

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

10 February 2009

Dear Mr McAveety

I refer to the email from Anne Harkness, Director of Rehabilitation and Assessment at NHS Greater Glasgow and Clyde dated 1 February 2009. How extraordinary it has taken Ms Harkness 6 weeks to reply to your letter of 17 December 2008.

From the first bullet point in Ms Harkness' email, it is quite clear the Health Board have already made a decision regarding the removal of the NHS Continuing Care beds from the Hospice, despite the NHSGGC Board having never approved such a recommendation. Furthermore, it is interesting the Health Board have chosen not to share their views with the Hospice. I understand the last communication with the Health Board was during a meeting on 26 September 2008, and yet the Health Board are due to present a White Paper on 20 February 2009, again without consultation with this Hospice.

In previous correspondence where the Health Board have sought to set out their proposals to change the NHS Continuing Care beds to Nursing Home Care beds, Ms Harkness has suggested levels of staffing which would be totally inappropriate and very dangerous, i.e. 8 qualified nurses and 8 unqualified nurses to look after 30 patients. This equates to 16 staff to undertake 21 shifts. It is no wonder there are so many problems in health care settings when such a limited number of staff are available. Furthermore, Ms Harkness suggested only half a nurse manager was required; Specialist Nursing and Counselling would no longer be required. Clearly the Health Board consider the elderly do not require specialist nursing or counselling, nor do their families require bereavement support.

In respect of the second bullet point, the Audit Scotland Report on Palliative Care Provision clearly identified the various Scottish Hospices provide a substantially similar service. It is very sad indeed the funding is not shared on a similar basis. The difference in funding between St Margaret of Scotland Hospice and other Hospices is as much as £1.6m per year. This differential cannot be explained and if you look at the Audit Scotland report, you will see quite clearly there is no Hospice providing such a different service that would account for the difference in expenditure.

Ms Harkness makes reference to the inappropriateness of bed rates due to other services within Hospices. It is interesting Ms Harkness considers it appropriate to use other Hospice services as an explanation for not using a bed rate. When Audit Scotland, the Information Statistics Division and the Health Board request data collections, they focus entirely on inpatient activity. Data collection has excluded other Hospice services including home care service provision and at times Day Care; this is the reason Hospices never received any funding for Day Care services until very recently. Furthermore, the focus has been mainstreamed into inpatient occupancy which does not take into account Hospice activity.

Yours sincerely

Marjory McCance
Campaign Manager