

Briefing for the Public Petitions Committee

Petition Number: [PE1105](#)

Main Petitioner: Marjorie McCance, on behalf of the St Margaret of Scotland Hospice

Subject: Calls on the Parliament to urge the Scottish Government to guarantee retention of continuing care provision for patients who require ongoing complex medical and nursing care, such as that provided at the 30 bed unit at the St Margaret of Scotland Hospice, and to investigate whether arrangements for funding palliative care provision at hospices in the context of HDL (2003)18 are fair and reasonable.

Background

The [St Margaret of Scotland Hospice](#) is the biggest hospice in Scotland. It opened in Clydebank in 1950 as a non-denominational unit and since then has developed into a facility with 60 beds – 30 continuing care beds for frail adult patients who require ongoing complex medical and nursing care and 30 palliative care beds. The hospice believes that these two types of provision are complementary – the same qualified nursing staff provide care for both groups of patients.

Some of the decisions which have had a bearing on the future of the Hospice can be traced back to events in 2000 when the (then) Greater Glasgow Health Board consulted on proposals¹ for a new facility for the frail elderly on the site of the former Blawarthill hospital, about half a mile from St Margaret's Hospice on the west side of Glasgow. This consultation followed pressure from Glasgow City Council and local residents concerned that the Blawarthill site had been earmarked for sale to housing developers. At the time, the main public sector trade union UNISON published a [response](#) to the consultation recommending that Greater Glasgow Health Board retain the existing facilities at Blawarthill, "as there is little or no evidence to suggest that the alternatives provide a higher standard of care."

As indicated in the current petition, there was 'no indication at that stage that any decision in connection with specialist care provision at Blawarthill would impact on provision at St Margaret's.' It has since become apparent that the Health Board's intention is to replace the previous provision at Blawarthill (to be reduced from 90 to 60 beds), provision at St Margaret's Hospice (30 beds) and provision at Almond View Nursing Home in Drumchapel, which ceased to provide 30 continuing care beds in September 2005. In the light of these proposals, the hospice has considered its options and has expressed alarm that it now faces "...a significant reduction in income from the Health Board, jeopardising the viability of St Margaret's as an organisation² and putting at risk its provision for the terminally ill." It is on this account that the petitioner

raises the question of the fairness of present funding arrangements for palliative care provision at Scottish hospices in the context of [HDL\(2003\)18](#).

Health Department Letter (2003)18

Health Department Letter (HDL)18 of 16 April 2003 relates primarily to independent voluntary hospices providing specialist palliative care for adults, and sets within the context of NHS Boards' palliative care strategies the expectation that they will fund 50% of the annual running costs of any such hospice within their area. It also provides guidance on certain aspects of hospices' running costs, in order to promote consistency of approach across Scotland. In particular, the HDL sets out the following principles and guidance:

- Each Board's palliative care strategy, and the palliative care elements in its local health plan, must be drawn up in partnership with any independent hospice in its area.
- Each Board should have a formal mechanism for discussing the service agreement between it and that hospice or hospices.
- Boards which currently do not meet the 50% target should plan to do so, on the basis of the guidance provided in this HDL as a matter of urgency, and by no later than the beginning of financial year 2006-07.

Recent Developments

In a [news release](#) of 1 November 2007, NHS Greater Glasgow and Clyde reiterated its continued support and funding for St Margaret's Hospice and outlined the position regarding the separate elderly care services which St Margaret's provides on its behalf.

The Health Board's Chief Executive Tom Divers said:

“We support the hospice service which St Margaret's provides for terminally ill patients and are committed to continuing to fund this facility. The Health Board is the biggest funder of the hospice service as we provide almost £1million of funding every year. There are no plans to cut our funding for this service or close any of the hospice beds for terminally ill patients.”

Also in the statement, the Board's Director of Rehabilitation and Assessment Services said:

“We want to keep elderly care beds at St Margaret's but use them in a different way to meet the changing needs of our older population and ensure we are able to provide the range of services they require”

“Our analysis of patient need shows that in the future there will be more demand for nursing and residential services and less for long-term NHS

elderly care. We therefore need to adapt our existing elderly care services and develop a wider range of alternatives to long-term NHS care.”

“These changes are not being made to save money and St Margaret’s would be fully funded for any alternative elderly care services they provide. There are no plans to divert funding from St Margaret’s to a private healthcare provider or cut services to fund the development of Blawarthill Hospital.”

Action of the Scottish Government

On 6 June 2006, in the course of a [BBC article](#) focussing on a call by St Margaret’s for an increase in state funding, a spokesman for the (then) Scottish Executive was quoted as saying:

“NHS Boards are expected to provide 50% of hospices agreed costs. This is far more than other voluntary sector organisations receive and is probably the best level of funding for hospices in the UK.”

Separately, in 2002, The Clinical Standards Board for Scotland joint-authored a [report](#) with The Scottish Partnership for Palliative Care with a view towards introducing a set of clinical standards for specialist palliative care in Scotland, with the aim of promoting public confidence in NHS Scotland.

Action of the Scottish Parliament

The issue is highlighted in parliamentary motion [S3M-711](#) which has achieved cross-party support.

First Minister Alex Salmond was asked a [question](#) in the Parliament about the (allegedly) proposed shift of resources from The St Margaret’s of Scotland Hospice to a private company during First Minister’s Questions on 4 October 2007. The First Minister responded that it is a matter for the Health Board, adding that the SNP wants them to be more accountable to the public.

A Health Board spokeswoman later explained in a [statement](#) to the press that discussions with St Margaret’s were ongoing to find new uses for the beds that will no longer be funded for acute elderly continuing care.

In a point of clarification, the spokeswoman added: “This includes options to use these beds to provide enhanced residential care or social care as there is a shortage of these services in the west of the city”.

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6 December 2007

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¹ 'Elderly Services: Proposed Changes to Continuing Care' - Greater Glasgow Health Board, 2000.

² In terms of corporate status, The St Margaret of Scotland Hospice is both a registered charity and a company limited by guarantee. A company limited by guarantee is an alternative type of incorporation used primarily for non-profit organisations that require corporate status. A guarantee company does not have a share capital, but has members who are guarantors instead of shareholders. The guarantors give an undertaking to contribute a nominal amount towards the winding up of the company in the event of a shortfall upon cessation of business. It cannot distribute its profits to its members, and is therefore eligible to apply for charitable status if necessary. <http://www.companyregistrations.co.uk/companies-limited-by-guarantee.asp>