

## Health and Sport Committee

### Ask the Health Secretary

#### Introduction

1. The Committee has previously agreed to hold regular general scrutiny sessions with the Cabinet Secretary for Health and Wellbeing.
2. The Committee has also agreed that stakeholders and members of the public should have the opportunity to become involved in these sessions, by way of suggesting questions to be put to the Cabinet Secretary.
3. A webpage was launched on 1 October which (i) invited members of the public and stakeholders to suggest a question that the Committee may wish to put to the Cabinet Secretary, (ii) provided guidance on how to do so, and (iii) provided a facility for the submission of questions.
4. The webpage was supported by a traditional and social media campaign to generate interest and engagement in this initiative. A news release was issued and the initiative was promoted through the Parliament's website and Facebook page, as well as the Committee's Twitter feed.
5. 126 questions were received from a mix of individuals and people submitting questions on behalf of organisations and campaigns. A selection of recommended questions, agreed by the Convener, has been included in this issues paper for Members' consideration. This selection spans a range of issues, all within the purview of the Cabinet Secretary for Health and Wellbeing; but excluding issues which the Committee has already dealt with recently. Questions are divided into categories, by topic, with a general category listed as 'other'. **Members are invited to put these questions to the Cabinet Secretary and to follow up with their own supplementary questions relevant to the topic.**
6. A list of all questions submitted, minus the ones included in this paper, is appended to this paper for members' information.
7. To assist members, SPICe background briefing on some of the issues has been provided in the body of the paper.
8. In order to ensure a productive session, the Cabinet Secretary has been provided with the list of questions to be asked. Members are encouraged however to add their own relevant supplementary questions.

## Questions by topic

### *Smoking*

1. Question from **Dennis Williams in Edinburgh**: As someone whose business will be directly affected by plain packaging, can you please provide me with any concrete evidence that this policy will have any impact on youth smoking rates and tobacco consumption as a whole; also, can you convince me that the government is doing all that it can to combat the illicit trade, which is directly harming my business, and fuelling a wholly unregulated black economy?

### *Sport and wellbeing*

2. Question from **Stephen Morrison in Glasgow**: Inactivity continues to blight the health of the nation. What more or different can we do?

### *Rehabilitation services*

3. Question from **Jeff Holt** who contacted the Committee about his positive experiences of cardiac rehabilitation services after he suffered a heart attack. He is concerned that such services are not widely available to people with heart failure.

Will the Cabinet Secretary make a commitment to ensuring that cardiac rehabilitation services are available to all patients who stand to benefit from them?

4. And a related question from **Robin Lattimore MBE in Banchory**: Grampian Health Board has relied in the past for funding from various external sources – including the Lottery, BHF Scotland, and the Change Fund for its heart failure nursing service. Can the Cabinet Secretary address my concerns that the Board is likely to discontinue the service, especially given that heart disease is a national clinical priority?

## *Medical Devices*

5. **Elaine Holmes from Newton Mearns** asks: why is it not mandatory for clinicians to report adverse incidents involving transvaginal mesh implants to the MHRA (the regulator for medicines and medical devices); and **Ann Boni, in Edinburgh**, would like to know why a National Register has not been implemented in view of the numerous complications due to the use of transvaginal mesh?
6. **Kathleen Parrish, now living in Surrey**, asks: as a result of the harmful effects of these mesh devices when can they be expected to be removed from the market avoiding further damage; and **Fiona Mowat in Wishaw** wants to know how the Scottish Government plans to support mesh victims?

### *Medical devices*

#### **Background Information**

The regulation of medical devices is a reserved matter, and is governed, principally, by EU regulations. Under these regulations each Member State must identify a competent authority to regulate medical devices, and in the UK this is the Medicines and Healthcare products Regulatory Authority (MHRA).

However, any adverse incidents concerning medical devices are reported through the NHS in Scotland are handled by the Incident Reporting and Investigation Centre (IRIC) at Health Facilities Scotland (HFS), which itself is part of NHS National Services Scotland. HFS will also coordinate any investigation. It liaises closely with the MHRA, notifying it of each adverse incident reported in Scotland and the results of any investigation. HFS is also responsible for passing on reports to each NHS Board's Equipment Co-ordinator (or risk manager).

In October 2009, the Scottish Government published new [guidance](#), which outlines the role of HFS and its responsibilities, as well as the responsibilities of public bodies including NHS Boards. The Equipment Co-ordinator for each Board has a number of monitoring and coordinating responsibilities. But Boards themselves are responsible for ensuring there are clear written and policy procedures for the prompt recording of all adverse incidents.

It is clear that clinicians cannot be compelled to report an incident. Why this is appears to be related to the fact that there may be reasons for the adverse incident that may not be related to the device itself. However, non-reporting of an adverse incident concerning a medical device could contravene the standards laid down by the General Medical Council which regulates all doctors. The regulation of doctors is a reserved matter.

## *Other*

7. **Patricia Osbourne from Dundee**, on behalf of the Brittle Bone Society Charity, asks: over the next ten years, how will the Scottish Government monitor improvement in the care of children and adults with rare diseases/conditions in Scotland; how will they implement adequate transitional services and further improve current access to complex wheelchairs (reviewing the Quality Framework). And, finally, what measures are being taken to use patients' input of lived experiences to assist in the training, practices and supervision across the full spectrum of NHS healthcare professionals, in relation to multidisciplinary care for those with rare and long term conditions?

## *Mental health services*

8. **Fiona Sinclair in Ayrshire**, on behalf of Autism Rights asks: do you think that people with Learning Disabilities or Autism should be included in the provisions of the Mental Health Act, even when they don't have a mental illness? Do you agree that this is discriminatory and do you support the Millan Committee and McManus Report's call to review this situation?
9. And a further question from **Autism Rights**: Do you agree that these issues need to be aired in public, and that the Scottish Government should have published the responses to its consultation on the Mental Health Strategy on its website?
10. Question from **Margaret McCool in South Lanarkshire**: In the foreseeable future will there be more of the health budget put towards mental health issues and more publicity as to where help can be obtained?

## **Background Information**

Millan (2001) [Report on the Review of the Mental Health \(Scotland\) Act 1984](#) considered whether learning disability should be in the Act and provided information on the arguments for and against inclusion. It goes on to make the following recommendation:

- That there should be an expert review at an early date of the position of learning disability within mental health law.
- Pending any change arising from such a review, there should continue to be provision for learning disability within the Mental Health Act.
- The definition of mental disorder for the purposes of compulsory measures of care should include learning disability.
- Learning disability should include autistic spectrum disorders.<sup>1</sup>

The McManus Review Report (2009) [Limited Review of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) noted that:

“Persons with learning disability complained to the Review Group about the inclusion of learning disability in the Act. We understand the Millan Committee recommended that this should be reviewed and that the then Government accepted this in its policy paper “Reviewing Mental Health Law”. Now, eight years on from Millan, the Review Group feels that it is time this was done.” (p75)

In February 2012 the Equal Opportunities Committee wrote to the Cabinet Secretary for Health Wellbeing and Cities Strategy regarding the statutory treatment of people with learning difficulties. In response the Cabinet Secretary notes that the Scottish Government will continue to keep the need for separate legislation for people with learning difficulties under review and outlined that there are no plans at present to introduce separate legislation. This correspondence can be found on the [Equal Opportunities Committee's webpage](#).

11. Question from **Kevin Toshney in Dundee**: what are the Cabinet Secretary's views on 15 min care calls for older people?

### **Pharmacies**

12. Question from **Alan Kennedy**: the Cabinet Secretary has now agreed that pharmacy applications are adversely affecting patients in rural areas and is carrying out a review of such legislation. Will the Cabinet Secretary direct that the review should include specific legislative change to encourage approval of applications where a community's patients support co-located GP and Pharmacy practices and that such applications must not be overturned by objections from pharmacists operating out-with the neighbourhood of the GP practices concerned?

### **Background Information**

In order to open a pharmacy which dispenses NHS prescriptions, applications must be made to be entered on to the pharmaceutical list of the local NHS Board. Therefore, entry on to the market is controlled by the area boards which are responsible for ensuring their populations have access to adequate pharmaceutical services. The process is set out in the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

Some applications from pharmacies have proven to be controversial as they have sought to open in (usually rural) areas traditionally served by dispensing GP practices. It has been contended that these pharmacies pose a threat to the sustainability of dispensing practices. Controversy over such applications has continued despite amendments to the regulations in 2011 and recently the Cabinet Secretary committed to reviewing the regulations further.

### *Alternative therapies*

13. **Joe Schofield, from Tullibody asks**: how much public money is spent on provision of homoeopathy by the NHS in Scotland? Is there sufficient evidence that this is cost-effective?
14. Question from **Paul Langford**: I would be keen that the NHS in Scotland applies a uniform standard of assessment of efficacy, safety, etc. for all treatments provided. Could the Cabinet Secretary explain why Homeopathic treatments are not subject to the same standards as other treatments, and further, could he consider applying the same standards across the board in future?

*Other/ general*

15. **Maria Kelly from Edinburgh** asks: How much money is spent by NHS Scotland on provision of chaplains? Why aren't they funded by faith organisations directly?
16. **Gregor Muir** asks: if the Scottish Government are so committed to providing NHS Dentistry why are they withdrawing funding in the form of a cap of GDP allowance from the largest most committed NHS dental practices.
17. **Anne Hay in Edinburgh** asks: how aware are you of the effects of air pollution on public health, and in particular, the long term effects of this on growing children?

*Last question*

18. Our final question comes from **Steven Dick in Troon** of the social enterprise Universal Comedy: Does the Cabinet Secretary believe laughter has a useful place in the health service?

[Universal Comedy](#) is a Glasgow based charity which offers comedy workshops, courses and events for people with health problems, depression, anxiety, employment problems and others. It was founded and is managed by people with physical health problems. Another organisation [Joyworks!](#) has delivered laughter therapy projects in Loch View and Bellsdyke Psychiatric Hospitals, training events for NHS Greater Glasgow and laughter projects with NHS Ayrshire and Arran.

A number of studies have found that laughter has a beneficial effect for people with health problems. A review of literature on laughter (Mora-Ripoll, 2010<sup>1</sup>) reported that:

“Laughter has shown physiological, psychological, social, spiritual, and quality-of-life benefits. Adverse effects are very limited, and laughter is practically lacking in contraindications. Therapeutic efficacy of laughter is mainly derived from spontaneous laughter (triggered by external stimuli or positive emotions) and self-induced laughter (triggered by oneself at will), both occurring with or without humor. The brain is not able to distinguish between these types; therefore, it is assumed that similar benefits may be achieved with one or the other. Although there is not enough data to demonstrate that laughter is an all-around healing agent, this review concludes that there exists sufficient evidence to suggest that laughter has some positive, quantifiable effects on certain aspects of health. In this era of evidence-based medicine, it would be for laughter to be used as a complementary/alternative medicine in the prevention and treatment of illnesses, although further well-designed research is warranted.”

In 2011 there was [media coverage](#) of a study carried out by researchers from the University of Oxford<sup>1</sup> which suggested that the physical act of laughter is associated with an increase in pain threshold and indirectly suggests that this is caused by the release of endorphins. A critique of this study is available on the [NHS Choices website](#).



## **Annex A: Questions that weren't selected.**

**Andrew Muir:** Why, as the above survey shows, does the Mental Health Act only have a success rate of about 50%? What happens to the 50% of people who are dissatisfied?

**Claire Muir:** Can you name one human right a sectioned person has?

**Ann Boni:** Why do Surgeons not give fully informed consent?

**Kate Hannah:** What help and support are given to people damaged by polypropylene tape devices?

**Liz Harris:** What is the minister doing to prevent the continued and cavalier use by surgeons of transvaginal meshes (used for prolapse and incontinence)? He has recently met with women who have to live with painful and horrific internal injuries for which there is no treatment. They did not give informed consent prior to surgery.

**Mrs Jacqueline Paton:** Why are we funding drugs for drunks - Namaphene & Counselling whilst allowing cancer patients to die rather than fund the drugs necessary for life, available in all other areas of the United Kingdom?

**Laura Paton:** Why are prisoners with cancer allowed early release whilst law abiding citizens who fall ill have to fund their treatments themselves because they live in Scotland and not another area of the UK

**Mrs Jacqueline Paton:** How do you propose to fund the Health Service, without a reduction in service or quality in an independent Scotland?

**Kathleen Parrish:** As a result of the harmful effects of these mesh TVT devices when can they be expected to be removed from the market avoiding further damage?

**Ricky Bhabutta:** When will you enable my health records to pass around the NHS between GPs, GP to/ from hospital and between all others who look after me? It will improve safety, save me having to repeat myself whenever I am seen and is surely the way NHS Scotland should be working now.

**Kathleen Parrish:** Why are those patients presenting with symptoms and signs of hypothyroidism being refused any diagnoses or treatment, when their thyroid function test results are within reference range?

Why are medical practitioners not taking into account that these patients may be suffering with euthyroid hypometabolism where the hormone being secreted by the thyroid gland is not being utilised at cellular level where it needs to do its work in order for every cell in the body and brain to function? People suffering with EH must be treated with active thyroid hormone T3, but are being ignored by endocrinology.

**June Allison:** Why are current pharmaceutical regulations all skewed in favour of the pharmacist and away from the patients leaving them with little choice in villages where formerly there were GPs Dispensaries?

**June Allison** Why do GPs dispensaries have to close once a pharmacy - whether desired or not - opens in the locality?

**June Allison** What ever happened to patient choice and democracy?

**Dominic Gillan:** With the new regulation on carbon monoxide detectors coming into force, what measures are being put into place to improve the detection and awareness of both acute and low-level carbon monoxide poisoning, especially when people with relevant symptoms come into contact with the health services?

**Judith Galloway:** Why do surgeons not report adverse incidents? I had a mesh implant for bladder problems in July 2013 which has left me with reduced mobility and requiring further surgery. I have asked for an adverse incident to be reported but as yet that has not been confirmed.

**Fiona Mowat:** Why hasn't parliament ensured informed consent is available to all women considering mesh surgery pre op and why are other non-mesh products considered first.

**Fiona Mowat:** Why is the Scottish government not actively pursuing legal proceedings to recover the cost to the NHS for multiple surgeries required to alleviate symptoms caused by mesh (I am on my fifth surgery for complications post mesh)?

**Fiona Mowat:** Will there be a register for mesh implants?

**Fiona Mowat:** Will funding be given to allow surgeons practising non mesh (particularly autologous) procedures to train other surgeons to perform these - no surgeons in Lanarkshire have the ability to perform these and one in Glasgow.

**Mrs Helen McIntyre:** Why are GPs not aware of problems mesh give patient or is not practice to inform them?

**Anne Marie Conley:** Why does the Scottish government not sue the manufactures of the horrible mesh that is blighting my life I cannot stress to you how horrible this product is

**Karen Neil:** Why does the Scottish Government not consider suing the mesh manufacturers for the money that their product is costing the NHS due to the multiple surgeries needed by victims of mesh?

**Karen Neil:** Why your consent not informed before you agreed to mesh?

**Karen Neil:** Why surgeons are still using mesh when so many are suffering?

**Karen Neil:** Why do surgeons not report adverse incidents?

**Karen Neil:** Why is there no nation register for mesh implants?

**Karen Neil:** Why were you not offered non-mesh solutions to your SUI or POP?

**Karen Neil:** Why does the Scottish Government not consider suing the mesh manufacturers for the money that their product is costing the NHS due to the multiple surgeries needed by victims of mesh?

**Ann Boni:** Why do surgeons no report their adverse incidents to the MHRA regarding transvaginal mesh for POP and Sui?

**Ann Boni:** Why has a National Register not been implemented in view of the numerous complications due to transvaginal mesh?

**Ann Boni:** Why are surgeons still using transvaginal mesh when so many ladies are suffering severe complications?

**Antonia McCulloch:** when will all doctors be trained to remove mesh in repetitive corrective surgery safely and efficiently? Will NHS pay for mesh sufferers to be given the go ahead to go to America where surgeons are more experienced to remove the mesh which should never have been placed in us?

**Teresa Hughes:\*** Women are suffering serious complications from transvaginal mesh and pelvic organ prolapse mesh surgery. The hospital episode statistics for removal of mesh which is major surgery are not recognised by The MHRA UK the public watchdog. These statistics are vital and need to be used as adverse incidents and included in the MHRA UK database which has a reporting system which does not work. We need a better controlled reporting system what can you do about this at your parliament?

**Lorraine MacCorquodale:** Why a register of adverse effects is not being kept by surgeons when mesh and tape procedures are going wrong and the public are not being made more aware of this?

**Ivan Carnegie:** When will a decision be made on a national female forensic psychiatric unit - a decision has been delayed for more than 10 years?

**Jane Sutherland:** Regarding bladder prolapse mesh implants. Why are mesh implants still being carried out. Isn't it time to stop it? Are patients being warned of the side effects of this procedure? Is their going to be a nationwide register kept where surgeons will have to record all such operations performed.

**Emma Houston:** Many people with long term health conditions would like to become more physically active, in part as a tool for self-manage me, and many of these people are in receipt of state benefits. What is your response to those who want to be more physically active but are scared that their benefits will be affected by this?

**Fiona Sinclair:** Do you think that, conversely, it is right that people who are drug addicts and alcoholics are explicitly excluded from the provisions of the Mental Health Act, even when the greatest risk of serious violence to the general public is posed, not by people who are mentally ill, but by these two groups of people?

**Fiona Sinclair:** Do you think that psychiatrists should check patients for medical conditions like brain tumours, strokes and metabolic disorders such as porphyria before making a diagnosis of mental illness?

**Fiona Sinclair:** Do you think that psychiatrists should be trained to know that autism is not a mental illness but is a developmental disability?

**Fiona Sinclair:** Do you think that psychiatrists should receive training so that they are able to tell the difference between autism and schizophrenia?

**Fiona Sinclair:** Do you think that it is acceptable to incarcerate people who have Learning Disabilities or Autism along with people who have committed serious crimes or people who are addicted to alcohol or illegal drugs?

**Fiona Sinclair:** Do you think that there should be a public record of the numbers of people who die while under compulsory `treatment` in the mental health system?

**Fiona Sinclair:** Do you think that, as with prisoners, that those who die whilst receiving compulsory `treatment` should be accorded a Fatal Accident Inquiry?

**Fiona Sinclair:** Do you think that the mental health system should only use powerful drugs as treatment, or do you think that other methods should be used to help people in mental distress?

**Margaret Johnson** Why was the patient not told of possible mesh related problems before consent was sought? Why are surgeons still using mesh in view of current knowledge? Why do surgeons not report mesh related incidents?

**Jane Cox:** Is the clinical peer review restricted to Scottish physicians? i.e. Who can submit for a Peer Approved Clinical System (PACS) review in Scotland? Does it have to be a Scottish physician, maybe with no experience of using the product in question, or can a PACS be submitted by a centre of expertise outside Scotland?

Who will review the PACS? Can it be reviewed by a centre of expertise outside Scotland, or does the peer-appraiser have to be based in Scotland?

What happens to patients with an ultra-orphan disease who currently have an IPTR submitted to their NHS Board of residence?

**Jane Cox:** In the New Medicines Review 2013, Professor Charles Swainson announce that the £21M Rare Conditions Medicines Fund was for ultra-orphan diseases, which are widely recognised as those occurring in less than 1,000 of the UK population (equating to <100 patients in Scotland) and RECOMMENDATION 12 states “The RCMF should focus on access to medicines for ultra-orphan diseases.”

- How do patients access this RCMF?
- Is it still considered to be for ultra-orphan conditions which are non-approved by the SMC rather than for orphan products as well which are more readily available for patients in Scotland?
- Will there be a coming together of the RCMF and the Orphan Drugs Risk Share arrangements?

**Jane Cox:** In the New Medicines Review 2013, in order to further address the specific challenges associated with “ultra-orphan” medicines (those medicines licensed for the treatment of diseases with a UK prevalence of less than 1 in 50,000), recommendation 5 states: “SMC should develop a policy specifically relating to ultraorphan medicines to guide the process of consideration of all available evidence relevant to its advice on these medicines.

- Has the SG directed the SMC to specifically look at a separate system of assessment for medicines for very rare diseases?
- Has the SG advised the SMC there is an upper-limit for QALY thresholds for very rare diseases and end of life care? If so, what are they?

- Has the SG advised the SMC that the £20K QALY thresholds is now to be reduced?
- Will the SMC be systematically applying its new criteria to previously rejected medicines?

**Jane Cox:** What will be the relationship between the new centralized patient support team and established patient associations?

**Jane Cox:** Will the SG publish annually ALL the centralized collection of NHS Board data about decisions to prescribe SMC 'not recommended' medicines?

**Abdul Majid:** The Scottish Government has introduced a raft of tobacco control measures in recent years such as the display ban. Would it not be wise to evaluate these before introducing plain packaging which will further impact on my business's bottom line?

**Gillian Bell:** If the alcohol industry fail in their appeal against minimum unit pricing, when will the Cabinet Secretary implement this much-needed policy which will reduce harm and saves lives in Scotland?

**Philip Murphy:** Why does the health service continue to fail in meeting the basic health checks required by many people in 2013?

**Keir Liddle:** Does the minister agree that the National Health Service is committed to providing efficient and effective treatments to the population of Scotland (in light of the NHS Quality strategy)?

**Keir Liddle:** If so how does the minister square this with the provision of complementary and alternative medicine tax payer funded on the NHS? Treatments that lack sound and robust scientific evidence or indeed treatments where there is evidence there is NO benefit.

**Keir Liddle:** Does the minister agree that it is perverse that public money should continue to be spent on treatments that are neither effective or efficient and lack any evidence or reliable indication of clinical relevance?

**Guy Chapman:** In the event of a Yes vote, will the Scottish Parliament promptly defund the remaining nonsensical treatments that are inexplicably under the NHS umbrella, especially the "one quackery to rule them all", homeopathy?

**Graeme Knowles:** Does the Cabinet Secretary think the illicit trade in cigarettes will increase or decrease with the introduction of plain packaging?

**Douglas Anderson:** Why does the NHS continue to fund homeopathy (and other "alternative" treatments) despite the NHS's own website stating that "there is no good-quality evidence that homeopathy is effective as a treatment for any health condition".

**Douglas G Anderson:** Re the vagueness of the proposed conscience clause into guidance on the provision of "Relationships, Sexual Health and Parenthood Education in Scottish Schools", that would allow teachers, children, or young people to opt out of anything "against his or her conscience". Specifically, what impact will this conscience clause have on the services made available to young people, in particular those from religious schools. Will the schools' religious character enable mass opt-outs from

evidence-based, up-to-date information about sexual health and relationships?

**Lee Symes:** The NHS should be evidence based however homeopathy is not. The NHS recognises this on its own website says stating “there is no good-quality evidence that homeopathy is effective as a treatment for any health condition” (<http://www.nhs.uk/Conditions/homeopathy/Pages/Introduction.aspx#does-it-work>), will funding for pseudoscientific treatments such as homeopathy be withdrawn?

**Lee Symes:** The belief in a supernatural agent is not sufficient for parent to withdraw, because of conscience, their children from learning maths, biology, history, geography et al. So why considering the rates of STD transmission and teenage pregnancies is it reasonable for parents, on conscience, to withdraw their children from Relationships, Sexual Health and Parenthood Education?

**Lee Symes:** Why are teachers not allowed to refuse, because of conscience, to teach maths, biology, history, geography but are allowed to refuse to teach Relationships, Sexual Health and Parenthood Education. Is this not a clear double standard?

**Tina McGeever:** At present patients can access new medicines by private funding. In many cases people are unable to privately fund due to financial constraints.

**Tina McGeever:** How can an equitable balance be achieved so that people have equal access to drugs and also in some cases are forced to pay to prove that a drug is working.

**W Arnott:** Why is homeopathy available on the NHS, despite the Health Service's professed dedication to Evidence Based Practice?

**Veronica Forrest:** Why is it that the poorest people in the country, those who qualify for the Warm Home Discount, are asked to apply for their £130 discount in October, but don't receive the credit until April, when the long, freezing, winter is over, and heating is no longer an urgent requirement?

**Dr Andrew Downie** As a former research biochemist I am concerned about the funding of so-called alternative medical practices which have no evidence basis and survive on claims of anecdotal evidence, and indeed the governing bodies of these groups refuse to subject their claims to double blind clinical trials to test the efficacy of their assertions. These practices only offer false hope for patients concerned, when they could be receiving MEDICAL treatment and not pseudoscientific mumbojumbo. I wondered whether the minister could clarify or offer justification relating to continued funding of such practices?

**Katie Vickers:** It is well known that homeopathy is a crank ‘treatment’ that at best is a waste of people’s money, gives the vulnerable false hope and, in cases where people are persuaded to use homeopathy in favour of evidence-based-treatments, can cause suffering and even death. How do you justify wasting taxpayers’ money on this cruel deceit?

**Louise Mclean:** Will you continue funding NHS homeopathy considering the popularity of the Change.org petition, now up to nearly 18,000 signatures? <http://tinyurl.com/pzamlco>

**Tim Reid:** Will you please stop funding Homeopathy on the NHS when there's not just no good evidence it works, there's actually good evidence it does not work. Spend scarce resources on better treatments!

**Milan Valasek:** Given the convincing evidence for homoeopathy being no more effective a treatment than placebo (c.f. the Cochrane Collaboration review) and no good evidence to the contrary, why is the Scottish government still wasting money on this quackery?

**Katharine Atkinson:** With regards to the proposed conscience clause, would it be permissible for a Catholic parent to withdraw their child from education about contraception?

**Prof Paul Braterman:** How do you justify spending part of NHS Scotland's limited budget on homoeopathy, 18th century mumbo-jumbo, while real medicine is underfunded?

**Diane Waugh:** Why should the NHS continue to fund Homeopathy and other alternative treatments when all the evidence from proper peer reviewed clinical trials have repeatedly shown that there is no efficacy above that of a placebo.

**Diane Waugh:** A publicly funded body, whilst open to emerging treatments and sympathetic to differing viewpoints, should not be ploughing its money into a treatment that has no proven clinical benefit when the money could be put to better use in funding effective treatments and medication.

**Diane Waugh:** What is the Secretary's viewpoint on this and does he agree that this is an area that the NHS should withdraw funding from?

**Diane Waugh:** What are the Secretary's views on the Conscience Clause in relation to Relationships, Sexual Health and Parenthood Education in Scottish Schools.

**Diane Waugh:** Surely ensuring our youth have access to full, scientific and frank information relating to their sexual health and relationships should take priority over someone's religious squeamishness.

**Diane Waugh:** Will we have a situation where schools following a particular religious dogma can opt out totally?

**Allana Parker ECS Chair:** The Epilepsy Consortium Scotland (ECS) has 18 member organisations. They have contributed four questions from which the Health and Sport Committee members are asked to consider and possibly select one to put to the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP:

**Allana Parker ECS Chair:** How will the Cabinet Secretary for Health and Wellbeing encourage newly-integrated Health & Social Care Partnerships to learn from the good practice of East Renfrewshire CHCP's established model; in particular its collaborative working culture, emphasis on communication and common vision at all levels and its meaningful involvement of Third Sector organisations?

**Allana Parker ECS Chair:** How will the Cabinet Secretary for Health and Wellbeing help those NHS boards not yet meeting set national clinical standards for neurological services to ensure eight patients newly-diagnosed with epilepsy every day can access equitable care and treatment wherever they live in Scotland?

**Allana Parker ECS Chair:** How does the Cabinet Secretary plan to ensure that the 2013 'Keys to Life' learning disability strategy, and specifically Recommendation 19 which states that by June 2015 all NHS Boards should ensure that people with learning disabilities that have complex epilepsy have access to specialist neurological services, including access to learning disabilities epilepsy specialist nurses and learning disabilities psychiatrist (where applicable) will be met?

**Allana Parker ECS Chair:** Given that in 2012 only 50% of health boards were meeting national standards for epilepsy care, what does the Cabinet Secretary propose to ensure that everyone with epilepsy has access to an epilepsy specialist service including an epilepsy specialist nurse, to information about their condition and to support from a GP with appropriate epilepsy training?

**Eamonn Riley:** Why does the NHS continue to fund homeopathy (and other "alternative" treatments) despite the NHS's own website stating that "there is no good-quality evidence that homeopathy is effective as a treatment for any health condition".

**Marilyn Jackson:** At a time when front-line services are under pressure of costs, should the Scottish Govt not be cutting back instead on paying for the provision of faith-community chaplains? There is no evidence that such provision actually helps patients any more than time with a nurse and surely the faith communities themselves should pay to send their missionaries into hospitals?

**Fiona Milne:** What is the scope of the proposed conscience clause for relationships, sexual health and parenthood education provision. Will this allow certain schools or teachers to opt out of teaching established evidence based and socially and legally accepted information?

**Fiona Milne:** Why does the NHS continue to spend scarce resources providing homeopathic treatments when it states on its website that there is no evidence of their effectiveness in treating health conditions?

**Julie Tomlinson:** Why is taxpayers money being wasted on 'medicine' that has not been scientifically proven, like homeopathy. It is just bottles of water. Clinical testing has proved it is ineffective, so why not spend the money on proper science-based medicine?

**Jane Cox:** If a patient has been rejected through an IPTR with all its flaws, can it be re reviewed through the new PACS?

**Pat Crawford:** Can you explain why you are in favour of homeopathy which is an alternative medicine? ALTERNATIVE MEDICINES, by definition, do not work. When a medicine has been proved to work, we call it MEDICINE.

**Riddle Like:** How can the objectives of the NHS Scotland quality strategy be met whilst funding ineffective and inefficient treatments?



**The AHS:** Why do you support homeopathy?

**Paul Braterman:** How do you justify spending your limited budget on homeopathy, 18th century mumbo-jumbo, while real medicine is underfunded?

**Glasgow Skeptics:** In particular, those young people attending religious schools? See paragraph 10 of draft guidance <http://www.scotland.gov.uk/Resource/0043/00434767.pdf>.

**Simon Hunter:** Why keep funding Homeopathy when there's good evidence that it is little other than placebo? Please put funds to better use!

**Homeopathy Heals Me:** Will you continue to support NHS homeopathy? Nearly 18,000 Petition signatures <http://tinyurl.com/pzamlco>

**Free Scotland:** Shore up conventional medicine & make sure Doctors & Hospitals have required resources-Only then look at alternative medicine

**Frankly antitheist:** Why is there a homeopathic hospital? Such funding & buildings could be put in to actual proven medicine.

**Ben Makin:** Will NHS Scotland accept clinical evidence of non-effectiveness of homeopathy and stop implying it works by funding it?

**Scott Methven:** Why are we spending on Homeopathy? It's so ineffective the NHS even branded it "Witchcraft". We're as well buying Magic Wands.

**Tracey King:** Why is NHS funding homeopathy when there's no evidence it's effective for any condition?

**@gene\_queen** Why are u wasting precious money having homeopathy on the NHS when it has been proven to have no affect beyond placebo?