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The Scottish
Parliament

Please reply to Constituency Office

16th March 2010

Frank McAveety MSP
Convenor Public Petitions Committee
Scottish Parliament
Holyrood
EDINBURGH
EH99 1SP

Des McNulty MSP
for Clydebank & Milngavie

Dear Mr McAveety

I am writing in response to the points raised in Mr Calderwood's letter to the Petitions Committee regarding the St Margaret of Scotland Hospice petition. I have consulted with the Hospice in drafting this response, feeling it best that a response should go forward in my name since it referred to comments that I and colleagues had made at the Petitions Committee. Before dealing with each point in turn, using the same enumeration as Mr Calderwood for ease of reference, I would wish to reiterate my view that St Margaret of Scotland Hospice has never been opposed to the redevelopment of Blawarthill Hospital. The Hospice Board has made it clear that it would be supportive of additional services for the most vulnerable people in our society. However new provision should not be at the expense of the outstanding continuing care provision at St Margaret's.

1. It is widely known the consultation regarding Blawarthill took place in 2000. In this consultation, the Health Board provided 2 options in relation to Blawarthill:
 - a. "This option would re-provide the remaining 90 places with some new NHS partnership beds in West Glasgow, matched by a transfer of partnership beds to social care elsewhere in North Glasgow, social care places (including enhanced residential care) and a substantial investment in community outreach services."
 - b. "A second, alternative option is to reprovide a higher number of NHS beds but this precludes development of a community outreach team."

The consultation paper states "The first option best meets the needs, issues and service models outlined in the paper." In the consultation document there was no reference to a reduction in beds in West Glasgow. In essence, the public were asked "Do you want Blawarthill to close or stay open?" The response was that Blawarthill should remain as an NHS facility as the Health Board had already substantially reduced the number of NHS beds with the closure of Knightswood Hospital. The public were not advised of any impact on St Margaret's. St Margaret's were not advised of any impact on the hospice or requested to respond as an interested party.

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Furthermore, the consultation was carried out over 10 years ago and by the time Blawarthill is complete, it will be 13 years since the consultation.

In his letter, Mr Calderwood states the beds at Blawarthill “do not replace or substitute provision at St Margaret’s”. The Board has not been consistent or straightforward in stating its position on this matter. During a meeting at the Hospice in June 2009, when the Hospice staff voiced their concerns over the reduction in Continuing Care beds, Mr Calderwood stated *“For frail elderly continuing care, we are not proposing to reduce the service – we are re-providing it”*. When challenged on this point, Mr Calderwood stated *“I am sorry if my use of language was imprecise, the Board is reducing the provision of NHS Continuing Care beds by 30”*.

The description of proposed services for Blawarthill was detailed as “60 NHS beds, 60 care home beds for social care, 24 sheltered housing units for Yoker Housing and mainstream affordable housing.” When he met hospice staff, Mr Calderwood did not share with them the additional and important piece of information that the contract for the 60 NHS beds will only be for an initial period of 5 years. This information was subsequently revealed in the ‘Scottish Review’

The paper submitted to the Board in December 2000 states “the initial phase of the development of the Blawarthill site would include NHS beds for the frail elderly, social care residential services, day services and acute outreach services. Additionally, further development may be social care day services, sheltered housing, primary care team developments, accommodation/workshops for voluntary sector groups and mental health services.”

It now appears that private residential housing will occupy some of the land which was presumably set aside for accommodation/workshops for voluntary sector groups and mental health services in the original plan. It is not clear when the decision to “drop” the workshops and mental health services in favour of more private housing was taken.

- The discussions which took place involved the Health Board and Glasgow City Council. There was no involvement of elected representatives of the residents of East and West Dunbartonshire
- Mr Calderwood’s comment regarding “individuals campaigning on behalf of St Margaret’s” is inaccurate – no-one representing St Margaret’s or, so far as I am aware, campaigning on its behalf has condemned plans to improve Blawarthill, the argument has been that this should not be at the expense of St Margaret’s
- The evidence on which the decisions regarding the needs of patients is flawed because the Hospice bed figures were never included or considered in the calculations.

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2. Whilst some frail older people can and should be cared for in the Community, for many others in-patient care is more appropriate. St Margaret's has never had a "bed blocking" situation as all patients accommodated have been diagnosed by the relevant consultant as being in need of continuing care. I am advised that in the last 4 years only 2 patients have been discharged from the NHS continuing care unit at the Hospice because the Hospice was inappropriate for their needs; one patient was discharged to be in the same facility as her husband (who did not meet NHS continuing care criteria and therefore could not be cared for in the Hospice), the other was incorrectly transferred to the Hospice by the Geriatricians. St Margaret of Scotland Hospice is a genuine NHS continuing care facility and does not have inappropriate patients or voids.

Mr Calderwood states "... working closely with private and charitable providers to move away from purchasing continuing care beds". What he is not admitting to is that the health Board proposal involves **renting** the beds from a private organisation for a period of 5 years, at a cost which the Director of Finance is apparently unable to quantify.

The three care options offered to the Hospice are inappropriate for the reasons stated on numerous occasions. St Margaret's delivers both palliative and continuing care in a Hospice environment. Highly skilled, trained and experienced staff provide care for both categories of patient. Loss of funding consequent on the removal of continuing care beds would enforce the redundancy of key members of staff, jeopardising the quality of provision and indeed the future of the Hospice's provision of Palliative Care due to the formula used to determine Health Board funding of Palliative Care.

3. Mr Calderwood suggests the Hospice has not genuinely considered any of the options put forward. If the Hospice had not considered the options, they would not have been able to put forward their very detailed reasons as to why these options are not appropriate. The Hospice has responded to the proposals put forward by the Health Board in detail and in writing. The Health Board on the other hand has failed even to provide a written acknowledgement of the Hospice's proposal, hand delivered to the Health Board on 21 October 2008. The Hospice has had no discussions with the Health Board on this proposal, despite its best efforts, and is awaiting information from the Health Board regarding its viability.
4. Whilst Mr Calderwood notes that the Hospice petition is the second largest ever received, he does not comment on why it is being ignored. "The level of misinformation and misinterpretation that surrounds the issues" – to which Mr Calderwood refers, is in my view, the result of NHS GG&C's refusal to engage. It is not attributable to "misinformation" provided by the Hospice.

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The Hospice has never “portrayed the NHS as working against spiritually motivated people.” Mr Calderwood suggests the NHS has difficulty being “perceived in a balanced way” as a result of the Hospice’s religious foundations. I find this statement worrying. The St Margaret of Scotland Hospice has delivered care to patients of all denominations and none for the past 60 years. There has never been any suggestion previously that religion could adversely affect the Hospice’s relationship with the Board- the NHS and St Margaret’s have worked in partnership for the 60 years since the Hospice opened in Clydebank. The reason the Health Board has struggled with public perception of its decision-making process is because to many people it the removal of 30 beds from St Margaret’s is obviously a wrong decision.

It is patients and their families who are important and must be the priority. Mr Calderwood also takes no cognisance of the comments made by Mr John Wilson regarding the “public concern about an issue which it is directly involved”.

5. I will reiterate my plea to the Cabinet Secretary that she should intervene when the Health Board’s treatment of the Hospice is debated in the Scottish Parliament shortly.
6. Mr Calderwood notes that Councils have been involved in developing the options put to the Hospice. This is confusing given both East and West Dunbartonshire Councils have unanimously approved motions supporting the retention of the 30 NHS continuing care beds. The Review of Balance of Care report was written in 2004 and only takes cognisance of Glasgow City demographics. West and East Dunbartonshire do not seem to have been involved in these discussions. By their own admission, the Health Board did not include the figures of St Margaret of Scotland Hospice, instead decided to use a proxy based on Mearns Kirk Hospital which is misleading since the Hospice has had 100% occupancy whereas Mearns Kirk has been used for delayed discharges.
7. This point has been covered exhaustively in previous correspondence but I would reiterate there is no reason why the Blawarthill development, which is not yet built, could not provide the services the Health Board suggests for St Margaret’s. In addition, contrary to Mr Calderwood’s view, “every effort to work with St Margaret’s to achieve a solution which offers a secure future” – the Health Board appears unprepared to listen to the Hospice nor work with them. The Hospice is a Charity and its Mission Statement, Philosophy and Core Values are of caring for the very ill and those with life limiting illness nearing the end of life. The Hospice Memorandum and Articles of Association clearly set out that the Hospice provides Hospice Care.


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8. St Margaret's have never suggested the NHS funds services which are not required by NHS patients. Clearly the services are required as they are proposed to be provided in Blawarthill. Please see point 7 above.

Mr Calderwood chose not to address in his letter the inequity in Palliative Care funding nor the value for money the Health Board and its predecessor organisations have had over so many years from the St Margaret of Scotland Hospice.

I know that the St Margaret of Scotland Hospice is truly grateful to the Petitions Committee for their consideration of this petition.

Yours sincerely



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Clydebank & Milngavie