in place for young people in such circumstances who are in mainstream education.

I would be interested to see the responses of the Scottish Government and local authorities to the challenge that the petitioner legitimately makes. How do we keep our young people safe? What evidence can be used? I imagine that, in many cases, colleagues in the school would be aware of inappropriate behaviour, and I am sure that they have an obligation and a responsibility to report anything they see that is inappropriate.

I suppose the committee needs to think about what the issues are and then separately ask whether the solutions that are proposed in the petition are the correct ones.

Rachael Hamilton: I would be interested to find out whether CCTV is being used in similar settings in other countries. What examples do we have? What evidence is there to suggest that the approach works well? At the moment, I am unaware of that. It may be a great idea, but I am unaware of how it could actually be of benefit, so I would like to see some evidence of where it is being used. However, I might be wrong about that; it might never have been considered elsewhere in the world.

The Convener: We could ask SPICe to look into that and see whether there are international comparisons.

Angus MacDonald: Given the concerns that have been expressed to the committee in the past, particularly in PE1548, by Beth Morrison, on

restraint in ASN schools, I can see where the petitioner is coming from. There is merit in Rachael Hamilton's suggestion that we look further afield and see whether there are examples of CCTV being installed in other countries specifically for this purpose.

The Convener: It is interesting to note from the papers that those who are employed in such settings do not support the proposal. There is some suggestion of a concern about it.

How should inappropriate behaviour be managed? Should that be done through CCTV? I suppose that the question we are really asking is, "If not that, then what?" I suggest that we write to the Scottish Government, COSLA and the Scottish Social Services Council and that we ask SPICe what the international situation is. Do members have any other suggestions?

Rachael Hamilton: The other issue is data protection and the right to privacy. The proposal might be a non-starter because of that. Should we therefore look at whether it breaches any human rights regarding privacy?

The Convener: Do you mean the human rights of the young person or the human rights of the employee? They might not necessarily be in alignment.

Rachael Hamilton: We need to look at both because we might get to a point at which we have seen good examples, SPICe does its research and then suddenly we come across a barrier that says that this is completely impossible because of the protections.

The Convener: I am interested in asking organisations that represent people who have learning disabilities, and advocacy organisations. If somebody is not able to say for themselves, "This is what happened to me", how would the advocacy system understand what happened and give people their rights? The petition frames the issue in terms of the human rights of the young person, so how are those rights enforced in a situation in which the person is not seen to be a credible or reliable witness? That is an interesting area that has also been opened up.

Brian Whittle: I agree. The first question is whether there is a gap. If there is, how do we close that gap? Is CCTV the way forward? I would be interested to see what social services' take on that is.

The Convener: It might also be good to speak to the representative organisations of people who are employed in the sector. Their view will, of course, be coloured by the fact that they are representing the employees, but it would tease out the issue of human rights and the responsibilities and accountabilities of people who operate in

social work. The petitioner clearly regards having social work services in the institution as a way of protecting rights. What would the teaching unions or other support unions think about that? It might be worth flagging that up.

Do we agree to the suggested action?

Members indicated agreement.

The Convener: We thank the petitioner for lodging the petition. It raises important and challenging questions that are in tune with the earlier petition and we want to explore whether the proposal in the petition is the solution and, if not that, what is?

It is reasonable to say that young people should feel safe and protected in their education environment, even if they are not in a position to bear witness to the challenges that they have experienced. We have quite a bit to do with this petition. Again, I thank the petitioner for bringing the issue to our attention.

Continued Petitions

Ocular Melanoma (MRI Scans) (PE1629)

10:22

The Convener: The first continued petition this morning is PE1629, by Jennifer Lewis, on MRI scans for ocular melanoma sufferers in Scotland. Members will recall that, in our earlier consideration of the petition, we invited the Scottish Government to respond to questions provided in a submission from Iain Galloway.

The clerk's note sets out the Scottish Government's response to those questions, along with subsequent submissions from Mr Galloway and the petitioner. In her submission, the petitioner refers to a specific case and to a meeting that the Cabinet Secretary for Health and Sport had with an individual in that case. Members will recall that we also agreed to invite the cabinet secretary to provide evidence at a future meeting.

Do members have any comments or suggestions for actions on the petition?

For what it is worth, I will start off by saying that you can feel the frustration and annoyance in the submissions. I was very concerned at the extent to which it was almost as if they were talking about two completely different things. The petitioner and Iain Galloway were rational and logical in talking about the importance of MRI scans but they are almost being batted back without the Government actually hearing their concerns. I hope that we can do more on this.

I think that underlying the petition is the fact that, because the condition is so rare, people are not hearing what the petitioners are saying about the condition, even though they seem to know more about it than anyone else does.

Brian Whittle: I echo that frustration. Sometimes we hear petitions that just seem so logical and we cannot work out why what they are asking for is not already happening. This is one of them.

I know that we have invited the Cabinet Secretary for Health and Sport to appear before the committee quite a few times, and that she is coming to see us in the near future, but I would like to bring the petition directly to her attention. From the evidence that we have received, there is certainly a logic to what the petitioner is asking, so I would like to ask the cabinet secretary whether she thinks differently.

The Convener: Two things jumped out at me. One was the fact that minutes of a meeting that happened a year and a half ago were asked for, but the minutes were not yet available. Even the

weakest local branches in our own political parties would be able to deliver minutes in less than a year and a half.

The other thing, which is an important point, relates to the mesh implants petition. When the independent review was established with patient representatives, there were questions about who the patient representatives would be and how they would be identified. The petitioner and Iain Galloway are clearly at the front line and understand the issue that the petition is concerned with, but the Scottish Government does not seem to think that they might be the best people to be representatives on the group.

Those are two small points that perhaps indicate a broader lack of engagement with the issues that the petition highlights.

Rachael Hamilton: The timing is also important if we are considering meeting the cabinet secretary, so that she can bring evidence to the committee. The Scottish Government's submission says that the Scottish guidelines group "expect to have an initial draft complete in autumn 2018",

so it is important to agree the timing for Jeane Freeman's evidence to the committee.

The Convener: For the record, I note that we are asking the Cabinet Secretary for Health and Sport to provide evidence on a number of petitions: PE1533 on the abolition of non-residential social care charges for older and disabled people; PE1545 on residential care provision for the severely learning disabled; PE1619 on access to continuous glucose monitoring; and PE1690 on the review of the treatment of people with myalgic encephalomyelitis in Scotland.

The cabinet secretary has indicated that she is willing to meet the committee, so the question is simply about establishing times. Our preference is to have two separate sessions, so that we can give every petition a proper hearing and give the cabinet secretary the opportunity to respond.

Does the committee agree to invite the cabinet secretary to give evidence on the issues that are highlighted in PE1629, and that our preference is for evidence to be taken in two separate sessions, so that we can give each petition the time that is required?

Members indicated agreement.

Active Travel Infrastructure Strategy (PE1653)

The Convener: The next petition for consideration is PE1653, by Michaela Jackson, on behalf of Gorebridge Community Trust, on active travel infrastructure. During our previous

consideration of the petition, we agreed to write to the Scottish Government to seek an update on when it intended to publish its active travel task force report and trunk road walking and cycling strategy. We also agreed to seek information about evidence that was provided to the Environment, Climate Change and Land Reform Committee by the acting chief executive of the Committee on Climate Change in relation to the environmental impact of cycling on air quality and climate change. That information is in the committee's meeting papers. Do members have any comments or suggestions for action?

Brian Whittle: The petition interests me because of the work that the committee is doing on the A77 and the A75, specifically in relation to the Maybole bypass. I wrote to Transport Scotland to ask what consideration was being given to active travel in the development of that project. At the time, active travel had not been considered, but it is now being considered.

The petition is important, because it seems obvious to me that we should consider active travel in the development of trunk roads. The only thing that I can think of doing next is to get an update from the Government on when it will publish its strategy. It is certainly worth continuing to push the Government on the issue.

Rachael Hamilton: I agree with Brian Whittle. The active travel task force report says that the national transport strategy must consider active travel, including walking and cycling, and that it must be

"mainstreamed into Regional and Local Transport Strategies."

How our local authorities mainstream active travel in their own priorities and strategies is integral. At the moment, there are active travel strategies in place, but they might not be as strong in every single local authority in Scotland as we think they are.

10:30

The Convener: From memory, I think that evidence that we received on the petition suggested that even the most committed cyclist would think twice about going on to the particular road. Speaking for myself, I would not even go somewhere that was considered very safe, but confident cyclists are deterred from using that route, and that is against public policy. Therefore, it would be worth while to pursue your suggestion.

Angus MacDonald: It is worth putting on record that it was good to get clarification from the Scottish Government on the national transport strategy. We had asked for more detail on it and whether transport users and the general public would have an opportunity to feed into it, and it is

good to see that there is a timeline for engaging with the public and stakeholders in spring 2019. It looks like we will be seeking further information on the matter, but is it within our remit to feed into the national transport strategy ourselves once we have concluded the work on the petition?

The Convener: We will look into that. We will seek an update, and we can then consider how best we can inform thinking on the matter, bearing in mind the responsibilities at the Scottish and local authority levels. Are we agreed?

Members indicated agreement.

Rachael Hamilton: Can the clerks also find out whether other committees are considering any active travel matters? Our work on the petition might feed into that work, but I am unaware of any other committees that are looking at active travel matters.

Angus MacDonald: The issue is always on the ECCLR Committee's radar. Obviously, the funding for it has been increased, but I note from the papers that the petitioner has suggested that

"if the Public Petitions Committee is liaising with other committees, the most relevant committee on cycling is the committee which deals with transport policy."

She does not mention the Rural Economy and Connectivity Committee by name, but that is the committee that she would be talking about. I do not serve on that committee—

The Convener: —but it could be arranged. [*Laughter.*]

Angus MacDonald: You never know.

The Convener: We will put in a bid for a transfer for you, if you want.

We recognise the broader issues that the petition has highlighted, and there is a series of actions that we can take and updates that we can seek.

Cat Population (Management) (PE1674)

The Convener: PE1674, by Ellie Stirling, is on managing the cat population in Scotland. We last considered the petition in May, when we agreed to write to Professor Anna Meredith, the partner organisations of the Scottish wildcat conservation action plan and the Scottish Government. The clerk's note summarises the submissions that we have received.

Professor Meredith and the SWCAP steering group both refer to Professor Meredith's previous report, which is included in our meeting papers as annex B to the petitioner's submission of 22 November 2017. Those submissions appear to suggest that the findings of that report are still relevant and require to be addressed. We have

also received a submission from the Royal Zoological Society of Scotland that supports the specific aspect of the petition that calls for the compulsory neutering, vaccination and microchipping of domestic cats.

The Scottish Government is open to any public awareness-raising efforts and education campaigns and refers to its on-going consultation on the licensing of dog, cat and rabbit breeding. That consultation, which is due to close next week, is expected to collect helpful information that might be relevant to the petition.

The petitioner has provided two written submissions in which she poses a number of questions and provides her perspective on the issues that are still to be addressed.

Do members have any comments or suggestions for action?

Rachael Hamilton: Given that we have, as you have pointed out, the consultation and the awareness-raising campaign and that, as the Scottish Government has indicated, a further paper from the Scottish wildcat action project is to be published shortly, I wonder whether we should wait for what comes out of the consultation and then take evidence from the cabinet secretary.

The Convener: I was quite struck by the strength of the responses on an issue that I had not really thought about. I found some of the evidence on the consequences of not doing something to tackle the issue and—from an animal welfare perspective—on the suffering of cats quite alarming. Although it was suggested that there were dangers with the procedure of neutering, I thought that the balance of evidence was quite strongly in favour of action needing to be taken on the cat population, even were it not to affect the wildcat population. Important animal welfare issues were raised.

Brian Whittle: It is not a topic that I had been aware of, but the petitioner has brought it into the light. I agree with the convener. The issue is obviously one on which we should be considering taking action.

The Convener: Quite serious people provided us with challenging evidence to the effect that not doing anything is not an option.

Does the committee agree to the proposal that we invite the Cabinet Secretary for Environment, Climate Change and Land Reform to give evidence? We can ask the clerks to think about when the best point would be to hold that session, bearing in mind the on-going consultations. Is that agreed?

Members *indicated agreement.*

The Convener: We put on record our thanks to the petitioner and to those people who took the time and trouble to provide us with thoughtful and substantial submissions.

Local Authority Executive Committees (PE1684)

The Convener: The next petition, PE1684, which was submitted by James Swan on behalf of Whitburn and district community council, is on the composition of local authority executive committees. It calls for the Local Governance (Scotland) Act 2004 to be amended to ensure that, where an authority has an executive body, that body reflects the political party membership of those who have been elected.

The clerk's note summarises the submissions that we received from 11 local authorities and the Scottish Government following our previous consideration of the petition in May of this year. The submissions do not support the action that is called for in the petition for a variety of reasons, including the fact that the operation of a local authority is a matter for that local authority; the fact that such a body can have external members; and the fact that checks and balances are available through the current structure.

In his response, the petitioner considers that the single transferable vote system has caused difficulties that result in the electorate being the loser.

Do members have any comments or suggestions for action?

Angus MacDonald: The responses from the local authorities and the Minister for Local Government, Housing and Planning, who said that "local authorities should be able to decide their decision-making processes for themselves"

rather than have those processes imposed on them from on high, are quite telling.

Although I can understand the Scottish Government's reluctance to interfere in local authorities' decision-making processes, I have seen how unfair the current system can be. I can give an example from my local authority area, where the situation was far from democratic for a while. However, those involved managed to sort things out among themselves eventually. That is proof that local authority decision making can resolve a specific issue with regard to representation in an administration. The issue is solvable.

The Convener: Every local authority is constrained by the law and by the standards process. I am not quite sure how that works, but there is a standards process for how local councillors conduct themselves. Nobody would

suggest that, because a range of parties are represented in the Scottish Parliament, the Cabinet must represent them proportionately. I found that an interesting argument. I get the idea that representation on committees is done on a d'Hondt basis, but none of us would assume that membership of the Cabinet should be worked out on that basis.

If it is possible for political parties to construct alliances to create an executive, they are accountable to the electorate for that, and I am not sure that we should apply to local authorities a standard that is different from the one that we apply in Parliament. Of course, everything should be considered in the context of fairness, transparency and a willingness to work together, so that elected members are not excluded from scrutiny.

An issue that emerged from the evidence was the existence of checks and balances through the way in which scrutiny committees operate at the local level. There might be a question about how much support they are given to do that but, in my view, that seems to get the balance right.

Rachael Hamilton: The submission from Moray Council is quite interesting. As far as I am aware, local authorities have not supported the action, but they have made some quite interesting comments. For example, Moray Council says in its submission:

"it is hard to see how it would resolve our governance issues. Annual budget setting would still need to go to full Council."

As the convener said, there are scrutiny committees and checks and balances. I think that what the local authorities are saying overall is that things are in place to ensure that there is a fair balance.

The Convener: One local authority said that the scrutiny committee can refer a cabinet decision back to the cabinet to reconsider it. If the issue is not resolvable, it is then referred to the full council, which means that everybody will have a say. I felt that that model perhaps works.

It is evident from the submissions that there are differences between local authorities in relation to the committees. Some have always been independent, some have been majority independent, and others may have been more famous battlegrounds for the political parties.

We are grateful to the local authorities for their measured responses. We recognise the points that the petitioner has made. My view is that those points are about accountability and transparency, and a citizen's right to challenge their local authority to provide accountability and transparency and ensure that it responds to them. However, on the point about the need for external

imposition in regard to how local authorities do their business, I do not think that the committee is minded to agree with the petition. I am wondering what options we have.

Rachael Hamilton: I am being led by the evidence that I am reading. As you say, it is an interesting petition, but we may decide that we cannot go any further with it, and we could perhaps consider closing it.

David Torrance: I support that approach.

The Convener: I think that we agree that we should close the petition under standing orders rule 15.7, on the basis that there is no support for the action that is called for in it. I think that, as a committee, we feel that the checks and balances are operating in the system in relation to how the executive of a local authority operates. We want to ensure, of course, that there is scrutiny of a local authority's actions.

Do members agree to close the petition but also to thank the petitioner very much for raising questions with us and giving us the opportunity to explore further the questions that his petition identifies?

Members indicated agreement.

Free Instrumental Music Service (PE1694)

The Convener: The next petition for consideration is PE1694, by Ralph Riddiough, on free instrumental music services. When we considered the petition in September, we agreed to write to local authorities to ask them to respond to questions on three issues: the drop-out rate of children having instrumental music tuition in the past two years; the projected drop-out rate for this year if charges for instrumental music tuition continue to increase as they have done in recent years; and whether there is a particular reason that instrumental music tuition is not being regarded by education departments as a core subject.

Responses have been received from 24 local authorities, which is a substantial number, and we thank them for those responses, which are included in our meeting papers.

In his submission, the Deputy First Minister and Cabinet Secretary for Education and Skills sets out ways in which the Scottish Government is supporting music education, including the provision of £3 million to Sistema Scotland since 2012 and £109 million to the youth music initiative since 2007. The cabinet secretary states that he respects the autonomy of local authorities but says that he is

"concerned by decisions by a number of them to reduce access to instrumental music tuition."

He states that he is

“committed to working collaboratively with other stakeholders to find solutions.”

He adds that he is due to appear before the Education and Skills Committee in early December in relation to its inquiry into musical tuition in schools.

The petitioner acknowledges the submissions from local authorities but considers that they demonstrate a “marked difference” in the approach across Scotland to the provision of musical instrument tuition. He also refers to the Education and Skills Committee’s inquiry, adding that he has provided a written submission to that inquiry. He states that he would like the petition to be referred to the Education and Skills Committee for consideration as part of its inquiry.

Do members have any comments or suggestions for action?

10:45

Brian Whittle: The petition has generated an awful lot of interest. It probably speaks to a wider and more general issue about access to opportunity outside what we class as the core subjects in school. It is about the driving of inequality. The drop-out rate has been marked over the past couple of years. There is certainly an issue about access to opportunity, and the situation flies in the face of everything that the Parliament has discussed in relation to closing the attainment gap and reducing inequality.

However, given that the Education and Skills Committee is doing a big inquiry on the issue, the best thing that we can do, rather than duplicate work, is to send the petition to it for its consideration.

The Convener: I am struck by the scale of the response, by some of the figures that have come back and by the range of what local authorities do. As the deputy convener of the Education and Skills Committee, I can reassure members that its inquiry has been substantial. We have had informal sessions with young people and with people who deliver instrumental tuition. Last week, we had a session with young trainee music teachers who are at the Royal Conservatoire of Scotland. We have met parents and all sorts of groups. We have also had three formal evidence sessions and we will meet the Deputy First Minister in the near future. It is a substantial inquiry.

The inquiry has thrown up a lot of questions, but the answers are slightly more challenging. What comes across strongly is that nobody wants young people not to get music tuition. There is a question about why music tuition is seen as slightly outside

the core business of schools for some local authorities. A lot of the issue is to do with budget constraints and balancing one thing against another. I do not know what the conclusions will be, but it strikes me that there is a strong understanding and appreciation of the power of music in young people’s lives, and we have had testimony from young people on that.

Brian Whittle: During the inquiry, is the committee considering the impact of what seems to me to be almost extracurricular provision on attainment in the core subjects? Has the committee considered whether there is a correlation between those?

The Convener: That has certainly been asserted, and I find that point compelling. There is that whole thing about self-esteem, capacity building, team building and learning to work with other young people. There are parallels with sport—

Brian Whittle: Yes, and with art and drama.

The Convener: Yes. All those things shape young people’s capacity to learn in other ways.

One interesting point on which we have had evidence is about the way in which concessions and access to free tuition vary widely across the country. There are very different criteria. Members will remember from the evidence that we got that there are a group of people who are not really entitled to anything but who are very squeezed by charges going up. Some of the evidence that we have had raises the issue of whether there is displacement because, when people simply cannot afford it, that opens up places for those who might not have been selected because they were not the best performers but who can afford to take up the places. There are all sorts of inequities.

Yesterday, the Education and Skills Committee heard evidence from Perth and Kinross Council, West Lothian Council and Glasgow City Council. Although their approaches are all very different, they all cite budget constraints and challenges and are having to make choices. Should they ration by aptitude or by charging? It is not a question of anybody being able to do any instrument that they want at any time. There is a range of issues. I was certainly struck by the evidence from the councillor from West Lothian, who said that the council will need to review the decisions that it has made on charging because of the marked drop-off rate. He expressed a lot of concern about that.

Rachael Hamilton: I was also struck by the variation. The high level of engagement on the issue has been amazing. There are big differences in the provision of instrumental tuition across local authorities. We all agree that the provision is wide

and varied and that it is based on budgetary constraints or decisions.

The Education and Skills Committee will be looking at the issue for quite a long time. I heard from Liz Smith that it is getting comparisons with other countries such as Finland and how they look at instrumental tuition. That inquiry will be quite thorough. I have a huge interest in the petition and would be sad to pass it on to the Education and Skills Committee, but I note the petitioner's comment that he would be happy for us to do so.

The Convener: As an aside, any member of Parliament can attend any committee meeting that they wish to attend. If we make sure that you are notified about the Education and Skills Committee's session with the Deputy First Minister and you are able to attend, you might hear something of interest.

It is true that this committee has also taken the issue seriously, and I note from the papers that a whole range of people, including the Musicians Union and others, are talking about the consequences for them, which I found interesting. One of the things that comes out is the reduction in the number of ensemble orchestras and the lack of capacity to put together an orchestra, because people are no longer learning the more unusual instruments. There is a massive cultural issue for us.

Do members agree to refer the petition to the Education and Skills Committee for consideration as part of its on-going inquiry into music tuition in schools?

Members indicated agreement.

The Convener: That is agreed, so we will pass on committee members' comments about the evidence that we have accrued. As I said, members can attend the Education and Skills Committee if they choose to do so. I thank the petitioner for bringing the petition to the committee's attention.

Medical Care (Rural Areas) (PE1698)

The Convener: The final petition for consideration today is PE1698, by Karen Murphy, Jane Rentoul, David Wilkie, Louisa Rogers and Jennifer Jane Lee, on medical care in rural areas.

During our previous consideration of the petition in September, we agreed to write to the Scottish Government and the Rural GP Association of Scotland to seek their views on the specific action that is called for in the petition. Responses have been received and are included in our meeting papers.

Members will note that we have also received written submissions from one of the petitioners, as

well as from other interested parties, including two rural doctors. The submissions all raise concerns about how the new general practitioner contract will work in practice for rural communities, as well as concern about how the workload allocation formula was calculated and the transparency of the remote and rural general practice working group. Do members have any comments or suggestions for action?

Again, I was struck by the strength of feeling around the petition—it is not the first petition today on which that has been the case—and the level of frustration and concern that has been expressed. One thing that struck me was the suggestion that the allocation formula is unfair to not just remote and rural communities but deep-end GP practices in some of the poorest parts of our cities. It has been raised with me previously that some of our poorest communities are not well served by the funding allocation because, if you use age as a criterion, our poorest communities, where people suffer from co-morbidity and die early, do not get the funding that they need. I know that the deep-end initiative is supposed to help with that a bit, but the petitioners say quite explicitly that it does not. That feels counterintuitive, but it is a challenging situation.

Brian Whittle: The issue has been exercised in the wider Parliament and the debating chamber. If I am right, stage 2 of the Health and Care (Staffing) (Scotland) Bill will take place next year.

There is undoubtedly a strong view that there is a disparity between how the GP contract delivers for rural areas as opposed to urban areas. As the convener said, deprived areas are also affected. There is certainly something to investigate and to report back on to inform the Government. It seems as though the issue is exercised in Parliament almost every week.

Angus MacDonald: I agree. It is not as if there had been no warnings in advance of the GP contract that issues would arise, but it is clear that we must look into the matter in a bit more detail. There is certainly no doubt that there is a lot of concern in rural areas.

The Convener: There are some process issues to take into account; for example, I think that the chair of the group resigned out of frustration, civil servants suggested that the group should not comment on its work and there is a general sense that things were being driven through without people being particularly clear about the consequences. I think that I also read somewhere that the figures were slightly misrepresented, that the numbers who voted were not high and that, of those who voted, the result was not conclusive. Whatever the solution might be, there will always be challenges with regard to allocation, but if you manage not to fund rural and fragile

communities—which, as the evidence tells us, rely more on GP practices, because they have no access to other services—as well as some of our poorest practices, something is not right.

Brian Whittle: The question is: who do we ask about this? The suggestion that we ask the Scottish Government how the workload allocation was calculated is an interesting one that I would support.

The Convener: So we should write to the Scottish Government to flag up the key issues that have arisen in evidence, such as the workload allocation formula; the transparency of the working group, on which we want some reassurance; and the lack of understanding that appears to have been shown in the design of the GP contract of the fact that remote and rural communities rely on GP practices in a different way, in that much of the delivery of health services in such areas needs to come through GP practices in a way that does not happen even in small towns and other non-urban bits of Scotland.

Rachael Hamilton: Because it was highlighted in the evidence, it is important that we reiterate how the issue will affect the recruitment and retention of GPs. Moreover, the point that applies to the transparency issue also applies to the scrutiny of the process. I note that, in its submission, the Government says that it intends to carry out

“a programme of visits to rural areas ... engaging with patient groups”,

and that the chair of the remote and rural working group will

“attend the next meeting of the Rural Parliament”.

It might be interesting to find out whether the Scottish rural parliament is also looking at the issue as part of its responsibilities to rural areas.

The Convener: Those are all reasonable suggestions, but my sense from the submission is that it is possible to get quite bogged down in the technicalities, because that is what the Scottish Government keeps pushing back on. However, the question for me is whether we are risking these services, which brings me back to Rachael Hamilton’s point about recruitment and retention. What is the rationale for having a formula that seems, irrationally, to draw resource from rural and vulnerable poor communities? The Government says that no one loses money, but the fact is that such practices do not get increases in the way that other parts of the system do.

Rachael Hamilton: It might well be that, in future, rural practices will not offer certain services, such as flu jabs. We just do not know what might happen as a result of the change in funding.

Brian Whittle: The danger is that, if we do not get this right, we will not be able to retain GPs, and if we cannot retain them, we will have to recruit them. That means having to consider the pay structure that we require to recruit people into more difficult rural areas, which will just skew the whole system.

The Convener: I do not think that anyone is suggesting—I am certainly not suggesting—that there is a straightforward solution to the problem. There will always be tensions with allocations, because everyone is fighting for their own patch, and there will always be pain when we reallocate funding from one area of spend to another. However, it looks as though this particular process has been poorly done, and it is worth pursuing certain questions about transparency, as well as the question of the rationale behind and logic of what is being done in order to get people to sign up to the contract. The alarm that has been expressed in the evidence that we have received should, in itself, give us pause and lead us to think about at least exploring the matter.

Do we agree to write to the Scottish Government in the terms that have been suggested?

Members indicated agreement.

The Convener: I thank everyone for their attendance.

Meeting closed at 11:00.

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