PUBLIC PETITIONS COMMITTEE

6th Meeting, 2006 (Session 2)

Wednesday 22 March 2006

The Committee will consider the following current petitions—

**PE616** Petition calling for the Scottish Parliament to investigate and assess the health and safety hazards caused by seagulls in urban areas.

**PE759** Petition by Robbie the Pict, on behalf of the Scottish Peoples Mission, calling for the Scottish Parliament to take the necessary steps to ensure that the names of judges serving on a judicial Bench are displayed and that a full-tape recording or short-hand record is kept of court proceedings which is available to any party involved.

**PE855** Petition by Leslie Morrison, on behalf of Kirkside Area Residents, calling for the Scottish Parliament to urge the Scottish Executive to review the performance of all local authorities in Scotland in respect of maintaining and repairing roads, pavements and footpaths.

**PE695** Petition calling for the Scottish Parliament to ensure that local authorities have affordable, accessible local transport available to disabled people who cannot use public transport and to provide ring-fenced funding to allow local authority and/or community groups to provide Dial a Ride projects for this purpose.

**PE789** Petition by Eric Brown calling for the Scottish Parliament to take a view regarding the need for regulation to ensure that methadone prescriptions are taken by the patient while supervised by a suitably qualified medical practitioner.

**PE893** Petition by Paul Macdonald, on behalf of the Save our Swords Campaign, calling for the Scottish Parliament to oppose the introduction of any ban on the sale or possession of swords in Scotland which are used for legitimate historical, cultural, artistic, sporting, economic and religious purposes.
**PE888** Petition by Chris Daly calling on the Scottish Parliament to urge the Scottish Executive, in the interests of those who have suffered institutional child abuse, to (a) reform Court of Session rules to allow ‘fast-track’ court hearings in personal injury cases; (b) review the implementation of the Prescription and Limitation (Scotland) Act 1973; and (c) to implement the recommendations of the Law Commission report on the Limitation of Actions.

**PE535** Petition calling for the Scottish Parliament to urge the Scottish Executive to (a) make an inquiry into past institutional child abuse, in particular for those children who were in the care of the State under the supervision of religious orders and (b) make unreserved apology for said State bodies and to urge the religious orders to apologise unconditionally.

**PE704** Petition calling for the Scottish Parliament to urge the Scottish Executive to support the terms of UNISON Scotland’s NHS Food for Good Charter.
To the Scottish Parliament

SEAGULL MENACE

We, the undersigned, declare that our area is overrun and threatened by seagulls during the spring and summer months when they nest and raise their young. These birds are literally terrorising the neighbourhood at that time. They swoop aggressively at people. On at least two occasions last year gulls deliberately struck residents, one of whom can reasonably be described as vulnerable. Injury was only avoided by luck. Older people and children are afraid to go outdoors at that time of year.

Our postal deliveries were suspended last summer and the postmen were eventually issued with sticks and protective headgear.

There are concerns at the health hazards associated with seagull fouling.

The gulls also prevent other birds from raising their young in our area.

The petitioners therefore request that the Scottish Parliament investigates the hazards caused by seagulls in urban areas and seek action by the Scottish Executive to minimise the danger to citizens' health and safety.

We the petitioners have already approached the following organisations and elected representatives for assistance in resolving the issues contained in our petition.

Jack McConnell, First Minister
Margaret Jamieson MSP
Councillor Drew McIntyre, Leader, East Ayrshire Council
Councillor Lilian MacLean, East Ayrshire Council
John Crawford, Head of Protective Services, East Ayrshire Council

John Boyd
Chairperson
Dear Michael,

I am sorry for the delay in replying to your letter of 27 October to Ross Finnie to update you on the current progress of PE 616 on the problems posed by urban gulls in Scotland.

My officials are finalising their assessment of this major piece of research work, undertaken by the Stirling University's Centre for Conservation Science and BTO Scotland, and I expect to see their recommendations early next month, with a view to its findings and the Executive's intended action being presented to the Petitions Committee in January 2006. I anticipate this will include "Best Practice" guidance for use by Scotland's local authorities, and others, which will go some way towards clarifying the legal powers and effective methods governing the control of gulls in our cities and towns.

I fully recognise that your Committee has been patient on this issue but I am satisfied that the research work undertaken on this issue has been extensive and necessary. I am also aware that the Researchers at Stirling University, together with my officials, have met with the residents of Wellpark who presented the Petition to your Committee. I understand that the residents have been very satisfied with the new measures which they have deployed to tackle the problem in Kilmarnock and this will be taken fully into consideration when recommendations for future action are made to me.

I shall write to you again in January. I hope this is helpful.

RHONA BRANKIN
Petition by Robbie the Pict, on behalf
calling for the Scottish Parliament to take
that the names of judges serving on a judicial Bench are displayed and
that a full-tape recording or short-hand record is kept of court
proceedings which is available to any party involved.
Dear Michael

SCOTTISH PARLIAMENT PUBLIC PETITIONS COMMITTEE — CONSIDERATION PE 759

Thank you for your letter of 13 October 2005. I have considered the report and related papers. I note the general agreement on displaying the names of judges and need not comment further on that point.

On the question of the recording of summary criminal proceedings by tape or shorthand, the issues are, in my view, suitably rehearsed in the Lord President's letter of 20 June 2005. There is an established principle that summary criminal proceedings should be conducted without undue formality, and there are procedural arrangements in statute to identify and resolve issues concerning the evidence. Less than 4% of persons convicted in sheriff summary trial proceedings appeal against conviction, and there would be a substantial cost, not only directly, but in the impact there would be on the length of time taken for summary trials with over 7,000 summary trials taking place each year, I do not consider that the recording of summary cases is proportionate or necessary.

I hope the Committee finds this helpful.

CATHY JAMIESON
The Parliament

Public Petitions Committee – a template for public petitions

Should you wish to submit a public petition for consideration by the Public Petitions Committee please complete the template below. Please refer to the Guidance on submission of public petitions for advice on issues of admissibility before completing the template. You may also seek advice from the Clerk to the Committee whose contact details can be found at the end of this form.

Details of principal petitioner:
Please enter the name of person and organisation raising the petition, including a contact address where correspondence should be sent to, email address and phone number if available.

Leslie Morrison

Text of petition:
The petition should clearly state what action the petitioner wishes the Parliament to take in no more than 5 lines of text, e.g.
The petitioner requests that the Scottish Parliament considers and debates the implications of the proposed Agenda for Change legislation for Speech and Language Therapy Services and service users within the NHS.

The petitioner requests that the Scottish Parliament........

Petition by Leslie Morrison, on behalf of Kirkside Area Residents, calling for the Scottish Parliament to urge the Scottish Executive to review the performance of all local authorities in Scotland in respect of maintaining and repairing roads, pavements and footpaths.

Additional information:
Any additional information in relation to your petition, including reasons why the action requested is necessary, should not be included here. However, it may be appended to the petition and will be made available to the Public Petitions Committee prior to its consideration of your petition. Please note that you should limit the amount of any additional information which you may wish to provide in support of your petition to no more than 4 sides of A4.
Action taken to resolve issues of concern before submitting the petition:

Before submitting a petition to the Parliament, petitioners are expected to have made an attempt to resolve their issues of concern by, for example, making representations to the Scottish Executive or seeking the assistance of locally elected representatives, such as councillors, MSPs and MPs. Please enter details of those approached below and append copies of relevant correspondence, which will be made available to the Public Petitions Committee prior to its consideration of your petition.

HAD VARIOUS MEETING OVER A NUMBER OF YEARS WITH COUNCIL OFFICIALS IE:
JOHN HEPBURN MANAGER ROSS-SHIRE TEC DEPT.
TRACEY DAVY MANAGER ROSS-SHIRE HOUSING SERVICES
COUNCILLOR VAL MACIVER HOUSING, SOCIAL WOUL, PLANNING
COUNCILLOR ANDREW ANDERSON COMMITTEE/BOARD.
IAN HAY TEC SERVICES ROSS-SHIRE
MSP FOR HIGHLANDS & ISLANDS MAUREEN MACMILLAN.

Request to speak:

Petitioners may request to appear before the Public Petitions Committee in support of their petition, although it should be noted that requests to speak will only be granted if the Convener considers that a brief statement from the petitioner would be useful in facilitating the Committee's consideration of the petition. Due to the large volume of petitions being considered the Committee will usually only hear presentations on up to 4 new petitions at each meeting.

Please indicate below whether you wish to request to make a brief statement before the Committee when it comes to consider your petition.

Yes/No*

*Delete as appropriate

Signature of principal petitioner:

When satisfied that your petition meets all the criteria outlined in the Guidance on submission of public petitions, the principal petitioner should sign and date the form in the box below. Other signatures gathered should be appended to this form.

Signature ...

Date .................. 5th MAY 2005 ..................................

Please note that any additional information, copies of relevant correspondence and additional signatures should be appended to this form and submitted to:

The Clerk to the Public Petitions Committee,
The Scottish Parliament,
Edinburgh
EH99 1SP
Tel: 0131 348 5186 Fax: 0131 348 5088
e-mail: petitions@scottish.parliament.uk
Dear Richard

Thank you for your letter of 6 July 2005 seeking comments on the issues raised in this petition by Leslie Morrison, on behalf of Kirkside Area Residents, calling on the Scottish Parliament to urge the Scottish Executive to review the performance of all local authorities in Scotland in respect of maintaining and repairing roads, pavements and footpaths.

Scottish Ministers are fully aware of the backlog of repairs and maintenance on the local road network and have already taken positive steps to support local authorities’ investment needs through the general local government finance settlement which has been fixed until 2008. Overall Highland Council is benefiting from substantial increases in revenue support of 5.5% (£19.6m), 4.1% (£15.4m) and 2.8% (£10.7m) over the three year period 2005/08. It is important to emphasise, however, that it is for Highland Council to determine its priorities in carrying out its statutory responsibilities and how it makes effective use of this additional funding. Scottish Ministers are not involved in determining the repair and maintenance priorities of local authorities.

More generally, the recent Scottish Spending Review announcement included the provision of an additional £60m per year in Grant Aided Expenditure for roads and bridges work across Scotland from 2006-07 and 2007-08. It should be noted this met the COSLA spending bid in full. In addition, £35m in capital funding will be available to the new Regional Transport Partnerships which will be established in 2006-07 under the provisions of the Transport (Scotland) Act 2005. We are considering how Regional Transport Partnerships may be able to support investment programmes of local and regional importance for both public transport and the roads network.

While Scottish Ministers have been active in providing additional support to local authorities it is important that we do not lose sight of the clear legal separation of responsibility between trunk roads which are the responsibility of the Scottish Executive, and local roads which are the responsibility of local authorities.
Scottish Ministers provide councils with revenue and capital allocations for expenditure on a number of services, including roads and transport, but that is the extent of the Executive's control. As local roads authorities, councils are independent corporate bodies and have a statutory duty under Section 1 of the Roads (Scotland) Act 1984 to manage and maintain local roads and for taking forward new local road developments.

In relation to the monitoring of local government performance, the position is that the Accounts Commission has a statutory responsibility to issue an annual direction to local authorities which sets out the range of performance information they are required to publish. Statutory Performance Indicators are used by Audit Scotland (on behalf of the Accounts Commission) to assess performance. As part of this, auditors look at the proportion of the road network that should be considered for maintenance treatment, defined as roads which are either in need of repair or require further investigation. The latest annual report on Environmental and Regulatory Services, which covers the proportion of the road network that should be considered for maintenance treatment, was published in February 2005.

Local Authorities, through the Society of Chief Officers of Transport in Scotland (SCOTS), are taking forward a rolling survey of the local road network. This work was precipitated by the Accounts Commission's decision to impose Best Value Performance Indicators (BVPIs) for local roads. The Executive fully supports the work being carried out by SCOTS and local authorities and an Executive official sits on the survey Steering Group.

The first year's work was directly supported by the Executive which carried this out through the Executive's survey contract for the trunk network during 2003/04. The survey will operate on a 4 year rolling cycle. All A-class roads will be surveyed annually, while a proportion of B (up to 50%), C and unclassified roads (up to 25%) will be surveyed each year, with the aim of achieving full coverage over 4 years. Over time, the survey results will provide a complete picture of the condition of all Scotland's roads.

Across Scotland, auditors compared the performance of Scottish councils over 2003-04 and found that around 45% of the road network is either in need of repair or requiring further investigation. The proportion varied widely from 23% to 62%. Ministers are fully aware of the results of Accounts Commission Statutory Performance Indicator reports and have already addressed the level of maintenance by making an additional £60m funding available to local authorities to help them in taking forward essential work.

The Transport (Scotland) Act 2005 contains several provisions relating to the way utility companies and roads authorities carry out road works. These enhance earlier provisions in the Roads (Scotland) Act 1984 and the New Roads and Street Works Act 1991 and include improved powers to coordinate road works, an increase in penalties for poor workmanship and the appointment of a Scottish Road Works Commissioner to oversee the road works industry and encourage good practice.
A considerable amount of work remains to be done following the enactment of the Transport (Scotland) Act 2005 before these measures will come into effect. To ensure that this is taken forward as quickly as possible a steering group and five working groups have been set up by the Scottish Executive to advise and inform the formulation of secondary legislation and codes of practice. The steering group comprises Executive officials, the Co-chairs of the Roads Authorities and Utilities Committee (Scotland) (RAUC(S)), the Chairman of the Scottish Road Works Register (SRWR), the National Joint Utilities Group (NJUG) and SCOTS. The working groups are made up of representatives from both the roads authorities and the utility companies, with specialist advice being sought as and when required.

I hope that this information is helpful in responding to the issues raised by the Committee’s deliberation of this matter.

Yours sincerely

JACKIE McCAIG
1 September 2005

Our Ref: AR/PA/SCOTS/1 00/69587

Assistant Clerk to the Public Petitions Committee
TG.01
Parliamentary Headquarters
Edinburgh
EH99 1SP

For attention of: Richard Hough

Dear Mr Hough

Scottish Parliament Public Petitions Committee – Consideration PE855
Kirkside Area Residents – Performance of local authorities in respect of maintaining and repairing pavements and roads

I refer to your correspondence dated 6 July 2005, and am please to respond on behalf of SCOTS to your request for comments on the issues raised in the petition identified above. These comments will not relate to the specific complaint raised by the petitioner against the Highland Council but will give the professional view of how budgets are allocated and managed by local roads authorities.

All roads authorities (i.e. local authorities and the Scottish Executive) have a duty placed on them under the Road (Scotland) Act 1984 to maintain public roads. The level of maintenance provided by each authority is discretionary. Each Council will set its budget for road maintenance based on the funds provided and relevant needs of the service in relation to all other local public services being provided.

To assist in identifying road maintenance needs, local roads officers will have conducted appropriate surveys of their road network, and will recommend priority works for attention in any financial year. Local safety surveys are carried out at prescribed intervals to identify the condition and maintenance requirements of roads and footways. In addition, the overall condition of the road network is now independently surveyed by the SCOTS Scottish Road...
Maintenance Condition Survey (SRMCS) project. This project identifies through electronic survey methods the areas of the road network that should be investigated for consideration of further treatment.

Guidance is available to roads officers to develop standards of maintenance treatment, and can be developed further to bring forward local maintenance regimes, having due regard to maintenance treatments, safety implications, public expectations and available budgets.

The performance of local authorities in maintaining their roads is therefore possible through the performance information submitted annually to Audit Scotland. The SRMCS project provides one indicator identifying the length of road which requires further maintenance consideration. Other factors returned indicate the lengths of carriageway which are actually treated.

In 2004, Audit Scotland conducted a value for money study of road maintenance carried out by local authorities. Their published report "Maintaining Scotland's Roads" goes a significant way to provide information suggested by the Petitioner. The study lists information against each local authority on expenditure trends, breakdowns, processes and future requirements. SCOTS supports the results of this study and continues to work with Audit Scotland to improve the information and practices relating to the maintenance condition of Scotland's roads.

I trust you find this response answers the technical aspects raised in the petition. If you wish further clarification, please contact the undersigned.

Yours sincerely

Sandy Ritchie
SCOTS Chairman
Dear Dr Johnston

Petition PE855 – Kirkside Residents Association

I understand that the Kirkside Residents Association have recently submitted a petition to the Scottish Parliament’s Petitions Committee in which they have expressed concern at the lack of investment in the Kirkside area of Alness.

Can I firstly take this opportunity to pay tribute to the work that has and is being undertaken by the Kirkside Residents Association. They have been instrumental in developing a real community spirit within their area and have been proactive in seeking to improve the wellbeing of their community.

I understand that the residents have raised concerns regarding road conditions, road drainage issues, off street parking, the condition of footpaths, traffic calming, dog fouling/roaming and special collections for fridge. In each of these cases the Council has sought to do our best to address the concerns raised, within the constraints of the available budget, and to keep the residents advised of progress.

It might be helpful if I provide you with a summary of how the Council has sought to address these concerns which have been raised by the residents:

Road Conditions: In relation to the condition of roads, the Council is aware that the condition of roads in this area has deteriorated during the past few years. The relative priority of this, in comparison with other roads in the Ross and Cromarty Area, has been assessed and some work has been placed on our resurfacing programme for 2005/06. This work, estimated at £15,000 was approved at Area Committee on 4 April 2005. However, due to budget restrictions and other priorities, further work will need to be phased over the next two years.

Road Drainage: With regard to the issue of road drainage, much of the concerns raised relates directly to the road condition issue covered above. However there was a specific matter relating to the build up of surface water following the introduction of a “30’s plenty” gateway. However I can confirm that work was undertaken to rectify this problem some 14 months ago.

Councillor Val Maciver
Off street parking: The Ross & Cromarty Area Housing Service has £80,000 approved budgetary provision within this year’s 2005/06 Capital Programme for the removal of cobbled areas and the provision of parking lay-bys in Kirkside, to address some of the concerns raised. Design proposals have been drawn up by KWA consultants and the Council are currently consulting with the residents over the design proposals. This project was included in this year’s programme following direct representation from Kirkside residents and representations I have made over many years.

Condition of Footpaths: The Council is aware of the concerns raised about the condition of footpaths in Kirkside. This is a common complaint across Ross & Cromarty housing estates where concrete paving slabs have cracked/lifted and requests are made for the slabs to be removed and replaced with tarmac. Obviously the Council has to prioritise these works and will be working with the residents group to identify the worst affected areas for inclusion in next year’s (06/07) planned maintenance programme.

Traffic calming: The Council receives a number of requests for traffic calming each year, which are assessed on a priority basis and works undertaken as budgets allow. The specific request for Kirkside is being considered, but there is no guarantee that this work can be undertaken.

Dog Fouling: Every effort is being made to address complaints raised about dog fouling/recovery. For example, during the past five months eight dogs were impounded by the dog warden in the Kirkside Area, three of which were specifically reported to the Council by a member of the Kirkside Residents Association. In recent weeks following joint patrols by the dog warden and the community warden, a fixed penalty notice was issued to a Kirkside resident who failed to clean up after her dog fouled. Such patrols will continue on a regular basis.

Special collection of fridges: The Council operates a special uplift facility, free of charge, for bulky items including fridges. Once a request for this service is logged, the customer is asked to place the fridge outside, for collection within 7 days. The Council is unable to give a specific date for collection due to the complex collection/handling/storing requirements for such items.

I have attached at for your information a summary of the expenditure which has and will be allocated to the Kirkside area (See appendix 1).

I do hope this provides an assurance to the Petitions Committee that the Council is committed to working with the residents of Kirkside to improve their community and has sought to address their concerns in a positive manner.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Councillor Val MacIver
Appendix 1

Expenditure allocated to Kirkside during the last 3 years

- Introduction of "twenty's plenty" traffic signing scheme £18,000
- Improvement to roadside drainage £4,600
- General road patching £2,500
- Kerbing works £1,000
- Lighting project £6,500

Over and above the Council undertakes annual maintenance within the area as follows

- Grounds maintenance (grass etc) £7,800 per annum
- Winter maintenance (gritting, snow clearing) £3,200 per annum
- Street sweeping, litter picking, fly tipping £1,500 per annum

Allocated Future Expenditure

- Removal of cobbled area and provision of off street parking £80,000
- Road resurfacing £15,000
Dear Mr. Farrell,

Social Inclusion by provision of subsidised local transport for Scotland’s disabled people

I understand that you will already have received from the International Teledemocracy Centre our E-petition Brief dated 31/10/2003. I now enclose the formal (e)petition text and contact information, together with the names and addresses of the e-petition signatories. We also collected paper signatures locally, by my count 433, and I enclose these together with the paper petition and copies of the relevant correspondence which is listed on the attached sheet.

I look forward to hearing from you what the next step in the petition process will be. Please note that the above address is my home and the Princess Royal Trust for Carers Dundee Centre is DATAG’s office base.

Yours sincerely

Jan Goodall
Convenor and Principal Petitioner
To the Scottish Parliament

Local transport for Scotland's disabled people

"The Petitioners request that the Scottish Parliament require local authorities to ensure:

- that affordable, accessible transport (at least 3 return trips per week) is made available to disabled people who cannot use public transport

- and provide ring-fenced funding to allow local authorities and/or community transport groups to establish Dial a Ride projects for this purpose.

We refer to Section 69A of the Transport Scotland Act 2000."
Dear Michael

With reference to your letter of the 3rd November 2005, please see the Executive's comments on the issues raised by the petition and the comments from the petitioner and the Community Transport Association.

Improving transport for Disabled People

I am pleased to see that the petitioner welcomes this research and I acknowledge the concern that it should not focus exclusively on public transport. The Partnership Agreement committed the Executive to assessing improved public transport concessions for disabled people. As you are aware the research to undertake this assessment is underway and is due to complete in March 2006. Originally the research was to look at improving public transport for disabled people, however based on feedback from a variety of stakeholders, the research was widened and is now looking at how transport as a whole could be more accessible for disabled people, including an analysis not only of affordability as a barrier to mobility, but also an evaluation of other barriers, such as access to information, street-scape, physical access to transport and behaviours of staff in meeting the needs of disabled travellers. The research seeks to identify the travel needs of those disabled people who do not currently travel as well as those who do, to ensure that the barriers to mobility are clearly identified.

The report into improved transport for disabled people will be published in April 2006 and the Executive will then consider any actions to take forward as a result of this assessment to improve the mobility of disabled people, including the potential for extending the concessionary travel scheme to better meet the mobility needs of disabled people.

Concessionary Fares for the Community Transport Sector

Operators of registered local bus services, which are available to the general travelling public, are obliged to accept concessionary fares. However, whilst Section 22 community transport services are registered bus services available to the general travelling public, most community transport services (covered by Section 19 of the 1985 Transport Act) are not available to the general travelling public. Some local authorities (for example, Moray and Western Isles) fund concessionary fares on some
community transport services at present. They will continue to have the resources to do so once the Scotland-wide free bus scheme for older and disabled people is in place from next April. The resources which we will withdraw from the local government settlement to help pay for the new scheme will be restricted to what local schemes currently spend on concessionary travel on conventional bus services.

**Demand Responsive Transport (DRT)**

The petitioner and the Community Transport Association both raise the issue of the Executive’s commitment to funding DRT for citizens who cannot use public buses and acknowledge the benefits provided by both the Rural and Urban Community Transport Initiatives.

The Executive has provided £3 million over 3 years between 2003-06 to support the piloting of DRT initiatives in Glasgow, Edinburgh, Aberdeen and Dundee and in rural parts of Aberdeenshire, Angus, Argyll & Bute, Fife and Highland. The funds are being used mainly to assist disabled, elderly and frail people who are unable to access alternative public transport provision, though some pilot services are available to the general public.

With the pilot initiatives due to end in March 2006, and following a recent independent review of DRT in Scotland, the Executive is now considering its future support and funding for DRT, not only in the 4 cities and the rural areas that have currently had access to pilot funding but more generally across urban and rural Scotland. I am expecting to be able to make an announcement about this early in 2006.


**TAVISH SCOTT**
Petition by Eric Brown calling for regular prescriptions to be taken by the patient while supervised by a suitably qualified medical practitioner.
Please find enclosed a petition of 2300 signatures calling on the Scottish Parliament to take action on the appalling way Methadone is prescribed i.e. not supervised.

As doctors and other officials freely admit it gets sold on. We find it shocking it is getting prescribed in such large quantities giving the nature of the condition it is used to treat.

It is within your power to put a stop to Methadone deaths.

yours sincerely

Eric Brown
Dear Dr. Johnston

Re: Scottish Parliament Public Petitions Committee – Consideration PE789

I refer to your recent letter requesting details of arrangements in place within Greater Glasgow to support the supervised consumption of methadone. I am grateful for this opportunity to provide fuller details of the programme and can offer the following comments in response.

The current programme was established in 1992 with an emphasis on the prescribed amount of methadone being consumed by the patient, supervised by a community pharmacist in the pharmacy setting. Generally, patients attended their designated pharmacy on a daily basis, with a take home option on the Sunday. Previous attempts to prescribe methadone without the supervision option had led to a considerable volume of ‘leakage’ into the community with methadone becoming readily available on the illicit drug scene. Supervision of the prescribed amount successfully addressed this issue. These principles are still core to the current model of delivery and the programme currently supports around 8000 patients, 86% of these attending community pharmacies 6 days per week to consume their methadone dose under supervision. Access to this highly trained network of healthcare professionals reinforces the clinical nature of the treatment, for example in monitoring compliance and behaviour, and particularly important from a safety aspect in ensuring the need to store any ‘take home’ doses securely and out of sight of children.

Currently, 190 (86%) of the 220 of the registered community pharmacies participate in the scheme with levels of activity reflecting demand locally for this type of service. Although, drug misuse affects all communities, the majority of our clients are resident in areas of high deprivation. The availability of a readily accessible facility within reasonable travelling distance is important when considering compliance and 72% of our pharmacies are located in Carstairs Deprivation Categories 5, 6 and 7. Over the years, the internal design of pharmacies has been modified to afford a greater degree of privacy to patients attending for this type of service. The majority of sites now have dedicated quiet areas and an increasing number also have access to consultation rooms. This trend is expected to continue in line with anticipated changes to the community pharmacy contract from April 2006. This model affords an opportunity to introduce other health and social care professionals into the pharmacy setting to enhance the quality of care provided. Within the Glasgow City Local Authority area, each of the approximately 7000 patients involved is supported in a four way partnership between themselves, their pharmacist, GP and Social Worker. Agreement is reached between all partners in the content of an agreed care plan which also defines the treatment options and the required standards to be observed by all parties. Supervision is still a fundamental principle but this approach allows for a more co-ordinated and planned series of interventions to be made once the patient’s reliance on illicit drugs has diminished and their condition has stabilised. For example, with many patients not completing formal education, access to work schemes and training programmes is important in supporting their efforts to integrate back into their community and family settings.
In supporting the ongoing supervision programme, the Board continues to define addiction as a long term chronic relapsing condition with methadone being the most readily available and cost effective treatment option to hand. In providing access to the service, we respect the individual's right, under the founding principles of the NHS, to have reasonable access to effective treatment. We do not distinguish between those with a heroin addiction requiring access to treatment and a patient with any other chronic condition. In engaging with representatives of this client group, we are often reminded of their expectations under the European Convention of Human Rights and that the requirement to attend on a daily basis for treatment may be perceived as a potential breach which may bring challenge. Certainly, although their can be little deviation from the agreed programme, if it is seen as too restrictive, patients will increasingly become non compliant, drift outwith the scheme and likely revert back to their previously hazardous and illegal lifestyle.

Over the summer, a number of MSPs visited pharmacies in Greater Glasgow and observed at first hand how the service operates. I extend an invitation to any Member wishing to gain a practical insight into this aspect and would be pleased to arrange this if required.

I trust this summary of our activity is helpful to the Committee and I would be pleased to offer any clarification or additional details that may be required.

May I apologise for the delay in clearing this response back to you.

Kind regards

Yours sincerely

T A Divers
Chief Executive
Dear Dr Johnson

SCOTTISH PARLIAMENT PUBLIC PETITIONS COMMITTEE – CONSIDERATION PE789

Thank you for the opportunity to comment on the Committee’s discussion of this important area of healthcare. Professor Barbour has asked me to respond to your request in consultation with colleagues.

Jim Sherval and Dr Fiona Watson met with Mr Brown and Pat Gordon (on behalf of John Home Robertson MSP) on 22nd September 2004. A follow up letter was received from Mr Brown on 1st November and a response from Professor Barbour was sent 1st December 2004. Mr Sherval had a number of telephone conversations with Mr Brown and sent an update letter to him on 6th June 2005.

The prescribing of methadone in Lothian is based on national guidelines, which have already been brought to the attention of the Committee in earlier submissions, that were themselves informed by our local guidelines. Mr Brown’s petition relates specifically to supervision. In the ‘Orange’ Guidelines a figure of three months is quoted. A direct quote from page 61 on supervised consumption recognises that best practice in this regard is, and should be, a more complex process and that the 3 months is only one part of the advice.

(b) Supervised Consumption

- In most cases, all new patients being prescribed methadone should be required to take their daily dose under the direct supervision of a professional for a period of time which may, depending on the individual patient, be at least 3 months, subject to compliance.

- Similarly, when the patient restarts methadone after a break or receives a significant increase in the methadone dose, daily dispensing, ideally with supervised consumption, should be re-instated for a period of time agreed in local guidelines and protocols.
These arrangements should only be relaxed so as to allow take home doses if the doctor can be satisfied that compliance will be maintained. The relaxation of supervision can be seen as an important component of rehabilitation and re-establishing acceptable responsible behaviour.”

In Lothian the length of time someone is required to take supervised consumption of methadone has always been taken on a clinical basis by the Doctor in charge of their treatment who must “be satisfied that compliance will be maintained.”

However in 1997 (two years before the publication of the Orange Guidelines) concerns about street leakage of methadone and an increase in the number of methadone deaths led to local guidelines recommending minimum periods of supervision. It was recognised that supervision of methadone may carry some disadvantages for individual patients in limiting their freedom to rehabilitate and normalise their lifestyles and that the relationship between the amount of supervision in the system and methadone related deaths was not straightforward.

These minimum periods of supervision were introduced and a monitoring group representing Consultant Drug Misuse Specialists, GPs, specialist drug workers and pharmacists was formed to consider the impact of supervision. This group continues to meet on a 6 monthly basis to monitor and advise on the situation and has not up until now judged that there is any available evidence to suggest that an increase in the supervision minimum is required. It has always been Lothian policy that these guidelines are for minimum levels of supervision only and that clinical judgement should continue to be used to consider circumstances where a longer period of supervision is required.

Some of the factors that have been considered by this group when setting standards for minimum supervision are set out below.

- Lothian’s local guidelines recommend an annual minimum period of two weeks supervision for all drug misuse patients receiving methadone. This is to monitor ongoing compliance with treatment. Increased levels of supervision can reduce, although not fully prevent, diversion and misuse of prescribed methadone.

- There is considerable demand for opiate prescribing and supervised consumption services in Lothian. The monitoring group is acutely aware that any increases in levels of supervision will increase the pressure on these services and could produce the negative result of fewer treatment places being available. Remaining outside of methadone treatment is associated with significantly higher rates of morbidity and mortality and so is an important consideration in the impact of increasing supervision levels. In the absence of evidence suggesting the optimum time period for supervision, the group have preferred to retain a flexible system which matches the length of initial supervision to the patients needs and safety.

Continued
Most patients commencing a methadone prescription in Lothian will now go through a process of assessment and titration via the Community Drug Problem Service or the Locality Clinic service. This titration process is managed in accordance with scientific evidence related to how methadone is absorbed and stored in the body and in recognition of various reports that have highlighted safety issues when commencing prescriptions. This usually results in a minimum supervision period of 6 weeks and often longer but is determined by the Specialist Doctor in charge of the patient’s care.

The following table summarises current supervision arrangements.

<table>
<thead>
<tr>
<th>All patients on methadone</th>
<th>two weeks each year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting or re-starting methadone</td>
<td>until dose stabilised and for further two weeks</td>
</tr>
<tr>
<td>Increase dose by 10mg or more</td>
<td>for two weeks</td>
</tr>
<tr>
<td>Chaotic drug users</td>
<td>until stable</td>
</tr>
<tr>
<td>Drug users about whom there are professional concerns</td>
<td>as necessary</td>
</tr>
<tr>
<td>By request from drug user</td>
<td>as requested</td>
</tr>
</tbody>
</table>

General Practice

Methadone is the most widely researched treatment for opiate dependence and an increasing percentage of patients treated with methadone is indicative of good practice. General Practitioners were prescribing methadone for 1847 patients between October 04 and March 05, 55% of the total number of drug users being cared for in general practice.

The National Treatment Outcome Research Study indicates that for effective treatment of opiate dependence, patients may need to have daily doses of over 60 mg. The gradual increase in average dose indicates that treatment regimes are being titrated to provide an appropriate dose of methadone for the patient. The average methadone dose for October 04 – March 05 was 67 mg. For the same period the number of patients who had their consumption of methadone supervised in the last year was 1562 (84%).

Other Prescribers

Methadone is also prescribed by the Community Drug Problem Service (CDPS); by a number of locality based clinics; for the purposes of Drug Testing and Treatment Orders (DTTO); and by the Regional Infectious Diseases Unit (RIDU) due to the historical link between injecting and HIV/AIDS infection in Lothian. In fiscal year 2004-05 there were 1,349 patients prescribed methadone through these services, 94% (1,264) of whom were supervised at some point in the previous year.
Community Pharmacy

Community Pharmacists in Lothian follow Guidelines for the Supervised Self-Administration of Methadone by Community Pharmacists (2nd edition issued in 2002). These guidelines are in line with national practice and colleagues from Glasgow were very helpful in writing the guidelines. All pharmacists including locums who become members of the Supervised Self Administration of Methadone Scheme must have completed the NES (pharmacy) distance learning package 'Pharmaceutical Aspects of Methadone Prescribing' within 6 months of joining the scheme. A specialist pharmacist for substance misuse will take up post in January 2006 and one of their tasks will be to assess the training needs of pharmacists.

There are 177 community pharmacies in Lothian, 68% (121) have supervised patients taking their prescription so far this year.

I hope this assists the Committee in considering this important matter.

Yours sincerely

Dr Alison K. McCallum
Director of Public Health & Health Policy