

18 August 2008

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

Dear Mr McAveety

Consideration of Petition PE1105

I refer to the letter from the Chief Executive of NHS Greater Glasgow and Clyde to the Petitions Committee dated 29 July 2008. In responding to this letter, I have received information directly from the Hospice, in order to ensure accuracy. For ease of reading, I have left Tom Divers comments in italics, with the Hospice response in red.

Since I last responded to the Committee, Greater Glasgow and Clyde NHS Board has considered a paper recommending a reduction in frail elderly continuing care beds, including those provided via St Margaret's of Scotland. I have attached a copy of the Board paper for your information. The paper clearly outlines the NHS Board's analysis of the position leading to the proposal to reduce beds.

Hospice Response

The paper presented to the NHS Board was, in effect, presented as a fait accompli. The Hospice had already received a fax from the Health Board Chairman Andrew Robertson on 14 March 2008 at 17.00 advising the Hospice would no longer receive referrals for NHS continuing care from 1 April 2009.

As can be seen from the detailed minutes of the Health Board meeting on 15 April, the Board members refused to approve the recommendations, despite the attempts of the Chairman Andrew Robertson and Chief Executive Tom Divers. It was agreed therefore to pursue discussions with the Hospice and revert to the Board thereafter. (A copy of the actual minutes of the NHS Greater Glasgow Health Board Meeting held on 15 April 2008 is available at:

<http://www.scottish.parliament.uk/s3/committees/petitions/petitionsubmissions/sub-07/PE1105E.pdf>).

The Board's analysis, which is referred to as the Balance of Care Report, is flawed and incomplete. The Balance of Care report does not include the patient figures from the Hospice. When the Chairman Andrew Robertson and Chief Executive Tom Divers were challenged on this point, they clearly stated they were unaware of this.

At a subsequent meeting attended by Anne Harkness, she confirmed she had not included our figures but instead, had used the figures of Mearns Kirk as a comparison to the Hospice. Ms Harkness explained her decision to use Mearns Kirk as an example “as it is one of the few other NHS continuing care sites in the city that hasn’t been used for delayed discharges.” Yet, at the Health Board’s April Board meeting, Councillor Douglas Yates, who represents that area, stated in relation to Mearns Kirk “in an audit taken last December there were around 40 patients occupying NHS continuing care beds which meant there was a significant number of others and with reference to that, it is unlikely this area would require 72 beds.” The Hospice has always had 100% occupancy with a waiting list. The Health Board Chief Executive Tom Divers stated the patients cared for at the Hospice were “patients who are properly in receipt of NHS continuing care and who are in the final months of their life”. How therefore can the Health Board deem it acceptable to compare the Hospice to Mearns Kirk. From this and other remarks and statements made at both meetings, it was clear the NHS representatives were unaware of the function and activity of the Hospice.

The content of that paper was shared with St Margaret’s of Scotland in March and an offer made to meet to discuss how both parties could work together to take forward the issues. Two options were suggested specifically: a migration towards St Margaret’s becoming a care home provider in partnership with local authorities, and; a move towards providing care to older people with mental health problems on behalf of NHS Greater Glasgow and Clyde. Unfortunately, the lack of availability of key individuals meant that it was not possible for the meeting to take place before the Board Meeting held on 15th April.

This information was not shared or discussed with the Hospice. The first the Hospice knew of it was when a fax was received after hours on a Friday afternoon outlining the Health Board’s decision to cease referrals for NHS continuing care from 1 April 2009 – a decision which had not been sanctioned by the NHS Board.

In order to clarify the position regarding the availability of key people, it was the Hospice who wrote to Chief Executive Tom Divers on 6 March requesting suitable dates for a meeting. The dates provided by the Health Board on 19 March were 25 March, 28 March and 1 April. Unfortunately, 25 March was the Hospice Board Meeting, the 28 March was immediately following the Hospice Public Meeting and 1 April proved difficult as a key member of the Hospice Board of Directors was unable to attend. It is important to keep in mind Hospice Board Members, unlike those of the Health Board, work in a voluntary capacity and therefore their diaries are full of business commitments, as well as Hospice work. On 31 March, the Hospice contacted the Health Board again requesting further dates. Yet Chairman Andrew Robertson wrote to the Herald Newspaper on 1 April 2008 intimating we were refusing to meet with them.

The Chairman of NHS Greater Glasgow and Clyde and myself met with representatives of St Margaret’s of Scotland on 2nd May to explore these issues and agreed to meet again and supply further information so that St Margaret’s could consider the impact of the changes on their financial profile. A third option was also advanced which would see St Margaret’s providing care home services with nursing

beds and an outline income of this, and the second option above, would attract was shared with representatives on 6 June.

The Hospice did not agree to meet with NHS Greater Glasgow and Clyde to “explore these issues”, instead the Hospice met with NHSGGC to outline its concerns regarding the anomalies within the Balance of Care report on which the Health Board had based its decision to reduce elderly care beds in general and more particularly, remove NHS elderly care beds from the Hospice. The anomalies of the report were highlighted to Chairman Andrew Robertson and Chief Executive Tom Divers on 2 May 2008. They were surprised, had no explanation and were unable to answer the questions posed. We agreed to meet again with the Health Board to address these issues, which still remain unresolved. The points which remain outstanding from 2 May 2008 are:

- a. Why Anne Harkness altered the balance of care report of 2005 in 2008 from 30 beds to 26 beds thus further compromising the integrity of the report.
- b. The full waiting list – transparency and being upfront. The Hospice has been informed that “it doesn’t need to know that information”.
- c. No acknowledgement that 40% of patient admissions to the Mary Aikenhead Centre fall outwith Glasgow City Council
- d. The 16 different reasons presented in letters and reports for the Health Board decision.
- e. The whereabouts of the ‘Final copy of Balance of Care report’ – ratified when and by whom?
- f. A copy of the tool Anne Harkness used for collecting, analysing and predicting less demand for continuing care
- g. The reduction of choice for individuals who choose the Hospice as a preferred place of care for NHS Continuing Care, as referred to in Scottish Government Publications, Care Commission Standards and CEL 6 2008?
- h. What happened to the draft contract with the Hospice in 2000 and why was it not completed? Why did this disappear in 2005 when it became apparent the Hospice would be affected by the Balance of Care Findings.
- i. Comments of ward managers who came for training in the Hospice who clearly identified end of life care is an area they neither have confidence nor skill of delivery mainly due to the shift of balance of care that has already occurred within NHSGGC.
- j. Why not open up access to the ward to all Geriatricians?
- k. Lack of consultation and basic manner of communication with a service the NHS & Glasgow City Council constituents have benefited from for 58 years. It could be interpreted it was better to consider the deal done and push the process through in order to avoid that which has ensued. Was that the intention behind the shambolic consultation process?

Subsequently, a further meeting was held on 11th June. In the course of the meeting, three pieces of work were agreed:

- *A review of the apportionment of costs at St Margaret’s of Scotland between palliative care and the frail elderly beds. This has been arranged for 5th August.*

- *A headline assessment of any future development implications associated with work underway both locally and nationally to expand provision for patients with terminal illness other than cancer, and;*
- *An assessment of the implications of a move to provision of care home services with nursing service or NHS continuing care for older people with Dementia in terms of:*
 - *The necessary period of transition to an alternative model*
 - *The levels of staffing change involved in each of these options and the approach required to achieve this over a reasonable timescale*
 - *The requirement for transitional funding to ensure that financial turbulence is avoided during the transitional period*

We agreed to meet again to further discuss and receive an explanation regarding the anomalies within the report and required explanation from the Health Board. There was no intention of discussing a financial profile at that time.

At the meeting on 2 May 2008, the Chairman Andrew Robertson made it very clear he would not commit anything further in writing to the Hospice but instead would “convene a group in 2 or 3 weeks time where a paper could be presented, discussed, and perhaps not taken away because there might be things that come out of it, so that what does go out is something which has been the subject of a recent discussion”. Yet, on Friday 6 June 2008, at 5.45pm, Chairman Andrew Robertson had a letter hand delivered to the Hospice outlining their financial breakdown of the Hospice when it transferred its model of care to that of a care home or NHS continuing care for older adults with mental illness.

The Hospice raised considerable concerns around the care home model presented by the Health Board as it was a social care model which evidenced financial withdrawal, reduction of management/leadership, dilution of expertise ‘through natural wastage’, sustainability and yet another step away from End of Life Care.

The Hospice also explained to the Health Board we are unable to provide care for the elderly patients with dementia as the Hospice environment was unsuitable for this category of patient and the skills and expertise of our staff lay not within mental health but within Hospice and end of life care.

The three pieces of work suggested in the Health Board letter are non factual and a poor representation of the meaningfulness of the meetings held, thus they are nonsense. What the Health Board failed to acknowledge is the one piece of work which was to be completed and that was in relation to Palliative Care for the Older Person at the End of Life, combined with the opportunity to increase capacity for non malignant illness. We forwarded our evidenced proposal of this to the Health Board on 3 July 2008. The only response to the very detailed work, based on recent research, was “they had read it with interest”.

The Health Board also failed to note the 3 specific points they were to revert to the Hospice on following the meeting on 11 June 2008, namely:

- Chief Executive Tom Divers to respond to Professor Martin prior to 24 June regarding removing the 1 April 2009 deadline date
- Chief Executive Tom Divers to provide the Hospice with a copy of their press release on the afternoon of 11 June 2008
- Chief Executive Tom Divers to prepare draft terms of a reference on the next piece of work

The Health Board did not fulfil any of these obligations.

The meeting on 5 August regarding the apportionment of costs provided clear evidence the Health Board has no understanding of the financial governance or financial structure of St Margaret of Scotland Hospice. The Hospice's Financial Controller has repeatedly asked the Health Board to provide a breakdown of the funding. This information has never been received; the Health Board has consistently refused to produce this information which has led the Hospice to believe they are unable to do it. Furthermore, despite preparing a detailed and factual budget to the Health Board each year, the Hospice has only received a nominal 1 or 2% uplift, regardless of the cost increases.

The NHS Board has stated clearly that there is no intention to reduce the funding it has allocated to St Margaret's of Scotland for the provision of specialist palliative care services and this remains the case. Equally, the Board has stated publicly since 2005 that it plans to reduce the number of frail elderly continuing care beds provided. These statements are not contradictory as they relate to two entirely different types of care and two different funding and planning processes.

Given the Health Board had no insight into the breakdown of funding for the Hospice, it is surprising they state there are two different funding processes. What the Health Board fail to understand is the removal of funding from one area of the Hospice will undoubtedly impact on the whole Hospice. Both wards complement each other and are interdependent. On 2 November 2007, the Chief Executive Tom Divers wrote to the Herald newspaper advising *"The board also allocates St Margaret's £1.2m every year to provide 30 long-term NHS elderly-care beds. We want to keep elderly-care beds at St Margaret's but to use them in a different way to meet the changing needs of our older population. Our analysis of patient need shows that there will be more demand for nursing and residential services and less for long-term NHS elderly care."* This statement is completely misleading. It is only in the last year the Health Board have provided £1.2m for elderly care. Furthermore, by using the beds in a different way, the Health Board are proposing to reduce Hospice funding by at least £400,000.

24th June was the date of the last meeting of Greater Glasgow and Clyde NHS Board. However, as there was no further material progress to discuss on the subject of St Margaret's of Scotland at that point, the matter was not raised at the meeting.

This is fundamentally inaccurate. There was material progress with the Hospice as there had been 2 meetings. Furthermore, if Chairman Andrew Robertson and Chief Executive Tom Divers did not consider it appropriate to raise the matter at the meeting, why then did the Chairman Andrew Robertson write privately to all his

Board members? Also, the letter to his Board Members was not a true reflection of the discussions which had taken place with the Hospice. It has become clear the discussions entered into 'meaningfully' by Hospice representatives was neither respected nor honoured by NHSGGC, thus making a mockery of the request by the Cabinet Secretary for Health and Well Being that this was what she required and expected. Unfortunately the Cabinet Secretary has only taken account of NHSGGC and has never contacted the Hospice for their appraisal of the situation.

In addition to the meetings and correspondence outlined above, I have also written to Professor Leo Martin and Sister Rita Dawson on 15th July confirming the foregoing point and dealing with matters of logistics around the programme of work agreed.

Chief Executive Tom Divers has done no such thing. Whilst he did write to the Hospice on 15 July 2008, he wrote only in response to the Hospice's letter of 3 July and only to provide excuses as to why he had not done that which he said he would at the meeting on 11 June, namely to revert to the Hospice with a press release, removing the 1 April 2009 deadline date and providing a terms of reference. His only comment regarding the detailed letter we sent to him was that he had "read this with interest and have shared this with my colleagues". He did advise he would finalise a terms of reference over the following 2 weeks. It has now been 4 weeks and we have heard nothing further. It is extremely unfair of the Health Board to continue to drag their heels and distort the truth whilst still holding the 1 April 2009 deadline date over the Hospice.

General Hospice Comment

Every NHS Greater Glasgow and Clyde Board Member was invited to the Hospice to have full discussions with the senior management in order to help them understand more fully the Hospice's position as it was clear from the April 2008 Board meeting that many Board Members were uninformed. In business it is crucial that decisions are informed and evidence based decisions, especially when those decisions affect the health of the public and the public purse. However, what we do not understand is why Chairman Andrew Robertson of the Health Board anecdotally suggested his Board members not to pay a visit to the Hospice but if they wished to then there would be nothing he could do to stop them. If everything was above board and there was full transparency, nothing to hide or fear, why would Chairman Andrew Robertson need to resort to such tactics?

A full copy of the minutes of both meetings with the Health Board can be accessed from the Hospice website – www.smh.org.uk. Alternatively, please contact the Hospice if you require a copy of the minutes or if you would like further detailed information.

General Petitioner Response

The Health Board officers appear most economical with the truth. They are not only misinforming the public, but also their own Board. It has been suggested, and

everyone should take note of this, there are plans afoot to centralise Palliative Care services within acute trusts. This has to be a caution to the public and all Hospice Management Teams. This means at end of life when choice of environment is crucial and possibly the only choice you have left, you will die in a hospital environment - something no-one wishes to do. Hospices are unique and the reason they do not share the same sites as acute trusts is not by mistake, but by intention. At a time when the focus of care should be on the person and not the illness, why should patients and families not have the opportunity to make that crucial environmental shift? It has become apparent the ethics of those managing NHS resources has been compromised, so we would say to those involved in allowing such decisions to be made. "Just because they can, should they?"

There ought to be a full independent review undertaken to ensure the Board reaches the correct decision and members are provided with accurate and up to date information before reaching any conclusion.

I apologise for the lengthy response and appreciate you wished only 4 pages. However, given Mr Divers had the benefit of 7 page, I presume you will be able to accept this letter.

Yours sincerely

Marjory McCance
Campaign Manager