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Mr Franck David,
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Date 15th February, 2010.
Your Ref Petition PE1105
Our Ref RC\JW\FEB

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Dear Mr David,

CONSIDERATION OF PETITION PE1105

Thank you very much for your message dated 13th January, 2010 in which you offered a further opportunity to comment on the Public Petitions Committee's deliberation of Petition PE1105, on the subject of St Margaret's of Scotland.

I have read through the transcript of the Committee's meeting on 12th January, 2010 and have identified eight statements and issues raised by Des McNulty and fellow MSPs on which we are able to respond. I have noted each below and set out our comments:

1. *NHS Greater Glasgow and Clyde has been "unhelpful" in the way it went about reviewing continuing care provision leading to "tension" between St Margaret's and Blawarthill*

The original decision to redevelop the Blawarthill Site followed public consultation undertaken in 2000 and the detailed requirements were developed jointly with Glasgow City Council.

The redeveloped site will include 60 NHS beds for frail elderly NHS patients staffed by NHSGGC clinical staff which will directly replace the **existing 60** NHS beds at Blawarthill (these beds *do not* replace or substitute provision at St Margaret's of Scotland), 60 care home beds for social care, 24 sheltered housing units for Yoker Housing Association and mainstream affordable housing. There is considerable local community support for this development and it is specifically designed to suit local requirements.

At no point have we ever sought to set St Margaret's against Blawarthill: it is my understanding that the suggestion that there was some kind of competitive, 'either-or' scenario between the two sites originally came from individuals campaigning on behalf of St Margaret's. Indeed, we have been at pains to point out that there is no link between the two sites, other than the wider review of service provision for frail elderly patients in response to changing national policy and patient needs that has already seen Blawarthill reduce from 120 to 60 beds.

2. *St Margaret's is looking for "some security to the continuation of the outstanding care it provides" and a "sensible discussion" and not one in which the NHS says "we have made a decision and you have to fit in with it"*

It has long been recognised that frail older people are best cared for in community settings. Additionally, continued efforts between ourselves and local authorities to reduce 'bed blocking', where patients remain in NHS beds following successful treatment simply because there is no other place for them to go, have proven effective. This has driven a reduced requirement for in-patient beds.

NHS Greater Glasgow and Clyde has over the last decade been working closely with private and charitable providers to move away from purchasing continuing care beds. Our experience of the changeover to new models of care has been very positive and successful: with a range of providers. We have always ensured there is no financial risk to the provider during the changeover period by providing transitional support. Unfortunately in the case of St Margaret's of Scotland we have not succeeded with that approach.

Emerging trends and models of care define our policies and plans. Our responsibility to meet patient need and changing demands, require us to change the provision which we commission. Put simply, the NHS needs to provide substantially less continuing care beds and that is the justification for our proposals to change the service at St Margaret's.

However, we along with our partner agencies have tried very hard to generate alternatives that would allow it to adapt to changing circumstances with the least possible disruption – and to provide the very "security" that St Margaret's are seeking.

Three successive options proposed have been put to St Margaret's and been rejected. These three options were to provide:-

- care beds without nursing;
- continuing care for older people with mental health problems (such as dementia);
- care beds with nursing support (an option developed between ourselves, Glasgow City, West and East Dunbartonshire Councils).
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These options would have given St Margaret's "security."

3. *It is "extraordinarily difficult" to engage with NHS Greater Glasgow and Clyde*

In November 2009, we wrote to St Margaret's as follows:

"I would re-iterate our continuing desire to work with St Margaret's to deliver care to our population. It is of critical importance to that joint work that your Board concludes which option it prefers in order that detailed implementation planning can begin for transition to St Margaret's chosen option. This will need to include workforce and financial issues and how to manage admissions during the transition.

"I would also underline our previous commitment to work with you to identify any additional costs and challenges St Margaret's may face in the transition period, in order that we can provide any appropriate support.

It is my objective that we reach agreement in principle in early 2010 so that we can jointly announce our new relationship in the spring.

Whilst I have noted your views as expressed in your letter of 8th December, 2008 I would urge that your Board fully consider the options available to you. I would ask that we have confirmation of your preferred option, should the NHS not be in position to expand palliative care provision, as soon as possible.”

St Margaret's replied in December rejecting our proposed options.

I am clear that this organisation has made every effort to engage with St Margaret's but while they have attended meetings and provided information on their preferred option there has been an extreme reluctance to discuss, much less genuinely consider, possible alternatives.

I would refer you to previous correspondence (notably former Chief Executive, Tom Divers' letters to the Committee of 21st January, 29th July and 10th October, 2008 and my own letter of 12th August, 2009) to confirm the extent to which we have tried to engage with St Margaret's.

4. *The petition linked to St Margaret's is the second largest ever received*

Whilst we fully understand the level of public concern about St Margaret's, we remain disappointed by level of misinformation and misinterpretation that surrounds the issues. Various assertions have been continually repeated in the media and at community level which do not fully and fairly represent the position. Clearly, it is very difficult for the NHS, portrayed as working against the interests of spiritually motivated people who are providing care for the dying, to be perceived in a balanced way. In particular there appears to be a perception that we are intending to 'shut down' St Margaret's hospice services. We have consistently attempted to make clear that this could not be further from the truth.

5. *This is a "significant change in provision" and the Cabinet Secretary should investigate*

In previous correspondence we have set out the much wider process by which we have engaged around the balance of provision for older people's care. This has resulted in the rebalance of priorities that we have successfully enacted in partnership with other agencies and other external contractors. We have provided Scottish Government with detailed information on our approach.

6. *NHS boundaries have changed as a result of the addition of 'Clyde' following the dissolution of NHS Argyll and Clyde – this may ensure a different 'patient flow' to St Margaret's*

The boundaries were redrawn in April 2006 – almost four years ago – and did not materially affect the overriding issues relating to continuing care. There were already plans in place for NHS continuing care for the former Argyll and Clyde populations. Councils have been involved in developing the options we put to St Margaret's.

7. *NHS Greater Glasgow and Clyde has shown “total disregard” to public concern and families of patients*

We need to commission services required by older people and we would like St Margaret's to remain a part of providing those services, albeit in a different way. As I have indicated, this is due to wider structural changes in requirements for continuing care services and is not unique to St Margaret's. In my view we have made every effort to work with St Margaret's to achieve a solution which offers as secure future.

8. *Why is NHS Greater Glasgow and Clyde continuing this decision without “full consideration of the arguments” that St Margaret's makes?*

We have fully considered St Margaret's argument but we cannot accept a position where a provider seeks to continue to be funded by the NHS for services which are not required by NHS patients, or where a provider seeks to undermine a development in another community in order to retain NHS contracts.

We have made it clear to St Margaret's, that, although we are unable to continue purchase continuing care for the frail elderly from them, we want them to provide other services to our residents. .

We have also confirmed that we would provide the transitional support necessary to effect the change to a new model and, if necessary, meet subsequent additional costs for palliative care. Contrary to the perception of some, and as I have already stated, our intention is to continue to purchase palliative care from St Margaret's.

We have no desire to see St Margaret's close and that is why we have put forward these means by which we can effect a successful transition. In short, we done our very best to respond to St Margaret's arguments but we cannot commission services we do not require – but we remain willing to help St Margaret's to provide services that are needed by older people.

I apologise for the length of this submission but a wide spread of issues was covered by the Committee.

I would like to conclude by re-iterating the following three points:

- We are committed to funding the palliative care service which St Margaret's provides.
- We want St Margaret's to continue to provide care for older people but we have asked them to change the use of these beds to provide urgently needed care places for local authorities.
- Nothing is being asked of St Margaret's which is any different in objective or nature from what is happening elsewhere in the country and across Greater Glasgow and Clyde.

Yours sincerely,

Robert Calderwood
Chief Executive