Cabinet Secretary for Health and Wellbeing
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David Stewart MSP
Public Petitions Committee
Scottish Parliament
EDINBURGH
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4 April 2013

Dear David

Consideration of Public Petition 1105 on St Margaret of Scotland Hospice

Thank you for your letter of 4 March regarding the above Public Petition. I would like to apologise for the delay in replying but as I am sure you will appreciate I was keen to ensure that I responded to you with the most updated position.

You asked specifically for confirmation on 2 issues and I will address each of these.

You asked for an update on the status of the National Hospice Quality Improvement Forum (HQIF). This group, which is overseen by the Living and Dying Well National Advisory Group, held its first meeting on the 12 March 2013. At this meeting the draft terms of reference were discussed and are currently being revised.

The scope of the HQIF covers issues which are relevant to improving one or more of the six dimensions of quality (including the development over time of measures and benchmarking) and which are of national relevance. The HQIF is not about duplicating or determining detailed local commissioning processes, although the outputs of the HQIF may inform or enhance those processes. It is perhaps worth noting that the core membership of this group includes the Chief Executives of voluntary hospices and the commissioning leads for hospice services at NHS Boards.

Given that this work is at its early stages I do not envisage that it will provide the solution to the issues raised in the Public Petition.

You also note that the Scottish Government contacted NHS Greater Glasgow and Clyde to request that every attempt was made to resolve the dispute and to advise if it had been able to do so.

I am aware that NHS Greater Glasgow and Clyde and St Margaret's of Scotland Hospice met on the 13 February 2013. This meeting followed up on a previous meeting on the 19 December 2012 and a subsequent email correspondence of the 18 January 2013. It is my understanding that this latter meeting was a fruitful and progressive discussion.







NHS GGC have advised my officials that an offer was made to St Margaret's of Scotland Hospice on the 22 March 2013. However, due to pre-existing leave commitments St Margaret's have not yet been able to respond to this offer.

I feel that it would be prudent at this stage to await the outcome of this offer before making any further decisions and would ask that the committee wait until we can provide an updated position before proceeding any further.

In the event that this offer is not deemed acceptable I am recommending that St Margaret's of Scotland Hospice and NHS GGC work together to appoint an independent arbitrator who will help them address and resolve the issues of concern. My officials would be happy to help facilitate this process if that would be helpful.

I hope that this addresses the concerns of the Public Petitions Committee and demonstrates the Scottish Governments commitment to resolving this issue.

ALEX NEIL

