Cabinet Secretary for Health, Wellbeing and Sport

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Dear John

The Scottish Government Riaghaltas na h-Alba

John Pentland MSP Convener Public Petitions Committee The Scottish Parliament EDINBURGH EH99 1SP



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PUBLIC PETITION PE1105 ON ST MARGARET OF SCOTLAND HOSPICE

Thank you for your letter of 13 May seeking an assurance that Scottish Government will meet with St Margaret of Scotland Hospice and NHS Greater Glasgow and Clyde to come to an agreement on the appointment of a third party to conduct an accountancy review.

Both parties committed in 2014 to support an accountancy review and following identification of Grant Thornton to undertake an 'Expert determination of Accountacy Review', Scottish Government stood back to ensure the independence of the process.

Following a series of exchanges in late 2014 my officials wrote to both parties seeking confirmation of a desire for the process to formally begin. NHS Greater Glasgow and Clyde confirmed that they were content and agreed the terms of reference for the scope of this work. St Margaret of Scotland Hospice intimated in early January that they had concerns about the proposed process and have not yet confirmed that they are content to proceed.

Since this petition was lodged on 23 November 2007, Scottish Government has further developed policy in this area. This includes publication in 2012 of Chief Executive Letter 12 (2012) that aimed to create a new relationship between independent adult hospices and NHS Boards in Scotland. A Hospice Quality Improvement Forum (HQIF) has subsequently been established as a sub-group of the palliative and end of life care National Advisory Group. This group meets quarterly to take forward a work programme including the development of an open approach to benchmarking cost, activity and the quality of independent adult hospice services.

More recently on 28 May 2015 new guidance replacing NHS Continuing Healthcare guidance was circulated – "Hospital Based Complex Clinical Care" – DL (2015) 11. The reform of the NHS Continuing Healthcare policy provides an example of how health and





social care services can be delivered differently including for those with increasing complex needs. This guidance clarifies the NHS Continuing Healthcare policy that has been in place and also fundamentally reforms how we support people who have on-going clinical needs.

Scottish Government has made considerable efforts to resolve the issues raised by the petitioners however has been unsuccessful in progressing the expert accountancy review. In addition the policy context has changed substantially since the petition was first lodged. We consider that there is a robust framework now in place to help all adult independent hospices and NHS Boards foster and ensure strong, open and transparent relationships and commissioning arrangements in order to support quality improvement, efficency and effectiveness. On this basis I would suggest that the Committee considers that this Petition should now be closed.

Shona Robison





