

Mr Frank McAveety
Convener
Public Petitions Committee
TG.01
The Scottish Parliament
Edinburgh
EH99 1SP

25 August 2009

Dear Mr McAveety,

St Margaret of Scotland Hospice (Petition PE1105)

I refer to the letter sent to the Petitions Committee from Robert Calderwood, dated 12 August 2009. In providing a response to this letter, I have spoken with the Hospice in order to be able to provide an accurate account.

Mr Calderwood is correct in identifying the short life working group which has been established to review the current HDL for palliative care funding. I am able to confirm a representative of the Hospice is a member of this group. The Group had their first meeting on 8 August 2009 and will meet again on 4 September 2009. Notwithstanding this, the fact remains St Margaret of Scotland Hospice is severely disadvantaged in terms of funding. St Margaret of Scotland Hospice receives less than half the funding of all other Hospices, and in some cases, a quarter of the funding of other Hospices. Whilst this review is welcomed, it was made clear from the meeting there is no intention of revisiting the 50% funding and the aim of the working group is to develop a set of recommendations by the end of 2009. Therefore, St Margaret of Scotland Hospice continues to be disadvantaged.

Mr Calderwood states he met with the Hospice on 25 June 2009. It is important to be clear Mr Calderwood accepted an invitation from Sister Rita to visit the Hospice in his capacity as new Chief Executive of NHS Greater Glasgow and Clyde. This meeting was not arranged by the Health Board in the spirit of ongoing communication following their decision in February 2009. Indeed, the Health Board has not had any communication with the Hospice since this decision was taken. I think it is important to understand this point as the Health Board have repeatedly intimated to the Cabinet Secretary and the Committee, that discussions are ongoing when in fact, this is incorrect. I understood from the Committee meeting on 19 May 2009, the Committee was writing to the Health Board to encourage them to open up dialogue with the Hospice. From Mr Calderwood's response, I would consider this point remains outstanding.

Mr Calderwood is correct – officers of the Board do meet with the Hospice to discuss palliative care services in relation to the Health Board's response to the Living and Dying Well document. These meetings are held with all Hospices and do not in any way address the current situation in relation to the 30 NHS continuing care beds which are under threat.

I am very grateful to the Committee for allowing this Petition to continue for such a long period of time. I would urge the Committee to continue the Petition until a satisfactory conclusion is reached on the question of inequitable funding and the removal of the 30 NHS continuing care beds. It is also important not to lose sight of the fact that over 100,000 signed a petition supporting the Hospice.

As recently as 24 August 2009, a relative had signed the Petition noting "I don't know where we would have been if my gran hadn't been cared for in St Margaret's. The staff were just great and really took the pressure of my family who were caring for a terminally ill family member."

Yours sincerely

Marjorie McCance
Campaign Manager

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Dear Mr McAveety,

St Margaret of Scotland Hospice (Petition PE1105)

I refer to the letter sent to the Petitions Committee from Nicola Sturgeon, dated 2 June 2009. In providing a response to this letter, I have spoken with the Hospice in order to be able to provide an accurate account.

Firstly, I would like to point out the Scottish Hospices Forum is not the umbrella and representative organisation of adult hospices in Scotland. The Scottish Hospices Forum, which is a forum for both Adult and Children's Hospices, is a constituency group of the Scottish Partnership for Palliative Care.

I note the Cabinet Secretary reiterates her preference to meet with the Scottish Hospice Forum directly rather than individual Hospices. St Margaret of Scotland Hospice recently had the opportunity to present their financial concerns to the Scottish Hospices Forum and the Forum made it perfectly clear they did not wish to become involved in reviewing the 50% agreement. As stated in my response to Mr Calderwood's letter, a short life working group has been established to review the current HDL for palliative care funding. Whilst this review is welcomed, it was made clear from the first meeting of this group, there is no intention of revisiting the 50% funding. Therefore, St Margaret of Scotland Hospice continues to be disadvantaged.

For the purposes of clarification, I have again noted below the funding comparison table for NHS Greater Glasgow and Clyde Hospices. It surely does not take recommendations from a short life working group for the Cabinet Secretary to see the huge disparity in funding.

Hospice	2007-08 Estimated total revenue expenditure	Total Health Board Funding	Contribution from voluntary hospices	Number of Beds	Cost per Bed	Funding per Bed
Accord	2,075,938	958,190	1,117,748	8	259,492	119,774
Ardgowan	2,209,265	959,510	1,249,755	8	276,158	119,939
Marie Curie Hunters Hill	3,857,501	1,815,997	2,041,504	35	110,214	51,886
Prince & Princess of Wales	3,396,050	1,399,800	1,996,250	14	242,575	99,986
St Margarets *	1,943,624	938,040	1,005,584	30	64,787	31,268
St Vincents	1,686,400	826,121	860,279	8	210,800	103,265

I also understand the Cabinet Secretary has recently stated that whilst she has shown in other situations she is prepared to intervene if she feels the Health Board is getting things wrong, she did not feel in the case of the Hospice that she had enough evidence to intervene. Given the 100,000

signature petition, the volumes of correspondence exchanged between the Hospice and the Health Board and the findings of this Committee, what evidence does the Cabinet Secretary need?

Yours sincerely

Marjorie McCance
Campaign Manager