

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

Convener
Bob Doris MSP

Vice-Conveners
Miles Briggs MSP
Colin Smyth MSP

Secretary
Mark Hazelwood

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

**Wednesday 06 December 2017 at 5.45pm
Committee Room 4, James Clerk Maxwell Room, Scottish Parliament**

Attending:	Bob Doris MSP (Convener) Colin Smyth MSP	Member for Glasgow Maryhill and Springburn Member for South Scotland
	Deans Buchanan Claire Campbell Sandra Campbell Emma Carduff Pat Carragher Margery Collin Pauline Ellison Gerry Finnan Mark Hazelwood Karen Harvie Trisha Hatt Carolynne Hunter Annabel Howell Barbara Kimbell Susan Lowes Donald Macaskill Colette McDiarmid Alistair McKeown John Miller James Neil Euan Paterson Gordon Paterson Rebecca Patterson Sally Paul Robert Peacock Iona Philp Andrew Senew Kirsty Smith Achyut Valluri Elizabeth Sanchez-Vivar Stewart Wilson	NHS Tayside Speech and Language Therapist, QEUH RCN Marie Curie CHAS Strathcarron Hospice Scottish Partnership for Palliative Care NHS Borders Scottish Partnership for Palliative Care St Andrew's Hospice Macmillan Cancer Support Member of the Public NHS Borders Scottish Partnership for Palliative Care Marie Curie Scottish Care MND Scotland Prince and Princess of Wales Hospice Action Duchenne Association of Palliative Care Social Workers RCGP PATCH Scottish Partnership for Palliative Care University of Strathclyde Scottish Partnership for Palliative Care NHS Tayside Homeinstead Macmillan Cancer Support NHS Tayside NES Cruse Bereavement Care Scotland

Apologies:	Josaleen Connolly	NHS Ayrshire & Arran
	Amy Dalrymple	Alzheimer Scotland
	Anne Finucane	Marie Curie
	Richard Meade	Marie Curie
	Sandra McConnell	Ardgowan Hospice
	Gordon McLaren	NHS Fife
	Tanith Muller	Parkinson's UK
	Maureen O'Neill	Faith in Older People
	Corinna Robertson	CHAS
	Kenny Steele	Highland Hospice
	Craig Stockton	MND Scotland
	Mandy Yule	Ayrshire Hospice
	David McArthur	NHS Orkney

Action:

1. Welcome, introductions and apologies

Convenor of the group Bob Doris MSP welcomed members to the meeting. Introductions were made and apologies noted.

2. Approval of minute of previous meeting of Wednesday 6 September 2017

The minute of the previous meeting of Wednesday 6 September 2017 was approved and adopted as an accurate record of the meeting.

3. Matters arising from Wednesday 6 September 2017

3.1 Election of Office Bearers (item 2.4)

At the AGM in September, there was a nomination for Miles Briggs MSP to be a Vice-Convenor. Members were pleased to elect Miles to this post if he was willing to accept the nomination. Bob has since spoken to Miles, who has confirmed he is happy to be a Vice-Convenor of the group.

3.2 Strategic commissioning relating to the social care sector

At the September meeting, and following on from discussions at the two previous Cross Party Group meetings, Donald Macaskill had asked about the progress of the Commissioning Notes. Mark Hazelwood had agreed to ask Tim Warren from the Scottish Government for an update on this and share it with members of the group.

Mark read out the following written update from the Scottish Government:

“We established a short life working group to take forward this work consisting of hospice chief executives, stakeholder groups, NHS boards, HSCPs and Scottish Government (SG) colleagues. This group met twice in 2017 and produced a draft advice note for palliative and end of life care, to supplement the overarching strategic commissioning guidance available for HSCPs.

In Autumn this advice note was ‘road tested’ with interested HSCP Chief Officer colleagues and further amendments were made in line with their advice.

The Scottish Government has now produced a final draft of the advice note which will be issued to the SLWG for information on 8 December 2017, and discussed further at the NIAG meeting the following week (13 December) for any last minute edits.

Following the discussion at the NIAG meeting, it is planned that the advice note will be made available to HSCPs before the Christmas break in December 2017.

It should be noted that following the publication of the advice note, officials will be working with HSCPs to build on local good work, to further support and develop local palliative and end of life care services and supports.”

Though the update did not fully address Donald Macaskill’s concerns, it was agreed to take this item off the cross party group agenda as this group is not well-

placed to influence this area of work.

4. Presentations/ Discussion: *Palliative and end of life care in Scottish Hospitals*

Presentations were given by:

Deans Buchanan, Consultant in Palliative Medicine, NHS Tayside

Barbara Kimbell, Project Manager, Building on the Best

Achyut Valluri, Consultant in Acute Medicine, NHS Tayside

Gordon Paterson, Director, PATCH

The speakers' PowerPoint slides will be circulated with the minute. Presentations were followed by for group discussion, which included the following points:

- Work in Tayside is being done within the structures of Tayside IJB, which now include a new Tayside palliative care MCN.
- Good communication is key – quite often, if you speak to the right people about a problem, the solution emerges.
- The culture and staff at Ninewells have been extremely supportive of the Building on the Best Project, and have demonstrated the importance of a supportive ward culture where everyone, including healthcare support workers, is listened to.
- Doubt was expressed that future years will see a reduction in the numbers of people dying in hospital – people will continue to have uncertainties and needs that are most safely managed in hospitals, and workforce shortages in care homes and care at home services make it unlikely that more care will take place in communities.
- Research indicates that the location where care is provided is not people's number one priority relating to what is important to them towards the end of life. However, this is not reflected in public policy, which emphasises the importance of 'place of death'.
- There is a 'reality/policy dissonance' – services are under-resourced to be able to provide the services expected of them.
- Money has to be spent in a way that is person-centred, rather than disease specific.
- Though planning ahead is helpful, forward planning is not possible for many scenarios - events can be sudden, and often hospital is the only safe place for someone to go. It is important to recognise and value the essential and unique role that hospitals play in palliative care, and that there are elements of this that cannot be provided elsewhere.
- Poor interpersonal skills and communication can have hugely negative impact on individuals, families and carers.
- It was suggested that there is the need for some kind of policy space / strategy to support improvement of palliative care in the acute sector.

ACTION: It was agreed that the Convenor of the Group would write to Scottish Government to raise the importance of a strategic approach to the improvement of palliative care in acute hospitals, in the context of health and social care integration.

Bob
Doris

5. Any other competent business

On this occasion no further business was discussed.

6. Dates of meetings in 2018

- **Tuesday** 06 March 2018: The Smith Room T1.40-CR5
- **Wednesday** 06 June 2018: The Fleming Room TG.60-CR3
- **Wednesday** 05 September 2018: The Fleming Room TG.60-CR3
- **Wednesday** 12 December 2018: The Fleming Room TG.60-CR3