

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

27 February 2009

Dear Mr McAveety,

**St Margaret of Scotland Hospice (Petition PE1105)**

Further to my letter of 20 February 2009, I write to update you on the outcome of the NHS Greater Glasgow and Clyde Health Board meeting which was held on 24 February 2009.

It was my hope this meeting would result in a logical decision being reached to secure the future of the Hospice. A decision was taken at this meeting, based on a paper which was produced by NHS Greater Glasgow and Clyde's Chief Executive and Director of Rehabilitation and Assessment Directorate, for the Health Board meeting.

The decision which was taken provides the Hospice with three years' security – until Blawarthill Hospital is ready. After early 2012, the future of the Hospice is unclear. This decision was taken despite a motion being proposed by one of the Health Board members for a continuation until further work is completed by the Health Board in the spring (2009), around the area of Palliative Care. This was supported by two other Health Board members and opposed by twenty.

This decision appears to me to be one of convenience, as no building work has yet started at Blawarthill Hospital and therefore, the Health Board consider the Hospice to provide more dignity and privacy for the patients than is currently available at Blawarthill Hospital.

The Health Board members were informed during the meeting on Tuesday that this will be considered the formal notice to the Hospice that the Board will not required NHS continuing care after 2012.

I was seated in the public gallery during the Health Board meeting and must inform you that I walked out of the meeting, as did a representative of the Scottish Patients' Association, due to the derisive manner in which the Chief Executive of NHS Greater Glasgow and Clyde described the Hospice. On leaving the meeting, I commented he was a "purveyor of inexactitudes."

The Health Board meeting was not conducted in a professional manner and I question the decision making process, which was influenced by a contribution from an employee of NHS Greater Glasgow and Clyde, who is not a Board member.

Sadly, the "constructive dialogue" which Ms Nicola Sturgeon, Deputy First Cabinet Secretary for Health and Wellbeing hoped for, was clearly absent. At no point has the Health Board tried to engage with the Hospice in any such a way. Indeed, the Health Board's Director of Rehabilitation and Assessment suggested in a telephone call with a representative of Scotland Patient's Association, the reason the dialogue had broken down was due to the Hospice involving MSPs; something which the Hospice and its supporters have every right to do.

Three years' security is better for the Hospice than the deadline of 1 April 2009 which had been hanging over the Hospice. However it saddens me greatly that the lone voice of one Health Board member who wished for the sensible approach to this decision - to wait for more information regarding the £3million cash injection each Health Board will receive under the Government's Living and Dying Well plan - before sealing the fate of the Hospice, was not heard by this publicly funded

body. However, it is important not to lose sight of the discrepancies and inaccuracies which led the Health Board to make this decision. Furthermore, it is convenient for the Health Board to consider a “stay of execution” for the Hospice given they had nowhere else for these patients to go.

Hopefully in the next three years, the Health Board will realise the Hospice is not a suitable environment for the two options which remain on the table – Care Home with Nursing and Care of the Elderly with Mental Illness. St Margaret of Scotland Hospice has to work within their Articles and Memorandums, which state the purpose of the Hospice is for Hospice Care – not for Care Home care and not for Mental Health care. The Hospice has put both Health Board options to its Members on two separate occasions and on each occasion, the Members have refused both options. The Members consider the Hospice’s proposal for additional Palliative Care beds to be the only acceptable alternative to the continuation of the Care of the Older Adult with complex medical and nursing needs.

The issue of funding for St Margaret of Scotland Hospice remains outstanding.

Yours sincerely

Marjorie McCance  
Campaign Manager