

**Cross-Party Group in the Scottish Parliament  
on Palliative Care**

**Convener**  
Michael McMahon MSP

**Vice-Conveners**  
Jamie McGrigor MSP  
Dennis Robertson MSP

**Secretary**  
Mark Hazelwood

**Approved minute of the meeting of the Cross-Party Group  
in the Scottish Parliament on Palliative Care**

**Wednesday 11 March 2015 at 5.45pm  
Committee Room 4, Scottish Parliament**

**Present:**

Michael McMahon MSP (Chair)

Rhoda Grant MSP

Paul Baughan, NHS Forth Valley

Janice Birrell, Scottish Government

Pauline Britton, Scottish Partnership for Palliative Care

Duncan Brown, St Columba's Hospice

Suzanne Cameron-Nielsen, Royal Pharmaceutical Society Scotland

Gillian Clifford, MS Society Scotland

Sue Gray, Macmillan Cancer Support

Guy Haworth, St Margaret of Scotland Hospice

Mark Hazelwood, Scottish Partnership for Palliative Care

Tricia Hatt, Macmillan Cancer Support

Susan Lowes, Marie Curie Cancer Care

Aislinn Lunt, MS Society Scotland

Miles Mack, RCGP

Elaine MacLean, Care Inspectorate

Carole McGregor, member of the public

Irene McKie, Strathcarron Hospice

Gordon McLaren, NHS Fife

David Mills, PSP Association

Tanith Muller, Parkinson's UK

Clare Murphy, St Margaret of Scotland Hospice

Rebecca Patterson, Scottish Partnership for Palliative Care

Janice Preston, Macmillan Cancer Support

Diane Rennie, Non-Malignant Palliative Care Forum

Lewis Ritchie, James Mackenzie Professor of General Practice, University of Aberdeen

Mairi Russell, RCGP

Ian Somerville, General Medical Council

Juliet Spiller, Marie Curie Hospice Edinburgh

Cross-Party Group in the Scottish Parliament on Palliative Care

**Secretariat:** Scottish Partnership for Palliative Care

1a Cambridge Street, Edinburgh, EH1 2DY Contact: Mark Hazelwood

**Tel:** 0131 229 0538 **Fax:** 0131 228 2967 **Email:** [pauline@palliativecarescotland.org.uk](mailto:pauline@palliativecarescotland.org.uk)

Elaine Stevens, IANPC  
Kenny Steele, Highland Hospice  
Jenny Strachan, MHS Lothian  
Craig White, Scottish Government  
Mandy Yule, Ayrshire Hospice

**Apologies:**

Jamie McGrigor, MSP  
Siobhan McMahon, MSP  
Dr Richard Simpson MSP  
Jane Andrew , NHS Tayside  
Iain Armstrong, British Heart Foundation Scotland  
Joanna Beveridge, Queen Margaret University  
Deans Buchanan, NHS Tayside  
Sandra Campbell, RCN Scotland  
Pat Carragher, CHAS  
Stuart Coates  
Amy Dalrymple, Alzheimer Scotland  
Derek Doyle, Scottish Partnership for Palliative Care  
Joy Elliott, Association of Bereavement Service Co-ordinators: Hospices and Palliative Care  
Belinda Hacking, MHS Lothian  
Sue Hogg, CHAS  
Maria McGill, CHAS  
Alex MacKinnon, Royal Pharmaceutical Society Scotland  
Professor Scott Murray, University of Edinburgh  
Euan Paterson, NHS Greater Glasgow and Clyde  
Ann Robb, NHS Tayside  
Kim Rowan  
Ros Scott  
Helen Simpson, ACCORD Hospice  
Lorna Stevenson, Chest, Heart and Stroke Scotland  
Wilma Stewart, NHS Greater Glasgow and Clyde  
David Webster, RCGP

**1. Welcome, introduction and apologies**

Michael McMahon welcomed everyone to the meeting and noted that a list of apologies would be included in the minute.

**2. Minute of previous meeting of Wednesday 10 December 2014**

The minute was approved as an accurate record of the meeting. (Proposed – Juliet Spiller;  
Seconded – Susan Lowes)

### 3. Matters arising from Wednesday 11 June

#### 3.1 Proposed Assisted Suicide (Scotland) Bill

Michael McMahon updated the group that the Health & Sport Committee's evidence sessions are complete. Once the Committee has published a report of its findings, discussion of the proposed Bill will be scheduled into the business of parliament.

*Update Since the March meeting:*

- *the Scottish Parliament Health and Sport Committee published its Stage 1 report on the Assisted Suicide (Scotland) Bill*
- *Patrick Harvie MSP issued a response to the Committee's report*
- *the Scottish Parliament debated the Assisted Suicide (Scotland) Bill on Wednesday 27 May 2015, and voted to reject the Bill by 82 votes to 36.*

### 4. Strategic Framework for Action on Palliative and End of Life Care

Craig White updated the group that the Scottish Government now plan to complete the framework by the end of 2015 rather than Spring 2015 as previously stated. It is envisaged that the framework will be informed by the newly established Palliative and End of Life Care Stakeholder Group, and by some engagement events that will take place over the summer.

### 5. Presentations and Discussion

***The results of the palliative and end of life care priority setting partnership: Improving access to timely and optimal palliative care***

*Elaine Stevens, Member of Palliative and End of Life Care Priority Setting Partnership Steering Group; Lecturer in Cancer and Palliative Care at the University of the West of Scotland*

Elaine gave a presentation on this work, explaining that the Palliative and End of Life Care Priority Setting Partnership was initiated by Marie Curie and independently overseen by the James Lind Alliance, a non-profit making initiative, hosted by the National Institute for Health Research, to determine the most important unanswered questions (i.e. gaps in existing evidence) that could improve overall care and experiences. The group's final report lists the top ten research priorities for palliative and end of life care, which will be listed on the Duets website (hosted by NICE) as priorities for funding. Identifying the best ways of providing care outside of working hours to avoid crises and help individuals to stay in their place of choice was top of the list.

Duets website: <https://www.library.nhs.uk/duets/>

Palliative and end life care priority setting partnership final report: <http://www.palliativecarepsp.org.uk/>

***Scottish Government review of out of hours primary care: an RCGP perspective***

*Dr Miles Mack, Chairman of the Royal College of General Practitioners (RCGP)*

Miles welcomed the recently announced review of out of hours services, and highlighted the importance of palliative care as a significant part of the care provided by GPs out of hours. He went on to highlight, from the perspective of the RCGP, some of the issues that need to be taken into account in the review, including:

- shortage of GPs

- 'in-hours' is getting longer, and making out of hours 'overtime' is no longer practical
- the need for improved and reliable communication between 'in' and 'out' of hours services.

The RCGP suggests that there is a need for:

- investment in a sustainable out of hours system
- investment in the interface between 'in' and 'out' of hours
- peer-based, value driven governance.

## **Discussion**

The two presentations were followed by an opportunity for questions and discussion. Sir Lewis Ritchie, who will lead the review of out of hours services, welcomed the group's discussion, acknowledging that this is a challenging area and there is much work to do for the review to be completed by late summer. His expectation was that a short life working group would be established to look at palliative care, and that the review should also encompass stakeholder and public engagement. Other short life working groups such as workforce & training; records & IT infrastructure will work in parallel.

Discussion was then opened up to the rest of the group. Issues raised included:

- Re-emphasis of the importance of GPs in the provision of palliative care out of hours.
- The importance of access – it can be hard for patients to navigate through NHS 24 – the algorithms work well for acute serious illness, but can work less well for people at the end of life. There is a need to look at how people at the end of life care contact their GP service.
- How community teams provide care – usually, the hub of GP services is geographically separate from the hub of other services, such as community nurses and social care – there is a need to co-locate services so that they can work together more easily.
- Social care and home care are also important elements of out of hours palliative care – it isn't just GPs, and the out of hours review will be multi-disciplinary.
- Anxiety and fear can have negative effects and lead to more demand for services – if people know that they can definitely get help if they need it, they might be less likely to call for reassurance.
- Good practice in local areas should be spread.
- Better co-ordination of available services can lead to some improvements without extra resource.
- In the absence of co-located or well co-ordinated services, a hospital admission can be the quickest way for a doctor to ensure someone is safe, though it may not be the best solution for the individual.
- The (un)feasibility 7 day opening of GP practices.
- There are many anecdotal examples of people at the end of life who have had bad experiences because of they have entered the last phase of their life out of hours.
- The potential to develop the role of hospices, for example Strathcarron Hospice's hospice at home service takes calls at weekends and evenings, and Ayrshire Hospice is looking to develop a 24 hour advice line.

## **5. Any other business**

No further business was discussed.

## **6. Future Meetings:**

Wednesday 24<sup>th</sup> June 2015 Committee Room 5 incorporating the AGM (Adam Smith Room)

Wednesday 9<sup>th</sup> September 2015 Committee Room 4 (James Clerk Maxwell Room)

Wednesday 2<sup>nd</sup> December 2015 Committee Room 4 (James Clerk Maxwell Room)