

Wednesday 11 July 2012

## SCOTTISH GOVERNMENT

### Health and Social Care

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Executive what impact the peer support scheme has had on the number of individual patient treatment requests.

(S4W-07738)

**Nicola Sturgeon:** This information is not held centrally.

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Executive whether there is evidence that the peer support system for individual patient treatment requests has led to clinicians providing each other with increased support.

(S4W-07740)

**Nicola Sturgeon:** This information is not held centrally.

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Executive which NHS boards have established individual patient treatment request registers.

(S4W-07741)

**Nicola Sturgeon:** The guidance to further strengthen the safe and effective use of new medicines across the NHS in Scotland published under cover of SGHD/CMO(2012)1 on 13 February 2012 asked NHS boards to confirm that their policies on formularies and management of individual patient treatment request registers (IPTRs) had been updated to reflect the additional guidance which included the need to maintain accurate and up to date information on IPTRs and the outcomes, including the outcome of any appeals.

All NHS boards have provided this confirmation as appropriate.

**Richard Simpson (Mid Scotland and Fife) (Scottish Labour):** To ask the Scottish Executive what medicines have been approved by the National Institute for Health and Clinical Excellence but not by the Scottish Medicines Consortium.

**Holding answer issued: 26 June 2012**

(S4W-07757)

**Nicola Sturgeon:** From August 2006 to May 2012 NICE has published 93 Single Technology Assessments (STAs) on new medicines. There are 8 medicines that have been recommended by NICE and not yet recommended by the Scottish Medicines Consortium (SMC) as follows.

Medicine	Indication	Comments
Infliximab	Ulcerative colitis (subacute manifestations)	
Trabectedin	Soft tissue sarcoma	
Pemetrexed	Non-small cell lung cancer (maintenance)	
Gefitinib	Non-small cell lung cancer (first line)	
Trastuzumab	Gastric cancer (HER2 positive)	
Prucalopride	Chronic constipation (women)	
Golimumab	Psoriatic arthritis	Resubmission currently being assessed by SMC. Advice due 09-07-12
Fingolimod	Multiple sclerosis	Resubmission currently being assessed by SMC. Advice due 10-09-12

The following medicines were not recommended by SMC and NICE have recommended them at Final Appraisal Determination stage, but final guidance has not yet been issued (both due June 2012).

Medicine	Indication	Comments
Abiraterone	Metastatic prostate cancer	Resubmission currently being assessed by SMC. Advice due 13-08-12
Botulinum toxin	Chronic migraine (headache prevention)	

From August 2006 to May 2012 the following medicines have been accepted by the Scottish Medicines Consortium (SMC) and not recommended by the National Institute for Health and Clinical Excellence (NICE) through the Single Technology Appraisal (STA) process.

NICE STA	Medicine	Indication
TA119	Fludarabine	B-cell chronic lymphocytic leukaemia
TA124	Pemetrexed	Non-small cell lung cancer (locally advanced or metastatic)
TA154	Telbivudine	Chronic hepatitis B
TA196	Imatinib	Gastrointestinal stromal tumours (adjuvant treatment)
TA201	Omalizumab	Severe persistent allergic asthma in children
TA205	Eltrombopag	Chronic immune (idiopathic) thrombocytopenic purpura

**Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Executive whether it will provide thalidomide survivors with a permanent financial contribution of at least the same annual rate as in the pilot health grant scheme for the rest of their lives.

**(S4W-08193)**

**Nicola Sturgeon:** Officials from the four administrations are currently jointly discussing future funding options with the Thalidomide Trust and National Advisory Council. A meeting between officials and the Trust is scheduled for 17 July.

We also await the evaluation of the second year of the grant before coming to a final decision.

**Mary Scanlon (Highlands and Islands) (Scottish Conservative and Unionist Party):** To ask the Scottish Executive what action is being taken regarding genetic testing for inherited heart diseases.

**(S4W-08202)**

**Nicola Sturgeon:** We have supported the establishment of the Familial Arrhythmia Network Scotland (FANS). The network aims to raise awareness of familial arrhythmias, define and agree referral protocols, develop national guidance for clinical and genetic testing and establish a national register which will support the long term follow-up of people living with inherited arrhythmias.

FANS' work will help ensure that people who need genetic testing get appropriate access. The decision to undertake genetic screening and genetic counselling will be supported through the FANS clinical service once the benefit to the patient and their family has been established.

We have indicated in our Heart Disease and Stroke Action Plan that FANS should extend its activities to cover cardiomyopathies.

We've also invested over £350,000 in Scotland's Cardiac Assessment of Young Athletes Programme, which has enabled over 1500 young people who are engaged in competitive sports to undergo cardiovascular assessment.

**Angus MacDonald (Falkirk East) (Scottish National Party):** To ask the Scottish Executive what progress there has been in integrating health and social care in the Falkirk Council area.

**(S4W-08215)**

**Nicola Sturgeon:** On 8 May I launched a consultation on the integration of adult health and social care. During the consultation period there will be a thorough engagement process taking place with a wide range of stakeholders involving the NHS, local government, the third and independent sector. The analysis of the consultation will take place over the autumn. This will inform the policy and legislation proposals.

While it is reasonable for local partnerships to wait for future direction on integration to be made clear, there is much good work already on-going at a local level. The partnership in Falkirk is pursuing a range of joint initiatives as part of its Change Fund activity.

**Alison McInnes (North East Scotland) (Scottish Liberal Democrats):** To ask the Scottish Executive what the 28-day hospital readmission rate following discharge from a mental health speciality has been in each of the last three years, broken down by NHS board.

**(S4W-08246)**

**Nicola Sturgeon:** The following table shows the latest figures for the number of discharges from mental health hospitals (SMR04) that have a subsequent readmission to a mental health hospital within 28 days.

Table 1: Number of discharges from mental health hospitals in Scotland with subsequent readmission within 28 days, and rate of readmission as a percentage of all discharges year ending 31 March

NHS Board of Residence	2009		2010		2011 <sup>p</sup>	
	Number	% of all discharges	Number	% of all discharges	Number	% of all discharges
Ayrshire and Arran	129	11.04	117	10.32	93	8.37
Borders	57	13.64	40	10.64	28	7.93
Dumfries and Galloway	38	9.09	55	11.78	72	14.43
Fife	107	10.89	120	12.10	93	9.46
Forth Valley	77	10.03	81	10.64	73	9.19
Grampian	132	9.82	129	10.42	126	10.30
Greater Glasgow and Clyde	439	10.02	377	9.67	265	7.84
Highland	95	9.11	68	7.34	78	7.57
Lanarkshire	170	9.50	154	9.28	161	10.22
Lothian	218	8.97	209	9.36	219	9.75
Orkney	*	13.33	*	11.11	*	3.7
Shetland	*	4.55	-	-	*	10.71
Tayside	144	9.45	154	9.85	118	8.44
Western Isles	7	8.05	7	11.86	5	9.09

Notes:

p - provisional - due to the implementation of new Patient Management Systems by some NHS boards data may be incomplete.

\*Indicates values that have been suppressed due to the potential risk of disclosure.

**Alison McInnes (North East Scotland) (Scottish Liberal Democrats):** To ask the Scottish Executive how many people have been admitted to hospital with anaphylactic shock in each year since 2009, broken down by NHS board.

**(S4W-08247)**

**Nicola Sturgeon:** The following table shows information on the number of patients admitted to hospital with anaphylactic shock by NHS board and financial years 2008-09 – 2010-11.

Table 1 - Number of patients admitted with anaphylactic shock by NHS board and financial year

NHS Board	2008-09	2009-10	2010-11 <sup>p</sup>
Golden Jubilee National Hospital	1	1	3
NHS Ayrshire and Arran	37	51	44
NHS Borders	21	13	20
NHS Dumfries and Galloway	19	19	16
NHS Fife	31	36	32
NHS Forth Valley	22	30	24

NHS Board	2008-09	2009-10	2010-11 <sup>P</sup>
NHS Grampian	50	38	40
NHS Greater Glasgow and Clyde	112	91	126
NHS Highland	27	40	41
NHS Lanarkshire	34	33	27
NHS Lothian	87	58	74
NHS Orkney	2	3	-
NHS Shetland	4	4	6
NHS Tayside	39	32	31
NHS Western Isles	8	4	4
Scotland	494	453	488

Source: ISD Scotland SMR01.

Note: p - provisional - Due to the implementation of new Patient Management Systems by some NHS boards there is known data incompleteness for NHS Grampian, NHS Lanarkshire and NHS Ayrshire and Arran. Figures may increase in future revisions.

**Alison McInnes (North East Scotland) (Scottish Liberal Democrats):** To ask the Scottish Executive how many people have been admitted to hospital with anaphylactic shock following an adverse reaction to (a) drugs and (b) medicines in each year since 2009, broken down by NHS board.

**(S4W-08248)**

**Nicola Sturgeon:** The following table shows information on the number of patients admitted to hospital where anaphylactic shock was a contributory factor due to the adverse effects of a prescribed drug or medicine properly administered. The diagnostic coding employed on national returns are not detailed enough to distinguish anaphylactic shock due to an adverse reaction to (a) drugs from that due to (b) medicines

Table 1 - Number of patients admitted where anaphylactic shock was a contributory factor due to the adverse effects of a prescribed drug or medicine properly administered, by NHS board and year.

	2008-09	2009-10	2010-11 <sup>P</sup>
Golden Jubilee National Hospital	1	1	3
NHS Ayrshire and Arran	3	8	3
NHS Borders	1	-	1
NHS Dumfries and Galloway	2	1	2
NHS Fife	7	19	9
NHS Forth Valley	3	2	3
NHS Grampian	12	4	7
NHS Greater Glasgow and Clyde	17	13	25
NHS Highland	7	4	4
NHS Lanarkshire	2	2	1
NHS Lothian	15	14	18
NHS Orkney	1	1	-
NHS Shetland	-	2	1
NHS Tayside	7	7	2
NHS Western Isles	-	-	1
Scotland	78	78	80

Source: ISD Scotland SMR01.

p - provisional - Due to the implementation of new Patient Management Systems by some NHS boards there is known data incompleteness for NHS Grampian, NHS Lanarkshire and NHS Ayrshire and Arran. Figures may increase in future revisions.

**Kezia Dugdale (Lothian) (Scottish Labour):** To ask the Scottish Executive whether it plans to introduce randomised ordering of candidates for NHS board elections.

**(S4W-08444)**

**Nicola Sturgeon:** The London School of Economics in association with the University of St Andrews is conducting the independent evaluation of the Pilot Health Board Elections. Their report is due to be completed and laid before the Parliament during the autumn of 2012.

The Scottish Government will consider any recommendation made within the report regarding how any future health board elections may be conducted.

**David Stewart (Highlands and Islands) (Scottish Labour):** To ask the Scottish Executive whether the NHS will procure the drug, Dificlor, to combat Clostridium difficile and, if so, which (a) NHS boards and (b) hospitals will use it.

**(S4W-08490)**

**Nicola Sturgeon:** The Scottish Medicines Consortium issued advice for fidaxomicin (Dificlor®) on 9 July. It is accepted for restricted use within NHS Scotland for the treatment of adults with Clostridium difficile infections (CDI) also known as C. difficile-associated diarrhoea (CDAD). The SMC has restricted it to the treatment of adults with a first recurrence only on the advice of local microbiologists or specialists in infectious diseases.

The submitting company did not submit a sufficiently robust economic analysis to gain acceptance by SMC for first-line use in adults with severe CDI.

It is unknown at this point which NHS boards will include this as a treatment option in their formularies. NHS Boards are expected to have made a decision within 90 days of the SMC advice being issued.

**Ken Macintosh (Eastwood) (Scottish Labour):** To ask the Scottish Executive whether it will publish prescribing guidelines for the drug, eculizumab.

**(S4W-08502)**

**Nicola Sturgeon:** The Scottish Medicines Consortium (SMC) has issued two pieces of advice for eculizumab (Soliris®) for NHS Scotland.

Number 436/07 was issued on 8 November 2011 and is not recommended for use in NHS Scotland for the treatment of patients with paroxysmal nocturnal haemoglobinuria (PNH). The manufacturer did not supply any health economic analysis and cost-effectiveness was not demonstrated in an independent economic analysis therefore eculizumab cannot be recommended for use within NHS Scotland.

Number 767/12 was issued on the 13 February 2012 and is not recommended for use in NHS Scotland, in the absence of a submission from the holder of the marketing authorisation, for the treatment of patients with atypical haemolytic uremic syndrome (aHUS.)

There are no plans to issue any further prescribing guidance.

Manufacturers are free to resubmit to SMC at any time.

### **Learning and Justice**

**Tavish Scott (Shetland Islands) (Scottish Liberal Democrats):** To ask the Scottish Executive how much money Shetland Islands Council will receive under the Police and Fire Reform Bill.

**(S4W-08473)**

**Kenny MacAskill:** The Scottish Government's Draft Budget for 2013-14 will be published in September. Details of funding for individual local authorities will be set out in the Local Government Finance (Scotland) Order 2013 which will be debated by the Scottish Parliament in February 2013.

Financial information about the Police and Fire Reform Bill is set out in the bill's supporting documents available at:

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/45701.aspx>.

**Margaret McDougall (West Scotland) (Scottish Labour):** To ask the Scottish Executive who oversees the work of the Law Society of Scotland.

**(S4W-08503)**

**Kenny MacAskill:** The Law Society of Scotland is an independent professional body. It is not regulated by the Scottish Government nor any other body but is subject to the provisions of the Solicitors (Scotland) Act 1980 and other enactments.

**Margaret McDougall (West Scotland) (Scottish Labour):** To ask the Scottish Executive whether it plans to review the regulatory system in place for the Law Society of Scotland.

**(S4W-08504)**

**Kenny MacAskill:** The Scottish Parliament has recently considered and approved two pieces of legislation which significantly modify the regulatory system in place for the Law Society of Scotland, namely the Legal Profession and Legal Aid (Scotland) Act 2007 and the Legal Services (Scotland) Act 2010. The Scottish Government has no further plans to review the regulation of the Law Society of Scotland.

**Margaret McDougall (West Scotland) (Scottish Labour):** To ask the Scottish Executive what assessment it has made of the performance of the Law Society of Scotland.

**(S4W-08505)**

**Kenny MacAskill:** The Scottish Government does not assess the performance of the Law Society of Scotland.

**Margaret McDougall (West Scotland) (Scottish Labour):** To ask the Scottish Executive what its position is on the need for independent regulation of the legal profession.

**(S4W-08506)**

**Margaret McDougall (West Scotland) (Scottish Labour):** To ask the Scottish Executive what its position is on self-regulation of the legal profession.

**(S4W-08507)**

**Kenny MacAskill:** The Law Society of Scotland is an independent self-regulating professional body for solicitors and conveyancing and executry practitioners. Section 120 of the Legal Services (Scotland) Act 2010 laid down the regulatory framework for the regulation of the Faculty of Advocates by the Court of Session. Sections 25-29 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 provide for the Lord President of the Court of Session and the Scottish Ministers to approve and regulate professional or other bodies which apply to enable their members to have rights to conduct litigation and rights of audience in the courts.

There are safeguards in place. Complaints about all legal practitioners can be made to the Scottish Legal Complaints Commission which is an independent body. Further, allegations of misconduct by solicitors may be heard by the Scottish Solicitors' Discipline Tribunal, another independent body. In addition, the Legal Services (Scotland) Act 2010 provided for increased lay involvement in the work of the Law Society, and a lay majority on its regulatory committee. The Scottish Government considers these arrangements appropriate and that there are adequate safeguards. It does not consider further independent regulation of the solicitor profession in Scotland to be necessary.

**Jenny Marra (North East Scotland) (Scottish Labour):** To ask the Scottish Government when it plans to hold a summit on human trafficking.

**(S4W-08550)**

**Kenny MacAskill:** I refer the member to the answer to question S4W-06358 on 27 March 2012. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at:

<http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx>.

## **Transport Scotland**

**Alison Johnstone (Lothian) (Scottish Green Party):** To ask the Scottish Executive what sections of public road will be managed as part of the joint Forth road bridge management contract and what impact this will have on any planned cycle path improvements on these roads.

**(S4W-08378)**

**Keith Brown:** The Bridge Operating Company Contract for the Forth Replacement Crossing (FRC) and the Forth Road Bridge (FRB) will include the connecting roads from M90 Junction 3 Halbeath in the north through to Junction 1A on the M9 at Kirkliston in the south. Transport Scotland will continue to be responsible for the management of these roads although the day-to-day maintenance will be carried out by the appointed bridge operating company.

The FRC scheme has been carefully designed to incorporate new sections of footpaths, cycleways and safe crossing points to maintain and enhance existing routes.