The Committee will consider the following current petitions—

**PE869** Petition by Councillor Andrew White calling for the Scottish Parliament to require the Scottish Executive to remove the tolls from the Erskine Bridge.

**PE926** Petition by Councillor Sam Mullin calling for the Scottish Parliament to urge the Scottish Executive to remove the tolls from the Erskine Bridge at the earliest possible opportunity.

**PE734** Petition by Angela O'Hagan, on behalf of Oxfam in Scotland, calling on the Scottish Parliament to endorse the aims of the Global Campaign for Education in achieving the Millennium Development Goals and making the UN Convention on the Rights of the Child a reality in Scotland, and further to consider practical steps for the Scottish Parliament and Executive to promote these aims in Scotland.

**PE768** Petition by Susan Bannatyne and Nicola Orr, calling for the Scottish Parliament to consider and debate the implications of the proposed Agenda for Change legislation for Speech and Language Therapy services and service users within the NHS.

**PE806** Petition by Mr Len Wyse calling for the Scottish Parliament to urge the Scottish Executive to review its policy on Community Hospitals and in the meantime to introduce a moratorium on any closures of such hospitals which are vital to the NHS in Scotland and particularly in rural areas such as the Scottish Borders.

**PE807** Petition by James Mackie calling for the Scottish Parliament to urge the Scottish Executive to conduct an inquiry into the influence of supermarkets in the food chain, and to examine in particular safety issues arising from the use of chemicals to extend the shelf life of products and from central purchase and distribution and the impact of supermarket trading on local economies and small producers.
PE875 Petition by Mary E Mackenzie calling for the Scottish Parliament to urge the Scottish Executive to ensure that all moveable and all heritable common good assets throughout Scotland are properly recorded, audited and insured and to introduce legislation to ensure such assets are properly safeguarded.

PE896 Petition by Ms Florence Boyle, on behalf of West Dunbartonshire Heritage Ltd, calling for Local Authorities to be required to conduct structured and meaningful public consultation before any disposal of listed buildings, common land or related endowments held in public ownership or trusteeship.

PE886 Petition by James McKillop, on behalf of the Scottish Dementia Working Group, calling on the Scottish Parliament to urge the Scottish Executive and NHS Quality Improvement Scotland to ensure the continued availability on prescription of medications such as donepezil, rivastigmine, galantamine and memantine for use in the treatment of Alzheimer's Disease, and other forms of dementia.

PE862 Petition by Margaret Ann Cummings calling for the Scottish Parliament to urge the Scottish Executive to conduct a full review of the current system for dealing with and monitoring convicted child sex offenders.
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.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cllr Andrew White</td>
<td>Leader of the Council</td>
</tr>
<tr>
<td>Cllr James Harkins</td>
<td>Leader of the Council</td>
</tr>
</tbody>
</table>

### 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......

The petitioner requests that the Scottish Parliament require the Scottish Executive to remove the tolls from the Erskine Bridge.

### 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.

The Petitioners in correspondence with the Minister for Transport and the First Minister (in November 2003, January, June July 2004 and February and March 2005) referred to the ongoing review of toll bridges. However with the toll regime on the Erskine Bridge due for renewal in July 2006, it is considered vital that matters are resolved at the soonest opportunity, including in particular, the question of whether it remains legitimate to continue to levy tolls on a road which has, by any normal accounting practice, been paid for many times over. The indications received to date from the consultation process are that this aspect is not being examined, and indeed, the format of the consultation response as requested does not permit consideration of this issue. Further, the possibility of removal of the tolls from the bridge is not specifically addressed in the consultation document and as such it is unlikely that this option would be addressed meaningfully in most responses from the public.

It is therefore apparent that submission of the petition to this committee remains the most appropriate means of addressing this issue.

Request to speak:
All petitioners are given the opportunity to present their petition before the Public Petitions Committee. The Convener will then make a decision based on a number of factors including the content of the petition and the written information provided by the petitioner as to whether a brief statement from the petitioner would be useful in facilitating the Committee's consideration of a petition.

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

Yes

*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 .....7 June 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
In September 2002 Argyll & Bute, Renfrewshire and West Dunbartonshire Councils submitted a petition to the Petitions Committee (PE546) calling on the Scottish Parliament to request the Executive:

Firstly, to present to Parliament or its appropriate Committee(s) all evidence relied on by them in their determination that the strict grounds for the charging of tolls still remain, in order that the interpretation placed on it by the Executive in its decisions to date to continue the Tolls Regime on the Erskine Bridge may be critically considered; and,

Secondly, to refer the issue to the transport committee of the Scottish Parliament to examine a means by which the toll regime on the Erskine Bridge may be removed within the lifetime of the Parliament, and replaced by a funding regime which recognises the bridge as a vital element of the Scottish Trunk Road network, without penalising local residents for whom it is a vital local link.

At the final Petitions Committee of 2003 before the end of the Parliamentary Session (25th March 2003), a response was received from the Executive to the effect that the tolls collected fell short of the costs incurred, there was no intention to withdraw these before the current Tolls Order expired in 2006.

Soon thereafter a review of tolls on bridges was announced by the Executive, and it was considered reasonable by the Petitioners to allow this proposal to develop before considering what further steps to take.

It is now clear to the Petitioners that the review does not seek to address concerns that have been raised, and indeed does not in its format, offer the opportunity for such matters to be considered as part of the overall decision making framework.

It is therefore necessary for the Petitioners to submit this request to the Petitions Committee and outline our reasons for opposing the continuation of Tolls on the Erskine Bridge.

1. Economic

The impact of the tolls on the local economies either side of the River Clyde is disproportionate and they discourage individuals, particularly the lower paid, from seeking employment opportunities on either side of the Bridge. This is of great importance to the Petitioners as we experience high levels of social deprivation and we are determined to remove any possible barriers to secure and sustainable employment.

Company investment decisions will be influenced by the ability to attract and retain staff. Companies wish to recruit from as large a labour market as possible however the tolls constrain the movement of labour and may have a negative impact on investment decisions. Repeat journeys are also a very real cost for hauliers, distribution centres and various service industries for whom the lower Clyde is a natural market place.

2. Environment

A key issue raised by the review is to examine the impact of charging on congestion and pollution within cities. Indeed the logic of the Executive’s recent decision to back the construction of the M74 is that it would reduce congestion and pollution within Glasgow City Centre by providing relief around the South of the City. The Erskine Bridge can be seen as a key element of any strategy to allow traffic to move from North to South and visa versa while bypassing the city centre, and by continuing with tolls, there is a risk that toll free routes such as the Kingston Bridge and the Clyde Tunnel will continue to be preferred, thus missing a real opportunity to reduce pollution and congestion in city centre and through areas with large scale housing developments.
3. **Transport**

The continuance of tolls has undoubtedly resulted in a substantial degree of Transport Centralisation. The presence of tolls has resulted in substantially no public transport links with the bridge being viewed as an obstacle rather than what it should be, a link between communities north and south of the river Clyde. This in turn promotes Glasgow as a hub for public transport leading to journeys through Glasgow being an inevitable consequence despite the efforts of the city Council in reducing traffic movements within the City.

4. **Social**

The lower Clyde is viewed as a demographic unit for a number of purposes, not least of all health provisions. Due the unnatural geographical areas which Health Boards have had responsibility for delivering services over patients from West Dunbartonshire as a result are being referred for treatment in Specialist Units on either side of the river including the Royal Alexandria Hospital in Paisley. While travel will always be an “on cost” the existence of Tolls on the Erskine Bridge act as an additional financial burden on patients who have to attend Out Patient Clinics on a regular basis.

In addition, the Toll regime must also inevitably restrict the possible options available to a Health Board for sharing facilities or seriously disadvantage certain patients.

5. **Financial and Legal**

The purpose of the current toll regime was established solely to pay for the Capital cost of the bridge and its administration, maintenance, and repair until the Capital cost was recovered.

It is the Petitioners belief that this purpose has been met some considerable time ago. There have, in recent discussions been some suggestions that the accountancy practice adopted is such that the debt is in fact increasing, and that there is in effect no discernable date by which the “book debt” will be repaid. If this is the case, we must question the adoption of a policy which runs directly contrary to the clear intent of the toll regime in the act.

We, the Petitioners, also believe that the accounting practices adopted by the Government for capital expenditure on the Bridge would have financed this expenditure on a cash basis and that no real debt actually exists. The income from Tolls over the past 36 years will have repaid any obligation arising from these capital costs and we therefore strongly believe that there is no case for the continuation of the Toll regime on this Bridge.

Finally it should be noted that the issue is considered to be of such importance that a letter has been submitted to the First Minister signed by no fewer than seven Council Leaders within the West of Scotland opposing the Toll regime on the Erskine Bridge based on the reasons outlined above. This display of unity across all party lines is in itself a clear demonstration of the strength and depth of feeling and the urgency with which it needs to be addressed.
Public Petitions Committee – a template for public petitions

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Councillor Sam Mullin JP

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Petition by Councillor Sam Mullin calling for the Scottish Parliament to urge the Scottish Executive to remove the tolls from the Erskine Bridge at the earliest possible opportunity.

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Hugh Henry MSP, Teish Goodman MSP, Alexander Allan MSP,
Full Labour Group Rangers House Council (31)
Leader's 5 Local Authorities Letter 17/11/2005

Petitioners appearing before the Committee
The Convener of the Committee may invite petitioners to appear before the Public Petitions Committee to speak in support of their petition. Such an invitation will only be made if the Convener considers this would be useful in facilitating the Committee's consideration of the petition. It should be noted that due to the large volume of petitions it has to consider, the Committee is not able to invite all petitioners to appear before the Committee to speak in support of their petition.

Please indicate below if you do NOT wish to make a brief statement before the Committee when it comes to consider your petition.

I do NOT wish to make a brief statement before the Committee [ ]

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 19/12/2005

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
Dr James Johnston  
Clerk to the Public Petitions Committee  
TG.01  
Parliamentary Headquarters  
Edinburgh  
EH99 1SP  

Your ref:  
Our ref:  
March 2006

Dear James

I refer to your letter of 21 November 2005 on behalf of the Scottish Parliament’s Public Petitions Committee with regard to Petition PE869, lodged by Councillor Andrew White, calling for the Scottish Parliament to require the Scottish Executive to remove the tolls from the Erskine Bridge. In your letter you asked that the Committee be kept informed of developments on the future of tolled bridges in Scotland.

Members will be aware of the Minister for Transport’s statement to the Parliament on 1 March, setting out the outcomes of the Tolled Bridges Review. As part of that statement, Mr Scott announced that tolling would end at the Erskine Bridge on 31 March 2006.

You will also be aware of two current e-petitions on the subject of tolled bridges, under the titles National Alliance Against Tolls Scotland and A new Forth road bridge. The Committee may also wish to refer to the Minister’s statement as and when it comes to consider these petitions.

I hope this is helpful.

Yours sincerely

Jackie McCaig
Petition by Angela O'Hagan, on behalf of Oxfam to:

"endorse the aims of the Global Campaign for Education in achieving the Millennium Development Goals and making the UN Convention on the Rights of the Child a reality in Scotland, and further to consider practical steps for the Scottish Parliament and Executive to promote these aims in Scotland by:

- supporting and effectively resourcing education on global citizenship and education for sustainable development as core components within the Scottish curricula
- ensuring education for every child in Scotland,
- promoting education for all across the world
- supporting the Global Campaign for Education's Biggest Ever Lobby as a positive step in involving young people in the democratic process in Scotland"

This petition has been considered by school pupils from across Scotland. Some of the comments from those pupils who were invited to discuss the issues raised in the petition were as follows:

"We should be educated not just about people here but about people all over the world."

"All children in Scotland should be entitled to an education to have a chance of getting a job and not living in poverty."

"We believe that young people need to be made aware of the government's involvement in global education to learn about the rights of young people in Scotland and all over the world."

"We think that everyone across the world should get an education because it's a right to everyone. Scotland should take a leading role in promoting world education and this is the perfect opportunity for Scotland to show its contribution to world development."

Angela O'Hagan
Oxfam in Scotland
Dr James Johnston  
Clerk to the Public Petitions Committee  
TG.01  
Parliamentary Headquarters  
EDINBURGH  
EH99 1SP

Your ref:  
Our ref:  
21 December 2005

Scottish Parliament Public Petitions Committee – Consideration PE734

Thank you for your letter of 26 September about petition PE 734 by Angela O’Hagan on behalf of Oxfam in Scotland. I apologise for the delay in replying.

Oxfam’s petition calls on the Scottish Parliament to endorse the aims of the Global Campaign for Education (GCE) in achieving the Millennium Development Goals and making the UN Convention on the Rights of the Child a reality in Scotland and to consider practical steps for the Scottish Parliament and Executive to promote these aims in Scotland. Petition PE734 was originally submitted in April 2004 and the response from the Scottish Executive was issued in June 2004. Oxfam’s recent letter, attached to this updated petition also numbered PE734 also offers several comments on the June 2004 response and on developments in Scotland since last year. The PP Committee agreed to seek further comments from the Scottish Executive on the issues raised.

Responses to the specific comments are set out in the Annex to this letter.

I trust this is helpful

SIMON FORREST  
ED DCLO
Scottish Parliament Public Petitions Committee – Consideration PE734

The petition calls on the Scottish Executive to:

"endorse the aims of the Global Campaign for Education in achieving the Millennium Development Goals and making the UN Convention on the Rights of the Child a reality in Scotland, and further to consider practical steps for the Scottish Parliament and Executive to promote these aims in Scotland by:

- Supporting and effectively resourceing education on global citizenship and education for sustainable development as core components within the Scottish curricula
- Ensuring education for every child in Scotland
- Promoting education for all across the world
- Supporting the Global Campaign for Education’s Biggest Ever Lobby as a positive step in involving young people in the democratic process in Scotland."

Please see the responses on each of these points, as laid out below:

"Endorse the aims of the Global Campaign for Education in achieving the Millennium Development Goals”;

The Scottish Executive has made plain its commitment to the achievement of the MDGs. The two that apply specifically to Education (Universal Primary Education and Gender Equality) have long ago been met in Scotland. However Scotland is fully involved within the UK, in the achievement of the 6 Action Areas identified in the 15th Conference of Commonwealth Education Ministers which was hosted by Scotland in Edinburgh in 2003, all of which focus on education and are based on the MDGs. Action on this is ongoing and a report on interim progress was presented to Ministers at the most recent update meeting in Sierra Leone in October 2005. This report will be on the Commonwealth Secretariat website in due course. Action since the Edinburgh Conference will be reported in full to the 16th CCEM in Cape Town in December 2006.

"Making the UN Convention on the Rights of the Child a reality in Scotland”;

The United Kingdom is bound, as a matter of international law, by the terms of the Convention. The Convention has not been incorporated into Scots or English law so it does not have direct effect in domestic law. However, the Executive seeks to reflect the aims of the Convention in our policies and legislation wherever possible.

There is no international court to enforce the Convention but, in accordance with the provisions of the Convention, the UK submits periodic reports to the UN Committee on the Rights of the Child which are the subject of formal examination. These reports include Scotland. The Executive also promotes the rights of the child in a number of other ways.
The Commissioner for Children and Young People

The Scottish Executive is providing funding to the Scottish Parliament for the Commissioner – £1.2 million for 2005-06 – based on Financial Memorandum agreed by Parliament. Prof. Kathleen Marshall took up her appointment as Scotland’s first Commissioner for Children and Young People on 26 April 2004. She has now set up office and employed staff to support the role. Her remit is to:

- promote and safeguard the rights of children and young people as set out in the UN Convention on the Rights of the Child;
- involve children and young people in her work,
- carry out investigations into how rights are taken into account by service providers
- report annually to the Parliament.

UN Convention on the Rights of the Child – A Guide for Young People

The Scottish Executive produces a leaflet which sets out the articles contained in the Convention in language appropriate for children and young people. The leaflet is available on request – agencies working with children such as schools, local authorities and voluntary organisations regularly request and are issued with batches.

Children's Charter

"Protecting Children and Young People – the Charter" was launched by the First Minister, Jack McConnell, and the Deputy First Minister, Jim Wallace, on 22 March 2004.

The Charter sets out what children and young people need and expect to help protect them when they are in danger of being, or already have been, harmed by another person.

It was developed by Save the Children, through talking to children and young people who have experienced the need to be protected and supported – in order to produce an account of how any child facing difficulties could expect to be treated.

The response to the 13 statements from children is a set of 11 pledges and an outline of work to be done to help deliver on these. As part of the Child Protection Reform Programme a Framework for Standards for child protection has been developed which builds on these Charter statements and the pledges made to help deliver better, more joined-up, child focused services for vulnerable children and young people.

"To consider practical steps for the Scottish Parliament and Executive to promote these aims in Scotland by:

- supporting and effectively resourcing education on global citizenship and education for sustainable development as core components within the Scottish curricula"

A Curriculum for Excellence establishes that the purposes for education are to enable all young people to become responsible citizens, effective contributors, confident individuals and successful learners. Citizenship Education is accordingly a central aim of the Scottish Executive. However Education for Citizenship is not a specific subject but cuts across various areas of the curriculum. Effective citizenship must incorporate a responsible attitude to the use of resources on the environment because they are not mutually exclusive.
Currently the National Guidelines 5 – 14 offer a number of opportunities for pupils to learn about citizenship education under Personal and Social Development, Religious and Moral Education and, in particular, under Social Subjects within Environmental Studies.

In addition, Learning And Teaching Scotland promotes citizenship education through its ‘Education for Citizenship’ website. The website includes examples of cross-curricular approaches to citizenship and features items such as the J8 and G8 Summits, the youth parliament, political awareness, sustainable development, global education, appreciation of diversity, equality of opportunity and the ECO schools programme.

"Ensuring education for every child in Scotland"

The Scottish Executive is working to ensure that all children in Scotland receive their entitlement to education. We are working to ensure that schools are inclusive and support children who need additional help to learn. Steps taken in Scotland to achieve this include:

☐ Education (Additional Support for Learning) (Scotland) Act 2004 describes how schools, education authorities and other services should develop Co-ordinated Support Plans to provide the additional support some children need in order to learn
☐ Reviewing the way that schools provide pastoral care to pupils in "Happy Safe and Achieving their Potential" – standards of personal support in Scottish schools, ensuring that staff in schools get to know every child and will support them to learn and to develop
☐ Developing a range of initiatives to reduce exclusion from school and to promote attendance at school, for those children whose behaviour puts them at risk of exclusion or whose poor attendance means they miss out on education
☐ Improving school and education authority practice to trace children who appear to go missing from view of education, by developing new guidelines, through the Children Missing Education project
☐ Encouraging schools and education authorities to adopt good practice in the education of gypsy traveller children and other ethnic minority groups so that they remain in contact with schools when they are travelling or take extended breaks to visit home countries.

Education for children in Dungavel is an issue for the Home Office which has put in place a policy of limiting children’s stay in Dungavel to 72 hours. Only in exceptional circumstances would children be held longer. Scottish school inspectors have made recommendations on education at Dungavel.

"Promoting education for all across the world"

The responses given in full above in terms of the aims of the Global Campaign for Education and on Scotland’s role in working to help achieve the MDGs, are appropriate in replying to this aim.

"support the Global Campaign for Education’s Biggest Ever Lobby as a positive step in involving young people in the democratic process in Scotland”

the Scottish Executive has shown its commitment to enabling young people to contribute to and participate in the democratic process. In respect of the Biggest Ever Lobby, the Scottish Parliament’s web site hosted a full page describing the event and encouraging schools, teachers and students to become involved. It encouraged school pupils in Scotland to lobby MSPs on the importance of education and the need to do more to meet government commitments for universal primary education.
In Scotland the Biggest Ever Lobby involved two main events - MP’s back to School Day - 23rd April and Parliament Day - 20th April. Several MSPs participated in “Back to School Day” and on 20th April 20 fifteen year olds from schools across Scotland submitted a petition to the Parliament’s petitions committee on behalf of young people in Scotland asking the Scottish Parliament to do more to ensure every child has access to basic education.

A further positive step in involving young people in the democratic process in Scotland is the Scottish Youth Parliament. The SYP was launched in Murrayfield Stadium in Edinburgh in 1999 and currently comprise a group of around 150 elected young people aged between 14 and 25 years, who aim to be a collective national youth voice for all young people in Scotland. All major decisions in the SYP are taken by people aged 25 or under, all of the directors are this age.

The Scottish Youth Parliament has been given a guarantee of support from the Scottish Executive towards achieving their aims. With strong cross-party support, SYP members have been able to express their views to both government and opposition parties alike, including the First Minister, other Party Leaders and even to the Prime Minister.
Letter from Angela O'Hagan, Oxfam in Scotland, 28 April 2005

You also asked for comments on specific points made in Angela O’Hagan’s letter of 28 April 2005; these included:

*Integrating Global Citizenship Education more fully in the 3-18 curriculum*

Work on the implementation of A Curriculum for Excellence is likely to produce a framework for delivering outcomes i.e. responsible citizens, effective contributors, confident individuals and successful learners. Although this will be achieved through existing subjects, we are unlikely to be prescriptive in terms of specific coverage. That said, we will ensure that cross-curricular issues such as citizenship education, education for sustainable development, enterprise in education, creativity and financial education are embedded in the curriculum and therefore reflected fully in new guidance on all curricular areas. There will be ample opportunity for wide debate, testing, refinement and consideration of any proposals which emerge.

*Teacher training and continuing professional development;*

It is not always possible to accommodate demands for Initial Teacher Education (ITE) to give greater emphasis to particular interests or issues as the curriculum is very crowded. The Standard for Full Registration does state that registered teachers should know about the requirements of education for citizenship and be willing to encourage pupils to be active, critical and responsible citizens.

ITE courses are, as the title suggests, simply the initial phase of teachers’ development. Many particular interests can most appropriately be further developed through continuous professional development (CPD) now that teachers are required to do 35 hours of CPD every year. The planning of a teachers CPD is done jointly by the teacher and their line manager with regard to personal needs, and local and national priorities.”

The Standard for Full Registration is a national document that is subject to regular review.

The responsibility for checking that teachers carry out their contractual 35 hours of CPD and the quality of the CPD is for local authorities as employers to check. They will have various ways of ensuring that this takes place and for auditing and evaluating its quality and impact. SEED also support a National CPD co-ordinator who as part of a wider remit consults with teachers and LAs about how CPD is taken forward at school level within the overall national framework. From this the co-ordinator will try to resolve procedural difficulties and spread best practice.

*Integrating a global perspective within the further and higher education sectors;*

Colleges and universities appreciate the value of diversity. Both Universities Scotland and the Association of Scottish Colleges, the umbrella bodies for their respective sectors, have set up advisory groups to explore the internationalisation agenda. Many institutions have a wide range of cultural, academic and research links with sister institutions from across the globe. Recognising the social, cultural and academic, as well as the economic, benefits of attracting international student to come and study in Scotland, many are active in international student recruitment. The number of overseas students studying in Scotland has increased by over 50% to about 18,000 over the last five years. The Scottish Executive supports this through a number of measures, including the Scottish International Scholarship Scheme, the Fresh Talent Challenge Fund and our work the British
Council. The Scottish Executive's International Strategy and International Development Strategy both recognise the contribution the further and higher education sectors can make to the delivery of the Executive's strategic goals.

The Scottish Executive keeps in touch with the further and higher education sectors through regular liaison meetings with Universities Scotland, the Association of Scottish Colleges and through participation in the Further Education International Group and the Scottish Universities International Officers Group.

In terms of the reference to the UK "still not paying its fair share of aid" and "will not meet its commitment to reach the UN 0.7% GNI aid target until 2013";

The UK Government, through the Department of International Development (DFID) is responsible for meeting the UN aid target of an official development assistance/Gross National Income (oda/GNI) ratio of 0.7%. Since this Government came to power in 1997, official development assistance through DFID has increased by 97% in real terms, and aid ratio as a proportion of national income has increased from 0.26% in 1997 to 0.33% in 2003 and will rise to 0.40% in 2005/06. This is more than double the current G7 average of 0.19% and well above the current Development Assistance Committee (DAC) average of 0.23%. The UK will also exceed the EU Member state target for an average oda/GNI ratio of 0.39% by 2006, agreed at the 2002 UN Financing for Development Conference at Monterrey. The UK government is committed to making progress towards 0.7% as the fiscal climate permits.

International Development Policy and the International Development Fund

The Scottish Executive's International Development Policy, backed by a £3 million International Development Fund, was developed with the intention of contributing to the achievement of the Millennium Development Goals.

The chosen thematic priorities of education, health (including water and HIV/AIDS) and civil society development, contribute to the universally-acknowledged needs identified by the Millennium Development Goals, specifically:

- Achieve universal primary education
- Reduce child mortality
- Improve maternal health
- Combat HIV and AIDS, malaria and other diseases
- Develop a global partnership for development

The Policy also aims to support and encourage awareness raising in Scotland, with appropriate messages reaching as much of the Scottish population as possible and providing a level of awareness of the problems faces by developing countries, and what Scotland can do to make a difference. For example, in the content of the school curriculum, in our procurement policies and in the way we encourage corporate responsibility within business.
Public Petitions Committee - Information required for petitions to be displayed on the e-petitioner system

The Public Petitions Committee’s web pages include a number of specific pages dedicated to the e-petitioner system. Before a petition can be added to the system, the principal petitioner is required to submit the following information. The size limits indicated below are for guidance only, however, we do recommend they are adhered to for best presentation of your petition on a web page viewed on a typical PC screen.

Short Petition Title: no more than 10 words

Agenda For Change and Speech & Language Therapy Services

Principal Petitioner: name of organisation or person raising the petition and the date it will start to collect signatures (include both full names, e-mail if applicable, and abbreviations of organisations)

Nicola Orr and Susan Bannatyne
Speech and Language Therapists
C/o 8-10 Rowan Avenue
Milton of Campsie
Glasgow
G68 8BE

A4petition@btinternet.com

Date to start collecting signatures - Monday 9th August 2004

Full petition text:
The text should clearly and concisely state the request of the petitioner, showing clearly the nature of the remedy or action requested from The Parliament.
To ensure easy reading and viewing of the petition text it is advisable for this to be not more than 15 lines of text, preferably less. All other background information can be put onto the "information" page.

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.

Closing Date: date when the petition will stop collecting signatures and be submitted to the Parliament.

20th September 2004

Template for e-Petitions
12th January 2004
The petitioner requests that the Scottish Parliament considers the implications of the proposed Agenda for Change legislation for Speech and Language Therapy Services within the NHS. Agenda for Change will affect all NHS departments but for Speech and Language Therapy it poses the following concerns, for both service users and therapists:

- Results emerging from Scottish "Early Implementer" sites indicate substantial pay cuts for Speech and Language Therapists. The basic pay of experienced therapists is set to be reduced by up to £10,000 per year. This results in therapists being on pay protection. Thereafter their salary is effectively frozen, without even cost of living increases. This amounts to a year on year pay cuts. For many therapists therefore, a promotion would mean a pay cut. Therapists on short-term contracts automatically lose pay protection at the end of their contract.

- Weekly working hours are set to increase with no increase in salary – in practice this represents a pay cut.

- Agenda for Change will give short-term gains for newly qualified therapists but the wider implications negate this advantage. As a result of pay protection senior therapists will be "trapped" in their current posts leaving limited scope for progression for their more junior colleagues.

- Speech and Language Therapy is already considered a shortage profession and Agenda for Change will do little to reverse this. In a recent phone poll conducted by the Royal College of Speech and Language Therapists nearly 90% of respondents said they would consider leaving the profession if Agenda for Change was implemented in its current form.

The implementation of Agenda for Change with the above consequences would also have serious implications for the service users. Clients already face extensive waiting lists and the loss of experienced staff (to early retirement/private practice/other careers) could compound this problem.

We would urge the Scottish Parliament to debate this matter and consider the possible effects of Agenda for Change on Speech and Language Therapy in Scotland.

Although Agenda for Change will happen in all areas of the NHS, the implications for Speech and Language Therapy are disproportionately devastating and unrecognised outwith the profession. Approaches have been made to MPs and MSPs but with no satisfactory consideration of the problem.
COMMENT PAGE
Provide at least one comment to set the scene for an on-line discussion on the petition (about 150 words max).

Agenda for Change – Better or worse for SLT services? How does it affect your agenda?

Contact (to obtain initial advice and agree content of e-petition)
The Clerk to the Public Petitions Committee,
The Scottish Parliament,
Edinburgh
EH99 1SP
Tel: 0131 348 5166/5414 Fax: 0131 348 5088
e-mail: petitions@scottish.parliament.uk

Contact for technical issues ONLY (after e-petition has been accepted by the Public Petitions Committee):
International Teledemocracy Centre, Napier University,
40 Colinton Road

Note
Completed forms should be sent to petitions@scottish.parliament.uk
1 December 2005

Dr James Johnston
Clerk to the Public Petitions Committee
The Scottish Parliament
TG.01
Parliamentary Headquarters
EDINBURGH
EH99 1SP

Dear Dr Johnston

Scottish Parliament Public Petitions Committee
Consideration PE768

Following the last submission by Amicus on the “Agenda for Change and Speech & Language Therapists”, there has been little progress in implementation for this staff group and therefore no critical mass of outcomes available on which to assess any issues relating to pay protection, recruitment and retention and implications for the service. Amicus will be better placed by January 2006 to further comment on this issue and I would ask that a further response be delayed until 31st January 2006.

Yours sincerely

FIONA FARMER
Regional Officer

cc – Mr John Quigley, Amicus Scottish Regional Secretary
Ms Eileen Martin
Public Petitions Committee Assistant
Scottish Parliamentary Headquarters
Edinburgh
Holyrood Park Road
EH99 1SP

Dear Ms Martin,

Re: Scottish Parliament Public Petitions Committee – Petition PE768

Thank you for your letter of 3rd February 2006 advising us that our petition will be considered again on 19th April 2006.

On behalf of the petitioners, I would like to raise the following points for further consideration by the committee, and I would be grateful if this letter could be circulated to them.

Although Agenda for Change proposed to make the pay and grading system more equitable across the country, it is already clear that this is not proving to be the case. A paper by Debby Rossiter entitled ‘AFC: A level playing field or a slippery slope?’ was published in the RCSLT Bulletin February 2006, and this explores some of the reasons why the system now does not appear to be achieving equity. Most of her data to date comes from England, but I believe that the same findings are highly likely for Scotland. A copy of this paper is attached for reference.

Rossiter notes that although some Speech & Language Therapists will make gains under Agenda for Change, but that many are already facing pay protection and associated losses. A key point to note here is that there is a huge degree of variability - thus not achieving the equity sought by the process. Perhaps most worryingly, Rossiter’s findings
concur with anecdotal evidence and our initial fears: those in more senior posts may suffer the biggest ‘losses’ and end up on pay protection. Rossiter quotes a figure of 28% of respondents in more senior clinical and management posts being on protection, with posts being matched between Band 6 and Band 8c under Agenda for Change. In real terms, this equates to a potential pay difference of £25,000 for jobs which previously were graded at the same level, and illustrates clearly how subjective the process is proving to be.

The reasons for these differences are not our key concern here, but rather the fact that these differences exist at all. However, Rossiter suggests that the scale of the process means that achieving consistency of training and quality of personnel making up the panels may have been difficult.

Within the trust that I work for, the matching and assimilation process is not yet complete. However, for the Speech & Language Therapy service, the first round of matching already appears to be throwing up some discrepancies. At this initial stage it appears that many of those who made gains under the re-grading of 2000 are now likely to end up on pay protection, with our more senior staff being most at risk. As noted when the petition was first presented to the committee, having senior staff on pay protection would be disastrous for morale and for keeping experienced, valued staff within the profession (and indeed the NHS).

Anecdotal evidence, combined with experience within my own trust, suggests that the inequalities now arising in pay will start to affect staffing levels. It is clear that if ‘Trust A’ is able to offer a higher salary for a given job than ‘Trust B’, Speech & Language Therapists will be much more likely to seek employment with Trust A. This therefore creates inequality for service users across the country, with shortages likely in those areas which cannot offer the same pay due to the way jobs have been matched.

This clearly does not demonstrate the idealised ‘level playing field’ initially proposed by Agenda for Change, and my concerns for the future of my profession are unchanged:

- The profession becomes less attractive to new staff
- Specific areas become less attractive to staff
- Staff leave the profession due to the impact of pay protection
- Service users suffer as a result of all of the above
I remain concerned that Agenda for Change will do nothing to benefit the Speech & Language Therapy profession, and that any individual gains made by the lucky few will be greatly outweighed by the greater damage done to the pay and career structure for the profession as a whole.

I will be pleased to provide any further information which you may require.

Yours sincerely,

Susan Bannatyne
Speech and Language Therapist

For and on behalf of:

Susan Bannatyne and Nicola Orr (Petitioners)
Speech & Language Therapists
AfC: a level playing field or a slippery slope?

Debby Rossiter reports on her research into the effect of the Agenda for Change (AfC) pay banding process on SLTs working in English NHS trusts

In view of the successful 2000 regrading process, the profession was concerned that the new AfC pay Bands would have a detrimental effect on SLTs’ pay and conditions.

This concern increased with the publication of the first set of speech and language therapy profiles that had a lack of clinical progression beyond Band 7. Amicus and the RCSLT worked successfully with the Department of Health to increase the range of profiles available and this, in turn, had a beneficial effect for other allied health professionals’ (AHPs) roles.

Variable results from the 13 early implementer sites indicate that this concern was justified and the RCSLT agreed to establish a central database to monitor results from NHS trusts as they came in. The process took longer than anticipated and a number of trusts may have difficulty completing the assimilation process by the March 2006 deadline.

The RCSLT has received results from 85 English trusts. However, not all of these are complete and some posts, particularly at a senior managerial level, have not been assimilated, ostensibly due to the consistency of the checking process.

Of the 85 trusts, 31 are within the London region, 19 from the south of England and 35 from the midlands and the north. Posts were based on a head count rather than whole time equivalent (WTE), as this was easier to feedback and collate. The data, therefore, represents a total of 2,536 full- or part-time posts (see figure one).

The weighting towards paediatric posts results partly from the inclusion of assistants, with 80% of these posts based in paediatrics.
Figure one: Distribution of all assistant and qualified speech and language therapy posts by head count (total 2,536)

![Bar chart showing distribution of assistant and qualified speech and language therapy posts by head count.]

Figure two: Results across the spine for assistant and technical instructor grades, including bilingual co-workers

![Bar chart showing results across the spine for assistant and technical instructor grades.]

Assistants, helpers and bilingual co-workers now make up 12% of the posts reported on in this survey. This demonstrates clearly the changes in skill mix that have taken place over the last decade and the importance of this group to the profession.

There was a wide range of results under the new bandings (see figure two). Senior assistants and co-workers on technical instructor (TI) grades, were generally matched to

AFC: A level playing field or a slippery slope? Dobby Roslater
Royal College of Speech and Language Therapists, February 2006
higher grades, but a range from Band 2-4 represents a substantial pay differential of up to £5,000 for previously similarly graded posts. As a result 9% are on protection and 10% are appealing.

Nearly 87% of posts suitable for newly-qualified therapists (NQTs) were matched, as expected to Band 5. The other 13% were matched to Band 6 and this may reflect the Band 5/6 run through which is being adopted by trusts on an individual basis. Starting salaries for NQTs have improved as a result of AIC; no therapists are on protection and only a few posts are being appealed.

From this point on, the results become very mixed, with posts previously graded from spine point (sp) 23-30 being matched anywhere from Bands 5-7 (see figure three). Only 2% of post-holders are on pay protection, while 7% are appealing. Those who were matched at Band 7, however, are likely to be pleased with the outcome. This variability continues all the way up the spine. Old senior Band 2 posts, sp 31-35, and Band 3 posts, sp 36-38, extend the range further with matching from Band 6-8B (see figure three). Although 7% are reported on protection, at this level 18% of post-holders are currently appealing.

The most senior clinical expert and managerial posts, previously graded at 37-41 and Bands 4/5, extend the range still further (see figure four). One post, previously deemed worthy of a 37-41 grading, has been matched at Band 6, while old Band 4 posts have come out at Bands 7-8C, with a stunning potential pay differential of £25,000. At this level, post holders on protection increase significantly to 28%, and 31% are appealing.

Over the whole spine, the numbers on protection at 7% seem less than expected. This could be due to a number of factors including low reporting. Others may be the improved pay for junior therapists, while for those who are London-based, the increased High Cost Allowance (HCA) took a significant number of people out of protection. However, this negates the improved financial position gained as a result of the higher cost of living in London.
Figure three: Results for posts previously banded on spine points 23-30, 31-35 and 36-38

Figure four: Results for posts previously banded at spine points 37-41, 40-48/41-53

When A/F was announced, the profession was concerned that it should not lose the gains made under the 2000 regrading. This survey has highlighted the degree of variability that occurred during regrading and was, perhaps, not fully appreciated at the time. This has complicated and compounded the different results achieved under A/F.

A/F: A level playing field or a slippery slope? Debby Rossiter
Royal College of Speech and Language Therapists, February 2006
Even with the differences present pre- and post-AfC, the overall evidence is for a significant reduction in SLTs pay at the upper end of the spine. Pre-AfC bandings divide between 74% at Bands 1 and 2 and 26% at 3 and 4. Post AfC, 79% of posts are at Bands 5-7 and 21% at 8A-9 (see figure five).

**Figure five: Distribution of posts across the spine, pre- and post-AfC**

A further complication is that the AfC bandings do not match the old SLT grading points at the higher levels. Many Band 4 therapists matched at 8B will experience significant protection, whereas those matched at 8C can improve their salary by a further two increments.

Analysis of the data shows clearly the breadth of speech and language therapy services, and how differently they may be organised. Combined with the degree of variability, this makes it difficult to identify clear trends. Large combined trusts, particularly in London, have a greater percentage of posts Band 8C-9. Acute trusts have slightly more clinical specialist/consultant posts matched within Bands 8A-D, but this difference is not significant. Smaller adult or paediatric services have suffered under AfC, with some managerial posts moving from Band 4 or capped Band 4, to 8A.

The one major exception to this is the 'London effect'. A comparison of the pre-AfC pay spine, shows that in general, London trusts did better in the 2000 regrading (see figure

AfC: A level playing field or a slippery slope? Debbie Rossiter
Royal College of Speech and Language Therapists, February 2006
six). This original inequality has been compounded by the AfC results, where compression down the spine has been far more marked outside London (see figure seven); 40% of posts outside London now lie within Band 7. It remains to see how this figure will change after the appeal process. For the few trusts that have so far reported back, some improvements have been made.

Figure six: Comparison of London with rest of England 2000 regrading/pre-AfC

AFC: A level playing field or a slippery slope? Debby Rossier
Royal College of Speech and Language Therapists, February 2006
One reason for the breadth of results has undoubtedly been the variability of the matching process. Some trusts insisted job descriptions were unrevised, while others accepted redrafting related to A/J dimensions. Some trusts included supplementary information sheets, but not others. Managers and staff were encouraged to provide information to varying degrees and this information seems to have been weighted differently by different matching panels. The term 'or equivalent' gave rise to several different interpretations.

Ultimately, some degree of consistency is dependent upon the training and quality of the personnel making up the panels. With such a comprehensive process, involving so many people, this has been hard to achieve.

As a result, the 'level playing field' promised under A/J has developed a distinct slope and may for a while prove very difficult to play on. Has A/J been the major disaster originally predicted? The wider picture suggests not entirely, with some trusts and groups of staff moving to an improved position and others maintaining their status quo.

However, to balance this there are a significant number of trusts, particularly outside London, where the effect has been to lose many of the gains made within the 2000 regrading process and has left staff angry and demoralised.

A/J: A level playing field or a slippery slope? Debbi Rossiter
Royal College of Speech and Language Therapists, February 2006
Over the next few years, it is likely market forces will contribute to a gradual levelling out of the playing field and our AHP colleagues will further aid this. Senior 1 physiotherapists and occupational therapists are more likely to work for trusts that have matched them at Band 7 rather than Band 6. Movement is usually much easier to achieve in urban rather than rural trusts, but this may be affected both by PCT reorganisation, the balance between primary and acute health provision and the current financial situation of the NHS.

**Important: keep sending in your data**

This is an interim report and a clearer national picture will emerge when the process is completed in the devolved countries. It is therefore important, that speech and language therapy services continue to provide the RCSLT with information and, for those who have already sent in data, the follow-up results of appeals. Email: jo.offen@rcslt.org

The RCSLT recruitment and retention survey is also currently underway, which should start the process of recording and reflecting any immediate effects of AHC on the profession.

**Debby Rossiter** - speech and language therapy manager, King’s College Hospital

Email: debby.rossiter@kingsch.nhs.uk

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AHC: A level playing field or a slippery slope? Debby Rossiter
Royal College of Speech and Language Therapists, February 2006
Petition by Mr Len Wyse calling for the Scottish Parliament to urge the Scottish Executive to review its policy on Community Hospitals and in the meantime to introduce a moratorium on any closures of such hospitals which are vital to the NHS in Scotland and particularly in rural areas such as the Scottish Borders.
JEDBURGH COTTAGE HOSPITAL ACTION GROUP

The Jedburgh Cottage Hospital Action Group (JCHAG) is working to keep our Community Hospital operational. The action group consists of members of the local Community Councils and Church groups: Ancrum, Crailling, Oxnam, Southdean, Lanton, Jed Water, as well as Jedburgh. Contact names and numbers are L Wyse - 01835 862659 and R Stewart - 01835 863126 or your local Community Council.

The group has had several meetings during the summer with our 2 MSPs and members of NHS Borders. Ralph Roberts (Director of Operations) and Eileen Moir (Director of Nursing), with the aid of slides, outlined the remit of NHS Borders. They have agreed to work alongside the steering party of JCHAG to look deeper into the problems.

In September, a petition with over 3,000 signatures was handed over to Tony Taylor, Chairman of NHS Borders, registering the area’s objections to the Board’s proposal. A copy of this will be handed to Andy Kerr, Health Minister at the Scottish Parliament.

Currently, Euan Robson, MSP, is reviewing a project of ‘joint build’ for the hospital and health centre. He is attending on-going meetings with NHS Borders and interested private companies.

Christine Grahame, MSP, recently visited the hospital and met with staff and patients and was very impressed. She has met with the doctors and staff at the Health Centre, all of whom are keen to retain the hospital.

No decision from NHS Borders is expected to be announced until early next year.

The line from NHS Borders is that “no decision has been made to close the Hospital”. However, as we have been put on the transitional programme for possible closure, we must keep up the dialogue. At this moment, we do have a good relationship with NHS Borders and hopefully we can work with them.

We have had great support from the community and hopefully this newsletter will bring you up-to-date with what we are doing.

J.C.H.A.G.
Jedburgh Cottage Hospital
Action Group

08 January 2006

Eileen Martin
Public Petitions Committee Assistant
Parliamentary Headquarters
EDINBURGH
EH99 1SP

Dear Ms Martin

Below are the comments you requested on the reports from the 4 bodies

Prof. David Kerr - he indicates that his group 'intend to take account the work on the review of community hospitals currently being undertaken. All of these issues will be covered....' He does not make any specific comment on our petition and only indicates that the subject will be covered in the National Framework report which was published earlier this year. Not particularly helpful although the report indicated support for community hospitals in remote and rural areas.

Minister for Health - a long reply setting out the Scottish Executive's position which is that it is up to local NHS Boards to determine the planning and delivery of health care services. It does, however, mention the Partnership Agreement (of which I am unaware) which 'will develop the important role of community hospitals....' and this seems promising except that he then goes on to state that the NHS Boards are in the best position to determine the nature of the service they provide. This seems to indicate that the Executive are unlikely to intervene in local decisions made by the Health Boards.

NHS Borders - states clearly their policy having invested in Kello, Duns, and Hawick. They seem to be convinced that the BGH can operate as a community resource centre! Not much support from this quarter but the reply does not really address the issue but rather states their position.

National Workforce Committee - just restates the current thinking re provision of health care and thus is not particularly helpful.

All in all a lot of words with very little substance dealing with the issue to be addressed. I fear this reflects the fact that nobody is prepared to put their head above the parapet and make a clear statement supporting the continuing provision of some form of community hospital in Jedburgh or Coldstream. The replies are more a repetition of devolving all the decision on NHS Borders and, as we now know, the decision was made a long time ago without any consultation as far as I am aware. It is difficult to see where we go from here other than continuing to bypass NHS Borders but that will be difficult in the light of that which I have read in these letters.

None of the replies made any specific reference to the central point of our petition which was to call a halt to closures until there was a more detailed examination of the role of community hospitals. I suppose that the Kerr report did address this point and it came down with a firm commitment to providing care as near as possible to patients' homes and in support for community hospitals. Unfortunately the Minister seems to be devolving responsibility to the local Health Boards which in our case is NHS Borders and their view is for closure as far as Jedburgh is concerned. As the letters from the Minister and from NHS Borders both contain
specific comment about the position of Jedburgh I would think that this would open the door for us to ask that our petition (which we made general) be specifically applied to Jedburgh and that the Public Petitions Committee ask that any closure be postponed until a full examination has been made of the option of the local reprovision of some or all of the current facilities.

Hopefully my comments to the Petitions Committee will be of help in deciding their next move.

Yours sincerely

Len Wyse