PE1105/B

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Mr Franck David,
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Date 21st January, 2008.
Your Ref Petition PE1105
Our Ref

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Dear Mr David,

CONSIDERATION OF PETITION PE1105

Thank you for your letter of 19th December, 2007 in which you ask NHS Greater Glasgow and Clyde to respond to the issues raised in relation to the Public Petitions Committee's consideration of Petition PE1105 on 18th December, 2007.

By way of providing context, I will start this submission by providing a general overview of our contact with St. Margaret's and the background to our responsibilities in commissioning continuing care provision. I will then go on to address some of the detailed issues raised by St. Margaret's in their evidence to the Committee.

St. Margaret's provide two different types of service. They are a Hospice providing specialist palliative care services and receive funding of £900,000 for this. They also provide 30 continuing care beds for frail older people and receive funding of £1.2m for this.

Since the late 1990s, the NHS in Scotland has pursued a policy of developing community based services for older people to support them in their own homes. This range of supports has become increasingly sophisticated and has greatly reduced the number of older people requiring long term hospital care.

In 2003 GCC published its Strategic Framework for Older People which elaborated on the Joint Community Care Plan agreed by Glasgow City Council / NHS Greater Glasgow. This commissioned a specific piece of work to review the balance of institutional care for older people within Glasgow, including the commissioning programme, and to make recommendations about future requirements. The recommendations of the " Balance of Care report" were approved by the Joint Community Care Committee in January 2005. This included a review of NHS continuing care for the whole Greater Glasgow Health Board area and saw a reduction from 716 at that time to 316 .

For North West Glasgow the report recommended a 60 bed reduction in NHS frail elderly continuing care beds. These beds were shown to be the beds at Almond View and the beds at St Margaret's.

There has been ongoing contact between NHSGGC and the hospice since 2003 to ensure that the management and trustees were aware of the changing care environment, the likelihood that provision of continuing care beds would be unnecessary and to aid them in considering future options which would allow them to provide care consistent with the NHSGGC/local authority framework for older people's services.

To date every effort by NHSGGC to engage with St. Margaret's Hospice has been rebuffed - in effect, the commissioning organisation is telling St Margaret's that they want a different type of service from them in the future - but St. Margaret's are refusing to face the issue.

NHSGGC's contact with St. Margaret's in this regard prior to the formal decision can be summarised thus:

- December, 2000 - NHS Board approves strategy to retain 60 continuing care beds at Blawarthill
- June, 2003 - NHSGG contacts St. Margaret's Director of Finance to ascertain an accurate allocation of costs between the palliative care and geriatric continuing care elements of the hospice's work
- March, 2004 - NHSGG writes to St. Margaret's formally requesting the financial information already asked for
- April, 2004 - Chief Executive of NHS Board writes to raise questions about cost variance and confirms that there are potential reductions in continuing care requirements in the west sector
- May, 2004 - NHSGG Chairman and Chief Executive meet with hospice management and trustees
- June, 2004 - NHSGG Chairman writes twice to St. Margaret's to summarise the main points of the May meeting, including the likely reduction in continuing care requirements, and again to encourage St. Margaret's to work with NHSGG in developing a plan for the hospice to migrate away from continuing care provision
- November, 2004 - NHSGG met with St. Margaret's to propose how a deliverable migration away from continuing care beds might be taken forward
- January, 2005 - Joint Continuing Care Committee approve the balance of care report

There have been a number of subsequent meetings since that time.

On 27th April, 2007, the Chairman of NHSGGC and I met with representatives of St. Margaret's. Subsequently, on 11th July, I wrote to Professor Leo Martin, observing: "(we) were unable on that day (27th April) to make any headway with you at alternative care options which will fit with the Board's and local authorities' plans for older people's services. It is now three years since we first tried to raise this debate with St Margaret's: it is increasingly urgent that we receive a response from you which commits to working through the options which we have proposed."

St. Margaret's have made representations to the effect that NHSGGC was threatening the funding of the hospice component of its services. St. Margaret's have also commissioned a private PR agency in order to generate political and community support for their assertions - this appears to have resulted in suggestions made by the media that NHSGGC is withdrawing funding and that it will not fund hospice beds. Neither interpretation is correct. NHSGGC has suggested a number of possible alternative types of care that St. Margaret's might provide and has suggested a funding package that would protect them from any financial losses. They have shown themselves unwilling to consider any change in the type of care they provide.

The redevelopment of Blawarthill has also consistently been misrepresented. This hospital currently has two thirty bedded NHS continuing care wards and is being redeveloped to rebuild these to modern care standards with en-suite single rooms. The building will be owned by a private company but the clinical and hotel services staff will be NHS. There will also be a new care home on the site and 24 sheltered housing units including 8 disabled access units. This brings a much needed resource to the West of Glasgow where there is limited social care provision. The NHS beds are being developed within existing resources and there is no shift of beds or funds from St. Margaret's to Blawarthill.

NHSGGC has agreed to re-run the 'balance of care' study of 2004 and try to complete this work by the end of February, 2008. We will take account of the most up to date statistics and trends in service demand and demonstrate the material shift that has taken place in terms of patient need and the balance of care. This will be followed by yet another attempt to engage with St Margaret's to try and find an agreed way forward.

I now turn to the assertions and issues raised by the representatives of St. Margaret's on 18th December.

"What will happen if the National Health Service removes £1.2 million?" (Ms Marjorie McCance)

- NHSGGC does not aim to 'remove £1.2 million' – our aim is to secure funding for a different type of care provision for St Margaret's– we would like the opportunity to have a debate with the board of St Margaret's in order to agree the detail of how this should be done and to assist St. Margaret's in the transition. 80% of the costs of care at St Margaret's are staffing and are therefore able to be altered in a planned way.
- We have altered our contractual relationships with three other independent providers over recent years to allow their beds to shift from being NHS continuing care to social care. In each case we have provided financial cover to the organisations as the change has been implemented and the changes have gone smoothly.

"Why does St. Margaret of Scotland receive only £21,000 per hospice care bed when similar hospices that have fewer beds receive double that amount?" (Ms Marjorie McCance)

- NHS Greater Glasgow funds 50% of the costs of agreed clinical services at St. Margaret's, as it does for other hospices. Hospices provide much more than inpatient care and to use a cost per bed comparison is inappropriate.

"For the past 27 years – since 1980 – we have tried to negotiate a position of stability with the health board and get a contract with it….however in the past few years, while colleagues on the hospice board and I were trying diplomatically to make progress…a decision on which we were not consulted and to which we were not privy was made to move 30 care beds…to Blawarthill…we discovered that at the same time as we were about to open a new £4.7 million facility … to meet modern day requirements…" (Professor Leo Martin)

- No beds are moving to Blawarthill, there are 60 beds there currently. The site is being redeveloped to provide these beds in a purpose built environment with en-suite single rooms.
- The steps taken by the Board to advise St. Margaret's of its planning intentions are described above.
- St. Margaret's did not consult the NHS on its decision to commission its new facility, nor attempt to ascertain the standards of accommodation the NHS would expect to see within it. The ward has been rebuilt with shared rooms which do not meet National Care Standard nor the standard of care the Board would wish to see for NHS continuing care.

"The problem is that the Board does not wish to support the hospice by providing hospice beds." (Professor Leo Martin)

- NHSGGC is committed to continuing funding for the existing palliative provision at St. Margaret's. At no point has the Board ever suggested that this would not be the case

"(The Board)…is looking to take away the elderly care beds." (Professor Leo Martin)

- The Board no longer requires St. Margaret's to provide NHS continuing care but has stated consistently that we are willing to work with St. Margaret's to identify how they might provide other types of care.

"The health board's opinion was that the beds were nursing home beds but they are not: the geriatricians have always referred patients with complex medical and nursing needs to us because we also have the expertise of the palliative care team – one team complements the other." (Sister Rita Dawson)

- We are quite clear about the type of patients that require NHS continuing care, St. Margaret's are only one of a number of providers who provide it on our behalf.

"I am not aware of any evidence that such consultation (about the future disposition of older people's services) took place." (Professor Leo Martin)

- As indicated, the development of the Older People's Services Framework was based on extensive stakeholder engagement between 2000 and 2003.
- Additionally, NHSGGC made repeated efforts to engage with St. Margaret's on future NHS service requirements
- Extant guidance at that time considered that " significant service change" entailed the closure of a hospital site – hence the consultations regarding the closure of Blawarthill and Cowglen hospitals.

"The health board says there is a need to provide care for people with drug and alcohol problems and with mental health impairment. Can those people not go to Blawarthill and let the frail elderly stay where the expertise is?" (Sister Rita Dawson)

- We have never suggested that St. Margaret's provide care for people with addiction problems. We did suggest that if they wished to continue in a contractual relationship with the NHS then they might consider providing continuing care to older people with mental health problems. This would be principally for those suffering from Dementia.
- The beds at Blawarthill also provide NHS continuing care for the frail elderly and the staff there are NHS employees also with expertise in providing this type of care.

"There is also an issue about whether the health board has its numbers right on continuing care provision. The Board argued for a big proportionate reduction in continuing care provision in the north of Glasgow – the reduction there is bigger than other parts of Scotland. Given issues about delayed discharges and evidence from St Margaret's about on-going demand for continuing care, the health board should be asked if has got its numbers right (and)…acknowledging that we need (St. Margaret's) 30 beds…" (Des McNulty MSP)

- I am confident that our joint planning for older people - including the need for NHS continuing care is robust. Our experience to date is that our actual bed reductions have been achieved in line with our plan. These bed reductions have not required patients to move, have released savings for investment in community based services and have all been implemented with the agreement of the service providers. We have reduced from 716 beds in 2003 to 416 beds today. Occupancy of our continuing care beds is currently c85% and there are 13 patients awaiting discharge occupying some of those beds demonstrating that we still have spare capacity. Shifting the balance of care remains a key priority for us and is of course part of Better Health Better Care.

- The evidence from St. Margaret's is misinformed as it refers to Almond View – these beds ceased to provide NHS Continuing Care in 2005.

"The 50 per cent funding mechanism should be reviewed…indeed if the percentage approach is wrong; it would be better and fairer to provide an appropriate amount per patient." (Des McNulty MSP)

- The 50% funding of Hospices is a matter for the Government to consider.

"(Within the 2000 consultation)...it was never anticipated that St Margaret's would be affected – that came out of the later (2004) consultation process." (Des McNulty MSP)

- In 2000 the Board consulted on closing Blawarthill and Cowglen hospitals – this was dictated by the policy direction on Older People's services.
- In the context of the 2000 – 2003 consultation and assembly of the Older People's Services Framework, we were at pains to make clear that this would impact on ALL forms of provision and all sites, either within the NHS or commissioned externally
- It is wrong to give the impression that there could have been no inkling prior to 2004 that changes in the provision commissioned by the NHS were coming – indeed we were trying to engage on this point with St. Margaret's prior to this

"It is most unfair that, at the 11th hour, it (St Margaret's) is expected to find more money…I would have expected it to be the first to know rather than the last." (Gil Paterson MSP)

- The Board has tried to work with St. Margaret's for four years to help identify a different use for the beds and hence a source of income for them. I should also point out that the frail elderly continuing care beds are occupied by patients under the care of NHS consultants and are referred by them. Once the decision is taken to stop using St Margaret's to provide this type of care we will stop referring patients. Over a relatively short period of time it can be expected that the ward would be empty and St Margaret's would no longer be incurring most of their costs. There is no expectation that St Margaret's would continue to receive patient referrals and hence have to raise money to pay for the costs of their care.
- There will be no requirement for St. Margaret's to have to raise funds to match the income they currently receive from the Board.

"In our hospice, we have looked at the figures over the past 57 years, but we have been prejudiced against because we have been good value for money. We have delivered to the health board at a low cost over the years, which means that the 50% HDL on funding is prejudiced against us. Our historic cost is lower, so we have been funded lower and, because of that, we do not get enough to allow us to do what we would like with the hospice." (Professor Leo Martin)

- The Board has made £500,000 available to develop palliative care services in Glasgow. This money has been allocated by the Palliative Care Managed Clinical Network, of which St. Margaret's is a member. All services have been given the opportunity to put forward bids for additional funds to provide new services– St Margaret's have not presented any bids.

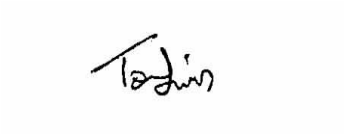
"Over the past few years we have been trying to get the health board to give us a decision on its thinking and planning. Finally, earlier this year, Sister Rita and I heard of the decision at a meeting with the board's then Chairman and Chief Executive. We thought the meeting was to discuss a capital contribution to our new build – but instead we were told the Board had decided to close 30 beds so that we should prepare to accommodate a change of need. That was the first we heard of the decision. It was presented to us fait accompli." (Professor Leo Martin)

- This is not borne out by the timeline of contacts shown on page 2 of this note.
- The requirement for St Margaret's to consider a different type of care was well known to them and is referred to consistently in correspondence between our two organisations and with others.
- The meeting in April, 2007 reiterated the planning position of the Board to alter the use of beds at St Margaret's, no firm timetable was given. The position of the Board at that meeting was identical to that taken during meetings over the last 4 years except we were able to offer the possibility of an ongoing contract with the NHS.

I note that Des McNulty MSP sponsored a Members debate in the Scottish Parliament on the subject of St. Margaret's on 10th January 2008. In concluding the debate, Shona Robison, the Minister for Public Health, said: "I reiterate that I look to NHS Greater Glasgow and Clyde and the board of St. Margaret's, as a provider of services to the NHS, to work together so that the local communities receive services in accordance with their needs."

I confirm that NHS Greater Glasgow and Clyde has always been ready and willing to do this: we hope that the board of St. Margaret's are now ready to join us.

Yours sincerely,



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