The Committee will consider the following new petitions—

**PE953** Petition by Ms Jean Gall, on behalf of the Scottish Association of Sleep Apnoea, calling on the Scottish Parliament to urge the Scottish Executive to increase awareness, promote the proper diagnosis and treatment and provide sufficient resources, including adequately funded sleep centres, to tackle the health problems associated with Obstructive Sleep Apnoea.

**PE972** Petition by Rev Jim Watson calling for the Scottish Parliament to urge the Scottish Executive to fulfil its commitment in the Partnership Agreement to “develop the important role of community hospitals, and develop a strategy for sustaining small, rural and community hospitals” especially in areas such as the Scottish Borders.

**PE973** Petition by Aileen Orr calling on the Scottish Parliament to urge the Scottish Executive, following the recent closure of four Citizens Advice Bureaux in the Scottish Borders and the cuts in the opening hours of a further four centres, to ensure that adequate resources are provided to prevent cuts in services both in the Scottish Borders and elsewhere in Scotland.

**PE974** Petition by Jesse Rae calling on the Scottish parliament to urge the Scottish Executive to review the operation of the Accountant in bankruptcy to ensure the rights and wellbeing of debtors and their families are fully considered during the sequestration process and to place all aspects of the sequestration process within the remit of the Scottish Public Services Ombudsman.
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

Mrs Aileen Orr

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.

Petition by Aileen Orr calling on the Scottish Parliament to urge the Scottish Executive, following the recent closure of four Citizens Advice Bureaux in the Scottish Borders and the cuts in the opening hours of a further four centres, to ensure that adequate resources are provided to prevent cuts in services both in the Scottish Borders and elsewhere in Scotland.

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.

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

I DO request to make a brief statement before the Committee  

I DO NOT request 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: 02-06-68

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
Public Petitions Committee – a template for public petitions

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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

Mr Jesse Rae

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

Petition by Jesse Rae calling on the Scottish Parliament to urge the Scottish Executive to review the operation of the Accountant in Bankruptcy to ensure the rights and wellbeing of debtors and their families are fully considered during the sequestration process and to place all aspects of the sequestration process within the remit of the Scottish Public Services Ombudsman.

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Euan Robson MSP
The Scottish Public Services Ombudsman
Scottish Executive Justice Department, Civil Law Division

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I DO request to make a brief statement before the Committee ☑
I DO NOT request to make a brief statement before the Committee ☐

Signature of principal petitioner:

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Signature..............................................................................................................

Date .....................................................................................................................

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The Clerk to the Public Petitions Committee,
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EH99 1SP
Tel: 0131 348 5186 Fax: 0131 348 5086
e-mail: petitions@scottish.parliament.uk
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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

Reverend James B. Watson,
The Manse,

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

'Petition by Rev Jim Watson calling for the Scottish Parliament to urge the Scottish Executive to fulfil its commitment in the Partnership Agreement to "develop the important role of community hospitals, and develop a strategy for sustaining small, rural and community hospitals" especially in areas such as the Scottish Borders

Additional information:
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Action Taken
3. Work through Coldstream Hospital Action Group and Borders NHS Board to persuade them of the case for local Cottage Hospitals from November 2005 to March 2006 including over 1,000 letters from local people, two petitions signed by nearly 2,000 people and a public march with well over 700 local participants.

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

I DO request to make a brief statement before the Committee [ ]
I DO NOT request 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: 29 May 2006

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
Petition by Rev James B. Watson

Introduction: The substance of the petition is grounded in a local campaign in Coldstream to develop the local Cottage Hospital as ‘Fit for the Future’. The local NHS Board had seen fit to propose closure – a decision confirmed at a Board Meeting in March following ‘Consultation’ which ticked all the correct boxes but failed to address the concerns and fears of local people.

The same decision of the Board potentially affected Jedburgh and the Minister of Health met with representatives of both communities on 16th May prior to reaching his final decision on the proposed closure.

The principle basis of the communities’ discussions were –
1. The proposals were based on a 5 to 10 year projection which discounted the anticipated rise in the area’s population and the projected increased in the proportion of elderly from 25% to 33% over the next 20 years.
2. The proposals were founded on an ‘anticipated’ increase in Home Care Support without taking account of the proposed reduction in service by Scottish Borders Council; the present over-demand on Home Care Services and the experienced difficulty in attracting such staff.
3. The increased financial burden to local people, already identified as disadvantaged by the deprivation statistics in paying for transport, when available, to Kelso, Borders General and even Peebles. One lady has paid £500, through WRVS, in the last eight months to visit her husband in Borders General Hospital.
4. The increased trauma for relatives, often themselves elderly, in trying to visit their loved one who could be a day’s journey away.
5. The reduction in bed capacity with Kelso Hospital already unable to cope on a significant number of days each month: It has used Coldstream as an overflow. Peebles has already been suggested for at least two patients; all before the anticipated increased elderly population.

Appendix 1 gives the local Action Group’s Support for the Petition.
Appendix 2. gives a summary of why the local Churches became involved.

The Petition

The Petitioner accepts that not ever community can have a Hospital Resource situated within it’s particular town but does contend that –

- Every community has a right to access that is reasonable and affordable to basic health care resources;
- Every individual has a right to spend their ‘final’ days surrounded by their loved ones and in familiar surroundings.
- Every relative has a right to be able to visit and spend time with their loved one without additional extra cost and restricted opportunities of access.

The Petitioner is concerned that small rural community hospitals will be eradicated from the map of Scotland by NHS Boards driven by –

- Short term financial constraints;
- 'Glamorous', 'Big Picture' medical ideals like drug programmes and flawed principles like bank nursing.
- Big is Beautiful to the detriment of individuals.
- A lack of 'joined up thinking and planning' as Boards seek to pass on responsibilities to other agencies without ensuring that 'hopes' and 'aspirations' will in fact materialise.

The Petitioner believes that in rural communities like the Scottish Borders –
- Transport considerations means those without cars have difficulties with sometimes 2 or 3 connections to negotiate, making a 25 mile journey a half day 'operation'.
- Local demographic clusters can be 'glossed over' in a Big Picture' approach that fails to give due weight to local areas of disadvantage.
- The 'isolated nature' of local rural communities often means that the 'voice of opposition' seems minor when in fact whole communities and their way of life are under threat.

The Petitioner and his colleagues have seen evidence of –
- Individual patients who are frightened at the prospect of being 'isolated' from family and friends, in a 'strange community' with unfamiliar doctors and care staff.
- Relatives seeing the 'privilege of caring' for terminally ill relatives snatched from them.
- Care staff struggling to make ends meet and frustrated at the level of service they are able to provide against the needs they see day in and day out. One carer recently returned part-time, while still on maternity leave, rather than see her client 'abandoned'.

The Petitioner accepts the need to get 'Value for Money' and to 'Maximise Resources' but also believes that the elderly and vulnerable have a right to benefit from increasing opportunities as well as acute surgical patients, drug controlled medical patients and abuse patients such as drug addicts.

The Petitioner believes that The Partnership Agreement drawn up by the Scottish Executive to develop the important role of community hospitals is beginning to gain weight in importance with the changing nature of Scotland's population.

The Petitioner urges the Scottish Executive to continue to develop a strategy for sustaining small, rural and community hospitals.
APPENDICES

Appendix 1

Coldstream Hospital Action Group (CHAG)

I can appreciate that many people feel a little despondent at the outcome of the NHS Border Board last week but we would like to remind you that this is but the first step on a long, but we believe successful campaign for common sense and justice.

First can CHAG express its gratitude to everyone who has given such tremendous support to the public meetings, the letter writing and the march; at times it has been over-whelming.

Second can CHAG express, on your behalf, its gratitude to all who worked to produce the alternative 'The Way Ahead'. It has received wide-spread acclaim from those who have read with imaginative eyes to the longer term future. The Board's concept of a plan for the next ten years does not even begin to tackle the problems already being seen in our hospitals far less the issue of an aging population as forecast in all future trend reports.

Thirdly can I thank our politicians, of all parties, for their magnificent support which is ongoing. We sometimes complain we 'never see them except at election times!', but we couldn't have asked for better ambassadors and more able supporters.

Fourthly I should like, on your behalf, to publicly acknowledge the work of CHAG. The members have been unstinting in their efforts and have pledged continuing support until either we are successful, or we have exhausted absolutely every avenue of action.

Finally can, I on behalf of CHAG, assure you that we are still 'on the job'. We are grateful to Coldstream Churches Together for organising the Parliament Petition and urge everyone to sign it.

John Craig. Coldstream Hospital Action Group (CHAG)

Appendix 2

Coldstream Churches Together (CCT)

CCT are gravely concerned at the proposed closure of Coldstream Cottage Hospital and urge the Health Minister to refuse to sanction this potentially damaging decision to reduce the number of available beds in Berwickshire.

CCT believe the Board's stated timescale of five to ten years is short-sighted in view of the Scottish Executive's anticipated demographic changes.

CCT believe that the distancing of palliative and other care of the elderly will disadvantage a community already identified as high in the deprivation criteria.

CCT believe that the proposal is based on a 'decision in principle' made at the time of the opening of Borders General Hospital rather than addressing the needs of the local community and the perceived requirements of local GPs put forward in the alternative paper 'The Way Ahead'.

CCT believe that the proposal has failed to take account of the resources available for home care and is based on 'hopes' and 'potential partnerships' rather than reality.

With the support of the Coldstream Hospital Action Group, CCT is organising a Petition to be presented at Jedburgh on 26th June to the Parliament Petition Committee. We hope people across the Borders and further afield will feel able to support The Petition. Coldstream's fight today may be any other communities fight for tomorrow! Why replace real patient care in the community supported by local voluntary efforts, including fund raising with centralised care supported by highly paid administrators.

Father Jeremy Bath
Father Malcolm Lockey
Rev. Jim Watson
Public Petitions Committee – a template for e-petitions

Should you wish to submit an e-petition allowing signatures to be gathered on-line on the Public Petitions Committee e-petitioner web pages please complete the template below. Before submitting your e-petition please consult the Guidance on submission of public petitions for advice on what is admissible. 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.

Ms Jean Gall

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

Petition by Ms Jean Gall, on behalf of the Scottish Association of Sleep Apnoea, calling on the Scottish Parliament to urge the Scottish Executive to increase awareness, promote the proper diagnosis and treatment and provide sufficient resources, including adequately funded sleep centres, to tackle the health problems associated with Obstructive Sleep Apnoea.

Period for gathering signatures:
Please enter the closing date for gathering signatures on your petition, which we would usually recommend is a period of between 4-6 weeks

Closing date: 7 April 2006
Additional information:

Please enter any other information relating to the issues raised in your e-petition, including the reasons why the action requested is necessary. The text entered in this field should not exceed 2 pages. However, you may wish to provide further sources/links to background information.

Obstructive Sleep Apnoea (OSA) is a clinical condition in which the upper airway collapses intermittently and repeatedly during sleep. This can occur many hundreds of times throughout the night leading to restless, disturbed and unrefreshing sleep. It is one of several different sleep disorders which in turn produce the symptoms of excessive daytime sleepiness, poor concentration and a reduction in alertness. Since the events take place during sleep, a person suffering from a sleep disorder such as OSA is often the last one to be aware of the problem (SIGN, 2003).

The 2003 SIGN guideline describes OSA as a ‘significant public health problem’, affecting around 1-2% of middle aged men – a similar prevalence to type 1 diabetes, and approximately double that of severe asthma. An estimated 50,000 adults in Scotland have the condition but only 5,000 receive treatment – 90% of patients are currently not being treated.

This is of particular concern given the medical, social and financial cost of untreated sleep disorders both on the individual and wider society. Excessive daytime sleepiness can undermine safety in the workplace, on our roads, and in our homes, as well as impairing individual quality of life.

In terms of road safety, OSA sufferers are 7-12 times more likely to have a road traffic accident (SIGN, 2003), while 1 in 5 accidents on motorways are caused by sleepiness. This is not surprising given that drivers with OSA have been shown to have a worse driving performance than drivers in excess of the blood alcohol limit (American Journal of Respiratory and Critical Care Medicine, 1996). Moreover, epidemiological studies have suggested a high prevalence of OSA in occupational drivers. According to a 2005 Resperionics survey of OSA in HGV drivers (900 drivers over 2 years), 1 in 6 HGV drivers have severe OSA. Of around half a million HGV drivers in the UK, it is estimated that 38,000 could have severe OSA. Yet the majority of sufferers are either unaware that they are suffering from a medical condition, or are unable to access treatment (Real Story, BBC1, 21.11.2005). As a result, their condition continues to present a threat to individual and public health.

The failure to identify OSA is partly explained by the low awareness of sleep disorders among both the general public, and primary care professionals. This hinders diagnosis and management of the condition. Underlying this is the lack of capacity within the NHS to adequately treat known sufferers in a timely way. The SIGN guideline cites a ‘large and increasing demand for sleep service facilities’. According to Tom Mackay, lead consultant at the Edinburgh Sleep Centre, the current level of provision is inadequate to deal with this trend. The latest figures provided by Lothian Health Board indicate that the waiting time to receive treatment at the Sleep Centre has risen to 23 months. All the while the dangers of excessive sleepiness prevail.

Despite the shortfall in provision, treatment is both clinically effective and has a proven cost benefit for the NHS. Most cases of OSA can be successfully managed with a Continuous Positive Airway Pressure (CPAP) machine worn during the night. CPAP scores positively on the recognised QALY scale for measuring the cost effectiveness of treating different medical conditions. A relatively small investment in the provision of sleep medicine would transform the lives of thousands of sufferers. Studies referenced in the SIGN guideline indicate a cost-effectiveness ratio in line with other routinely funded procedures within the NHS, excluding the additional benefits gained from a decrease in associated conditions such as high blood pressure, angina, heart attacks and strokes. Similarly, research conducted at the Edinburgh Sleep Centre concluded that treating 500 patients with CPAP for 5 years would cost £400,000. In contrast, the estimated cost of accidents caused by 500 untreated sleep apnoea patients over the same time period could be £5,300,000. Patients with undiagnosed OSA are heavy users of the healthcare system, SIGN cites that expenditure on undiagnosed patients is around twice that of age and gender matched controls. Treatment with CPAP reduces these costs with a reduction in hospitalisation due to other related illnesses and accidents.
Clinicians and academics worked together on the development group for the SIGN guideline in order to achieve best practice in treating sleep disorders. However, at present the recommendations are not being effectively implemented by the Health Boards, and as a result there is significant variation both in the availability of diagnostic tests and the provision of treatment for sleep disordered breathing in Scotland.

We have therefore tabled a petition calling for the Scottish Parliament to review the funding and provision of sleep services, in particular the sleep centres in Edinburgh and Glasgow. At present these two centres manage the lion’s share of patient referrals (from as far as NHS Shetland and NHS Highland) and their funding must be reviewed as a priority. The next step is to ensure the roll out of adequate services nationwide so that sufferers of sleep disorders in Scotland can access appropriate treatment locally and resume a normal life without risk to themselves and others.

**Links to supporting information**


[click here](#)

Christine Grahame MSP drew attention to the impact of untreated sleep disorders in Motion S2M-843: Dead Tired, lodged 30 January 2004 and supported by Mrs Margaret Ewing, Rob Gibson, Mr Adam Ingram, John Swinburne, Ms Sandra White, Alex Neil, Mr Michael Matheson, Tommy Sheridan

[click here](#)

Sleep SOS Report, The Impact of Sleep on Society (The Sleep Alliance, July 2004)

[click here](#)

BBC Real Story, Killer in the Cab (BBC1, 21 November 2005, 7.30pm)

[click here](#)

**Action taken to resolve issues of concern before submitting an e-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 MSPs. Details of those approached should be entered.*

A previous petition was submitted in May 2001 (PE387) by Mr. Eric Drummond calling for the Scottish Parliament to ensure that adequate and equal service for the diagnosis and treatment of those suffering from sleep apnoea are available throughout Scotland. The petition received 156 signatures. Following review, the Petitions Committee concluded that the question of sleep service provision should be dealt with during the formulation of the Lothian Health Plan. [LINK](#)

However, there has been no mention of sleep service provision since the 2003 Lothian Local Health Plan (here) and no report on progress of the Lothian Sleep Services Review (cited in the 2003 plan) in the subsequent annual plans of the Health Board (2004 or 2005). At the beginning of February 2004, there were 1,069 patients waiting for a first appointment with a consultant at the Edinburgh Sleep Centre, according to the Minister some of these patients were referred in the course of 2002-03 (see Christine Grahame PQs S2W-6365 and S2W-6364 lodged 23 February 2004) thus incurring over one year’s wait.

NHS Lothian’s latest figures show that the total wait for treatment at the Sleep Centre has increased to 23 months. The 2005 target (as outlined in the Lothian Health Plan) for first outpatient appointment
is 26 weeks – at Lothian it takes five months. From the point where a specialist decides that treatment is needed, to the patient commencing treatment, the 2005 Lothian Health Plan target is 6 months, but at Lothian patients are waiting at least 10 months.

Since 2001 Christine Grahame has actively raised the issue of sleep disorders with the Scottish Executive and has tabled a series of parliamentary questions to address a number of specific issues including levels of funding for specific sleep centres, waiting times, patient numbers for CPAP, and training of medical professionals. In January 2004, she highlighted the impact of untreated sleep disorders in Motion S2M-843: Dead Tired. This was supported by Mrs Margaret Ewing, Rob Gibson, Mr Adam Ingram, John Swinburne, Ms Sandra White, Alex Neil, Mr Michael Matheson, Tommy Sheridan.

In 2003 SASA became a founding member of the Scottish Working Group on Sleep Disorders, chaired by Christine Grahame. The membership includes a cross party group of MSPs, as well as clinicians and sleep nurses. The MSP membership currently comprises Shona Robison MSP, Dr Jean Turner MSP, Eleanor Scott MSP, Nanette Milne MSP, Mary Scanlon MSP, Rosemary Byrne MSP, Duncan McNeill MSP and John Farquhar Munro MSP.

This group has been working to raise awareness of sleep disorders, and identify information and support from the Scottish Executive using Parliamentary tools. In addition it undertakes information gathering activity among the Health Boards where the Executive does not hold information centrally, and enlists patients to share their experiences of diagnosis and treatment to highlight inadequate provision.

Comments to stimulate on-line discussion:

Please provide at least one comment to set the scene for an on-line discussion on the petition, not exceeding 10 lines of text.

Obstructive sleep apnoea is a medical condition which causes shallow and disrupted breathing at intervals during sleep, leading to excessive sleepiness during the daytime. OSA affects around 1-2% of middle aged men, but the majority are unaware they have a medical condition, or face obstacles in accessing appropriate treatment. Sufferers are 7-12 times more likely to have a road traffic accident, and are shown to have a worse driving performance than drivers in excess of the blood alcohol limit. Excessive sleepiness also affects safety at work and in our homes, as well as impairing individual quality of life. We urge the Scottish Executive to address the shortfall in provision of cost effective treatment as outlined in the SIGN guideline, so that sufferers are treated in an appropriate and timely way, and no longer present a threat to themselves and to others.

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

I DO request to make a brief statement before the Committee

I DO NOT request 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 .................................................. 16th March 2006

For advice on the content and wording of your e-petition please contact:

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

Note
Completed e-petition forms should also be sent to petitions@scottish.parliament.uk