

**Questions (most recent first)**

**Health**

**Ross Finnie (West of Scotland) (LD):** To ask the Scottish Executive what preventative action it is taking in light of projections from the Royal National Institute of Blind People Scotland that the number of people with sight loss could double to almost 400,000 by 2030. (S3W-34534)

**Shona Robison:** There are a number of measures already in place in Scotland to help prevent sight loss, including free NHS eye examinations for all and diabetic retinopathy screening.

The NHS eye examination is tailored to meet the needs of the patient, taking into account their history and symptoms, allowing the patient to receive, free of charge, an appropriate health assessment of their whole visual system and allowing for early diagnosis of potential sight threatening disease.

Diabetic retinopathy is regarded as the leading cause of blindness in people of working age. It is therefore essential that retinopathy is detected and treated as early as possible.

The Scottish Diabetic Retinopathy Screening (DRS) programme aims to promote accessible and equitable delivery of diabetic retinal screening across Scotland.

The DRS programme is widely regarded as a world class service and has robust processes in place to ensure that all people who are eligible for diabetic retinopathy screening are offered it on a regular basis. The programme's report for 2008-09 states that 83% of eligible people with diabetes in Scotland were screened for retinopathy, exceeding the NHS Quality Improvement Scotland standard of 80%.

This programme is very much a part of our wider commitment to ensure that people with diabetes get the best possible care, and we will continue to monitor its progress through the annual Scottish Diabetes Survey.

**Ross Finnie (West of Scotland) (LD):** To ask the Scottish Executive what action it is taking in light of World Health Assembly estimations that 50% of sight loss could be avoided through measures such as greater public awareness, sight-screening and anti-smoking campaigns. (S3W-34535)

**Shona Robison:** NHS eye examinations, which allow the patient to receive an appropriate health assessment of their whole visual system, are free to all in Scotland. They are already making a significant contribution to the prevention of sight loss in Scotland.

Work is currently underway on a revision to the leaflet Your guide to free NHS eye examinations in Scotland. Supplies of the leaflet will be sent to opticians and to GP practices and to CHPs to distribute locally to vulnerable groups. We will consider whether a wider circulation should be undertaken. In addition, there are some projects being developed through pump-priming funding, such as the Glasgow Ethnic Minorities eye care project, which encourage people to attend for NHS eye examinations

We recognise that smoking can be a contributory factor to vision loss in some cases. The smoke-free legislation has increased the awareness of the risks associated with smoking and in particular the dangers of passive smoking.

The forthcoming smoking cessation marketing campaign, planned for launch in the autumn, aims to increase referrals to NHS Stop Smoking Services to build upon the ever increasing reach of those services.

Work is also ongoing to increase the number of brief interventions and referrals for specialist smoking cessation support delivered by all health professionals. Included in that would be the range of professions involved in the assessment and treatment of patients where there may be a risk of sight loss.

Vision screening programmes are in place including, pre-school screening, screening for those on specific drugs and diabetic retinopathy screening.

It is a central role of diabetes services to help support people with diabetes and make sure they are aware of the importance of achieving good control of blood glucose levels. This is essential to ensuring that the risk of complications such as diabetic retinopathy and sight loss are minimised.

Diabetic retinopathy is a major cause of blindness. Our Scottish Diabetic Retinopathy Screening programme offers retinopathy screening to all eligible people with diabetes in Scotland.

**Ross Finnie (West of Scotland) (LD):** To ask the Scottish Executive what action it is taking to increase early diagnosis and treatment of sight-threatening conditions among those individuals most at risk of sight loss. (S3W-34536)

**Shona Robison:** A number of initiatives are in place to ensure early diagnosis and treatment of sight threatening conditions, including:

the NHS eye examination, which is free to all in Scotland, allows for early diagnosis of potential sight threatening disease. Optometrists can directly refer patients to the hospital eye service;

the Scottish Diabetic Retinopathy Screening programme which aims to promote accessible and equitable delivery of diabetic retinopathy screening across Scotland. Diabetic retinopathy is regarded as the leading cause of blindness in people of working age. It is therefore essential that retinopathy is detected and treated as early as possible;

a waiting time standard of 18 weeks from referral by a GP or optometrist to cataract surgery;

treatment for wet age-related macular degeneration, where detected quickly. Treatment does not restore any lost vision but has the potential to prevent further loss.

the Scottish Uveitis Network which, through collaboration and multi-discipline working, will result in significant improvement in the outcome of people with sight-threatening uveitis, and

NHS boards can make arrangements with optometrists to provide services on their behalf which are normally carried out in a hospital setting. Under these services accredited optometrists with further training can provide a range of services on behalf of boards. A number of these services are in place, including low vision aid services, the Glasgow Integrated Eye Service, the Lothian Optometry Cataract Initiative and the Grampian Eye Health Network.

In addition, NHS Fife has put in place a referral scheme whereby optometrists refer any eye problems directly to the hospital eye service by email. These referrals are screened by specialist nursing staff who allocate an appointment as appropriate. In some cases this allows non-sight threatening conditions to be monitored by optometrists in the community. Sight threatening conditions, are allocated an appointment within 48 hours.

**Ross Finnie (West of Scotland) (LD):** To ask the Scottish Executive what targeted interventions are (a) underway and (b) planned for early diagnosis and treatment of sight-threatening conditions among those individuals most at risk of sight loss. (S3W-34537)

**Shona Robison:** I refer the member to the answer to question S3W-34536 on 28 June 2010. All answers to written Parliamentary questions are available on the Parliament website, the search

facility for which can be found at

<http://www.scottish.parliament.uk/Apps2/Business/PQA/Default.aspx>

**Christina McKelvie (Central Scotland) (SNP):** To ask the Scottish Executive whether it collects information on how much is spent by each of the NHS Scotland territorial boards specifically on services for people affected by motor neurone disease and, if so, how much each board has spent in each year for which figures are available. (S3W-34596)

**Shona Robison:** This information is not held centrally.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive how many people will be entitled to Life Begins at 40 health checks. (S3W-34625)

**Shona Robison:** Current population figures suggest around 72,000 people each year across Scotland will be entitled to Life Begins at 40 health checks.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive with what regularity universal health checks for 40 to 74-year-olds will take place. (S3W-34626)

**Shona Robison:** The pilot of universal health checks will explore the potential benefits of checks conducted at five yearly intervals.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive with what regularity Keep Well health checks will take place. (S3W-34627)

**Shona Robison:** Currently Keep Well health checks are not repeated. There is an option in the current mainstreaming primary prevention consultation paper for these checks to be five yearly.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive with what regularity Life Begins at 40 health checks will take place. (S3W-34628)

**Shona Robison:** Currently the Life Begins at 40 checks are for each person on reaching their 40th year.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive what assessment has been made of the cost of providing universal health checks for 40 to 74-year-olds. (S3W-34629)

**Shona Robison:** An assessment of the costs of providing universal health checks to 40 to 70 year olds will be one of the outputs from the research on the health checks pilots from 2011.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive what assessment has been made of the cost of providing Keep Well health checks. (S3W-34630)

**Shona Robison:** The current consultation paper on mainstreaming the Keep Well primary prevention programme from April 2012 indicates a budget of £8.5 million for NHS board checks plus further support for the whole Keep Well programme.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive what assessment has been made of the cost of providing Life Begins at 40 health checks. (S3W-34631)

**Shona Robison:** An assessment of the costs of the Life Begins at 40 checks will be made towards the end of the pilot phase later this year.

The budget allocated to NHS 24 for piloting the Life Begins at 40 project was set for 2009-10 at £224,742 and for 2010-11 at £444,558.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive what discussions have taken place with the British Medical Association regarding the introduction of universal health checks for 40 to 74-year-olds. (S3W-34632)

**Shona Robison:** The BMA have been invited to join a new steering group led by Scottish Government overseeing the implementation of primary prevention.

**Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Executive what discussions have taken place with Community Pharmacy Scotland regarding the introduction of universal health checks for 40 to 74-year-olds. (S3W-34633)

**Shona Robison:** Community Pharmacy Scotland have been invited to join a new steering group led by Scottish Government overseeing the implementation of primary prevention.

## Voluntary Sector

**John Wilson (Central Scotland) (SNP):** To ask the Scottish Executive how it plans to monitor the transfer of assets from local authorities to local communities under the auspices of the Development Trusts Association Scotland. (S3W-34296)

**Alex Neil:** The Development Trust Association Scotland (DTAS) are currently delivering a wide ranging programme on behalf of Scottish Government to support local authorities and communities to understand the costs and benefits of asset transfer. This will be achieved through:

- raising awareness amongst and providing training, toolkits and develop networks for, councillors, local authority officers and communities;
- identifying and disseminating lessons from effective practice;
- providing targeted support through demonstration projects in selected local authority areas to develop a joint strategy and action plan on assets transfer, and
- provide targeted development support for selected community groups to enable them to take on transferred assets.

The purpose of the demonstration projects is to highlight what has worked well and to disseminate lessons learned from each of the projects in order to help local authorities and community groups produce local asset transfer strategies. The process and progress of each project will therefore be recorded, evaluated and reported to Scottish Government officials by DTAS.

The demonstration projects are as follows:

Highland Council – Muir of Ord, in the Black Isle.  
Argyll and Bute Council – Campbeltown.  
Stirling Council – Dunblane.  
Perth and Kinross Council – Aberfeldy.  
Glasgow City Council – Govanhill.  
City of Edinburgh Council – Portobello.  
North Lanarkshire Council - Bellshill and Coatbridge.  
Dumfries and Galloway Council – Moffat Town Hall.

In each case, both the council and the community group have agreed to enter into the process of negotiating the transfer of an asset.

From 1 June 2010 amendments to local authority land disposal Regulations mean local authorities no longer require the consent of Scottish ministers and can decide for themselves whether or not to dispose of their land at less than best consideration. Non statutory guidance has been issued to assist local authorities apply the new Regulations.

**John Wilson (Central Scotland) (SNP):** To ask the Scottish Executive what support it plans to give to the Development Trusts Association Scotland in Central Scotland. (S3W-34297)

**Alex Neil:** The Development Trust Association Scotland (DTAS) is an independent charity and a national intermediary organisation which supports the establishment and growth of development trusts. The funding they receive from Scottish Government is therefore not targeted to any specific geographic area.

The Scottish Government awarded funding of £240,000, from 2008-11, to support core costs to up skill and build the capacity of those working with development trusts and other organisations involved in community enterprise.

A further £60,000 was awarded, in 2009-11, through the Third Sector Enterprise Fund to set up their consultancy service, The Pool.

In taking forward the action point from the joint Scottish Government/COSLA Community Empowerment Action Plan, the Scottish Government also awarded grant to DTAS, of £250,000 from 2009-11. This was to carry out the asset transfer aspect of support for communities to own assets.

**John Wilson (Central Scotland) (SNP):** To ask the Scottish Executive what the budget of the Development Trusts Association Scotland was in (a) 2008-09 and (b) 2009-10 (S3W-34298)

**Alex Neil:** The Development Trust Association Scotland is an independent charity. Details of their funding sources can be found on their website at <http://www.dtascot.org.uk/content/about-dta-scotland>.

**John Wilson (Central Scotland) (SNP):** To ask the Scottish Executive what projects the Development Trusts Association Scotland is undertaking, broken down by location. (S3W-34299)

**Alex Neil:** The Development Trust Association Scotland are an independent charity and a national organisation. The details of their activities, can be found on their website. <http://www.dtascot.org.uk/>.

**John Wilson (Central Scotland) (SNP):** To ask the Scottish Executive what the membership is of the Development Trusts Association Scotland. (S3W-34300)

**Alex Neil:** The membership currently stands at 145 members. Details can be accessed at <http://www.dtascot.org.uk>.

## Voluntary Organisations

**Stuart McMillan (West of Scotland) (SNP):** To ask the Scottish Executive what assistance it provides to local authorities in the West of Scotland for befriending services for (a) adults and (b) young people. (S3W-34301)

**John Swinney:** In the context of our agreement with local authorities that decisions on funding for local services are best made at a local level, no direct Scottish Government assistance is provided to local authorities specifically for befriending, or most other local, services.

## Voluntary Organisations

**Stuart McMillan (West of Scotland) (SNP):** To ask the Scottish Executive what support it offers to voluntary organisations and services in the West of Scotland to expand their remit. (S3W-34302)

**John Swinney:** We provide core funding to the new third sector interfaces and those councils of voluntary service and volunteer centres that remain. The basic functions of these bodies include

support to voluntary organisations, the promotion of volunteering and social enterprise and a strong connection to the community planning partnership in their area. The total of this funding is almost £7.9 million in 2010-11. We also provide funding to the Scottish Council for Voluntary Organisations (£0.350 million) and Volunteering Development Scotland (£0.9 million) for their general support to the third sector.

While none of this funding is aimed at extending the remit of individual organisations it does support the third sector generally since we believe the sector is a major force in the creation of a strong, successful Scotland.

## Mental Health

**Irene Oldfather (Cunninghame South) (Lab):** To ask the Scottish Executive whether it will seek a parliamentary debate on Scotland's national dementia strategy and, if so, when. (S3W-34012)

**Shona Robison:** We intend to seek a parliamentary debate on the dementia strategy in autumn 2010.

## Mental Health

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** To ask the Scottish Executive what progress has been made on establishing a new inpatient mental health facility in Ayrshire. (S3W-33699)

**Nicola Sturgeon:** NHS Ayrshire and Arran have confirmed that at its board meeting on 7 April 2010 proposals were approved to progress the Outline Business Case for the New North Ayrshire Community Hospital in Irvine, which will include a new adult inpatient mental health unit.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** To ask the Scottish Executive when the planned new inpatient mental health facility in Ayrshire will be completed. (S3W-33700)

**Nicola Sturgeon:** The outline business case for the new North Ayrshire Community Hospital, which incorporates the plans for a new adult inpatient mental health unit, are due to be submitted by NHS Ayrshire and Arran to the Scottish Government's Capital Investment Group for consideration by September 2010.

If the outline business case is approved work will continue on the production of the full business case, which is scheduled to be submitted in the summer of 2011. The board has currently scheduled the construction of the new Community Hospital to commence in April 2013, giving an anticipated completion date of summer 2016.

## Mental Health

**John Park (Mid Scotland and Fife) (Lab):** To ask the Scottish Executive when adult mental health will come under the current waiting time guarantee. (S3O-10767)

**Nicola Sturgeon:** Other than the already established referral to treatment target for access to specialist child and adolescent mental health, and our commitment to develop an access target for psychological therapies to be announced in 2011-12, there are no current plans to include other mental health services in current referral to treatment waiting time guarantees.

The Patient Rights (Scotland) Bill will include mental health services in its aims to establish a 12 week treatment time guarantee for patients receiving elective or planned treatment on an inpatient or day case basis.

Where mental health services are delivered on this basis then the treatment time guarantee will apply. Expected completion of the Bill through Parliament is spring 2011.

### **Healthcare Associated Infection**

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** To ask the Scottish Executive what action it is taking to monitor the incidence of Clostridium difficile in non-NHS hospitals. (S3W-33696)

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** To ask the Scottish Executive what information it has on the number of incidents of Clostridium difficile reported in non NHS-hospitals in each year for which figures are available, broken down by hospital. (S3W-33697)

**Shona Robison:** From 1 January 2010, the Public Health Act etc. (Scotland) 2008 has required all Directors of Diagnostic Laboratories to notify each identification of Clostridium difficile to Health Protection Scotland (HPS) and their local NHS board.