



The Scottish Parliament
Pàrlamaid na h-Alba

PUBLIC PETITIONS COMMITTEE

AGENDA

7th Meeting, 2021 (Session 5)

Wednesday 24 March 2021

The Committee will meet at 9.30 am in a virtual meeting and will be broadcast on www.scottishparliament.tv.

1. **Decision on taking business in private:** The Committee will decide whether to take item 3 in private.
2. **Consideration of continued petitions:** The Committee will consider the following continued petitions—
 - PE1517: Polypropylene Mesh Medical Devices;
 - PE1610: Upgrade the A75 and PE1657: A77 upgrade;
 - PE1651: Prescribed drug dependence and withdrawal;
 - PE1722: Parking charges at island lifeline ferry ports; and
 - PE1841: Allow a designated visitor into care homes.
3. **Legacy paper (in private):** The Committee will consider a draft legacy paper.

Lynn Russell
Clerk to the Public Petitions Committee
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The papers for this meeting are as follows—

Agenda item 2

Note by the Clerk

PPC/S5/21/7/1

Note by the Clerk

PPC/S5/21/7/2

Note by the Clerk

PPC/S5/21/7/3

Note by the Clerk

PPC/S5/21/7/4

Note by the Clerk

PPC/S5/21/7/5

Agenda item 3

PRIVATE PAPER

PPC/S5/21/7/6 (P)

Public Petitions Committee
7th Meeting, 2021 (Session 5)

Wednesday 24 March 2021

PE1517: Polypropylene Mesh Medical Devices

Note by the Clerk

Petitioner Elaine Holmes and Olive McIlroy on behalf of Scottish Mesh Survivors - "Hear Our Voice" campaign

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to:

1. Suspend use of polypropylene Transvaginal Mesh (TVM) procedures;
2. Initiate a Public Inquiry and/or comprehensive independent research to evaluate the safety of mesh devices using all evidence available, including that from across the world;
3. Introduce mandatory reporting of all adverse incidents by health professionals;
4. Set up a Scottish Transvaginal Mesh implant register with view to linking this up with national and international registers;
5. Introduce fully Informed Consent with uniformity throughout Scotland's Health Boards; and
6. Write to the MHRA and ask that they reclassify TVM devices to heightened alert status to reflect ongoing concerns worldwide.

Webpage parliament.scot/GettingInvolved/Petitions/scottishmeshsurvivors

Introduction

1. This is a continued petition, last considered by the Committee at its meeting on 10 February 2021.
2. At that meeting, the Committee agreed to seek the Cabinet Secretary for Health and Sport's views in respect of several outstanding issues including—
 - What action the Scottish Government is taking to rebuild the trust and confidence of the petitioners, and other mesh survivors, who have been disappointed by the way it has pursued some of the actions called for in the petition; and
 - Whether the Scottish Government will agree to the call for a substantial inquiry to examine what happened to these women, to understand how their experience fell so short of what it should have been, and to ensure that it does not happen again.

3. The Committee agreed to also seek views on calls for the Scottish Government to fund the travel and treatment of women who wish to have their mesh devices removed by surgeons outwith the NHS, including in the USA; and to reimburse women who have already paid to undergo such treatment.
4. The Committee also agreed to write to the Convener of the Health and Sport Committee to highlight that many issues remain outstanding in this petition, and to ask it to consider reflecting these issues in its legacy paper.
5. The Committee has since received written submissions from the Cabinet Secretary for Health and Sport and the petitioners.
6. The Committee is invited to consider what action it wishes to take.

Committee Consideration

Cabinet Secretary for Health and Sport's submission

7. In her written submission of 17 February 2021, the Cabinet Secretary responds to outstanding issues highlighted during the Committee's last consideration of this petition.
8. The Cabinet Secretary explains that patients of the new Specialist Pelvic Mesh Removal Service will receive a holistic service, delivered by a multi-disciplinary team. That team will comprise specialist nursing, physiotherapy, pain management, pharmacy, clinical psychology and administrative support staff, in addition to four uro-gynaecology consultants.
9. Clinicians in the service will collaborate with colleagues in similar services being established by NHS England. The Cabinet Secretary states that this will provide an opportunity for—

“benchmarking” through comparison of outcomes, direct observation, peer review, and development of consensus with regard to the indications, risks, benefits and techniques associated with full and partial mesh removal.”
10. The National Institute for Health and Care Excellence (NICE) is leading on work to ensure that patient information and decision aids reflect this collaboration and is consistent across the four nations of the UK. Scottish clinicians have contributed to this work, which also involves patient representation.
11. The submission goes on to highlight that officials will also take forward the development of a patient focused “map” of their care pathway. This pathway will be created from a patient perspective with signposting to assist navigation.
12. The Cabinet Secretary recognises that some women may still not want to be treated in Scotland. In these cases, alternative arrangements for care should be available, so that all patients are able to receive the treatment they need. To that end, the Cabinet Secretary explains that any woman who expresses a

preference to be treated outside Scotland will be able to request referral to the English NHS service.

13. Steps are also being taken to provide, in exceptional cases, an additional option for patients that will include the possibility of referral outside the NHS, including the possibility of referral outside the UK.
14. The Cabinet Secretary confirms that NHS National Services Scotland (NSS) intends, at the earliest opportunity, to issue an invitation to tender for specified mesh removal services. She explains that the process will follow standard commissioning procedures set by NSS, whereby all applications will be assessed by a Clinical Advisory Panel (CAP) and will be open to relevant centres in the UK and abroad.
15. On patient engagement, the Cabinet Secretary reiterates her commitment, that patient voices must be listened to both in the development of the new specialist service and wider NHS support for women in Scotland.
16. In her submissions of 17 February 2021 and 10 March 2021, the Cabinet Secretary highlights the Scottish Government's work with the Health and Social Care Alliance ('the Alliance').
17. The Alliance's report [My Life, My Experience](#), published in November 2019, highlighted women's live experiences of complications following transvaginal mesh surgery. Following this report, the Scottish Government commissioned further work to ensure that there is a better understanding of the needs, wants and concerns of women. This will, in turn, facilitate codesign of the new service.
18. The Cabinet Secretary hopes that as issues are addressed and resolved, trust and confidence in the service will increase.
19. Furthermore, the Cabinet Secretary explains that the Alliance will be asked to establish a stakeholder participation group. This will continue to gather views on the specialist service which will be considered in conjunction with the results from patient satisfaction surveys as well as other relevant outcome data.
20. In her written submission of 10 March 2021, the Cabinet Secretary notes how open Alliance's engagement has been, to ensure as wide a range of views as possible are reflected.
21. The Cabinet Secretary highlights that she met with one of the petitioners in late 2020 and set out some of the work that the Alliance would be undertaking. The Cabinet Secretary hopes the petitioners felt welcome and able to participate in that work. She similarly hopes that the petitioners will, in the coming months, wish to engage in the forthcoming work being undertaken.
22. In her 17 February 2021 submission, the Cabinet Secretary recognises that many feel a public inquiry is justified. She believes, however, that as a result of the "comprehensive investigation" conducted by the Independent Medicines

and Medical Devices Safety Review (IMMDS)¹, a public inquiry would not materially add to the knowledge and understanding of the issues involved.

23. In this submission, the Cabinet Secretary highlights that she has written to the General Medical Council (GMC) and the Royal College of Obstetricians and Gynaecologists (RCOG) to express her support for work, already underway, to introduce a GMC approved credential in mesh removal surgery.
24. Reiterating points made by the then Interim Chief Medical Officer, in his submission of 27 November 2020, the Cabinet Secretary explains that by formally recognising the skills of our surgeons, credentialing will provide assurance for the service, reassurance for patients, it will reduce the risk of harm and it will help improve public confidence.

Petitioners' submission

25. In their written submission, the petitioners express their frustration at what they consider to be a lack of real progress on the issues in their petition since 2014.
26. The petitioners reiterate their lack of faith in the skills of UK surgeons to remove mesh. They also reiterate their frustration at the lack of progress made following engagement with the Scottish Government, suggesting that—

“Instead of listening and fulfilling their obligation to us, they [the Scottish Government] wasted years and funds on reviews – then reviews to review the reviews.”

27. As part of their submission, the petitioners highlight the [Scottish Mesh Survivors “Hear Our Voice” Campaign Charter of Mesh Care](#). This charter calls for—
 - the suspension of mesh to become a statutory ban;
 - a Mesh Removal Fund to pay for women to be treated by a surgeon of their choice, and to refund those who have paid this cost themselves;
 - improve the service quality of the specialist service;
 - ensure the independence of the Patient Safety Commissioner; and
 - implement all the recommendations of the Cumberlege report.

Action

28. The Committee is invited to consider what action it wishes to take. Options include —
 - To close the petition under Rule 15.7 of Standing Orders on the basis that—

¹ The Independent Medicines and Medical Devices Safety (IMMDS) Review, led by Baroness Cumberlege published its [report](#) on 8 July 2020.

- the Scottish Government has accepted and will implement the recommendations of the Independent Review of Transvaginal Mesh Implants which will address the actions called for in the petition; and is—
 - committed to working with survivors on the further development of the national specialist service;
 - developing proposals for the remit for a Patient Safety Commissioner, which will be subject to public consultation;
 - working with the Health and Social Care Alliance to ensure its work is being informed by people with lived experience, and is committed to doing more to ensure that women know their views are being listened to, and to ensure that they get the services they need;
 - establishing close working relationships with the equivalent services being developed by NHS England, which will allow referral to NHS England services, as a further choice, where necessary and clinically appropriate;
 - taking a proposal to the UK Medical Education Reference Group, which is the first step in the current process for submitting proposals for a GMC regulated credential with respect to mesh removal surgery.
- the National Institute for Health and Care Excellence is leading on work to ensure that patient information and decision aids is informed by patients and consistent across the four nations of the UK;
- NHS National Services Scotland intends, at the earliest opportunity, to issue an invitation to tender for specified mesh removal services to allow, in exceptional cases, patients to be referred outside the NHS, including the possibility of referral outside the UK, for treatment.
- To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1517/PPPP: Interim Chief Medical Officer submission of 27 November 2020 \(66KB pdf\)](#)

- [PE1517/QQQQ: Cabinet Secretary for Health and Sport submission of 27 November 2020 \(55KB pdf\)](#)
- [PE1517/SSSS: Cabinet Secretary for Health and Sport submission of 17 February 2021 \(82KB pdf\)](#)
- [PE1517/TTTT: Cabinet Secretary for Health and Sport submission of 10 March 2021 \(58KB pdf\)](#)
- [PE1517/UUUU: Petitioners' submission of 16 March 2021 \(106KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#)

Public Petitions Committee**7th Meeting, 2021 (Session 5)****Wednesday 24 March 2021****PE1610: Upgrade the A75 and PE1657: A77 upgrade****Note by the Clerk**

Petitioner	Matt Halliday
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to upgrade the A75 Euro-route to dual carriageway for its entirety as soon as possible.
Webpage	Parliament.scot/GettingInvolved/Petitions/A75RoadUpgrade
Petitioner	Donald McHarrie on behalf of A77 Action Group
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to dual the A77 from Ayr Whitlett's Roundabout south to the two ferry ports located at Cairnryan, including the point at which the A77 connects with the A75.
Webpage	Parliament.scot/GettingInvolved/Petitions/A77upgrade

Introduction

1. These are continued petitions, last considered by the Committee on 13 January 2021. At that meeting the Committee agreed to write to the First Minister and the North Channel Partnership.
2. A response has now been received from the North Channel Partnership, Allan Dorans MP, Dual the A75 Group, Councillor Willie Scobie, Catherine Branson and four from the A77 Action Group.
3. At the Convener's Group meeting with the First Minister on [13 November 2019](#), the Committee Convener raised these two petitions with the First Minister. The First Minister advised she would respond to the Committee in writing and "*use these petitions as a case study to describe the process that the Government goes through in reaching decisions*".
4. Despite repeated requests for this information since December 2019, including a letter sent to the First Minister in January 2021, no response has been received.
5. The Committee is invited to consider its next steps.

Background

Scottish Government Strategic Transport Projects Review 2 (STPR2)

6. The Scottish Government gave a commitment in the 2017/18 Programme for Government to commence work for the second Strategic Transport Projects Review (STPR2) in the Dumfries and Galloway area. Consultants AECOM and Peter Brett Associates (PBA) were appointed by Transport Scotland to research the case for investment in transport interventions in the South West of Scotland through the “South West Scotland Transport Study Initial Appraisal: Case for Change. (SWSTS)”. The Cabinet Secretary’s [submission of 10 September 2019](#) advises it is the intention that the final report will form part of the evidence base for STPR2.
7. The Cabinet Secretary states the key aim of the work was to consider the rationale for improvements to road, rail, public transport and active travel on key strategic corridors in the South West of Scotland, including those served by the A75 and the A77.
8. Stakeholder engagement is noted as being a key element of the study. It was anticipated the study would be completed in winter 2018/19, with the draft report to be provided in the first quarter of 2019. However, this was extended slightly to enable thorough analysis.
9. The SWSTS was published on 27 June 2019 for an 8 week period of review by stakeholders and anyone with an interest in the outcomes of the study. The original date for the online response was 23 August 2019, however the submission advises it was agreed to extend this by 4 weeks until Friday 20 September 2019.
10. The [South West Scotland Transport Study - Initial Appraisal - Case for Change](#) report was published on 28 January 2020.
11. The delivery of the wider STPR2 project has been running in parallel and the submission notes it is on track to complete in the course of this Parliament as scheduled.
12. An update and Phase 1 recommendations for STPR2 were [published](#) on 3 February 2021.

Committee consideration

North Channel Partnership submission

13. The North Channel Partnership (The Partnership) submission advises it was re-established in January 2020 by Mid & East Antrim Borough Council and Dumfries & Galloway Council. The two Councils signed a terms of agreement document with seven objectives.
14. The Partnership notes it is working with a range of key stakeholders, including ferry companies, to progress a number of common interests, including those of

ports and the associated infrastructure. It advises the significance of the need to upgrade the A75 and A77 routes was highlighted by both Councils in their submissions to the recent UK Union Connectivity Review.

15. The Partnership is concerned that lack of investment in the A75 and the A77 will encourage the growth of alternative travel routes to and from Northern Ireland, and impact on business and tourism in both areas.
16. The submission highlights the roads have a number of difficulties, including safety concerns, a lack of facilities and longer journey times compared to competitor ports. It notes there are also road infrastructure issues such as classification and carriageway quality; the roads suffer from HGV platoons and limited overtaking opportunities; and there are long diversionary routes in the event of road closures.
17. The principal road link (A8) between Larne and Belfast has recently benefitted from a £120 million upgrade. The submission notes the benefits of the A8 upgrade included access to a complete high-speed dual carriageway between the Port of Larne and Belfast, reducing journey times by up to 25 per cent. This has created the potential for better access and connectivity with commercial markets across the UK.
18. The submission advises it is acknowledged that improvements to the routes should be future proofed ensuring a lasting benefit for both the local economies and to support green transport and connectivity. They believe this supports both local authorities' commitment towards tackling the climate emergency and ambitious targets for carbon reduction.
19. It notes the opportunity to develop digital roads which improve air quality and providing sufficient access to green energy or charging points can enable a greater use of the routes by low or zero emission vehicles for both tourism and trade. It is stated that this would contribute to Scotland's net zero ambition and support the Partnership's ambitions to bid for a Greenport to be established.
20. In closing, the submission confirms that "the North Channel Partnership is supportive of the need for infrastructure investment on the A75 and A77 routes".

Allan Dorans MP submission

21. Allan Dorans MP notes he is the MP for the area in which the A77 is located. He provides three reasons for why the A77 from Ayr to Cairnryan should be dualled. They are:
 1. The road is dangerous. He highlights there has been tragic loss of life every year and 2020 has been no exception. He advises that when the route from Glasgow to Ayr was upgraded to full motorway status there was a marked reduction in deaths;
 2. The road is a barrier to trade. Passing through several small towns, he advises it is time consuming and energy sapping. He believes dualling

the road would transform the efficiency and significantly reduce the costs of transport which is vital to the economy of large parts of Scotland;

3. The road is a major tourist route. He notes that as staycations become the norm once more, post-Brexit and post-Covid, the A77 will be under even greater pressure than before.

Catherine Branson submission

22. Catherine Branson cites a press article from 2018.
23. Catherine Branson notes Humza Yousaf MSP (then Minister for Transport and the Islands) recognised the importance of the A77 for the local and Scottish economies, as well as vital link the A77 was to the international Ports of Cairnryan.
24. She advises that regrettably, the actions that followed have not been consistent with what he said with “delay after delay with the Transport Review, or sign of any commitment from the current Transport Minister”.

Dual the A74 Group submission

25. The submission notes the A75 in its current format is unfit for purpose. Although the fastest way to cross the Irish Sea is by sailing from Cairnryan, the submission states the journey to Cairnryan from the UK motorway is “abysmal and unrealistic for many”.
26. As the A75 is predominantly single carriageway, the submission highlights it is common for slow moving HGV convoys to appear. They are limited to a speed of 40mph which it notes makes journeys difficult and questionable for them as they are at a 10mph disadvantage to single carriageways/dual carriageways in other parts of the UK.
27. It advises these HGV convoys are a serious danger to other vehicle users as other drivers become frustrated and take risks to overtake and make progress.
28. It believes one of the best ways to improve transport connectivity of the nations of the United Kingdom is by upgrading the A75 to a dual carriageway. It believes this would create a fast link from the North of England and South of Scotland to Northern Ireland and beyond. It believes this would have the potential to transform the economy at both a local and national level.

A77 Action Group submissions

29. The submission of 5 February highlights the Scottish and Northern Ireland economies are inter-dependent with the Port of Cairnryan playing a pivotal role as the virtual bridge between the two countries.
30. The A77 Action Group believes more and more lorries will gravitate towards Cairnryan because of delays and the stacking of lorries at the other UK Ports of Hollyhead, Liverpool and Heysham. It believes this could be a real advantage

for the Cairnryan ports were it not for the poor standard of the A75 which is not fit for purpose and requires to be brought up to dual carriageway standard, as does the A77 linking the ports to the central belt of Scotland.

31. Before Covid-19, and the lockdowns since March 2020, the submission notes both P&O and Stena were already seeing a downturn of freight support on the Lochryan routes. It highlights that with the introduction of larger vessels and improvements to infrastructure around the English and Welsh ports, it is not surprising that hauliers are less inclined to make the journey north when they face almost 100 miles of mostly single carriage way road.
32. It notes the upgrade to full dual carriageway standard of the access road from the M6 to Heysham has been well received by Hauliers and makes that a more attractive option for their route planners.
33. The submission advises during discussions between ferry companies and hauliers the poor quality of both the A77 and A75 are regularly cited as negative factors when they are quoting for work and planning journeys.
34. Three submissions were made on 18 March. The first notes it is deeply concerning that no capital investment is contained within STPR2 for the A77, in Phase 1 of the study.
35. It highlights the A77 had 420 ferry traffic vehicles, and had a total of 963030 vehicles in 2017, travelling on it. This is noted as being due to the A77 also bringing vehicles from the south up to the ferry ports at Cairnryan.
36. Scotland exports around a £1bn worth of goods to the Republic of Ireland alone. Given these figures, the submission notes this is reason enough to give A77 priority for investment given its strategic importance.
37. The submission claims the Scottish Government recognises this but it is not addressing the A77 issues like they do in other parts of Scotland that have a lower index level of deprivation.
38. The second submission of 18 March provides details of a Freedom of Information request made to the Scottish Government asking about personal injury accident statistics on the A77.
39. The submission notes these *“figures are not only damning but it highlights a ten-year period where virtually nothing has happened to reduce these statistics, despite year on year in vehicle safety system improvements”*.
40. Another Freedom of Information request is detailed in the submission. It indicates where traffic lights have been used to control the flow of traffic at sites on the A77 where there is potential for a landslide or where a landslide has happened.
41. The submission advises these figures *“highlights the neglect by the Scottish Government in South West Scotland”*.

42. The third submission of 18 March compares capital spend on road infrastructure in the area over the past two decades by the Scottish Government and that of the two ferry companies (P&O and Stena Line).
43. It advises the combined total of investment in ferry services by the ferry companies is £422.9m which is over five times the investment the Scottish Government has made on the road infrastructure.
44. The submission highlights the UK Government's Union Connectivity Review Interim Report which advises the A75 will be included by Sir Peter Hendy CBE team in a £20m feasibility study.

Sir Peter Hendy's Union connectivity review: interim report

45. Sir Peter Hendy's [Union connectivity review: interim report](#), published on 10 March 2021, considers the current state of transport connectivity within the UK and the case for future investment.
46. The report notes:

“...road connectivity to Stranraer on the west coast is of key strategic importance, specifically the A75 and A77 with the former being particularly important and carrying twice as many freight vehicles than the latter.”
47. As part of an interim report a number of projects have been identified to “jump-start” connectivity across the UK. The UK Government has committed £20m to the development of these projects.
48. UK Transport Secretary Grant Shapps said the UK Government would spend £20 million on “exploring the development of projects”, including upgrading the A75 between Gretna and Stranraer.

Action

49. The Committee is invited to consider what action it wishes to take. Options include —
 - To close the petitions under Rule 15.7 of Standing Orders on the basis that:
 - the Scottish Government is considering options for the A75 and A77 as part of the Strategic Transport Projects Review 2 which is a Scotland-wide review of the strategic transport network across all transport modes;
 - the UK Government is exploring the development of projects, including upgrading the A75 between Gretna and Stranraer;
 - To continue this petition and include it in its legacy paper for its successor Committee, along with a suggestion to seek an update from the Cabinet Secretary for Transport on the Strategic Transport Projects Review 2;

- To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1657/V: Catherine Branson submission of 31 January 2021 \(62KB pdf\)](#)
- [PE1657/W: Councillor Willie Scobie submission of 1 February 2021 \(64KB pdf\)](#)
- [PE1657/X: Dual the A75 Group submission of 2 February 2021 \(11 KB pdf\)](#)
- [PE1657/Y: North Channel Partnership \(Dumfries and Galloway Council and Mid and East Antrim Council\) submission of 3 February 2021 \(107KB pdf\)](#)
- [PE1657/Z: Allan Dorans MP submission of 4 February 2021 \(11KB pdf\)](#)
- [PE1657/AA: A77 Action Group submission of 5 February 2021\(103KB pdf\)](#)
- [PE1657/BB: A77 Action Group submission of 18 March 2021 \(124KB pdf\)](#)
- [PE1657/CC: A77 Action Group submission of 18 March 2021 \(104KB pdf\)](#)
- [PE1657/DD: A77 Action Group submission of 18 March 2021 \(256KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition webpages [PE1610](#) and [PE1657](#).

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PE1651: Prescribed drug dependence and withdrawal

Note by the Clerk

Petitioner	Marion Brown on behalf of Recovery and Renewal
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal.
Webpage	parliament.scot/GettingInvolved/Petitions/PE1651

Introduction

1. This is a continued petition, lodged in May 2017 and last considered by the Committee on 16 December 2020. At that meeting the Committee agreed to write to the Cabinet Secretary for Health and Sport.
2. Submissions have now been received from the Cabinet Secretary for Health and Sport, Beverley Thorpe Thomson, Ann Kelly, Barry Halsam, Dr Peter Gordon and three from the petitioner.
3. The Committee is invited to consider its next steps.

Committee consideration

Cabinet Secretary for Health and Sport submission

4. The Cabinet Secretary advises a Short Life Working Group (SLWG) on prescription medicine dependence and withdrawal was established to take forward consideration of the petition and to make recommendations. Draft recommendations were approved by her in December 2020.
5. It is the Scottish Governments intention to publish the draft recommendations as a consultation “in the next week or so”. The Cabinet Secretary advises she is keen to hear views from a wide range of interested members of the public and officials and will run two virtual sessions during the period that the consultation is open.
6. The five draft recommendations in the consultation document are:
 - I. Increasing the availability and use of data on the prescribing of medicines that can cause dependence or withdrawal to support greater

transparency and accountability and help ensure practice is consistent and in line with guidance;

- II. Enhanced clinical guidance and the likelihood that it will be followed;
- III. Improving information for patients and carers on prescribed medicines and other treatments, and increasing informed choice and shared decision making between clinicians and patients;
- IV. Improving the support available from the healthcare system for patients experiencing dependence on, or withdrawal from prescribed medicines; and
- V. Further research on the prevention and treatment of dependence on, and withdrawal from, prescribed medicines.

Petitioner submissions

7. The petitioner's submission of 2 February highlights some recent developments that relate to the petition.
8. She calls attention to an article written herself and colleagues which was published in the British Journal of General Practice's online.
9. The petitioner also highlights two "important and relevant" research papers about antidepressants published by Therapeutic Advances in Psychopharmacology.
10. The submission advises that the National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) along with the Royal College of GPs have published 'guidance' managing the long-term effects of Covid-19. The petitioner notes she raised her concerns with NICE in relation to these guidelines.
11. The feedback states "*This guidance seems to completely OMIT reference to the effects of very widely prescribed medicines that may have been taken before, during, or following the Covid illness*"
12. The response from NICE is noted as being evasive and unsatisfactory and not in any way addressing the issues raised about medication effects.
13. The petitioner's submission of 14 March is in response to the Cabinet Secretary's submission. The submission notes within the Cabinet Secretary's submission, there is no action to 'recognise' or 'support' individuals affected by dependence on and withdrawal from prescribed antidepressants and benzodiazepines.
14. The petitioner highlights statements in the Cabinet Secretary's submission which implies honesty, openness, transparency, which they believe there has not been any of in the SLWG process.
15. The submission advises the petitioners frustrations, reservations and concerns were expressed to the SLWG leadership during meetings convened by the

SLWG and also in writing. She notes these concerns were mostly not acknowledged or recorded. She believes there seemed to be undeclared underlying powerful conflicts of interest throughout the process.

16. The petitioner notes prescribers are seemingly not aware or being made aware of serious adverse effects, including risks of suicidality, akathisia and various complications of dependence and withdrawal, of the common 'safe and effective' medicines they are being 'guided' to prescribe for anxiety and depression (and everything else).
17. The petitioners second submission of 14 March highlights newly published material directly relating to the petition.

Other submissions

18. Beverley Thorpe Thomson advises it is her opinion the Scottish Government and the Health and Social Care Alliance, Scotland created their own agenda when establishing the SLWG. She believes it only paid "lip service" to the actual patient experiences or the opinions of the individuals on the SLWG.
19. The submission notes the progress by the SLWG took place over a lengthy period of four years, during which the Scottish Government continued to promote mental health as a medical issue and antidepressants have been first line treatment.
20. The submission states petition voices have been silenced by an overemphasis on data, a focus on Public Health England and on 'Realistic Medicine' which is supposedly about evidence based medicine. Instead of focusing on the harms caused by antidepressants and benzodiazepines, the submission advises there was a focus on chronic pain management, opioids and polypharmacy and the elderly.
21. The submissions from Ann Kelly and Barry Halsam note they do not believe this petition has moved forward in any meaningful way and that the voices of those with lived experience have not been heard.
22. In his submission, Dr Gordon advises he has witnessed Scottish Government advisors on mental health say to a cross-party group that there is "compelling evidence for maintenance treatment with antidepressants", that "depression is under-recognised across all age groups" and that "there is good evidence that long-term antidepressant treatment has a good risk-benefit ratio". Dr Gordon notes he is not aware of any such "compelling evidence".
23. Dr Gordon also raises concerns about the transparency and openness of the SLWG and notes he is unable to find any publicly available record keeping from the meetings of the SLWG.

Action

24. The Committee is invited to consider what action it wishes to take. Options include—

- To close the petition under Rule 15.7 of Standing Orders on the basis that the Short Life Working Group on prescription medicine dependence and withdrawal produced draft recommendations which have been approved by the Cabinet Secretary for Health and Sport; these draft recommendations will be published shortly as a public consultation which the petitioner will be able to input into;
- Any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1651/TTTTTTTTT: Petitioner submission of 2 February 2021 \(206KB pdf\)](#)
- [PE1651/UUUUUUUUU: Cabinet Secretary for Health and Sport submission of 26 February 2021 \(1,296KB pdf\)](#)
- [PE1651/VVVVVVVVV: Petitioner submission of 15 March 2021 \(226KB pdf\)](#)
- [PE1651/WWWWWWWWW: Petitioner submission of 15 March 2021 \(128KB pdf\)](#)
- [PE1651/XXXXXXXXX: Beverley Thorpe Thomson submission of 14 March 2021 \(67KB pdf\)](#)
- [PE1651/YYYYYYYYY: Ann Kelly submission of 14 March 2021 \(52KB pdf\)](#)
- [PE1651/ZZZZZZZZZ: Barry Haslam submission of 14 March 2021 \(15KB pdf\)](#)
- [PE1651/AAAAAAAAA: Dr Peter J Gordon submission of 14 March 2021 \(68KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

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PE1722: Parking charges at island lifeline ferry ports

Note by the Clerk

Petitioner Dr Shiona Ruhemann on behalf of Iona and Mull Community Councils and others

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to island-proof transport infrastructure to ensure that public bodies do not charge for parking in car parks at island ferry ports, which are essential lifeline services, and any proposed island parking charges are subject to rigorous impact assessment.

Webpage parliament.scot/GettingInvolved/Petitions/PE01722

Introduction

1. This is a continued petition, last considered by the Committee on 10 February 2021. At that meeting, the Committee agreed to write to the Minister for Energy, Connectivity and the Islands.
2. Since this meeting, the Committee has received written submissions from the Minister for Energy, Connectivity and the Islands and the petitioners.
3. The Committee has also previously considered extensive written evidence from a range of interested parties including local authorities, CalMac Ferries, local MSPs, the Scottish Government and the petitioner.
4. The Committee is invited to consider what action it wishes to take.

Committee consideration

5. At its meeting on 10 February, the Committee agreed to write to the Minister for Energy, Connectivity and the Islands to seek an update on the discussions that took place at the Islands Strategic Group (ISG) on 9 December 2020 with regards to car parking charges at ferry ports.
6. In his submission, the Minister confirms that at this meeting, he was told at the that the proposals put forward by Argyll and Bute Council are now not going ahead, and that the Council would be rethinking its approach to Traffic Regulation Orders (TROs).

7. The Minister explains that that in order to provide an opportunity for a fuller response on the approach to parking at lifeline ports across the islands, he wrote to each of the six ISG authorities to ask for this information. The submission advises that responses have been received from four out of the six authorities.
8. The Minister advises that in their responses, Argyll and Bute Council, North Ayrshire Council, Orkney Islands Council, and Shetland Islands Council all confirm that free parking will be available at each of its lifeline ferry ports.
9. The submission outlines a few exceptions for example, North Ayrshire Council does not classify Ardrossan as a lifeline port due to other free car parking options within Ardrossan being available. The funds raised from these charges are committed to finance improvements to the harbour infrastructure and the monitoring and management of the car park.
10. Similarly, the council maintains a large car park at Largs which caters for the high volume of day-trip tourists. North Ayrshire Council is of the view that this car park should be understood as a town centre car parking facility.
11. Shetland Council reported to the Minister that it does not charge for car parking at its inter-island ferry terminals and is not considering imposing charges. Some of the reasons for this include:
 - that one of the key drivers of the higher cost of living is the cost of transport, including ferry fares;
 - the Minimum Income Standard for Remote and Rural Scotland identified that the cost of living in Shetland is 20-60% higher than the UK average;
 - that ferries support islanders to commute, to attend health services, participate in education, training, sport and leisure activities and provide access for tourism and import and export of goods and services and that the cost of travel on the ferry is already a barrier to full participation for some islanders; and
 - introducing a parking charge on top of the ferry fare would only increase the already higher living costs making it harder for people to live in the islands.
12. Shetland Islands Council also reported that ferries have limited deck capacity - meaning there is insufficient vehicle capacity at peak times. Islanders therefore have to leave their vehicles in the car park and travel as foot passengers to guarantee their travel at peak times.
13. The Council stated that the development and implementation of a policy on car parking charges at Ferry Terminals, should it ever be considered, would require an Island Communities Impact Assessment.
14. In their response, the petitioners raise concerns that the Minister's submission "demonstrates the inconsistent understanding and responses of island councils to the shared challenges for island communities".

15. The submission draws particular attention to the response for Argyll & Bute Council which states that it has ‘no plans’ to introduce parking charges. The petitioner believes this to be in contrast with its TRO review conclusions which state:
- "while car parks are integral components of island lifeline ferry services, whether charges should be imposed should be considered on a case by case basis".*
16. The petitioners feel these contrasting statements do not give vulnerable island communities the security and equity that the petition requires.
17. This is in contrast to the response from Shetland Islands Council which the petitioners state is “entirely consistent with their petition”. Furthermore, the petitioners believe that the Shetland Islands Council position “articulates precisely the understanding of island communities and commitment to their wellbeing that we have been seeking through our Petition for all island communities, so that we are all treated equitably and fairly rather than subjected to a postcode lottery”.
18. The petitioners believe that, in order to achieve the aims of the petition, there must be:
- “A legally-binding obligation on operators against charging for parking at island lifeline ferry ports; or
 - Sufficient certainty and consistency for islanders across ISG Councils that there is no risk of future parking charges via: a) firm recognition that the car parks are integral components of lifeline ferry services; and b) firm commitment (not contradicted by other policy statements) not to impose charges”.
19. The submission ends by asking the Committee that if the outcomes above cannot be achieved in the current session of Parliament, to consider carrying forward this petition to the next Parliament.

Action

20. The Committee is invited to consider what action it wishes to take. Options include—
- To close the petition under Rule 15.7 of Standing Orders on the basis that the majority of Island Strategic Group authorities have confirmed that free parking will be available at each of the lifeline ferry ports and should future parking charges be considered, an Island Communities Impact Assessment must first be completed by law.
 - To continue this petition and include it in its legacy paper for its successor Committee. In doing so, the Committee could suggest that the Committee writes to the relevant Minister to ask that they respond to the

continuing concerns raised by the petitioner as well as seeking an update on the status of the outstanding responses from The Highland Council and Comhairle nan Eilean Siar.

- To take any other action the Committee considers appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1722/P: Minister for Energy, Connectivity and the Islands submission of 4 March 2021 \(77KB pdf\)](#)
- [PE1722/Q: Petitioner submission of 17 March 2021 \(201KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

Public Petitions Committee
7th Meeting, 2021 (Session 5)
Wednesday, 24 March 2021

PE1841: Allow a designated visitor into care homes

Note by the Clerk

Petitioner	Natasha Hamilton on behalf of Care Home Relatives Scotland
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to allow a designated visitor into care homes to support loved ones.
Webpage	parliament.scot/gettinginvolved/petitions/designatedcarehomevisitors

Introduction

1. This is a continued petition, last considered by the Committee on 10 February 2021. At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Sport and the National Clinical Director for Scotland.
2. Written submissions have been received from the Cabinet Secretary, the National Clinical Director and the petitioner. Care Home Relatives Scotland (CHRS) have also provided three submissions since the last meeting.
3. Numerous submissions in support of the petition have been received from individuals highlighting their own experience with loved ones in care homes. Lisa Cameron MP has also provided a submission in support of the petition.
4. The Committee is invited to consider what action it wishes to take.

Committee consideration

5. In its correspondence to the Cabinet Secretary and the National Clinical Director, the Committee highlighted concerns regarding discrepancies in the way the Scottish Government's guidance on visiting loved ones in Scottish care homes is being interpreted and implemented.
6. In her response, the Cabinet Secretary provides a copy of the revised guidance, which was published on 24 February 2021 titled, '[Open with Care: resuming meaningful contact with care home residents](#)'. This guidance recommends that care homes put in place the necessary arrangements to support safe, meaningful contact for up to two designated visitors per resident, twice a week.
7. The Cabinet Secretary explains that care homes can continue to access support from local oversight teams, who have provided advice and support throughout the pandemic. The Cabinet Secretary also highlights that the Scottish Government is

providing funding for reasonable additional costs associated with facilitating safe visiting in care homes during the pandemic.

8. The Cabinet Secretary's submission confirms that the guidance was developed by the Chief Nursing Officer and Chief Medical Officer's the Clinical and Professional Advisory group for Social Care in consultation with relatives of care home residents, care home providers, Scottish Care, Directors of Public Health, Health and Social Care Partnerships and a range of other partners.
9. The Scottish Government has written to the sector to ask that it works with residents and families to resume routine indoor visiting. The Cabinet Secretary states that the Scottish Government "appreciates that for almost everyone, reconnecting will be an emotional time". To address this, advice has been published on the NHS Inform website. The Scottish Government has also committed to establish a helpline through Alzheimer Scotland for anyone needing support.
10. In his submission of [4 March 2021](#), the National Clinical Director explains taking into account the multiple levels of safeguards and protection in place, he is confident that safe, indoor visiting can resume. He further explains that everyone living in adult care homes, no matter their age, health, or otherwise, can have meaningful contact with their families and loved ones.
11. The National Clinical Director submission advises that an 'Oversight Board' with representatives from all that contributed to the development of the guidance has been established and it will meet weekly at the outset and review feedback and intelligence on the implementation of the guidance to provide recommendations for future guidance and support.
12. Furthermore, the submission explains that the Scottish Government will provide support to care homes to build confidence in adopting the guidance and that a set of workshops for care home managers and staff has been put in place to support implementation.
13. Written submissions have been received from numerous stakeholders and families with loved ones living in care homes. Some of the submissions received call for the introduction of new legislation, highlighting fears that any new guidance does not go far enough to allow care homes to relax visiting restrictions.
14. Many of the submissions detail how the impact of being isolated from loved ones has affected their family members in care homes. Many say that this isolation is doing more harm to the mental health and wellbeing of residents of care homes than the threat of the pandemic. Some express concern that even with new guidance, care homes are interpreting it differently, and believe that legislation allowing one designated visitor is vital to ensure visits resume consistently across Scotland.
15. In its submission of [15 March 2021](#), Care Home Relatives Scotland (CHRS) highlight the findings of a survey it conducted with its members, to gauge how the

new guidance was being implemented by care homes. 190 responses were received to the survey.

16. In answer to the question, “Have meaningful visits started as of 24th February guidelines”, 58% answered “yes”, while 41% answered “no”.
17. Responses in terms of how long visits were taking was varied, with 44% reporting that they were receiving 30 minutes of visiting time while 6.32% of respondents received over two hours of visiting time. 8.95% of those surveyed still did not know what visiting would be allowed.
18. The CHRS survey also asked respondents what level of interaction was allowed during the visits. Again, responses were varied but can be summarised:
 - 25.79% were allowed touch with no gloves;
 - 17.89% were allowed touch with gloves;
 - 28.43% were not allowed any form of touch and were still to stay 1 metre to 2 metres apart.
19. CHRS goes on to highlight that evidence it has gathered demonstrates how the updated guidance is not being consistently followed by care homes. It states that almost 30% of its survey respondents were not allowed any form of touch and were still to stay 1 metre to 2 metres apart. CHRS is of the view that not allowing family members any form of touch goes against everything the guidance states and gives no consideration for sensory communication. CHRS states that its survey results show an inequality with regard to how the guidance is being interpreted by care homes and urges the Committee to continue the petition in its legacy paper.
20. In her submission, the petitioner reiterates the devastating impact of not being able to visit her loved one in a care home. She is firmly of the view that family visiting care homes pose no more of a risk than staff working in them. She once more asks for legislation to be put in place to ensure visiting takes place and asks the Committee to continue this petition in its legacy paper.

Action

21. The Committee is invited to consider what action it wishes to take on this petition. Options include—
 - To close the petition under Rule 15.7 of Standing Orders on the basis that the Scottish Government is actively considering how it can best support visiting in care homes; is regularly updating its advice to reflect the evolving evidence base; and has recently published updated guidance on visiting care homes during the Covid-19 pandemic;
 - To continue this petition and include it in its legacy paper for its successor Committee. In doing so, the Committee could suggest that the new Committee seek an update from the Scottish Government on what analysis it has conducted to establish the effectiveness of the updated guidance,

published in February 2021, and whether it has any plans to introduce legislation to allow a designated visitor into care homes;

- To take any other action members consider appropriate.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting—

- [PE1841/K: Lisa Cameron MP submission of 18 February 2021 \(33KB pdf\)](#)
- [PE1841/L: Cabinet Secretary for Health and Sport letter to Health and Sport Committee of 20 February 2021 \(76KB pdf\)](#)
- [PE1841/M: Campbell Duke submission of 22 February 2021 \(103KB pdf\)](#)
- [PE1841/N: Campbell Duke submission of 23 February 2021 \(60KB pdf\)](#)
- [PE1841/O: Cabinet Secretary for Health and Sport letter to Health and Sport Committee of 24 February 2021 \(71KB pdf\)](#)
- [PE1841/P: Pauline Rodger submission of 24 February 2021 \(89KB pdf\)](#)
- [PE1841/Q: Cabinet Secretary for Health and Sport submission of 3 March 2021 \(94KB pdf\)](#)
- [PE1841/R: Care Home Relatives Scotland submission of 3 March 2021 \(94KB pdf\)](#)
- [PE1841/S: Care Home Relatives Scotland submission of 3 March 2021 \(123KB pdf\)](#)
- [PE1841/T: Ms Cassidy submission of 3 March 2021 \(60KB pdf\)](#)
- [PE1841/U: Ms McIntyre submission of 3 March 2021 \(55KB pdf\)](#)
- [PE1841/V: Care Home Relatives Scotland submission of 3 March 2021 \(58KB pdf\)](#)
- [PE1841/W: National Clinical Director submission of 4 March 2021 \(58KB pdf\)](#)
- [PE1841/X: Sheila Hall submission of 4 March 2021 \(81KB pdf\)](#)
- [PE1841/Y: Madelene Fergus submission of 6 March 2021 \(69KB pdf\)](#)
- [PE1841/Z: Judith Coulson submission of 7 March 2021 \(89KB pdf\)](#)
- [PE1841/AA: Jane Cameron submission of 10 March 2021 \(68KB pdf\)](#)
- [PE1841/BB: Morag Brownlie submission of 11 March 2021 \(60KB pdf\)](#)
- [PE1841/CC: Catherine Russell submission of 12 March 2021 \(61KB pdf\)](#)
- [PE1841/DD: Morven Palmer submission of 12 March 2021 \(66KB pdf\)](#)
- [PE1841/EE: Verona Gibson submission of 10 March 2021 \(64KB pdf\)](#)
- [PE1841/FF: Louise Harcus submission of 13 March 2021 \(67KB pdf\)](#)
- [PE1841/GG: Irene Carson submission of 14 March 2021 \(69KB pdf\)](#)
- [PE1841/HH: Catherine McKay submission of 13 March 2021 \(96KB pdf\)](#)
- [PE1841/II: Linda Watson submission of 13 March 2021 \(62KB pdf\)](#)
- [PE1841/JJ: Elaine Macdonald submission of 14 March 2021 \(71KB pdf\)](#)
- [PE1841/KK: Amanda Shirra submission dated 14 March 2021 \(74KB pdf\)](#)
- [PE1841/LL: Deirdre Arnott submission dated 14 March 2021 \(74KB pdf\)](#)

- [PE1841/MM: Elaine Deehan submission of 14 March 2021 \(64KB pdf\)](#)
- [PE1841/NN: Nancy Gillespie submission dated 14 March 2021 \(100KB pdf\)](#)
- [PE1841/OO: Mrs Bissett submission of 15 March 2021 \(69KB pdf\)](#)
- [PE1841/PP: Alison Leitch submission dated 15 March 2021 \(95KB pdf\)](#)
- [PE1841/QQ: Kristin Duncan submission of 15 March 2021 \(99KB pdf\)](#)
- [PE1841/RR: Natasha Hamilton submission of 15 March 2021 \(67KB pdf\)](#)
- [PE1841/SS: Care Home Relatives Scotland \(CHRS\) submission dated 15 March 2021 \(82KB pdf\)](#)
- [PE1841/TT: Katie Allstaff submission of 16 March 2021 \(89KB pdf\)](#)
- [PE1841/UU: Clare White submission of 16 March 2021 \(54KB pdf\)](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).