



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# **Citizen Participation and Public Petitions Committee**

**Wednesday 24 September 2025**

**Session 6**



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Pàrlamaid na h-Alba

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**CITIZEN PARTICIPATION AND PUBLIC PETITIONS COMMITTEE**

**14<sup>th</sup> Meeting 2025, Session 6**

**CONVENER**

\*Jackson Carlaw (Eastwood) (Con)

**DEPUTY CONVENER**

David Torrance (Kirkcaldy) (SNP)

**COMMITTEE MEMBERS**

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

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

\*Davy Russell (Hamilton, Larkhall and Stonehouse) (Lab)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Jackie Baillie (Dumbarton) (Lab)

Neil Gray (Cabinet Secretary for Health and Social Care)

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

Patrick Harvie (Glasgow) (Green)

Clare Haughey (Rutherglen) (SNP)

Douglas Lumsden (North East Scotland) (Con)

Marie McNair (Clydebank and Milngavie) (SNP) (Committee Substitute)

Edward Mountain (Highlands and Islands) (Con)

Paul Sweeney (Glasgow) (Lab)

**CLERK TO THE COMMITTEE**

Jyoti Chandola

**LOCATION**

The Adam Smith Room (CR5)



## Scottish Parliament

### Citizen Participation and Public Petitions Committee

Wednesday 24 September 2025

*[The Convener opened the meeting at 09:31]*

### Decision on Taking Business in Private

**The Convener (Jackson Carlaw):** Good morning, and welcome to the 14th meeting in 2025 of the Citizen Participation and Public Petitions Committee. We have received apologies from the deputy convener, David Torrance, who is not with us this morning. We welcome his substitute, Marie McNair. Good morning, Marie. It is nice to have you back with us.

Agenda item 1 is a decision for colleagues on whether we will take in private items 5, 6 and 7, which relate to consideration of the evidence that we will hear, an anonymous submission and our work programme. Do colleagues agree to take those items in private?

**Members** *indicated agreement.*

## Healthcare

09:32

**The Convener:** Item 2 is a healthcare thematic evidence session. People are joining us for the meeting because, as we move towards the end of the parliamentary session and realise that time is running out, we are seeking to get some final evidence on a number of petitions from various senior ministers and their colleagues. There are 16 health petitions that are incorporated in the range of areas that we might end up discussing this morning.

I am delighted that, to discuss those issues, we are joined by Neil Gray, the Cabinet Secretary for Health and Social Care, who says that this is his first gig in recent times with the petitions committee. From the Scottish Government, he is joined by Alan Morrison, who is the deputy director of health infrastructure and sustainability, and Douglas McLaren, who is the deputy chief operating officer for performance and delivery. We are also joined by three of our parliamentary colleagues: Clare Haughey, Jackie Baillie and Edward Mountain. Good morning to you all.

We will try to draw the various petitions into five thematic sections. I think that Edward Mountain's particular interest might be in theme 1—I am saying that as I scrunch around for my notes when the most obvious answer is in front of me. Please feel free to catch my eye or the eye of the clerks. I am happy for any of my parliamentary colleagues to join in at any point this morning, simply because we have such a long series of sections. As we get towards the end of each thematic section, if there are questions that they would like to put in addition to those that the committee has put, I am happy to hear what they might be.

The five areas that we have brought things together under are patient experience; diagnostic and treatment pathways; capacity, skills and training; sustainability of funding and health service infrastructure; and post-Covid-19 impacts and response. One of my committee colleagues will act as a kind of chargé d'affaires for each of the sections as we proceed through them.

I will begin with questions on patient experience. A number of petitions demonstrate that there is a gap between policy, strategies and plans and how services are experienced. Do you accept that there is a gap? If so, why do you think that the gap exists, particularly at critical points of people's lives, such as a mental health crisis, when vulnerable around the birth of a baby, or when feeling very unwell? Cabinet secretary, if you wish to bring in any of your colleagues at any point, that will be fine.

**The Cabinet Secretary for Health and Social Care (Neil Gray):** Thank you, convener. First, I want to express my appreciation for the opportunity to be here. As you said, it is my first time both in this room and appearing before the committee. I am very grateful for the work that the committee does in raising areas of concern and interest that the public have brought forward. I appreciate the opportunity to respond to some of those. Given the potential number of petitions that we are discussing and the time that we have available, I will attempt to be as pithy as possible in my responses.

As you have set out, convener, there can be gaps between policy and delivery. Where that is in evidence, it is normally due to capacity or demand-level constraints. There can be variation in delivery between health boards for geographical or demographic reasons, which members will understand. However, that said, I obviously want to narrow the gaps between demand and capacity and ensure that the patient experience is as positive as possible in what are sometimes very difficult circumstances, such as—as you set out, convener—a mental health crisis or other issues that are going on in people's lives. That is what I am endeavouring to deliver, in concert with the 14 territorial health boards and the national boards, to ensure that we maximise improvements in patient experience.

**The Convener:** Why do you think that those gaps exist? It is sometimes perplexing that a certain level of service, which seems quite critical, is available to people who present in some health boards but not to people who present in others. Is there any collective thinking between health boards to review the different ways in which they approach these matters, or do they very much operate in their silos and decide everything without reference to more widespread practice? To be fair, we see that issue with regard to some public transport options, which vary depending on which local authority is responsible. However, in healthcare, it is sometimes difficult to explain why somebody who is on the wrong side of a health board boundary feels that they cannot get the same level of service as somebody on the other side.

**Neil Gray:** Yes. I understand that, and that is the constant dilemma between local and national decision making. Where we rightly expect there to be local decision making and priority set at a local level, the compromise is a level of variance.

To answer the first part of your question, although our territorial health boards are independent legal entities that are responsible for the delivery of services in their jurisdiction, yes, I bring them together at a national level and ensure that there is shared understanding of best

practice, resolving challenges and ensuring that there are treatment pathways available and that we blur the boundaries between health boards.

I will give you an example. We recently changed the way that we deliver planned care services, so that we have national treatment centres that people are referred to from territorial boards and regional treatment hubs, because we recognise that ensuring that treatment is delivered in the fastest way possible sometimes means delivering at a national rather than a regional or local level. That is where our regular interactions with board chairs and chief executives ensure that there is greater co-ordination. I expect that in planned care, in particular, but also in some acute services. The service renewal framework will allow us to have better co-ordination of services between board boundaries than we have right now.

**The Convener:** Sometimes, the committee is alerted to conditions that we had not heard of before. It can be easy to follow the pathway when you are talking about high-level services, but that does not apply to some conditions, such as hypermobile Ehlers-Danlos syndrome and hypermobility spectrum disorders. The committee will hear about the particular circumstances of a petitioner who will explain what their condition leads to, the difficulties that they have and the fact that they would get a more sympathetic response and level of treatment in another health board. These conditions are slightly below the radar, for want of a better term, in that they are not part of day-to-day household conversations, which can be quite difficult. The responses that the committee gets from health boards do not always advance matters, and it can be difficult for us to understand the justification for the different levels of treatment in different areas.

**Neil Gray:** Our colleague Emma Roddick has brought great attention to Ehlers-Danlos syndrome and to the work of the petitioner to ensure that the matter is brought to the attention of the Parliament and that there is greater public awareness of the effects of some rare conditions and diseases.

As you acknowledge, convener, we have perhaps not had information across our desks about some of these conditions before. In those cases, we have to find a balance with regard to demand—the level of need for treatment—and the ability to deliver the treatment safely. The clinician who is delivering the treatment must be able to do that at a level at which they continue to be safe to practice. That is always a balancing act.

Territorial boards have different levels of demand for treatment for these conditions, so local decision making is important, because the boards need to make decisions with regard to local priorities—for example, if they have higher levels of Ehlers-Danlos syndrome or other conditions

that they need to prioritise and invest in treatment for.

I recognise that travelling for treatment can be extremely challenging. I am originally from the Northern Isles—from Orkney—and I recognise that travelling for healthcare can be challenging, but it is also an expected part of living in some communities. We need to ensure that the boundaries between health boards are blurred so that, where a specialist service is being delivered, it can be provided on a national basis, co-ordinated through National Services Scotland. Our rare disease action plan focuses on that, to ensure that we have better co-ordination of where services are delivered for some rarer conditions.

**The Convener:** In that case, I want to look at the centralisation of services, which has become a more common phenomenon in relation to the services that we provide. As you know, this morning, we are not discussing the petition on the Wishaw neonatal care unit, which the committee visited. Leaving that petition aside, how do you assess the centralisation of services such as perinatal care or the absence of services such as full abortion care or other specialised services, and how do you ensure that, in providing what, through centralisation, is arguably meant to be a higher level of service—because of the skill sets that are available—you are not restricting access through boundaries that are then in the way of people who were trying to access those services in the first place? How do you ensure that centralisation does not physically restrict some people from being able to reasonably access a service? The matter comes up in the chamber time and again, and it is a common theme of a number of the petitions that the committee is dealing with.

**Neil Gray:** It goes back to the point that this is about specialisation rather than centralisation. On the point about patients having to travel, the national treatment centre initiative has demonstrated that it does not always have to be patients from rural areas travelling to the central belt. The national treatment centre Highland is a good example of patients travelling north from parts of the central belt. As someone who is originally from Orkney, it pleases me greatly that we have that level of co-ordination and that, rather than people having to travel towards the central belt, a level of service is being delivered in some of our more rural communities and is serving their interests, too.

A balance needs to be struck. Sometimes, we might need to take decisions nationally on diagnostic or treatment pathways; at other times, it is for local boards to determine how best to deliver and to serve patients in their areas, and they sometimes work in concert with other boards.

Regardless of whether it is us, in Government, who help—whether through a cancer pathway or specialisation, or by ensuring that we provide neonatal services for the sickest babies—a condition must go through an assessment of need.

09:45

In response to your exact questions, convener, it is about ensuring that we provide a service that is specialised but that does not restrict people's access to it. Careful consideration has to be given, and public consultation and clinical input must be involved, to ensure that we provide the best services for people.

**Fergus Ewing (Inverness and Nairn) (Ind):** I have two issues with regard to the first area we are looking at—patient experience. The cabinet secretary is well aware that I have raised the issue of vaccination services incessantly since 2022, because the general practitioner contract was taken away from GPs and centralised in 2018. Not only has that been a complete catastrophe in the Highlands; as the cabinet secretary knows, it is also believed to have directly led to the death of an infant—not in my constituency, but in the Highlands—because the mother did not get notice of the necessary vaccine for the pertussis virus, or whooping cough, at the right time.

Cabinet secretary, despite my raising that matter with you and the First Minister, and despite the fact that, as I understand it, you have now said that the contract should be returned to GPs, it still has not been. Therefore, people from all over the Highlands have to travel to Inverness. It is sometimes a journey that they cannot make themselves, because of infirmity, because they lack access to a car or other means of transport or because they have to get their parent or friend to take time off work. Is centralisation not completely wrong? Why did the Scottish Government allow it to happen in the first place? When will such services be restored to GPs?

**Neil Gray:** Mr Ewing and I, along with GPs in his constituency and with Mr Mountain, have corresponded and met repeatedly on the issue, and I well recognise the concerns that have been raised. I recognise the case that he has raised, but he will forgive me, because I clearly cannot comment on it.

Access to the whooping cough vaccine is clearly very important. Given the geopolitical discourse that has taken place this week, I encourage any expectant mother to access a vaccine that they are eligible for. As we approach winter, we should also take the opportunity to remind colleagues that they should take up the vaccines that are available to them, because of the preventative benefits that

they offer. Vaccines are among the best public health measures that are available to us.

Mr Ewing asked why the contract change happened in the first place. In the lead-up to 2018, a request came from the British Medical Association during the GP contract negotiations. There is flexibility in the contract for local boards to take alternative measures, which, as I have made clear in my work with NHS Highland, needs to happen. There has been an assessment of the situation in Highland, and there will be flexibility in offering vaccination clinics, which GPs will lead on.

I have corresponded with Mr Ewing on the issue, and we are currently in discussions with the British Medical Association about its future funding provision and the services that it provides as a result. If requests come from the BMA again, we will consider them.

**Fergus Ewing:** Will the contract be restored to GPs before the winter?

**Neil Gray:** I understand that flexibility on such services is already offered, and it is up to NHS Highland to ensure that they are delivered. I am not sure whether that is an on-going process or whether it will happen before the winter, but I will ensure that Mr Ewing is updated on NHS Highland's latest position.

**Davy Russell (Hamilton, Larkhall and Stonehouse) (Lab):** How vigorously do you monitor the output? For instance, a very common theme on the doorsteps was about waiting two years for a cataract operation. Say NHS Lanarkshire—my health board—has capacity for 100 cataract operations per week, whereas although NHS Fife has a budget for 100 per week it does only 80. How do you monitor that and co-ordinate the movement of people to take up the spare capacity in that other regional health board?

**Neil Gray:** Davy Russell has alighted on an incredibly salient point, on which we have been working with boards over the past six to 12 months to optimise the capacity that is available within the system. In some cases, that will involve asking people to travel—from Lanarkshire to Fife, from Grampian to the Golden Jubilee hospital, or to NTC Highland, with which Mr Mountain and Mr Ewing will be very familiar—in order to ensure that, where capacity is available, it is utilised according to demand. It might well be that NHS Lanarkshire needs help to get through its waiting times for cataracts, for instance. Exactly that process is under way, to optimise the planned care capacity.

**Edward Mountain (Highlands and Islands) (Con):** I, too, welcome the national treatment centre in Highland. It proves to me that people can travel for healthcare if they need to do so. In the Highlands, we know that. We have lost our

vascular surgeon and our interventional radiologist. The reason, we are told, is that we do not have the population density that leads to enough demand to justify having those services—despite, in the case of the vascular surgeon, having two operating theatres that are equipped for such operations, and 12 beds, which is more than any other board in Scotland.

I am therefore interested in how you work out that populations in the Highlands will not always be the ones to lose out on services, despite the fact that they might have the equipment to deliver the healthcare. At the moment, the feeling is that we in the Highlands are going to have to travel. No-one really travels to us for those specialisms. Given that just getting to Raigmore may take two and a half hours from Wick, or even longer from more remote areas, we have a huge journey ahead of us. I am interested in knowing how you balance population density with services, because NHS Highland tells us that that is why we are losing all our services.

**Neil Gray:** Convener, I thank Edward Mountain for raising the issue, as he has done in correspondence with me, persistently ensuring that the needs of his constituents in the Highlands are across my desk on this issue and on others. As he will understand, I well know what that trip from Wick to Inverness looks like—I commute it regularly—so I well understand the challenge of accessing a service, even in Raigmore, for patients elsewhere in the Highlands.

A review of the national provision of vascular services is on-going. An interim position is in place at the moment to support the acute need for support for Highland vascular services. We are looking to move to a model that would ensure better vascular provision not just for the Highlands but across Scotland, to be delivered on population-based need while also understanding the clear points that Mr Mountain raised about travel within the Highlands and between the Highlands and other parts of the country. I will be happy to correspond with Mr Mountain on what that review is looking at.

**Edward Mountain:** The problem is not just vascular surgery. It is that we will never have the population density and, therefore, the demand to outstrip need in Aberdeen or Tayside, so we will always lose our services until NHS Highland is hollowed out. That is what we are told and we just have to lump it. Do you agree with that, or do you think that you must put some specialist services in the Highlands and force people to travel to the Highlands in the same way that Highlanders have to travel to get their services?

**Neil Gray:** I appreciate Mr Mountain's point, although I do not agree with the first point that he made. I do not think that it is an inevitability that



services will always be lost from the Highlands, not least because, in relation to all the points that I have already raised, there must be a balance between population-based planning and safety, travel and access to services for people who live in the Highlands. Given the travel that is already involved for people to get from Wick or Dingwall—or, indeed, from Skye, where I was in the summer—to Raigmore, and the onward travel to wherever that service might be, what Mr Mountain set out is not how we are approaching how services should be configured.

I have already given a good example of people in the central belt travelling to services that are provided in the Highlands, which is in good evidence through NTC Highland. I have no interest in seeing the situation that Mr Mountain has set out continue.

**Jackie Baillie (Dumbarton) (Lab):** I recognise the cabinet secretary's intention to optimise planning capacity, but the reality is that that is not being delivered in practice. I will give two illustrations. First, waiting times in NHS Greater Glasgow and Clyde are some of the most significant in the country and the Golden Jubilee hospital is on its doorstep. Beyond the planned arrangement that is made at the start of the year, NHS Greater Glasgow and Clyde seems reluctant to pass people on to the Golden Jubilee, despite its having the capacity to take them.

Secondly, waiting times for gynaecology, diagnostics and treatment in Glasgow are incredibly long—dangerously so—but, in Lanarkshire, they are keeping to time. Why can we not have more co-operation across health board boundaries, which seem to act as a barrier to money flowing between them? I always thought that there was one national health service; it might be time to have the money follow the patient.

**Neil Gray:** Ms Baillie and I talked about those points in the most recent of our one-to-one discussions, which I offer to Opposition health and social care spokespeople regularly. Discussions at that level allow me to share my vision and the Scottish Government's intention with colleagues and to hear their concerns and examples of where things are not working.

I expect NHS Greater Glasgow and Clyde's use of the Golden Jubilee hospital to increase. New management is in place at NHS Greater Glasgow and Clyde, as it is on an interim basis at the Golden Jubilee. As I said in response to the convener and to others, I expect, and we are seeing, greater co-operation between health boards to ensure that capacity is being optimised across their boundaries.

I recognise the point that Ms Baillie made about cancer waiting times in Glasgow compared with

those in Lanarkshire. Can there be greater co-operation there, in relation to either how Lanarkshire has been able to meet its targets when other boards are struggling to do so, or whether the level of delivery in one health board area allows it to pick up some of the challenge that other boards face? That is exactly the type of work that is under way.

**Jackie Baillie:** Patient experience tells me that that is not happening on the ground in a real way. When might we expect that to make a difference that people can see?

**Neil Gray:** That work is under way now, so I expect that situation to start improving as of now.

**The Convener:** The second theme is on diagnostic and treatment pathways. Marie McNair will lead us through those questions.

**Marie McNair (Clydebank and Milngavie) (SNP) (Committee Substitute):** Good morning. Following on from the earlier discussion, I am interested to hear, on behalf of petitioners and my constituents, how the Scottish Government is supporting organisations that are committed to raising awareness, promoting research and providing support to people with rare cancers, such as cholangiocarcinoma and other little-researched conditions.

**Neil Gray:** On the cancer front, we work very closely with the Scottish cancer network, the Scottish Cancer Coalition and individual cancer charities that either help to fund and support research or are looking for us to provide that research funding. Cancer Research UK has a large footprint in Scotland. In its most recent session in the Parliament, it recognised that Scotland leads the world in many aspects of its cancer research work.

I am incredibly grateful for the work that is done by health boards and clinicians as well as by the academic community and industry to consider novel cancer treatments and diagnostic opportunities. We look to see that work continue to advance through the triple helix approach.

10:00

Through the work of the Less Survivable Cancers Taskforce, I am conscious of the need to ensure that, for some of those cancers that are hardest to detect and are less survivable, earlier interventions and novel treatments are developed. We continue to work with that group and the stakeholder organisations to help to deliver that.

**Marie McNair:** How are decisions made about introducing national screening programmes?

**Neil Gray:** That is done in concert with the UK National Screening Committee. Like all

Governments across the UK, we take our lead from the experts in that committee. Based on their recommendations, we seek either to implement a population-based screening programme or to target screening, if that is more appropriate.

**The Convener:** One of the petitions that touches on healthcare is one of the oldest that we have, so I will invite one of our oldest members to ask about it.

**Neil Gray:** One of the most experienced, shall we say.

**Fergus Ewing:** I will take that as a compliment, convener.

Mary Ramsay submitted a petition in May 2019—six years ago—asking for some kind of adequate provision for essential tremor. I understand that she has been ably assisted by Rhoda Grant MSP, so I have not been acting for her personally. Over that time, Rhoda has been persistent, as has the petitioner, who has lodged no fewer than six submissions arguing that there should be ultrasound capacity in Scotland to provide a national service. There is no such capacity, despite the fact that, in 2018, the National Institute for Health and Care Excellence issued guidance recommending that there should be. For quite a while, Covid was used as an argument for not doing anything, and, since then, NHS Scotland's national services division has repeatedly argued that there is not enough money to do it.

The petitioner estimates that 100,000 people in Scotland suffer from essential tremor, which is a serious neurological condition. However, there seems to be no treatment in Scotland, despite the fact that NICE has recommended that there should be. Moreover, there is treatment in England. I am told that the relevant ultrasound equipment exists in Liverpool and London—it may exist in more places now, as that information is a couple of years old. That means that patients from Scotland who are referred for treatment have to travel to Liverpool or London. Perhaps your officials can come back to me with a specific number for how much that costs, cabinet secretary, because that money is completely wasted and could have been used to provide a service in Scotland much more cheaply.

I put it to you, cabinet secretary, that this is manifestly a pretty farcical failure. The responses from the Scottish Government that we have had have just said, "Well, there is no money and we are not really doing anything," despite what the NICE guidelines say.

Is this not a manifest failure to put in place proper provision, as has been done in England, for a large number of people in Scotland who suffer from a debilitating neurological condition?

**Neil Gray:** I thank Mr Ewing for his advocacy on behalf of Mary Ramsay, who was on "Good Morning Scotland" this morning, giving very good testimony about the situation. I represent a constituent who has had essential tremor for some time, and I know that an ultrasound service, such as the one that Mr Ewing mentions, is being provided in Tayside. I recognise that travelling for treatment is a challenge for some people. If someone cannot get to Tayside, for whatever reason, the potential for travel to Liverpool or London is available, although I imagine that most people who are able to get to Liverpool or London are able to get to Tayside.

I will keep under review whether that provision needs to be broadened beyond being a specialist service in Tayside. We will work in concert with National Services Scotland, and, if it were found that a service had a level of demand that would merit provision being expanded beyond one specialist service in Scotland, that is something that we would consider.

**Fergus Ewing:** I would be obliged if you could come back to the committee with detailed answers on how many people you estimate will need the service; how many get it; how many get it in Dundee, in Liverpool, and in London; and what the costs are. It would be very helpful to have that information.

More generally on the health service, many people in Scotland believe that the money goes to the wrong places. It goes to far, far too many managers and bureaucrats and there are far too many medical quangos. Because of that, the money cannot be found to provide the direct services that everybody wishes for. There has not been any reform of the NHS since devolution began—that jaggedy thistle has not been grasped by anybody. Is it not about time that we had major reform, not to spend the money on managers and bureaucrats but to provide some sort of basic national service, at least? I believe that Mary Ramsay is in the gallery today; she has taken the time, again, to travel down to be with us.

**Neil Gray:** I am very appreciative of that, and I am happy to have a discussion with her after the meeting, if that would be helpful.

I am grasping that particular jaggedy thistle and we are pursuing the process of reform. I pray in aid the merger of NSS and NHS Education for Scotland, which is happening in order to provide a new service for NHS delivery. We are blurring the boundaries between territorial boards to ensure that services are being delivered on the basis of it being a national health service, as Ms Baillie referred to earlier. As Mr Ewing is aware from his time in Government, structural reform is incredibly challenging and time consuming, and it can be very costly and distract from what we need to

happen at the moment, which is an improvement in service delivery. I am focused on ensuring that we improve and reduce waiting times and improve people's access to services. We are starting to see the fruits of that particular labour of our incredible NHS staff. That is not to say that structural reform is not required and that it could not be taken forward. However, right now, I am focused on getting the same outcomes that the type of reform that Mr Ewing speaks of could achieve but without having to go through the pain and cost of a top-down reform process.

**The Convener:** The reason why the petition remains open is that the committee has continually been impressed by both the perseverance of those who have raised the issue and by what we thought was the unarguable substance of the request. I suppose that the best way of describing it is that we have declined to be fobbed off over quite a long period of time. In the event that you are able to have a chat with the petitioner, who, as we have identified, is with us today, will you be able to offer her some positive assurance?

**Neil Gray:** In my response to Mr Ewing, I set out that there is a service available in Tayside and I will discuss with the petitioner whether that service is sufficient for her. It was certainly helpful for my constituent and his need. On whether more can be done, I am clearly happy to consider that with NSS, as I have already committed to do, in response to Mr Ewing.

**The Convener:** There is a national specialist services committee, and we would be interested to know how many requests to take forward a national specialist service that committee has considered in the lifetime of this Parliament.

**Neil Gray:** I will need to check that. I am not aware of the answer, but I am happy to provide a response.

**The Convener:** We are interested to know what the productivity of the national specialist services committee is and to know not only how many requests it has considered but what the process is to determine whether such services can be provided.

**Neil Gray:** Douglas McLaren advises that the committee meets quarterly, but I am happy to provide a more detailed answer on its productivity, as you put it. I am happy to furnish that response.

**The Convener:** My mother's bridge club meets quarterly, but that does not mean that it is very productive, and it is the productivity of these things that we are keen to establish. [*Laughter.*] She is in her 90s—she can hardly see the cards.

The committee is considering a petition on the regulation of private ambulance services. From petitions that we have received, it seems that

these public-facing organisations should be subject to some sort of inspection and registration. That seems fairly straightforward, but why does something like that take such a long time to implement?

**Neil Gray:** Healthcare Improvement Scotland is leading on that, and I agree that we need to make progress. It is also working on the regulation of cosmetic implants and surgeries, which is another area where there is a pressing need for reform. It is my understanding that this will go to a public consultation—next year, I expect—and I expect progress to be made in that regard.

**Davy Russell:** Another theme is that of diagnostic and treatment pathways. We need to close the loop. I have a case on my desk of one of my constituents who was diagnosed with cancer and had a mastectomy in 2017. She is still waiting now, in 2025, for reconstructive surgery, which is totally unacceptable. What mechanisms are in place to close the loop? Reconstruction is a vital part of treatment and the woman's mental health is at risk in this case.

**Neil Gray:** I absolutely agree with Mr Russell that that is part of the cancer treatment; it is the conclusion of the cancer treatment and it needs to be considered as such. In my role as health secretary, I have met women who are in those circumstances, and I understand their pain and anguish and the mental health impact of having to wait for surgery. The challenge is the demand on cancer treatment services, because the theatres that are used for what is sometimes very complex breast reconstruction surgery are the same theatres that are used for the initial treatment.

We need to get the balance right with regard to ensuring that we are concluding a woman's cancer treatment through reconstruction surgery. However, I think that Mr Russell understands, as I do, the need to ensure that the initial treatment is prioritised. We are working with the relevant boards to ensure that there can be the necessary recruitment of specialist surgeons, so that we have the ability to get through the waiting lists. I absolutely agree that the length of wait that some people are experiencing is not acceptable.

**The Convener:** When I asked about the private ambulance issue, you said that it was out to consultation and I asked why it was taking so long. The issue was first raised in the Parliament in 2005 and there was a commitment to consult on it in 2012, which is why I said that it seems to have taken rather a long time.

**Neil Gray:** You will understand that both those dates predate not just my time as health secretary but my time in the Parliament. However, I absolutely agree that there is a need to address

the issue. As I said, we expect the public consultation to start early next year.

**The Convener:** For which we give thanks.

**Jackie Baillie:** I want to raise two issues: mental health services and GP services. There is a petition from Karen McKeown, who lost her partner Luke to suicide. In the week before his death, he tried to access services up to eight times. In my area and across much of Scotland, crisis out-of-hours services are patchy. Waiting lists for mental health services are far too long, given that many people will go into crisis quite quickly. Given the increasing crisis for people who are seeking mental health services, will the cabinet secretary undertake a review to improve access, as raised in the petition?

**Neil Gray:** I very much appreciate the petitioner's advocacy for the issue in an incredibly challenging situation—it is more than challenging; it is a tragic situation, for which I offer my deepest sympathies and condolences. A lot has changed since the petitioner lodged the petition and since the tragic situation that she set out happened. We have surpassed the commitment that we made to expand the number of mental health practitioners in accident and emergency units, general practice surgeries and other locations. We have surpassed the 800 that we anticipated. I recognise that, in many cases, that is still not enough—I have my own constituency cases where that has been the case—and we need to do better to support people in a crisis situation.

10:15

I am also keen—this is where the Government's real priority is—to move further upstream and prevent people from moving into crisis in the first place. That is about looking at whole-family support opportunities and enabling the drivers of poor mental health—in relation to poverty and other environmental and social factors that colleagues will be aware of—to be addressed much earlier, so that the acute level of mental health demand is lessened. Clearly, that is where we all wish to be, rather than having to treat the symptoms at an acute stage when people are in crisis.

**Jackie Baillie:** I very much agree with what the cabinet secretary said, but where is the evidence that that is happening on the ground? It is not happening in my area or in other areas. How do we stop people entering the system when they are experiencing a greater degree of crisis and trying to access services that are either not there or under such strain that they cannot cope with what is coming at them?

**Neil Gray:** I point Ms Baillie to the community link worker network, which seeks to move

provision upstream, although I recognise the challenges that there are with that in some parts of the country.

I know that there is a petition from the deep-end practice network that calls for an expansion of the community link worker network. The CLW programme is under national review. Community link workers try to ensure that people, in a trusted place—the GP surgery—can be signposted to other services through which the root cause of the issue that they are presenting with can be addressed. Often, that support relates to housing, income maximisation, education and other elements of public service. It is also about the need to increase the opportunities that are available through social prescribing to address people's mental health issues, which is in the population health framework.

The community link worker network is there to do that, and it is where we seek to move things upstream. The likes of the family nurse partnership is similarly about ensuring that we are supporting people much earlier in the journey than we are at the moment, where we treat the acute situation.

**Jackie Baillie:** I think that everybody would support having community link workers in deep-end practices and elsewhere. However, the truth is that, because there was not a dedicated income stream, Glasgow ended up cutting the number of community link workers that it had. West Dunbartonshire did, too, and I am sure that that was the case in other areas as well.

How do we ensure that the things that you are describing are actually there on the ground, when there is not a dedicated funding stream to support them?

**Neil Gray:** As Jackie Baillie will be aware, we stepped in to support the provision in Glasgow. We have also established a national review of the community link worker programme for exactly the reasons that she set out: in order to ensure that its sustainability can be afforded.

**Jackie Baillie:** I have one tiny last question.

**The Convener:** Very quickly.

**Jackie Baillie:** Okay. GP appointments are the key diagnostic and treatment pathway. However, people tell us all the time about the rush to secure an appointment. They have to phone at 8 am and then they are in a queue. They are lucky if they are number 2 or 3 in the queue, and they hold on; sometimes, they hang up without securing an appointment. What are you doing to change that?

**Neil Gray:** First of all, it is not the case that there is an 8 am rush in all GP practices. Same-day appointments are not the order for all GP practices. It is the responsibility of the GP practice to manage how their appointment system works.

However, I recognise that, for many, that is the situation and that that is too often the case.

The way to resolve that is to support the expansion of the availability of practitioners—both general practitioners and those in the multidisciplinary team, who can often see patients, as it is not always the case that it needs to be the GP who sees them.

We have expanded the multidisciplinary network and we support, I think, more than 5,000 staff through the various resources that we have put in. As I think that I mentioned to the convener earlier, I am currently in discussion with the British Medical Association and the Royal College of General Practitioners on their long-term funding position in order to ensure that they are able to recruit from the record number of GPs who are in training—there are 1,200 of them. That greater level of employment will mean that greater levels of appointments can be offered, which will reduce the rush for appointments that Ms Baillie mentioned.

**The Convener:** The third of our thematic sections, which concerns capacity, skills and training, will be led by Davy Russell.

**Davy Russell:** The petitions that have been lodged during this session of Parliament have highlighted gaps in capacity, skills and training, and have touched on lengthy waiting times. You are trying to catch up with backlogs and reduce waiting lists. I know that NHS Lanarkshire is using overtime, which is all well and good, but how do you maintain the necessary level of skills and training? Does that come at the expense of providing the service and working on the backlogs?

**Neil Gray:** Agenda for change staff have protected time for developing skills and for training. We are asking our staff to go the extra mile in order to get through the Covid-related backlog. I am incredibly grateful to them for that, and recognise that we can see activity levels increasing and waiting times reducing. In July, we delivered the highest number of operations in the NHS in Scotland since February 2020.

Clearly, a shift in delivery has resulted from the investment that has been put in and the endeavours of staff, as well as the optimisation of capacity to ensure that we maximise the ability of the service to deliver. However, I recognise that, where we are asking staff to go further, that is putting stress and strain on them when they are already in a stressful situation, and is putting at risk their ability to undertake continuous training and upskilling. That is why the agenda for change contracts include protected learning time, which I expect boards to honour.

**Davy Russell:** We see that mental health services continue to operate under high pressure from growing demand. What are you doing to focus resources on the prevention of poor mental health? To put it another way, what are you doing to promote positive mental wellbeing in children and adults?

**Neil Gray:** In recent years, we have made substantial investments in child and adolescent mental health services in order to deliver a substantial increase in the number of CAMHS practitioners. As a result, for the first time, we have met CAMHS waiting times standards for more than three consecutive quarters. There is a continued challenge around psychological therapies, which I recognise, but that is being worked on.

We have also provided substantial money—I would have to be reminded of the exact amount—via the communities mental health and wellbeing fund for adults. That investment relates to treatment as well as interventionist wellbeing support. As I pointed out in answer to Ms Baillie, we want to move upstream into a more preventative space. We need to respond to the demand as we see it now and get through the backlogs that we have, but we also need to move upstream. In the interests of the sustainability and viability of our health service, we must move to a more preventative model. We cannot see hospitals as the first port of call—they must be the last port of call—and we need to move much further upstream to ensure that we are providing health and wellbeing services that support people's wellbeing, rather than treating the symptoms in an acute setting.

**The Convener:** I know that Ms Baillie does not want to overwhelm my largesse and good will, but I see that she would like to come in—briefly—on that point.

**Jackie Baillie:** I will try to be quick.

My question concerns workforce planning. Cabinet secretary, health boards tell you what they need for the future, and you put in place a training plan. However, last year, more than 100 paediatric nurses did not get jobs. I know of resident doctors this year who have not got jobs as consultants, so they are moving to America, Australia, New Zealand and Canada. One is an Uber driver in Edinburgh. What a waste of money. Why are we spending millions on training people but not giving them jobs?

**Neil Gray:** Following on from the discussion that Ms Baillie and I had previously about paediatric nurses and nurse vacancies, Ms Baillie will receive correspondence—she might already have received it—which will inform her that NHS Greater Glasgow and Clyde advertised for

additional paediatric nurses this year, so there are jobs available.

I recognise the position in terms of resident doctors moving through specialty training, and, because we need the increased capacity, we are working with boards to ensure that they have the resource to be able to offer those places.

**The Convener:** The next thematic section, which Maurice Golden will lead on, concerns the sustainability of funding and health service infrastructure.

**Maurice Golden (North East Scotland) (Con):** Cabinet secretary, can you update us on the short and long-term investment plans for the NHS estate?

**Neil Gray:** The short-term plans on priority areas and projects were set out and voted on by Parliament as part of the budget process. The long-term capital position is under review as part of the infrastructure investment plan, which we expect to bring forward as part of the budget and spending review process.

**Maurice Golden:** GPs have complained to me about working out of repurposed cupboards and about patients having to use a car park as a waiting room. Will you update us on the capital funding for primary care infrastructure? What are your thoughts on the creation of not just new GP practices but community hubs that have a GP practice, links to the third sector, pharmacy services and post office and banking facilities, and can operate as a one-stop shop?

**Neil Gray:** I appreciate Mr Golden's question. I have probably seen many of the facilities that he is referencing, because I have committed to go into a substantial number of primary care facilities in order to see the current provision, particularly some of those that are most challenging, where there is a demand either for a replacement of buildings or renovation.

I recognise that, not just in relation to the immediate delivery of services and the capacity that we require in primary care but in order to fulfil the policy direction that this Government has set around shifting the balance of care, a move to the community hub model that Mr Golden outlined is important. That is what is contained in the health and social care service renewal framework—it is exactly the approach that I want us to move to.

We will need to see greater investment going into primary care facilities to allow that to happen and to enable more hospital-based services to be delivered in the community. That is under consideration at the moment, as part of the spending review, budget and infrastructure investment plan processes that I outlined in my first answer.

Of course, some of what needs to be done is determined by the capital allocation that we receive. I strongly encourage the UK Government to expand its capital investment. That is good for the economy and for public services, and it would certainly allow us to do much more.

We have clear areas of priority where we could use that investment. However, the issue that Mr Golden raises is under active consideration and is a clear priority for me at the present time.

**Maurice Golden:** Previously, as part of our work in this area, we have heard from experts on the use of technology to make the NHS more productive in various ways, from assisting diagnosis to, as we heard earlier, booking appointments—I think that the only time that I use the phone these days is for calling the GP; everything else is online or is accessed through apps.

Technology can also assist GPs by capturing and triaging patient data, as well as alleviating issues relating to delayed discharge. I have had patients contact me who were all good to go home but, because the medication was not ready, they had to stay in hospital a further night, which stopped someone else from using that bed.

We have active solutions in the artificial intelligence sector. How comfortable are you with the current use of technology? Do you have any plans for the future in that regard?

**Neil Gray:** There is a substantial amount in Mr Golden's question, which points to the future provision that we will need to get to in order to ensure that we maximise the clinical capacity for the health service, that only humans can deliver on. We have already spoken about the demands that are upon us in the health service, and we need to ensure that we free as much clinical time as possible to meet those demands.

10:30

I will point to a number of areas. First, we have a theatre optimisation tool, which is a digital-based product that has been rolled out across Scotland. I saw it in a demonstration in NHS Lothian, and it means that we are able to optimise—the clue is in the name—the level of productivity in our theatres. It ensures that the human estimations of how long an operation will take are being challenged through the application and that we have the maximum optimised level of bookings in the system.

Secondly, we will soon be setting out in detail the roll-out plan for the health and social care application—the app—in Scotland. It will start in Lanarkshire and be rolled out from there. That will initially be on a relatively minimal viable product

basis, which will be about appointments, access to vaccinations and so on.

The question is how we scale that up. Part of the discussions that we are having with the BMA and the Royal College of General Practitioners—to address Mr Golden's point—is about the data that we get from our general practitioners and how that can help to inform what can go through the app. The app can be integrated across health and social care, giving people much more power in their own hands and saving substantial amounts of resources in relation to appointments, bookings and other services that might be able to come through the app.

Lastly, Mr Golden referenced AI. There are good examples of where AI is being utilised, such as in NHS Grampian where it is being used in the lung screening process. Other services are coming through the system—good opportunities are coming through. When I was in Japan, I was able to see the phenomenal work that has been done by some of the companies that are based in Japan but work here in Scotland, which is looking at how AI can help to transform radiology. Alongside moving upstream into a more preventative health service, better utilising technology and having advancements come through the health service is also where we will meet the demands that are coming at us.

One such demand is the expectation of a 20 per cent increase in the burden of disease. How do we reverse that? How do we move forward? It is through the utilisation of innovation and new technology and moving further upstream into the preventative space. Mr Golden has struck an incredibly salient and pertinent point, which we are absolutely committed to moving forward with.

**Maurice Golden:** I have two quick follow-up questions on that. It is often new start-up companies and entrepreneurs that are getting involved in the health tech sector and, in my experience, NHS boards have historically tended to associate too much risk in relation to contracting with those. I understand that—you obviously need to engage to be at the forefront, but doing so carries a significant risk. I am keen to hear your thoughts on the risk matrix.

My concern with the app is in regard to the timescale for the roll-out, assuming that that is successful, because the technology that sits behind it might well become outdated. For a historical example, it is like developing a web-based system. By the time that you have gone through all the protocols and controls and worked it up, no one is using a web-based system any more. What are your thoughts on that?

**Neil Gray:** On the first point, I have been clear with our health board chief executives and chairs

on my expectation about working with industry and academia on the utilisation of new health technology and medical products. We have set out a national programme for the adoption of health innovation called accelerated national innovation adoption. That is led by the chief scientific officer in Scotland, Dame Anna Dominiczak, who is well respected across the health service in Scotland and, indeed, in industry. That programme is helping to pull together the triple helix that I referred to earlier—the health service, industry and academia—to ensure that we are co-ordinated.

I will give the member an example, as I recognise his concern about start-up companies, which are often spin-outs from universities and which have, in the past, struggled to get access to the health service. That situation is changing. The linkage between the Techscaler network and the NHS test beds means that the risk to those who are innovating is reduced, because they have access to health service clinicians who are telling them, “Yes, this is the type of thing that we need,” or, “No, this won't work in an NHS setting.” That gives them the opportunity to develop products and services that will be applicable to the health service. My challenge is to ensure that, rather than our having to go to 14 boards, the technology is proven and adopted nationally as quickly as possible.

The second point that the member raised is around how quickly we can adopt technology to ensure that it is not immediately outdated. That is built into the digital front door programme, as it is described, and the app is being developed to ensure that technology will be serviceable, can be used as it is rolled out and is still relevant to what people need and expect.

**The Convener:** Despite my best efforts to clip along, we are running a little behind. I am hopeful that we can move along to the final session quickly. I think that three colleagues want to say something. Let us hear from the three members and then address all the questions together. I call Davy Russell.

**Davy Russell:** You mentioned that you were in Japan looking at AI systems, cabinet secretary. Please tell me that they were not from Fujitsu.

**The Convener:** I call Fergus Ewing.

**Fergus Ewing:** I raise a question of which I have given notice to the cabinet secretary regarding the pause on capital funding for new primary care, and the particular example, in my constituency, of the Culloden medical practice, which has been seeking to move to new purpose-built premises for many years. It is the only practice in the Highlands that has had to close its books to new patients, simply because of the huge

pressure of the number of patients on its list. I know that similar pressures might well exist in other parts of Scotland—most of the parts of Midlothian, for example—so this is not only about my constituency, but about a wider issue.

The practice has a tough decision to make. Does it wait for the new premises that it really needs or go for a temporary solution of portakabins, which will cost £300,000 pounds? It does not know, because it does not know when the pause will be lifted. Not only is the pause preventing the service to people in my constituency, who cannot get into the practice, but the practice itself is hamstrung, because it is not armed with information to enable it to make an informed, rational decision.

Cabinet secretary, I suggest that the money can easily be found from the public sector heat decarbonisation fund of £200 million, through which, in one case, the Scottish Government saw fit to spend an estimated £3,560,000 on a building worth £275,000—so, 13 times more than the building's value. Instead of throwing money away on such ridiculous, preposterous expenditure, it would be better to spend it on the health service, which is really important to people's lives in Scotland right now.

**The Convener:** I call Edward Mountain.

**Edward Mountain:** As part of this whole idea of tech and putting power in the hands of patients, it is absolutely critical that we put the power into the hands of children. I remind the cabinet secretary that PE2031 is about insulin pumps for kids, which they need, because not having them stops them developing.

In NHS Highland, we get only eight pumps a year, which means that the waiting list in the Highlands is three years for an insulin pump for a child, whereas, in the central belt, there might be no wait at all. I wondered whether the cabinet secretary would consider that issue carefully. I am not asking him to give an answer, but kids do need to have the power in their hands.

**Neil Gray:** First, on Davy Russell's point, no, they were not.

Secondly, on Mr Ewing's point, we had a productive collaboration in order to resolve some of the issues around the pause for Grantown in his constituency. I was able to visit the fantastic Grantown medical practice as a result of collaboration with Mr Mountain and Mr Ewing, and I was very pleased to be able to bring that forward.

I encourage Culloden to engage with NHS Highland on its prioritisation of capital projects, because we have asked all health boards to set out their relative priorities as part of the infrastructure investment programme, which will

help to guide our priorities. I encourage Mr Ewing and his constituents to engage with NHS Highland on its relative prioritisation of that particular project.

I absolutely agree with Mr Mountain's point about insulin pumps, which are transformational for children's lives. We have made significant investments in order to expand access to them. I will write to the committee to set out the exact figures that are involved in the investment, because I do not want to provide figures from the top of my head that I believe to be correct but might not be. I absolutely agree with Mr Mountain that the pumps are transformational, particularly for children and young people but also for adults who have diabetes. I will set out the detail in response to the committee.

**The Convener:** That talks directly to PE2031, on providing insulin pumps to all children with type 1 diabetes in Scotland, which I am grateful to Edward Mountain for addressing.

We are running out of time. I need Mr Ewing to clip-clop through his comparing of our final section, although I think that he will preface it with a quick follow-up to the cabinet secretary's remarks. The final section is: post-Covid-19 impacts and response.

**Fergus Ewing:** I thank the cabinet secretary for his last answer, although he did not reply to my question, which was about when the pause will be lifted. Culloden engages with NHS Highland all the time—it has followed that recommendation for years and years—but it needs to know when the pause will be lifted. Will it be one year, two years, three years, four years or five years? If you cannot say, cabinet secretary, what are the civil service advising about it?

**The Convener:** I will give the cabinet secretary a couple of minutes to respond to that question later. Could we move to the final section, Mr Ewing?

**Fergus Ewing:** I will move on to the first question. How does the cabinet secretary see the NHS's ability to recover from the problems of Covid, which were, plainly, all-engulfing? What is his personal commentary on how successful—or otherwise—the NHS has been in restoring the full provision of services to patients across Scotland?

**Neil Gray:** Forgive me, convener, but I did not address Mr Ewing's direct question. The answer is contained in my response to Mr Golden, which is that the infrastructure investment plan and the spending review will set out our capital investment plans. We will get to that as part of the process for this year's budget.

**Fergus Ewing:** That will happen next February, then. Can people wait until then?



**Neil Gray:** The plans that we set out are part of the infrastructure investment plan process. He will be able to see our plans for the immediate period that runs through the budget process and through the infrastructure investment plan and spending review period.

**Fergus Ewing:** It will be an announcement. It is another prequel—part of a never-ending process.

**The Convener:** I would be pleased if we moved on to post-Covid 19 impacts. The cabinet secretary has not had time to address your first question on Covid, Mr Ewing, because you were so obsessed with taking forward the important matters affecting your constituents.

**Fergus Ewing:** Fair enough.

**Neil Gray:** For clarity, I have already set out that there is clear demand for capital investment in the health estate. I recognise that and want to make progress. I recognise that our health service is still impacted by the effects of Covid—particularly on waiting lists—as we continue to work through the cancellations that occurred during the pandemic and work through the current backlogs. Additionally, individuals are now presenting at general practices and consultant clinics with more complex comorbidities than they did pre-Covid.

Part of that is, understandably, because we asked people to pause some elements of their care, and we are catching up with some of that now. During Covid, as we were literally confined to our own homes, we started to discover more about ourselves. As a result of greater awareness being raised, we are now, rightly, presenting to services and asking more questions about our care.

Regarding our response to Covid and the way that the health service has changed, it needs to deal with the backlogs, recognise people's greater awareness of their own health and keep up with the changing ways that people who have more complex issues present to services.

10:45

The three documents that we published earlier this year are all about those things. The operational improvement plan is about the immediate operational demands that we need to address. The population health framework is about how, on a population basis, we need to be better at planning for our wellbeing and need to move upstream to a more preventative model. I recognise that it is not only a health service issue that needs to be answered. We must recognise the Organisation for Economic Co-operation and Development's point that 80 per cent of the drivers of ill health—environmental factors, social factors and the drivers that come from poverty—are outside the health service's responsibilities, and

that is exactly where the Government's prioritisation is going. We also need to address how, where and when we deliver our services. That comes through in the third document—the service renewal framework—which is more about the structural reform that we spoke about earlier.

Covid has had a profound impact on our health and social care services, which is why we need to make concerted, targeted and determined efforts to work through such challenges.

**Fergus Ewing:** When can we expect the infection prevention and control strategy to be published?

**Neil Gray:** I need to defer that and come back to you in writing. I do not currently have that information, but I will ensure that that is part of the correspondence that comes back.

**The Convener:** Cabinet secretary, that has been a tremendously helpful discussion on the variety of petitions that are before the Parliament. I am grateful to you for freewheeling across a broad agenda of health issues and to colleagues for their contributions. Do you want to add anything to what you have said this morning, cabinet secretary?

**Neil Gray:** I recognise that we have cantered across quite a lot but might not have addressed all the issues that the petitioners have raised. I recognise that raising issues through a petition, which often involves talking about very personal healthcare issues that affect the petitioner or their family members, can be incredibly traumatic and difficult. If I have not fully responded to any points, for whatever reason, I am happy to address them in correspondence to you, convener, because it is very important that we continue to do so.

**The Convener:** I am grateful for that. Thank you to you and your colleagues.

10:47

*Meeting suspended.*

10:51

*On resuming—*

## Continued Petitions

**The Convener:** Item 3 is consideration of continued petitions.

To all the many people whose petitions are still before the committee, I say that we have now arrived at that point in the parliamentary session when time is pressing, and the committee will be looking at a number of those petitions carefully to determine what more we think we can do in the course of this session, irrespective of the merits of the petitions. We have something like 120 open petitions and little time left in this parliamentary session in which to do justice to them. It may well be, therefore, that, notwithstanding the critical issues that are addressed by a petition, we will reluctantly come to the view that the issues that it deals with will potentially require to be addressed through a fresh petition in the next session of Parliament.

Some of these petitions have been continued because we thought the substance of the petition worth exploring, and I would not want anyone who is joining us online or is present in the room to think that we regard the issues that the petitions deal with to be no longer relevant. If we close such a petition, it is simply because we are not going to have the time in the current session of Parliament to pursue it in the way that we would wish.

### RAAC-affected Communities (PE2113)

**The Convener:** The first continued petition for us to consider today—which we will discuss after what I am afraid will be a lengthy preamble from me—is PE2113, which was lodged by Wilson and Hannah Chowdhry. It calls on the Scottish Parliament to urge the Scottish Government to provide support to communities affected by reinforced autoclaved aerated concrete—commonly referred to as RAAC—by setting up a national fund to assist struggling home owners and tenants affected by RAAC; initiating a public inquiry to investigate the practices of councils and housing associations concerning RAAC, including investigation of how business related to RAAC was conducted, the handling of safety reports and property sales, disclosure of RAAC and responses to home owners' concerns; and introducing or updating legislation similar to the general product safety regulations to ensure that developers, councils and housing associations are held accountable for the use of substandard property materials. Such legislation should mandate risk disclosure and make surveyors and solicitors liable for untraced defects, and it should also

include provision for a comprehensive register of high-risk buildings in Scotland.

We last considered the petition on 13 November 2024, when we agreed to write to the Built Environment Forum Scotland, the Royal Institution of Chartered Surveyors, the Chartered Institute of Building, the Royal Incorporation of Architects in Scotland and the then Minister for Housing.

The RICS suggests that a national fund of the kind that the petitioner suggests could be useful, but it has questions about the applicability and, indeed, the necessity of such a fund, as existing surveys do not point to RAAC being prevalent.

The Scottish Government reiterates that the local scheme of assistance can in fact provide financial help. It also underlines local authority powers to decide spending priorities, as well as continued challenges to public finances. Although the UK Government has shown reluctance to set up a UK-wide financial support scheme, the Scottish Government continues to insist on one. In a recent response to a written parliamentary question, the new Cabinet Secretary for Housing said that she would engage with the new Secretary of State for Housing, Communities and Local Government on the issue, following the resignation of the Deputy Prime Minister, Angela Rayner.

The RICS, the RIAS and the BEFS—the organisations to which I referred a moment ago—were not supportive of a public inquiry, arguing that it would be both time and resource intensive, that it would divert from an immediate response and that it may simply confirm what is already widely known. Their submissions suggested that it would be more appropriate to identify and remediate affected properties that are also in poor condition.

The RICS does not see the third ask of the petition as representing a proportionate approach. It points to existing avenues that can be explored if RAAC has not been properly identified by a regulated surveyor.

The BEFS highlights that the existing buildings at risk register has been paused following a review and suggests that any successor model should be more aligned with activity that renovates and reuses buildings at risk, rather than lists them.

We have also received additional submissions from the petitioners—some of whom, I think, are with us in the gallery today—who continue to highlight the predicament of RAAC-impacted home owners and the urgent need for action, particularly on the financial front.

I acknowledge that most of the submissions recognise the challenges for home owners and are

generally in agreement that significant action will require to be taken to address the matter.

As I said earlier, we do not have a lot of time left in this parliamentary session. Obviously, in so far as we might want to take further action, we would have to make sure that it was quite targeted.

I say gently to those who have joined us in the gallery today that it is the Parliament's position that nothing that is overtly of a campaigning nature should be displayed in committee rooms. I will not bring the heavy hand of bureaucracy to bear in that regard today; I simply mention it in passing for future reference.

Do colleagues have anything to contribute to our thinking on how we might proceed?

**Fergus Ewing:** With regard to the national fund element of the petition—the first of the three asks of the petition—I note that, the previous time this matter came before us, members suggested that we ask the Scottish Government about the upshot of its work with the UK Government to come up with a solution. In response to that, there has been a submission from the new cabinet secretary, who says that the Scottish Government is continuing to work with the UK Government. In that regard, I note that there is a new Secretary of State for Scotland.

I strongly believe that it is no use Scotland blaming London and London blaming Scotland. The people in the middle, some of whom are here today, are the ones who are suffering—in some cases, from the threat of bankruptcy—and are under severe pressure. I think that the blame-passing approach is just not good enough. We have a new Cabinet Secretary for Housing and a new Secretary of State for Scotland—Màiri McAllan and Douglas Alexander, respectively. Why do they not just meet and come up with a solution? The current situation cannot go on for ever. The longer it continues, the more it brings into disrepute the Scottish Government and the UK Government, which does nobody any good.

I acknowledge that time is short, but we still have about two thirds of a year to go, and we should try to use that time as best we can. I will explain to those members of the public who are here and have a direct interest in the matter that this committee does not have any budget; all that we can do is put pressure on the Governments to do the right thing. That is our job, and I think that we should invite the cabinet secretary to confirm that she will seek a meeting with her counterparts in the UK Government and not only come up with a solution but explain why people in Basildon have had money handed out to them while people in Scotland have not. She should also explain why the money is being restricted to monitoring and

surveys and not to actual repair work. None of those questions has been answered at all.

11:00

I appreciate the constraints on the committee, and I will not be pleading for every petition to be kept open, for the reasons that you correctly set out, convener. However, in relation to this petition, a lot of human misery has been caused to people by RAAC through no fault whatsoever of their own. If I were one of the people watching the meeting today, I would be pretty disgusted if passing the buck was allowed to happen.

I hope that members will agree that there is more that could be done. The Governments talk all the time about working together positively, do they not? Well, let us see the proof. That is my suggestion.

**The Convener:** If I am distilling your point correctly, Mr Ewing, you are asking that we act as a sort of marriage guidance counsellor and write to the Secretary of State for Scotland and the cabinet secretary to encourage them to meet in order to find a pathway forward that might resolve the issues at hand. We could do so on the basis that this is a petition that we take extremely seriously and that, given the time that is left in this parliamentary session, it would be helpful if both parties could respond positively to our suggestion that they have such a discussion. Is that correct?

**Fergus Ewing:** That is very diplomatically put. However, I think that the ministers would regard me not as a marriage guidance counsellor but more of an agony uncle.

**The Convener:** I will say that the suggestion was made by our agony uncle.

**Maurice Golden:** I agree with Mr Ewing's point. In addition, it would be useful to get an update from the Scottish Government on how it is monitoring local authorities regarding their interaction with affected residents. For example, in Aberdeen, there are regular updates and newsletters available to the public. However, such interaction varies from local authority to local authority. In my view, the Scottish Government should be monitoring the situation and perhaps sharing best practice. I hope that that is being done. I do not know whether that is a role for the Government or for the Convention of Scottish Local Authorities, but it should certainly be done. I would appreciate an update from the Scottish Government on that.

**The Convener:** Mindful of the fact that time is against us, are we content to keep the petition open, to pursue those two lines of inquiry and to seek to make some further progress on the petition?

**Members indicated agreement.**

### **Bus Franchising Powers (PE2116)**

**The Convener:** That brings us to PE2116, which was lodged by Ellie Harrison on behalf of better buses for Strathclyde. It calls on the Scottish Parliament to urge the Scottish Government to improve the process for implementing the bus franchising powers that are contained in the Transport (Scotland) Act 2019 by introducing, without delay, the regulations and statutory guidance that are required to give bus franchising powers full effect; by amending the 2019 act to remove the requirement for proposed franchising frameworks to be approved by a panel appointed by the traffic commissioner, instead empowering regional transport partnerships to have the final say on approving proposals; and by providing additional funding to support RTPs in preparing franchising frameworks and to assist them with initial set-up costs once frameworks are approved.

I remind those who are joining us today of the remarks that I made a moment ago about campaigning material, which seems to have quietly moved into camera shot during that short interval. I like a bit of pantomime.

**Patrick Harvie (Glasgow) (Green):** I would never have guessed.

**The Convener:** Mr Harvie would never have guessed. We will quickly move on to welcoming the colleagues who have joined us to consider this petition: the aforementioned Patrick Harvie and Paul Sweeney. Good morning to you both.

We last considered the petition on 27 November 2024, when we agreed to write to the seven statutory regional transport partnerships, the Confederation of Passenger Transport Scotland, Bus Users Scotland, the traffic commissioner for Scotland, the Bee Network in Greater Manchester, the West Yorkshire Combined Authority, Transport for Wales, UK ministers, the Law Society of Scotland and key bus operators in Scotland. I am sure that some of those suggestions were made to us at the time by Mr Sweeney, who was never short of a list of people who we might like to contact.

Many of the submissions that we received recognised the value of franchising, although several of them highlighted work to explore more appropriate avenues within the broader

“toolbox of options for improving bus provisions”

that was included in the Transport (Scotland) Act 2019. Some submissions suggested that no one model would fully satisfy local needs, and the view was expressed that bus franchising was less likely to be the most appropriate option for rural areas.

Views were mixed on the petition's ask to remove the requirement for proposed franchising frameworks to be approved by a panel appointed by the traffic commissioner. SWestrans supported that, while Strathclyde Partnership for Transport recognised that the process is now enshrined in law and expressed some concern that any change might result in further significant delay and introduce more risks for any local transport authority that is considering a franchising framework. The Confederation of Passenger Transport Scotland argued against a local transport authority approving its own proposal and suggested that more robust guidance regarding panel members would be a better solution.

Many welcomed the reintroduction of the bus infrastructure fund for 2025-26, although the Confederation of Passenger Transport Scotland argued that, with any financial support that is provided to Scotland's local transport authorities, all options should be considered with a view to meeting local needs.

The Net Zero, Energy and Transport Committee undertook extensive scrutiny of the issue of franchising, including in relation to the secondary legislation that the petition asks for, when the most recent regulations were introduced ahead of the summer recess.

In a response to the convener of the NZET Committee on 25 June 2025, the Minister for Agriculture and Connectivity explained that the draft statutory guidance was undergoing an internal review ahead of final engagement with stakeholders. The minister added that final timescales for publication

“will depend on the capacity of these stakeholders to consider and engage with the draft document.”

The minister also indicated that the Government has no plans to modify the franchising process, arguing that the current model

“provides for rigorous scrutiny of local transport authority franchising proposals to safeguard the protection of passengers and the wider bus network from potential damage of a poorly developed franchise.”

Before I invite committee colleagues to consider how we might proceed in the light of all that I have said, I invite Patrick Harvie and Paul Sweeney to make some comments to the committee.

**Patrick Harvie:** Thank you, convener. Good morning. I appreciate that you have told us that we are tight for time and that you are focused on deciding whether to keep petitions open, in the hope that substantial progress will be made in the remaining time available in this session. I would like to argue that it is urgent to get some clarity during the current session on how we can move forward with bus franchising.

The committee is well aware from its previous consideration that Parliament has already legislated in favour of allowing a local approach to franchising and that it is Scottish Government policy to allow a local approach to the development of franchising. Moreover, it has recently been announced that SPT has decided to press ahead with its proposals on franchising. In the area that I represent, this is a matter of parliamentary consent, national Government policy and local intention.

SPT's consultation showed very strong public support for that approach: 83 per cent of respondents said that they were not satisfied with the current situation and that they supported franchising. In fact, the loudest voices that are against it are those of the people who have made themselves very wealthy by operating the current system, which does not have public support and is not meeting people's needs.

Despite the existence of national policy, legislation that has been agreed by Parliament, local intention and public support, there are still significant barriers to franchising. Notwithstanding the recent decision on the regulations that the convener referred to, there remain barriers to progressing a franchising model and a lack of clarity on the degree of political and financial support that will be available from central Government to enable us to make progress.

If we do not get some clarity and some clear recommendations before the end of this session, I fear that there is a real risk that it will be the 2030s before people in Scotland, including in the area that I represent, are able to benefit from Scotland's catching up with those other parts of the UK that are already well ahead of us when it comes to operating bus services in the public interest.

I ask the committee either to make a recommendation itself or to refer the matter back to the NZET Committee and to seek a clear and specific set of recommendations on how, in the next session, Parliament will remove the barriers that exist and provide the support that is necessary to enable much more rapid progress to be made.

**The Convener:** Thank you, Mr Harvie.

**Paul Sweeney (Glasgow) (Lab):** It is a pleasure to join you again in support of the petition. The unanimity that SPT has shown in progressing the Strathclyde regional bus strategy, with support from parliamentarians across the region, demonstrates the level of public will to see a bus franchise implemented across Strathclyde, particularly in the greater Glasgow urban core. However, as is identified by the petitioner, the regional transport authority faces constraints—particularly resource constraints—in implementing

the franchise. SPT has estimated that it will cost £50 million to complete the complex processes that are set out in the act. Of course, if the act were simplified, as the petitioner has suggested, in line with the 2017 act covering the rest of the UK, the cost could be reduced. SPT has set aside £12 million in reserves to finance that work, but it estimates that, between 2028 and 2031, it will cost £100 million to £200 million to roll out bus franchising. Therefore, there are resource constraints that have not really been addressed, which might delay the implementation of the franchise.

The Government has identified the Clyde metro as a major investment priority in the context of the strategic transport projects review, and bus franchising will clearly underpin an effective Clyde metro. Therefore, there is a need to move bus franchising forward at pace, because the transport authority needs to get ahead, and the Government needs to be in synchronicity with the transport authority in the region to allow that. We cannot waste any more time. We have already had significant delays in getting bus franchising off the ground, relative to other major British cities.

My suggestion is that the committee consider bringing the Cabinet Secretary for Transport in, to inquire in detail about the resourcing of the franchising process and simplification of the legislation where appropriate, as well as—as my colleague Mr Harvie suggested—referring the petition to the Net Zero, Energy and Transport Committee, which I understand has some capacity to consider the matter in more detail before dissolution. There could be an opportunity for collaboration between this committee and the NZET Committee.

**The Convener:** Colleagues will note that we have enjoyed the presence of the convener of said committee during our consideration of matters this morning.

Do colleagues have suggestions of how we might proceed in the light of the responses that we have received and the appeals that have been made to us?

**Davy Russell:** If we dive into this matter at present, when the funding is not secure, we could be on very thin ice. In order for a proposal to go ahead, you need to ensure that the funding is secured to sustain it, because it is a significant change. There is no point unless the funding is secured.

**Fergus Ewing:** I agree. Plainly, you cannot press the button on a project until you are really certain about how much it will cost and what the design and the timescale will be. This building is an example of what can go wrong when you try to

go ahead prematurely instead of *festina lente*, as the Romans might have said.

It has been brought to my attention by the submission from McGill's—I have no judgment on or prior knowledge of this—that, as it says, the experts have costed the funding requirements for the SPT case at between £45 million and £400 million. I imagine that our colleagues here would disagree with that. However, the fact that McGill's avers that experts say that that is the case means that, were the committee to take the petition further, we would have to pursue a very full investigation. With the best will in the world, I do not honestly think that we have the capacity or the time to do that. It is just a matter of fact that, between now and next year, we do not have the time to take evidence from all the people from whom we would require to take evidence.

Given that there is serious doubt about the cost, that there are severe pressures on finance—as has been pointed out, there is a massive shortfall in local government finance—and that people who are losing their jobs in some local authorities might regard their jobs as a greater priority than a scheme that has not yet been costed, I cannot see that we can do much today other than urge the petitioner to come back in the next session of Parliament and to continue to press the Government to work with SPT and other colleagues to devise a solution.

11:15

**The Convener:** We received a late submission from McGill's, but I imagine that it might be one of the parties to which Mr Harvie referred earlier—I say that just because he might have tried to catch my eye otherwise. Do any other colleagues want to comment?

**Maurice Golden:** I think that we should close the petition under rule 15.7 of standing orders, on the basis that, as Mr Ewing and Mr Russell have highlighted, such a move would require funding. Moreover, the Scottish Government has reiterated that there is no plan to modify the current franchising process.

In closing the petition, we should do two things. First, we should write to the net zero committee—it is helpful that its convener is present today.

**The Convener:** That does not mean that he is listening.

**Edward Mountain:** I am trying not to. *[Laughter.]*

**Maurice Golden:** He will listen once we have written to him.

Secondly, we should highlight to the petitioner that there is an opportunity to submit a new petition in the next parliamentary session.

**The Convener:** This is quite an interesting petition, which is why it has attracted a considerable degree of interest and engagement. The Scottish Government has reiterated that it has no plans to modify the current franchising process, so there does not seem to be any movement from the Government at this point on that aspect of the petition.

I hear what colleagues have said. Is it our view that it is likely that we will be unable to take the petition forward but that another committee of the Parliament might be able to pick up on aspects of it in the lifetime of this parliamentary session? If so, as Mr Golden suggests, we would write to the convener of that committee while closing the petition and would potentially suggest to the petitioner that it might be useful to return to Parliament with such a petition in the next parliamentary session. We have only something like half a dozen further meetings of the committee, so we are quite constrained. Are we agreed on that course of action?

**Members indicated agreement.**

**The Convener:** I think that we are, although it is not entirely the outcome that our colleagues would have wished for. I am slightly reluctant about our conclusion.

Mr Harvie is keen to come back in.

**Patrick Harvie:** Convener, I acknowledge what you say about it being the Government's stated intention that it does not wish to make changes to the legislative and regulatory process at the moment. However, the committee will recall that the vote in Parliament on those regulations was on an absolute knife edge, so we must accept that, although that decision has been made, a very strong counter case exists.

Moreover, the petition is not only about the regulatory and legislative framework; it is also about the level of resource and support that is necessary to allow the local, publicly supported intention to be taken forward. Beyond the legislative and regulatory aspects, on which the Government does not intend to make changes, there are aspects that will require further progress and movement from the Government, and I think that the committee still has the opportunity to secure that movement in the last months of this session.

**The Convener:** Another committee might be able to do more than we can, given the limited scope that there will be for us to return to the issues that are raised in the petition.

Ordinarily, I would not invite our colleagues to debate the matter with me, but I will bring Mr Sweeney back in.

**Paul Sweeney:** I draw the committee's attention to the fact that, in June, the Chancellor of the Exchequer announced a £15.6 billion investment in public transport for English city regions, with each receiving around £1 billion to £2.5 billion over the next five years to deliver or enhance bus franchising and to deliver new bus infrastructure. That will result in a Barnett consequential of approximately £1.3 billion, so the position is not as fatalistic as the committee might have assumed initially. There is a significant envelope of investment, and we are not aware of what the Government will do with it.

There could perhaps be an opportunity for the committee or the Net Zero, Energy and Transport Committee to drill down into exactly what the Government's intentions are for that consequential, particularly in relation to Strathclyde's well-advanced proposals for bus franchising to enable it to catch up with those other city regions. It might be prudent for the committee to hold the petition open until it at least receives a response from the Net Zero, Energy and Transport Committee about the way it intends to proceed.

**The Convener:** I have a dreadful feeling that my sympathy for this matter is drawing me deeper into an abyss. Is Mr Mountain trying to catch my eye?

**Edward Mountain:** I was, indeed. I hear these calls and I have heard them in the committee before. I cannot answer at the moment whether the net zero committee can look into the issue, but I cannot see there being any capacity for that in the committee's programme between now and the end of the parliamentary session. You may wish to write to the committee, and the committee will consider doing that. However, I am gently saying that there is a climate change plan that is behind schedule, there are carbon budgets still to agree and there is an ecocide bill that is already with the committee. I do not want to discourage people from doing things, but, realistically, the problems that this committee faces on petitions are multiplied in the net zero committee because of the lateness of the climate change plan.

**The Convener:** Okay. I am reluctantly coming to the view that, if that is the case, and given the limited time that we have, the route will have to be that we invite the petitioners to bring a fresh petition to the next session of Parliament. I do not say that happily, but that is the conclusion that I am drawn to. I am not sure that exercising the suggestion of writing to the NZET Committee would progress matters. Are colleagues reluctantly content with that position?

**Members indicated agreement.**

**The Convener:** I apologise to the petitioner. Writing to the NZET Committee would have been our strong recommendation, but I feel that we are boxed in on this particular issue. There are one or two other petitions that are still open, which we can directly make progress on, and it would be at their expense if we were not now to come to some difficult decisions.

I thank everybody for their contributions on the petition, but that is the decision of the committee.

## Flood Risk Management (PE2118)

**The Convener:** Petition PE2118, lodged by Tobias Christie on behalf of Speymouth Environmental Partnership, calls on the Scottish Parliament to urge the Scottish Government to review the Flood Risk Management (Scotland) Act 2009 and to improve flood alleviation and management processes by appointing an independent panel of engineers, economists and geomorphologists to support the design of flood risk management plans.

We last considered the petition on 27 November 2024, when we agreed to write to the Scottish Environment Protection Agency and the Scottish Government. The Government's response confirms that its approach to flood risk management planning complies with the European Union floods directive and that its approach to river basin management planning complies with the EU water framework directive.

On our question regarding a single body being responsible for, and appointed to provide leadership on, river basin management, the Government reiterated that SEPA is responsible for the preparation of river basin management plans on behalf of Scottish ministers and that it is legally required to engage with stakeholders and consult with communities on flood risk management plans.

The response concludes that ministers are satisfied with the current strategic framework, and it highlights the publication of the Government's flood resilience strategy last December. The strategy will establish a flood advisory service that is designed to provide the framework and process for flood protection schemes, as well as support to communities.

On our question regarding membership of local advisory groups, SEPA showed that those include representatives from various disciplines and organisations but not engineers, economists or geomorphologists as stand-alone members. However, SEPA indicated various ways in which it collaborates with such technical experts

throughout the flood risk management planning process.

In his latest submission, the petitioner suggests that SEPA's flood maps are inaccurate and have no community input and that locally commissioned reports are ignored despite containing more flood scheme options. The petitioner highlights that SEPA consults with organisations that have no legal responsibilities for flooding but does not engage major landowners in the process.

**Fergus Ewing:** I should say that I have been in contact with Mr Jim Mackie, who, I believe, has been involved with the petition, or at least with issues surrounding the petition. As far as I can see, the petitioner responded on 15 January 2025, and I cannot see any further response to that. I mention that in case I am wrong, but the papers before me do not show any response to the petitioner. If I am wrong, maybe the clerks could let me know.

The reason why that seems significant is that the petitioner's submission of 15 January contains some serious criticisms of SEPA—that its maps are inaccurate, that it does not give out any flood prevention advice, that it stymies schemes, that it makes it almost impossible to get sediment and gravel out of rivers, that it does not address the considerable barriers to doing any prevention work, that it does not involve communities at all—there is no community input whatsoever—and that it does not have a remit to assist communities in the design or building of flood defences. I mention only a few of the criticisms, as we do not have time to go through all of them. When a petitioner raises salient and serious criticisms, our job is to try to get answers. I know that there is pressure to close all petitions, but, in this case, I think that it would be very simple to ask SEPA to deliver a detailed response to each and every one of the petitioner's various serious allegations.

The last thing that I will say is that I recently had a constituency case in which a scheme for affordable housing—around 20 units—took about 10 years to get through SEPA. It was supposed to be in a flooding area, but the houses were going to be built higher up than existing houses that have never been flooded—the development was in Nethy Bridge, where there has been no flooding since 1837. SEPA was a constant stumbling block to any progress whatsoever.

In rural Scotland—I am sure that Mr Mountain has experience of this—when you try to do things that everyone wants to do, such as build affordable housing, the proposals are blocked behind the scenes by quangos that will not come out and meet people, will not explain their actions and will rely solely on desktop information. I add that local anecdote merely by way of spice to support the petitioner's criticism of SEPA.

I do not think that it would take up much more of the committee's time if we were to wait for SEPA to provide the petitioner with a detailed forensic reply to every single one of his criticisms, and that would take matters further.

**The Convener:** It is always a pleasure to shine a light on the events of 1837.

**Maurice Golden:** I agree with Mr Ewing and support the general idea of writing to SEPA, although perhaps not quite in the manner in which my colleague suggested. Nonetheless, the pertinent points have been made.

I think that the issue goes back to the question behind many petitions, which is about who is responsible. That question was raised earlier in relation to RAAC.

I have seen the issues that the petitioner raises in Angus. In 2023, Milton of Finavon was flooded and, a year later, no measures had been put in place to protect the community. Subsequently, in the past year, there has been some support from Angus Council as well as from Scottish and Southern Electricity Networks, for which I thank them. However, it was only by the grace of God that we did not have a bad storm season in 2024. The situation is unacceptable.

The Scottish Government has said that the governance structure for assisting communities with flood risk management is adequate, but that is not what I hear on the ground. I hear that it is slow, that there are limited opportunities for action and that no one is taking responsibility for what needs to be done. I think that, in addition to following Mr Ewing's suggestion, we should write to the Scottish Government, asking how it is monitoring the governance structure and the interaction between communities and SEPA, local authorities and landowners, where appropriate.

**The Convener:** I will add the observation that SEPA has not been responding to the petitioner's submissions or directly on the issues that have been raised, which is not atypical. The Scottish Government should understand that that is so.

**Fergus Ewing:** It is par for the course, convener.

**The Convener:** Yes, it appears to be typical.

Are we content to proceed on the basis that has been outlined?

**Members indicated agreement.**

## Roadside Litter (PE2121)

11:30

**The Convener:** PE2121, which was lodged by Carolyn Philip, calls on the Scottish Parliament to



urge the Scottish Government to run a campaign targeted at companies to raise awareness of the harms that are caused by roadside litter and the penalties that can be brought against responsible parties. We last considered the petition on 5 February 2025, when we agreed to write to the Scottish Government.

We are joined by our colleague Rachael Hamilton. Welcome, Rachael—I spotted you in the gallery, waiting for the sun to burst forth on the interest that you take in the matter.

We have received a written submission from Transport Scotland that states that, as there has been an increase in discarded litter over the past few years, it believes that there needs to be a change of mindset and a campaign undertaken to discourage people from dropping litter. It continues:

“We will work with our Operating Companies, Keep Scotland Beautiful and Zero Waste Scotland to run a campaign targeted at companies and also the public to raise awareness of the harms caused by roadside litter and the legislation that is in place to penalise those who drop litter.”

The Scottish Government's response lists the organisations that have delivered publicly funded litter prevention campaigns and details the funding that has been provided to roadside litter campaigns since 2007. The response also states that the Scottish Government remains committed to the principle that extended producer responsibility—EPR—for packaging should cover the full net costs of both binned and ground litter clear-up and disposal. The submission notes that the EPR scheme administrator is expected to set out its plans for public information campaigns and its strategy, and the specific activities that it proposes to conduct for the coming year in its operational plan.

Before I invite colleagues to decide what we might do with the petition—I note that it would appear that Transport Scotland wants to take forward the objective that is contained in it—I invite our colleague Rachael Hamilton to say a few words.

**Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con):** Thank you, convener. You are absolutely right to note that the sun bursting through on this September day is relevant to the petition, as I think of driving along the A1 as the urine-filled bottles by the side of the road glint in the sun, along with all the rubbish.

That brings me to the substance of the petitioners' targeted campaign. In February, when the petition was last before you, I highlighted the tremendous voluntary efforts to clear Scotland's roadsides. Groups such as the Berwickshire anti-litter group, which is led by Carolyn Phillip and

Myra Watson—who are, I am glad to say, here in the gallery today—and many others across the country dedicate their free time to tackling what Keep Scotland Beautiful has rightly described as a litter emergency.

In Berwickshire alone, volunteers are out on the aforementioned A1 and in local lay-bys week after week, simply because they care about the environment and their local community. I joined the Berwickshire anti-litter group in Duns in April and, in just one hour, we filled a bag with litter weighing 7.3kg. That is proof of how much can be collected in just a short space of time. It was rewarding, but the situation is frustrating for the volunteers, because we know that the litter is going to return very quickly. That is why we need systemic action and not just good will.

Since February, the committee has received fresh submissions on the petition. Transport Scotland has recognised that roadside litter is increasing, that clean-ups are futile without behavioural change and that a campaign is needed to discourage people and companies from discarding their waste on our roads. The Scottish Government's response acknowledges the role of commercial vehicles, and I recognise that section 18 of the Circular Economy (Scotland) Act 2024 provides for civil penalties when litter escapes from vehicles, even unintentionally. That is a welcome step, but it must be matched with communication and enforcement.

The petition does not ask for the earth. It calls for a targeted awareness campaign to ensure that companies understand their responsibilities and the penalties that apply.

We know from previous campaigns, such as the “Give your litter a lift” and “Scotland is stunning, let's keep it that way” campaigns, that well-designed messaging can shift behaviour. However, in recent years, there has been no consistent national campaign focused on roadside litter, despite strong public demand and cross-party support. We cannot keep relying on volunteers such as Myra and Carolyn. The Scottish Government is delaying taking action, and the petitioner is right: we just need definitive action. A targeted roadside litter awareness campaign is overdue, and I urge the committee to support the petition.

**The Convener:** If I may say so, your specialised knowledge of the contents of bottles on the A1 is impressive, if alarming. I thank you for your contribution.

Do members have any suggestions for action? I note again that Transport Scotland proposes to take forward the aims of the petition.

**Davy Russell:** I totally agree with what Rachael Hamilton said. In a former life, I was the director of

roads, transport and environmental services for Glasgow and, every now and again, we had the sort of campaigns that she suggests, working with Keep Scotland Beautiful and Zero Waste Scotland. Those worked to a reasonable extent, but education is also really important. We need to get to the kids so that they chastise their parents for throwing stuff out of the car window. We did not have the budget to carry through on the educational part, which links to what Rachael said. It is all right to have processes for cleaning and emptying bins, but that is not where we need to be. We need education so that people do not do litter: that is the bottom line. We need a mindset change, and the only way to get that is through education.

**Maurice Golden:** I welcome those comments. We now have a situation in which Transport Scotland has acquiesced to the petitioner's request and will run a campaign, which will be targeted at companies and the public, to raise awareness of the harms that are caused by roadside litter, with legislation being in place to penalise those who drop litter. On that basis, and in a positive sense, I recommend that we close the petition in line with rule 15.7 of standing orders.

**The Convener:** Are members content with that suggestion?

**Members indicated agreement.**

**The Convener:** We thank the petitioner and hope that we have achieved some progress on the petition. If that progress fails to materialise or satisfy, we very much encourage the petitioner to come back to Parliament during the next session and tell us that that is so.

**Rachael Hamilton:** I guessed that that was what committee members would say today. I am really grateful for what has been done to gather information on some of the steps that will be taken in light of the circular economy act. However, I am concerned that the national litter and fly tipping strategy delivery group

"recognises that there is an interest in a campaign on litter"

but says that

"it is not currently something that can be achieved within the resources available to delivery partners".

I put that on the record because it is really important. The Government cannot say that it is going to do something but then not allocate the resource to carry out that commitment.

**The Convener:** That comment is duly on the record, as you hoped.

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

**The Convener:** PE2127, which was lodged by John Robert Erskine—who was formerly media officer to this committee—calls on the Scottish Parliament to urge the Scottish Government to develop a new digital connectivity plan for the Highlands and Islands with the aims of addressing digital infrastructure gaps, improving mobile internet coverage, establishing public-private partnerships and supporting economic growth, education and healthcare.

We last considered the petition on 19 February, when we agreed to write to the Scottish Government. The response that we received says that the Government has no plans to develop a distinct digital connectivity plan for the Highlands and Islands. It explains that there is substantial on-going activity to improve connectivity across the region but that it is not apparent that developing a separate approach for the Highlands and Islands in isolation would add any immediate value.

The response points out that the Scottish Government will be publishing a refreshed digital strategy, taking into account connectivity priorities and a new national islands plan, that will integrate digital connectivity with other key priorities, making a separate connectivity plan unnecessary.

Do colleagues have any suggestions for action?

**Maurice Golden:** I understand the connectivity difficulties, particularly in rural areas but even in urban ones, and I appreciate that the petitioner must be frustrated by them. Ultimately, however, and with a heavy heart, I think that we should close the petition under rule 15.7 of standing orders on the basis that the Scottish Government has no plan to develop a distinct digital connectivity plan for the Highlands and Islands. It will publish a new Highlands and Islands plan this year—any month now—that will integrate digital connectivity with other key priorities, and it will also publish a refreshed digital strategy that will take connectivity priorities into account.

**The Convener:** If colleagues are content to proceed on that basis, we will close the petition.

**Members indicated agreement.**

## New Petitions

11:40

**The Convener:** Item 4 is consideration of new petitions. Unusually, we are running 40 minutes later than planned.

The new petitions that we will consider today are some of the final new petitions that we will be able to introduce in the current parliamentary session. I say to those who have joined us for the consideration of new petitions that we undertake work in advance of our preliminary consideration of a petition. We ask the Parliament's independent research body, the Scottish Parliament information centre, for its view, and we also ask the Scottish Government for its preliminary view. We do that because, previously, those were often the first actions that the committee agreed to take, which simply delayed more substantive consideration of petitions.

### Hydrogen from Fresh Water (PE2159)

**The Convener:** The first new petition is PE2159, which was lodged by David Mackay on behalf of Innes community council. The petition calls on the Scottish Parliament to urge the Scottish Government to place a moratorium on the production of hydrogen from fresh water until scientific studies are undertaken to understand the impact on the environment, local economies and society.

The SPICe briefing explains that all hydrogen production technologies require water as an input. Green hydrogen production is the process of separating the hydrogen atoms from the oxygen atom in water via electrolysis. Blue hydrogen production involves steam methane reformation and, thus, also includes H<sub>2</sub>O as a fundamental part of the process. The briefing notes that there are different conclusions about how much water is required for different methods of hydrogen production, meaning that there is no single view on which method has the lower water footprint.

The Scottish Government's response to the petition states that regulations are already in place for any activity that may affect Scotland's water environment including the use of water for hydrogen developments, which require authorisation from SEPA. The submission also highlights the mechanisms in the planning process, stating that it will be for the relevant authority to interpret and implement relevant planning legislation and guidance in each case as it deems appropriate.

The petitioner's written submission notes that SEPA is reporting that there are longer, hotter and drier periods in Scotland. The petitioner believes

that it will take longer and more rain will be required for groundwater levels to recover. He states:

"any process that abstracts additional groundwater will exacerbate the situation and will have major impacts on the ecology, the environment and the economy."

The submission goes on to say that the Scottish Government's response demonstrates a lack of understanding and knowledge of the production requirements for hydrogen and that neither the Government nor the hydrogen industry has calculated the total volume of water that will be required to produce the hydrogen that will be needed for domestic and export markets, nor how groundwater will be replenished.

Do members have any comments or suggestions for action? Mr Mountain is waving at me. I did not know that he had an interest in the petition, but in for a penny, in for a pound.

**Edward Mountain:** As the petitioner lives in Speyside, I remind the committee that I have an interest as I have a freshwater fishery on the River Spey. I have responded to a particular application related to Storegga's proposed project at Marypark, which is in Speyside.

I will draw the committee's attention to one or two matters that I think are critical in relation to the petition.

**The Convener:** If you can do that adroitly, it would be helpful.

**Edward Mountain:** I have never known what that means, convener.

**The Convener:** It means as quickly as possible.

**Edward Mountain:** I am not sure that politicians know what that means.

I understand how important water is across the River Spey and every other catchment. The water levels in the River Spey have not been so low since 1975. It is phenomenal—there has been no increase in the water level since February. All other abstractions on the river have been halted except for the one to Lochaber. SEPA is allowing water to be taken from the top of the catchment, but it is preventing it from being taken from anywhere else. The abstraction that is being proposed is massive: some 500,000 cubic metres would be taken out of the river daily, which would be hugely detrimental to any river. As a Parliament, we need to consider how those applications are considered.

11:45

I understand that the committee is running out of time in the current parliamentary session. However, what happens is that SEPA says that it is doing river basin management planning, but it is

absolutely not. It is considering each application as it arises, and the cumulative effect of all those applications will be hugely detrimental to every watercourse. That is especially true in this case in Speyside, because it will increase the temperature of the water, and the water will be taken from substrate that has a high mineral content, which will be discharged back into the river. That is bad for mussels and it creates algae.

I do not think that the petitioner wants to halt all production for ever, but they want some sensible consideration to be taken. I urge the committee, rather than just closing the petition, to consider writing to SEPA to ask how it will consider this application in light of all the other applications that have already been consented to. Adding one more might be the final straw that breaks the camel's back.

**The Convener:** I did not know that we were talking about just closing the petition, Mr Mountain, but thank you.

Do colleagues have any suggestions for action?

**Fergus Ewing:** We are grateful for Ed Mountain's factual input. I represent part of the River Spey, which is in my constituency, and I concur that water levels are at an all-time low. I add that many existing users have already been prejudiced by that, notably distilleries. I do not have a personal interest in the matter, unlike Mr Mountain, other than through being an avid consumer of those distilleries' products. However, it seems reasonable to say that the existing users and businesses that have traditionally relied on access to the water supply should have their interests considered by all those whose job it is to oversee decisions in this regard.

There is an analogy with the pump storage situation, in which there is a plethora of pump storage applications and a lack of joint consideration of the overall impact that those will have on Loch Ness.

We should ask SEPA to comment specifically with regard to Mr Mountain's evidence, which was interesting and, on the face of it, quite compelling. It would certainly be worrying if a massive extraction of water was permitted without consideration of the overall impact. I suggest that we write to SEPA, as Mr Mountain suggested, and that we include the petition as part of the thematic evidence session with the Cabinet Secretary for Climate Action and Energy. I also suggest that, beforehand, we invite the cabinet secretary to respond to what Mr Mountain has said.

The lack of consideration of the cumulative impact of developments across the board—notably renewable developments in the Highlands—is a huge concern at the moment. Mr Mountain and I know that from attending a packed

public meeting with Douglas Lumsden—he attended it as well, not as a participant but as a spectator from outwith the Highlands and Islands area.

Without labouring the point—I would never wish to do that, convener—I hope that the cabinet secretary and SEPA will opine on the issue before we hear oral evidence from the cabinet secretary.

**The Convener:** Is that what you were going to suggest, Mr Golden? I see that you are nodding.

The only point that I will add is that I would not want the date on which we will be able to see the cabinet secretary to be conditional on her having responded in advance. We can seek to get that response, or perhaps the cabinet secretary will be in a position to speak to the response that might be made at the point when we have a meeting with her. Do members agree that we should do what has been suggested?

**Members indicated agreement.**

## Energy Strategy (PE2160)

**The Convener:** PE2160, lodged by Tina Dawn Marshall, calls on the Scottish Parliament to urge the Scottish Government to publish its energy strategy and just transition plan to address environmental, infrastructure and land use issues. Our parliamentary colleague Douglas Lumsden joins us to speak to the petition. I think that this is a return ticket. Having only just walked out the door, Mr Lumsden has beaten a path back to join us. Good morning—well, almost good afternoon—to you.

The SPICe briefing reminds us that the Scottish Government's first energy strategy was published in 2017. That was followed by a draft energy strategy and just transition plan, which was published for consultation in 2023. The finalised version is still awaiting publication.

In its response, the Scottish Government states that the issues in its draft energy strategy and just transition plan are affected by on-going developments in the UK Government's energy policy, including consultations for which responses have not yet been published, as well as various court cases. It stresses that it is taking sufficient time to analyse those developments and their impact on Scotland.

In terms of alternative action, the Government highlights its 2024 green industrial strategy, as well as its investment in skills development through its just transition fund. It also flags the publication over the course of this year of a bioenergy policy statement, the solar vision for Scotland, the sectoral marine plan 2 and an offshore wind policy statement. It also states that, most important of all, it expects to publish its draft

climate change plan later this year, which will be accompanied by a consultation.

We have also received submissions from the petitioner, who mentions a range of on-going concerns in the absence of an energy strategy and just transition plan.

Mr Lumsden, the floor is yours.

**Douglas Lumsden (North East Scotland) (Con):** Thank you, convener. It is good to be back.

I fully support the petitioner's call for the Scottish Government to publish its energy strategy and I hope that the committee has more luck than me in that regard. I checked in the *Official Report* and found that, in the past 18 months, I have asked the Government about this issue 16 times and have received no answer—perhaps that is a reflection on me.

**The Convener:** So, you did not ask 1,000 times.

**Douglas Lumsden:** No, just the 16 times, convener.

I read the Government's response to the committee with interest. It claims that it is taking time to analyse and reflect on developments, but it has been two and a half years since it published its draft policy. How long does it need? We have had two and a half years of uncertainty, of a presumption against oil and gas and of no just transition plan, while thousands of jobs are being lost in the North Sea.

In all that time, in the absence of a strategy, we have had a vacuum. Perhaps that was the Government's aim, because that vacuum is being filled by a presumption in favour of unlimited and expensive onshore and offshore wind and all the infrastructure that comes with it. We must also acknowledge that generation and demand happen in different regions, so the future will be mega pylons and substations, which will damage much of our beautiful rural areas.

As we heard in relation to the previous petition about hydrogen, there is no plan regarding how much hydrogen will be produced. Further, battery storage is out of control. The sector is often referred to as the wild west, as it seems to be a money-making scheme in which companies buy up cheap electricity in periods when our intermittent supply builds up a surplus and sell it back when prices are high.

We know that the Scottish Government is blocking new nuclear power stations, but we do not know what its stance is on new gas-powered stations, for example. We must presume that, in the future, when the wind does not blow, base load will be met by imports. We should be concerned about grid stability as the inertia from

traditional power stations is withdrawn—Fergus Ewing often brings that up in the chamber. All of that matters because we need to plan properly if we are to avoid blackouts such as we have seen in Spain.

I am coming to the conclusion that the reason why the Government is not coming forward with an energy strategy is because that would mean that it would have to be honest with people about its vision, which, I presume, is to have rural communities covered in battery storage, onshore wind farms, substations and mega pylons.

Our rural communities are mobilising against that. We heard earlier about the meeting in Inverness, where the Highlands community councils came together. We have a similar meeting coming up soon in Aberdeenshire, and the same thing is happening in Perthshire and the Borders, where people have the exact same fears. People feel that they are being ignored, and they just want some clarity and honesty from the Government.

For the sake of our rural communities, and for the sake of our oil and gas workers, I urge the committee to again ask the Scottish Government to set out some timescales so that we can have some clarity.

**The Convener:** Thank you, Mr Lumsden. You asked how long the Government needs to reflect on the matter. If you had been with us earlier, during our session with the Cabinet Secretary for Health and Social Care, you would have heard that we have been reflecting on private ambulance regulation since 2012, so two and a half years might not seem so long after all. However, you have raised important issues. Do members have suggestions on how to proceed?

**Maurice Golden:** I am concerned that the Scottish Government has indicated that, due to “on-going developments”, it has been unable to produce its energy strategy. In my entire time working in the energy sector, I do not think that there has ever been a time when there have not been “on-going developments” in some part of the sector. I do not see that as any reason for what has been a two-and-a-half-year stall on the strategy.

I stand to be corrected. If, over the past 15 years, there has been a point when there has been no on-going development in the sector, the Scottish Government will surely write to the committee about that.

Given that two and a half years have passed, with agencies and dozens of civil service staff poring over the strategy, the Scottish Government could, at the very least, provide information on where it is with the strategy, producing an “energy strategy 1.0”, rather than risking further delay,

even though the strategy will need to be updated. I would certainly offer my help to the Government in delivering that.

The issue should be added as part of the thematic session with the Cabinet Secretary for Climate Action and Energy, which is looking a lot more interesting after today's discussion.

**The Convener:** It is certainly looking a lot busier.

**Fergus Ewing:** Mr Lumsden has raised some salient points, many of which I agree with. Those include the threat to the stability of the grid from the impending closure of nuclear stations and the uncertainty surrounding Peterhead. Without base load and back-up, it is more difficult to provide stability and synchronicity—and, therefore, inertia—to the grid. This is a technical topic, where more facts, more scientific analysis and less politics would be extremely useful in Britain.

Aside from that, the Robert Gordon University report, which I think was written by Paul de Leeuw, whom I know, warned that the oil and gas industry in the UK could lose 400 jobs every fortnight, which is a staggering figure. There is a lot more that could be said, in particular that Britain cannot have industry unless energy costs are on a par with those of our European neighbours, at least—which they are not. Therefore, industry is likely to cease to exist in Britain, where it is energy intensive, within the next five years. That is a point that one does not hear very much.

I have raised a few issues, and my suggestion as to what we do with the petition is this. I hesitate to recommend closing the petition, although I know that the pressure is there. Instead, we should write to the Government, suggesting that there should be a full debate on the matter in the Parliament. I suggest that we have two full days on energy, or at least one day, which would allow us to have a proper debate, with lengthy contributions from people—from all parties—who have an interest in the topic. It is a complicated, wide-ranging debate.

The idea that we cannot have an energy policy because of developments, as Mr Lumsden has described, is absurd. There are developments all the time. That is not a reason for not having a policy; it is a pretext.

It is reasonable for us to suggest that the degree of interest in the matter is such that there should be a parliamentary debate on it. I note that the petitioner is a student studying the economics of renewable energy at Heriot-Watt University, and she has made a lot of useful points to us. We should raise the issues with the Cabinet Secretary for Climate Action and Energy at the thematic evidence session that we will be having soon. That will probably have to be quite a long session. I am

sure that many members would wish to participate, and rightly so.

**The Convener:** Two colleagues have suggested that we add the matter to the thematic session. In advance of that, we should write a letter asking where we currently stand with the energy strategy. There is also Mr Ewing's additional suggestion to the cabinet secretary that, in addition to our addressing the subject in a thematic committee session, it would be useful for the Parliament to consider the issues in a chamber debate. We can suggest that accordingly. We will keep the petition open.

**Members indicated agreement.**

**The Convener:** Thank you, Mr Lumsden.

**Douglas Lumsden:** Thank you.

### **Child Contact Domestic Abuse (Guidance) (PE2163)**

12:00

**The Convener:** PE2163, which was lodged by Alistair Scott, calls on the Scottish Parliament to urge the Scottish Government to work with partners to develop guidance on the interaction between child contact dispute processes and the Domestic Abuse (Scotland) Act 2018.

The Scottish Government's response to the petition indicates that it did not understand the main ask of the petition, stating that it is not clear towards whom such guidance would be directed, nor what it would be intended to achieve. The submission then details the routes that can be taken during child contact disputes.

The petitioner has provided a written submission outlining the concerns that led him to lodge the petition. He points out that mediation is not suitable for abusive relationships, stating that the parent seeking contact is then left with no other option but to progress matters through the courts. He also explains that contact dispute cases can be used to further abuse those parents.

The petitioner acknowledges that family courts will always be concerned with protecting a child from abuse, or possible abuse, from the person seeking contact. However, he believes that that results in a disregard of the impact that false and malicious allegations have on the parent seeking contact, and he shares the view that false and malicious allegations have a profound impact on the mental health of the abused parent.

Do members have any suggestions as to how we might proceed?

**Marie McNair:** I suggest that we write to the Scottish Government to clarify that the petitioner is

asking for the Scottish Government to lead the development of guidance on the application of the Domestic Abuse (Scotland) Act 2018 in circumstances in which it is claimed that the child contact dispute processes are being used to abuse a parent, with the aim of helping all those involved in child contact disputes understand how best to protect the rights of those involved, and to ask whether it would undertake such exercise.

**The Convener:** That seems a sensible recommendation, in light of the petitioner's further explanation of his concerns. Are colleagues content with that suggestion?

**Members indicated agreement.**

### Single-use Plastics (Ban) (PE2164)

**The Convener:** PE2164, which was lodged by Tabitha Fletcher, calls for a ban on all non-essential single-use plastics. The SPICe briefing on the petition explains that single-use plastic products are used once, or for a short period of time, before being thrown away, and highlights the scale of the issue and its negative impact on the environment and on health, quoting the OECD's description of it as one of

"the great environmental challenges of"

this

"century".

In summarising the Government's actions to date, the briefing mentions that some new product restrictions might require either a United Kingdom-wide approach or an agreed exclusion from the principles of the United Kingdom Internal Market Act 2020.

The Scottish Government points to past and on-going action that it has taken on many of the asks within the petition's broad scope. For example, the circular economy and waste route map sets out actions for accelerating progress towards a circular economy, including on problematic single-use items. As for more targeted approaches, the Government points to legislation to ban plastic-stemmed cotton buds; the proposal for a minimum charge on single-use cups; minimising plastic pellets in the environment; and the ban on single-use vapes. It also refers to the four-nation work that is under way on tackling packaging waste, plastic wet wipes and aquaculture gear, while reiterating its commitment to the deposit return scheme.

The Government also states that further detailed evidence gathering, consultation and impact assessments would be required to assess the petition's asks on any actions not yet being taken. In an additional submission, the petitioner, too, acknowledges the complexity of the action being called for, while underlining that the existing

pieces of legislation that target specific items only go to show the petition's viability.

Do members have any suggestions as to how we might proceed?

**Maurice Golden:** I appreciate where the petitioner is coming from, but I certainly feel that the ask might be counterintuitive in some respects with regard to the application of the waste hierarchy and the circular economy.

Looking at the legislative programme, I note that the circular economy legislation was passed in 2024, and the Scottish Government is currently developing a strategy that would consider the petitioner's ask in the round. I would say to the petitioner, though, that I am very frustrated at the progress that has been made in that respect. A circular economy strategy was produced in 2016; since then, the Scottish Parliament has passed legislation, the sum total of which is to produce another strategy a decade after the previous one.

Nonetheless, we are where we are, and I hope that the Scottish Government, in producing and delivering the strategy, will be able to meet the petitioner's general asks. On that basis, I recommend closing the petition under rule 15.7 of standing orders.

**The Convener:** If colleagues have no other suggestions, are we content to proceed as Mr Golden has suggested?

**Members indicated agreement.**

**The Convener:** We thank the petitioner, but, for the reasons identified, we feel unable to take her petition forward in the time available to us.

### Functional Neurological Disorder (PE2165)

**The Convener:** Finally, PE2165, which was lodged by Michelle Moir, calls on the Scottish Parliament to urge the Scottish Government to help improve awareness of functional neurological disorder by providing funding for training and educational resources for medical professionals, including general practitioners, paramedics, call handlers, employers and wider society, on the symptoms and impacts of FND.

From the SPICe briefing, we find that functional disorders include dissociative seizures, functional movement disorders such as tremors or spasms, and functional limb weakness. The briefing helpfully points to the introduction of a national FND pathway in Scotland in 2024, but suggests that it is not clear what training is available to primary care medical and nursing staff to assist with diagnosis in primary care.

The Scottish Government considers the asks of the petition not to be achievable, as

"Developing and disseminating new resources to provide training and education to medical professionals requires additional budget not currently available".

The Government also considers that the concerns raised in the petition are addressed in current work such as the FND pathway; a project for a dedicated clinical network in NHS Lothian that is due to conclude this autumn; and a pilot study in NHS Grampian that looks to enhance knowledge and diagnosis of FND. The additional submission from the petitioner, however, contains a series of questions stemming from the Government's response, including on the need for mandatory rather than just voluntary training, on the public sharing of data from the two regional projects that are under way, and on the Government's next steps.

Are there any comments or suggestions as to how we might proceed?

**Marie McNair:** I certainly welcome the news about the pathway, but to assist the petitioner, we should write to the Minister for Public Health and Women's Health and ask for a response to questions that the petitioner has raised in her additional submission, which you have already mentioned, and what preliminary assessment has been made of the pilot projects in NHS Lothian and NHS Grampian, including the potential for them to be expanded at a national level.

**The Convener:** The suggestion is that we keep the petition open and seek further information on that basis. Are we agreed?

**Members** *indicated agreement.*

**The Convener:** That brings us to the end of our meeting. Our next meeting will be on Wednesday 8 October. Thank you for joining us.

12:08

*Meeting continued in private until 12:23.*



This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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