

PE1105/M

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

17 November 2008

Dear Mr McAveety,

St Margaret of Scotland Hospice (Petition PE1105)

I have been asked to reply to the responses you have received in relation to the Petition from Ms Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing (dated 7 October 2008) and Mr Tom Divers, Chief Executive at NHS Greater Glasgow and Clyde (dated 10 October 2008).

NHSGGC Letter – 10 October 2008

There have been no substantive discussions between the Health Board and Hospice Board regarding the retention of the Continuing Care beds for Older Adults at the Hospice, as highlighted by Mr Des McNulty, MSP, at the Petitions Committee meeting on 23 September 2008. This remains the Hospice's preferred option for all the reasons previously stated during this process. These are the most vulnerable people in our society and the need for this level of care is apparent by the consistent 100% occupancy of the Hospice, together with a waiting list, yet 2 of the facilities being retained by NHSGGC have occupancy levels sitting much lower than that of the Hospice at 82% and 79%. Furthermore, the occupancy figures for the north of Glasgow have risen slightly from 2007/8 to 2008/9.

In the absence of a report to the NHSGGC Board at their October Board meeting as anticipated, a member requested an update on the situation with the Hospice at the meeting and the Health Board Chief Executive advised:

“The position is advanced in part in terms of where we were in that, that this Board quite properly has required me to go back to St Margaret's and take forward the three pieces of work. The first of those pieces of work has been carried out between Anne Harkness and Ian Lister and that was to, it was in essence to reaffirm because when Andrew and I were last down, Sister Rita's position in relation to the attribution of spend between Frail Elderly Care services and Palliative Care services was that the exercise had been undertaken in-depth previously but that has been revisited, and as far as I am concerned, that action point is complete.

Anne Harkness has been down on a second occasion to look at the third of the points that we have covered which was to look, in the light of emerging work, both locally and nationally, about what future models of care for non cancer Palliative Care might involve and there has been some further discussion on that.

The piece of work that remains outstanding is that this Board was clear that St Margaret's needs to look at 2 potential alternative options that would see St

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Margaret's either provide care services for the elderly, care home with nursing, or in contract with the NHS, providing services for Older People with Mental Illness and that work has not yet been picked up and it must be picked up because the NHS Board requires that that work be done and I will continue to do all that I can to ensure that work is addressed so that, as the rolling action plan says, we can come back here with a final statement in December."

Mr Divers said in his statement *"this Board was clear that St Margaret's needs to look at 2 potential alternative options that would see St Margaret's either provide care services for the elderly, care home with nursing, or in contract with the NHS, providing services for Older People with Mental Illness"*

From the minutes of the Board Meeting on 15 April, I am struggling to identify where exactly the Board *"made it clear"* the Hospice only had to consider the two options put forward by the Health Board. What the Board did make clear was further, open discussion was necessary. The Chief Executive closed the discussion by advising he hoped to have *"open discussions with St Margaret's in order to move this forward"*.

The Health Board Chief Executive appears to struggle with understanding the Hospice will not accept becoming a care home with nursing or providing services for Older People with Mental Illness. It is misleading of the Health Board Chief Executive to advise the Committee and, more importantly, his Board and the Cabinet Secretary, the Hospice has *"not picked up"* this piece of work. Mr Divers has provided his proposals to the Hospice including projected staffing levels and funding. The Hospice **has** considered these proposals and has repeatedly advised the Health Board this was not the purpose for which the Hospice was established. The Hospice provides Hospice care to patients at the end of life. The Hospice staff have a wealth of experience and skill in providing Palliative Care. The staff are not trained to deal with patients with mental illness.

In the spirit of openness, in June 2008 the Hospice presented the Health Board with a proposal for Palliative Care for the Elderly, which Mr Tom Divers referred to as a *"dressed up status quo"*. When this proposal was formally sent to Mr Divers in July 2008, he noted he had *"read these with interest"* but did not comment specifically on the proposal.

A more definitive proposal was investigated by the Hospice to look at a model of Palliative Care for non-malignant conditions. This Palliative Care proposal was referred to by Mr Divers at the NHS Annual Review in August 2008 and also in his letter to the Petitions Committee, noting *"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"*. A meeting was arranged in September with the Director of Rehabilitation and Assessment Directorate to explore this proposal further.

Following on from this meeting, a detailed paper was hand delivered to Mr Divers on 20 October 2008, suggesting this paper be presented to his Board at their Board Meeting on 21 October. Mr Divers did not present this paper, nor did he refer to its existence. Indeed, he would not have referred to the Hospice at all had it not been for a Board Member asking for an update. This detailed proposal ties in with the

findings of the Audit Scotland Review published in August 2008 and the Government's National Action Plan – Living and Dying Well, published in October 2008. As yet, there has been no response from Mr Divers to this letter.

It has not yet been confirmed by NHS Greater Glasgow and Clyde whether the proposed date of 1 April 2009 still stands in relation to the deadline for referrals to the Continuing Care for the Older Adult beds at the Hospice. The Hospice Chairman wrote to the Health Board Chief Executive again on 21 October regarding this point and a response is awaited. However, the Hospice considers the date of 1 April 2009 to be inappropriate. The suggestion of ceasing referrals to the Hospice on 1 April 2009 was one of the recommendations which were not passed at the Health Board Meeting in April 2008 and therefore the Chief Executive and the Chairman do not have the consent of their Board. One Board Member stated *“Maybe I’m just being a bit pedantic but in the paper in recommendation 6.4, it recommends that the Board no longer continues to purchase a continuing care service from St Margaret’s. If we support the recommendations, even the amended recommendations, then we are supporting that so I don’t agree.”*

Cabinet Secretary Letter – 7 October 2008

Ms Sturgeon referred to the expectation of “constructive engagement” between both NHS Greater Glasgow and Clyde and St Margaret of Scotland Hospice which would “lead to substantive options which focus on the health needs of the population served.” The Hospice has attempted to initiate this constructive engagement by researching and forwarding two separate proposals, neither of which have received a response from the Health Board. The papers presented to the Health Board are both constructive and address the needs of the population, as identified by the findings of the Audit Scotland Report and the National Action Plan. The Hospice has outlined on many occasions why the options presented by the Health Board are not appropriate for the Hospice. It is therefore apparent it is the Health Board who is not engaging with the Hospice. The Hospice has provided 2 proposals in 4 months, yet the Health Board continue to maintain their original stance. At the April 2008 NHSGGC Board Meeting, the Chairman Andrew Robertson stated *“We have to be careful not to preempt the meeting with St Margaret’s and be able to approach St Margaret’s with openness.”* It is time for the Health Board to exhibit signs of that openness.

It is distressing Mr Divers has stated in recent correspondence he does not intend to consider the Hospice’s proposals until the Hospice fully investigate the Care Home with Nursing and Older People Mental Health issues. The Hospice has already considered these proposals, explained in detail why these proposals do not fit with the ethos and purpose of the Hospice and furthermore, have identified the need for the care currently provided.

Ms Sturgeon also mentioned in her response to the Petitions Committee:

“I understand that the NHS Greater Glasgow and Clyde Board will consider a further paper on 21 October 2008.”

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Clearly Ms Sturgeon was advised the Health Board intended to present a paper to their Board on 21 October. It is unfortunate they did not present the paper hand delivered by the Hospice on 20 October to their Board.

Whilst the recent correspondence relating to the Petition has surrounded the Health Board's decision to cease referrals for NHS continuing care, it is important to keep in mind the full extent of the Petition. The Petitions Committee are also asked to investigate whether arrangements for funding Palliative Care provision at Hospice in the context of HDL(2003) 18 are fair and reasonable. In order to keep these items separate and to avoid there being any opportunity for clouding one issue with the other, I shall write separately to the Committee in the next few days.

The Hospice and its supporters remain committed to speaking out for those who are unable to speak for themselves.

Yours sincerely

Marjory McCance
Campaign Manager