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

PE1105/D



Your ref: PE1105

19 March 2007

Dear Frank

Thank you for your letter of 25 February 2008 regarding Petition 1105 by Marjorie McCance on behalf of the St Margaret of Scotland Hospice, Clydebank.

You may be aware that I recently visited St Margaret's Hospice and met many of the staff and volunteers involved in the day to day running of the hospice. I also met with representatives of the Board of St Margaret's at which time I stressed the importance of looking to the future and underlined the need for constructive dialogue with NHS Greater Glasgow and Clyde. I also stressed the importance of organisations providing services to the NHS ensuring alignment with NHS strategic priorities.

Following this visit, I wrote to the Chair of NHS Greater Glasgow and Clyde indicating my wish for them to urgently engage with St Margaret's and the Hospice Chair. Professor Martin, Chair of St Margaret's Board subsequently met with Andrew Robertson, Chair of NHS Greater Glasgow and Clyde. I look forward to the outcome of that discussion and any subsequent discussions being translated into substantive proposals for the future which will ensure the needs of the population are served.

I should stress that NHS Greater Glasgow and Clyde are responsible for planning, providing and securing the provision of NHS services for its population. The St Margaret of Scotland Hospice is a recognised charity and a company limited by guarantee which receives NHS funding for particular services which it provides and the nature of these services determines the type of funding provided. Scotland's health care challenges require a shift in the balance of care towards community-based services and it is important to recognise that, for some people with particularly complex needs, it will be necessary to ensure the availability of the most appropriate services in the right setting with the best support. This is just as important for families and carers. Care of the frail elderly and care for those with palliative care and end-of-life needs are, perhaps, areas that most appropriately reflect our values for the NHS and for society more widely. Implementing the action plan for *Better Health, Better Care*

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provides an opportunity to reflect our core values in the planning and provision of services for those who are most vulnerable in our society.

I have asked to be kept informed of developments and indicated my desire for a constructive conclusion to the outstanding issues. However, the development of services is a matter for NHS Greater Glasgow and Clyde, and it is for the Board to ensure appropriate services are in place. Accordingly, I have no plans to convene a meeting with the NHS Board and St Margaret's.

Turning to the 50% funding agreement, as you know, at present, St Margaret's receive funding from NHS Greater Glasgow and Clyde for the provision of 30 palliative care beds. NHS Boards have been required to meet 50% of agreed palliative care running costs and this is set out in guidance issued to the NHSScotland under HDL(2003)18.

The Committee should be aware that it was the Scottish Hospices Forum, of which St Margaret's is a member, who agreed the funding level be fixed at 50% so as not to compromise the essential independence of individual hospices.

If the Board of St Margaret's now feel that this formula needs to be amended they should raise their concerns through the appropriate channel, which in this instance is the Scottish Hospices Forum. The Scottish Hospices Forum can then ensure that this issue is raised formally and I would be happy to consider any representations from them.

I hope this information is helpful and outlines the current position with regard to St Margaret's.

Best Wishes
Nicola

NICOLA STURGEON