

Mr John Pentland MSP  
Convenor  
Public Petitions Committee  
The Scottish Parliament  
Edinburgh  
EH99 1SP

10 September 2015

Dear Mr Pentland,

### **Consideration of Petition PE1105**

Thank you for the email of 27 July 2015 from the Clerk to the Public Petitions Committee with the two attachments from Cabinet Secretary for Health, Wellbeing and Sport, Ms Shona Robison (dated 23 July 2015) and Ms Catriona Renfrew, Director Planning and Policy, NHS Greater Glasgow and Clyde (dated 16 July 2015).

I wish to respond to the following points:

Ms Renfrew, NHSGGC, confirms that “the Scottish Government are leading the process to agree a third party review of issues with St Margaret’s Hospice.”

I would refer you to the response to the Public Petitions Committee from Sister Rita, Chief Executive, St Margaret of Scotland Hospice (dated 31 July 2015). Please consider Sister Rita’s suggestion to encourage the Scottish Government to address this outstanding issue. I would suggest that it was wholly in the gift of the Scottish Government to progress the expert accountancy review in accordance with the wishes of the then Cabinet Secretary (A. Neil), which were fully endorsed by the Hospice.

The rationale of the Cabinet Secretary to suggest the Petition “should now be closed” based on the establishment of the National Hospice Quality Improvement Forum (HQIF), responsible for the implementation of CEL 12 – A PARTNERSHIP FOR BETTER PALLIATIVE AND END OF LIFE CARE: CREATING A NEW RELATIONSHIP BETWEEN INDEPENDENT ADULT HOSPICES AND NHS BOARDS IN SCOTLAND should be thoroughly considered. Whilst the Cabinet Secretary is quite correct regarding its status, the progress made in the implementation of CEL 12 has been incredibly slow. There are many issues with the HQIF process which must be brought to your attention in order to inform any decision you make about the future of Petition PE1105.

Since HQIF was established in 2012, there have been nine meetings in total, 75% of which have been chaired by St Margaret of Scotland Hospice. Minutes of these meetings record attendance and apologies. It is evident engagement of Health Boards and Executive Leads has been an issue and has subsequently hindered progression. This issue has been discussed with Mrs Janice Birrell, Senior Policy/Implementation Manager, Scottish Government, on occasions both within HQIF meetings and at the Scottish Hospices Forum when she has been in attendance. Mrs Birrell reports raising this within the Palliative and End of Life Care National Advisory Group, however to date there has been no resolve. The only NHS Board represented consistently by their Executive Lead is NHS Lothian.

Consistency in representation from other Hospices has had an impact on quality of discussion, action planning and outcomes overall.

There appears to be resistance on many levels to the successful implementation of CEL 12 and the varying perceptions and misperceptions of the purpose and weight of CEL 12 – until now there has been little or no accountability and no deadline to work towards.

Scottish Hospices for many years have had rhetoric of being *incomparable* and whilst the progression of HQIF has not been as wished, it has been established that the differences between each Hospice are minimal and relate to the way in which services are shaped and delivered according to the needs of a local population and the competence of staff, for example, there are a few Hospices delivering a comfort care model of palliative and end of life care and others, such as St Margaret of Scotland Hospice, delivering an acute, responsive, interventional model preventing hospital admissions and expediting hospital discharges for those receiving active treatments. The commonalities of Scottish Hospices are that each delivers Specialist Palliative Care via Inpatient Units, Outreach Services including Community Specialist Palliative Care Teams and Clinics, Day Hospice/Services, Psychological/Bereavement Support and Spiritual Care.

CEL 12 and its implementation through HQIF is not able to fulfil the current issue within the petition as the formula for Hospice funding by Health Boards across all of the Scottish Hospices is still unknown – and it is this inequality in funding which is called into question.

I hope this helps the Public Petitions Committee to understand the current position and wish to express my gratitude to the Committee for its on-going interest in Petition PE1105.

Yours sincerely

Jean Anne Mitchell

Petitioner