

Mr Frank David,  
Assistant Clerk to the  
Public Petitions Committee,  
The Scottish Parliament,  
Edinburgh, EH99 1SP.

Dear Sir,

Thank you for allowing me to respond to the replies that you have received in response to my petition. As you are aware I am merely a terminally ill patient's daughter and therefore am not aware of the politics or history between St Margaret of Scotland Hospice or Mr Divers of the NHS Board for this area therefore I have asked the Hospice to look at the replies and for them to give me their thoughts on each point. I hope this is acceptable to you and the Committee.

I would just like to say on a personal viewpoint that the tenor of Mr Divers answer was to my mind somewhat defensive and acrimonious. I as a tax payer would expect such a senior civil servant to embrace and encourage any such long standing charity, who are obviously saving the taxpayer millions over the last 58 years, and work with them to help provide sustainable resources to the community. Surely the NHS Board should be saying to themselves and asking St Margaret's how they manage to provide 5 star care on only £21,000 per bed for the terminally ill, half of what any other hospice can do, and not denigrating them for the fantastic new ward that the charity has just built. I as a taxpayer and a patient's relative am personally in awe of the numerous facilities that this Hospice provides.

Audit Scotland reported in January 2008 of "Increasing demand will have implications for future costs. Comparing the current number of older people receiving free personal care with the expected growth in the number of older people in Scotland highlights the potential for increased demand (Exhibit 10). The number of people aged 75 and over is projected to increase by around 81 per cent from 0.38 million in 2006 to 0.69 million in 2031. Over the same time period the number of people aged 85 and over is projected to increase from 95,000 to 232,000." Surely serious questions now need to be asked in light of these conflicting statistics.

Please see the following replies to the comments made from The Chief Executive of the NHS Board given by members of the Hospice.

St. Margaret's provide two different types of service. They are a Hospice providing specialist palliative care services and receive funding of £900,000 for this. They also provide 30 continuing care beds for frail older people and receive funding of £1.2m for this.

**Hospice Response:**

The Hospice has been substantially under funded over many years and this not only applied to the Palliative Care Unit, but also to the frail elderly.

Since the late 1990s, the NHS in Scotland has pursued a policy of developing community based services for older people to support them in their own homes. This range of supports has become increasingly sophisticated and has greatly reduced the number of older people requiring long term hospital care.

**Hospice Response:**

This perceived reduction in those requiring this care is debatable considering the number of GPs and families who are unable to get patients admitted into the geriatric services because of the unavailability of beds. There is also a much greater number of emergency geriatric admissions resulting from those who are being cared for at home.

In 2003 GCC published its Strategic Framework for Older People which elaborated on the Joint Community Care Plan agreed by Glasgow City Council / NHS Greater Glasgow. This commissioned a specific piece of work to review the balance of institutional care for older people within Glasgow, including the commissioning programme, and to make recommendations about future requirements. The recommendations of the "Balance of Care report" were approved by the Joint Community Care Committee in January 2005. This included a review of NHS continuing care for the whole Greater Glasgow Health Board area and saw a reduction from 716 at that time to 316.

**Hospice Response:**

The balance of care report is fundamentally flawed in its figures, the reduction cannot be sustained. So many relatives continue to struggle to look after their relatives at home because of the lack of support available to them. From personal experience, care in the community is not the way forward for many of the patients. It can mean lack of care in the community.

For North West Glasgow the report recommended a 60 bed reduction in NHS frail elderly continuing care beds. These beds were shown to be the beds at Almond View and the beds at St Margaret's.

**Hospice Response:**

If the Health Board needs a reduction of 60 beds, there are 60 beds at Blawarthill, then why not remove the beds from Blawarthill. St Margaret's has a brand new facility.

There has been ongoing contact between NHSGGC and the hospice since 2003 to ensure that the management and trustees were aware of the changing care environment, the likelihood that provision of continuing care beds would be unnecessary and to aid them in considering future options which would allow them to provide care consistent with the NHSGGC/local authority framework for older people's services.

**Hospice Response:**

The statement the management and trustees were aware of the changing care environment is completely untrue as any meetings were purely to discuss funding and the finalisation of a contract. Furthermore, options have never been put forward to the Hospice.

To date every effort by NHSGGC to engage with St. Margaret's Hospice has been rebuffed - in effect, the commissioning organisation is telling St Margaret's that they want a different type of service from them in the future - but St. Margaret's are refusing to face the issue.

**Hospice Response:**

The Hospice has never rebuffed NHSGGC; in fact, as can be evidenced from their exact and accurate timeline, they have tried repeatedly to engage with NHSGGC well over many years. They were led to believe they were getting a contract and funding would be put on a regular footing.

NHSGGC's contact with St. Margaret's in this regard prior to the formal decision can be summarised thus:

- December, 2000 - NHS Board approves strategy to retain 60 continuing care beds at Blawarthill  
**Hospice response** - the Board did not announce the retention of Blawarthill at this time. Furthermore, the retention of Blawarthill had nothing to do with Hospice
- June, 2003 - NHSGG contacts St. Margaret's Director of Finance to ascertain an accurate allocation of costs between the palliative care and geriatric continuing care elements of the hospice's work  
**Hospice response** - The Hospice's response was given in June 2003.
- March, 2004 - NHSGG writes to St. Margaret's formally requesting the financial information already asked for  
**Hospice response** - This was not information previously asked for, a request for new and additional information was in March 2004
- April, 2004 - Chief Executive of NHS Board writes to raise questions about cost variance and confirms that there are potential reductions in continuing care requirements in the west sector  
**Hospice response** - "potential", not confirmed reductions. The Hospice simply cannot understand a perceived reduction in need when as soon as one of their beds is empty it is immediately filled with so many enquiries for beds and most relatives being told by Hospital staff there is a long waiting list?
- May, 2004 - NHSGG Chairman and Chief Executive meet with hospice management and trustees  
**Hospice response** - As a result of email from Consultant Geriatrician informally advising of termination of continuing care beds – first time the Hospice was made aware of it – NHSGGC apologised for this at meeting
- June, 2004 - NHSGG Chairman writes twice to St. Margaret's to summarise the main points of the May meeting, including the likely reduction in continuing care

requirements, and again to encourage St. Margaret's to work with NHSGG in developing a plan for the hospice to migrate away from continuing care provision  
**Hospice response** - There was a general discussion on whether the Hospice would provide enhanced residential care/mental care/addiction which the Hospice highlighted was not appropriate.

- November, 2004 - NHSGG met with St. Margaret's to propose how a deliverable migration away from continuing care beds might be taken forward  
**Hospice response** - This meeting was to finalise a contract for Care of Elderly
- January, 2005 - Joint Continuing Care Committee approve the balance of care report  
**Hospice response** - No copy of this report was provided to the Hospice, other than an inaccurate extract copy. A full copy of the report was received through Des McNulty in December 2007.

There have been a number of subsequent meetings since that time.

**Hospice response** – when, with whom and discussing what?

On 27th April, 2007, the Chairman of NHSGGC and I met with representatives of St. Margaret's. Subsequently, on 11th July, I wrote to Professor Leo Martin, observing: "(we) were unable on that day (27th April) to make any headway with you at alternative care options which will fit with the Board's and local authorities' plans for older people's services. It is now three years since we first tried to raise this debate with St Margaret's: it is increasingly urgent that we receive a response from you which commits to working through the options which we have proposed."

**Hospice response**

The Hospice has received no alternative care options??

St. Margaret's have made representations to the effect that NHSGGC was threatening the funding of the hospice component of its services. St. Margaret's have also commissioned a private PR agency in order to generate political and community support for their assertions - this appears to have resulted in suggestions made by the media that NHSGGC is withdrawing funding and that it will not fund hospice beds. Neither interpretation is correct. NHSGGC has suggested a number of possible alternative types of care that St. Margaret's might provide and has suggested a funding package that would protect them from any financial losses. They have shown themselves unwilling to consider any change in the type of care they provide.

**Hospice response**

The Hospice has never made any representations that the Hospice funding was compromised. The Hospice does not need a private PR agency to generate political and community support – as can be evidenced from the 60,000 signature petition. The community has always supported the Hospice. The PR company is not employed by the Hospice. The PR company are supporting the Hospice on a pro bono basis which along with all other gifts of monies and talents to the Hospice is greatly appreciated. Any implication in the Chief Executive's letter that the Hospice is squandering monies in the

alleged employment of McGarvie Morrison Media is untrue, rejected and abhorred. Furthermore it was the Chief Executive of the Health Board who went public in the Letters to the Editor section of the Glasgow Herald (18 October). The funding package referred to is in effect a reducing funding package over 5 years with no information as to who will provide the funding.

The redevelopment of Blawarthill has also consistently been misrepresented. This hospital currently has two thirty bedded NHS continuing care wards and is being redeveloped to rebuild these to modern care standards with en-suite single rooms. The building will be owned by a private company but the clinical and hotel services staff will be NHS. There will also be a new care home on the site and 24 sheltered housing units including 8 disabled access units. This brings a much needed resource to the West of Glasgow where there is limited social care provision. The NHS beds are being developed within existing resources and there is no shift of beds or funds from St. Margaret's to Blawarthill.

#### **Hospice response**

Any misrepresentation of Blawarthill has nothing to do with the Hospice as this is only the interpretations of other people. The Hospice has already provided single ensuite rooms in the Mary Aikenhead Centre. The Health Board have neglected to mention some of the land at Blawarthill will be sold off to a private developer. If the numbers looked after in Blawarthill increase in total then there must be some movement of patients.

NHSGGC has agreed to re-run the 'balance of care' study of 2004 and try to complete this work by the end of February, 2008. We will take account of the most up to date statistics and trends in service demand and demonstrate the material shift that has taken place in terms of patient need and the balance of care. This will be followed by yet another attempt to engage with St Margaret's to try and find an agreed way forward.

#### **Hospice response**

It appears the 2004 report, as suspected, is out of date. In late December 2007, the lead nurse for the Geriatric team called the Hospice to gain a snapshot of who they were caring for and how many they were caring for in an attempt to have an overall knowledge of who was where. Once again, this did not focus on the dependency of patients, quality of care delivered or trend activity. If a balance of care report were to be reviewed for 2008, it would be important to canvass Community Health Partnerships, Primary Care, Social Care groups, patients and families to gain insight into the efficacy, continuity and availability of support systems in order to achieve "the notion that care at home is best". Also the Hospice was never consulted or asked for any further information about the specialist care provided.

I now turn to the assertions and issues raised by the representatives of St. Margaret's on 18th December.

**“What will happen if the National Health Service removes £1.2 million?” (Ms Marjorie McCance)**

- NHSGGC does not aim to ‘remove £1.2 million’ – our aim is to secure funding for a different type of care provision for St Margaret’s – we would like the opportunity to have a debate with the board of St Margaret’s in order to agree the detail of how this should be done and to assist St. Margaret’s in the transition. 80% of the costs of care at St Margaret’s are staffing and are therefore able to be altered in a planned way.

**Hospice Response** - The NHS will save the £1.2 million as the costs will be transferred to Social Services

- We have altered our contractual relationships with three other independent providers over recent years to allow their beds to shift from being NHS continuing care to social care. In each case we have provided financial cover to the organisations as the change has been implemented and the changes have gone smoothly.

**Hospice Response** - Who are these providers? There is no other organisation providing Hospice care such as that of St Margaret of Scotland Hospice. “Shift” to Social Care means they are removing the funding and passing it on to an already overburdened Social Care

**“Why does St. Margaret of Scotland receive only £21,000 per hospice care bed when similar hospices that have fewer beds receive double that amount?” (Ms Marjorie McCance)**

- NHS Greater Glasgow funds 50% of the costs of agreed clinical services at St. Margaret’s, as it does for other hospices. Hospices provide much more than inpatient care and to use a cost per bed comparison is inappropriate.

**Hospice Response** - The cost per bed is used in NHS hospitals anywhere and is an excellent method of costing for comparison. It would therefore be very helpful if the NHSGGC analyse the costs between other services and inpatient care so that comparisons between hospices can be made. The Health Board use a cost per bed basis when it suits them.

**“For the past 27 years – since 1980 – we have tried to negotiate a position of stability with the health board and get a contract with it....however in the past few years, while colleagues on the hospice board and I were trying diplomatically to make progress...a decision on which we were not consulted and to which we were not privy was made to move 30 care beds...to Blawarthill...we discovered that at the same time as we were about to open a new £4.7 million facility ... to meet modern day requirements...” (Professor Leo Martin)**

- No beds are moving to Blawarthill, there are 60 beds there currently. The site is being redeveloped to provide these beds in a purpose built environment with en-suite single rooms.

**Hospice Response** - Your need, perceived need, for other types of care could be accommodated at Blawarthill.

- The steps taken by the Board to advise St. Margaret's of its planning intentions are described above.

**Hospice Response** – all of which is inaccurate, as described above

- St. Margaret's did not consult the NHS on its decision to commission its new facility, nor attempt to ascertain the standards of accommodation the NHS would expect to see within it. The ward has been rebuilt with shared rooms which do not meet National Care Standard nor the standard of care the Board would wish to see for NHS continuing care.

**Hospice Response** – The Hospice was inspected by the Health Board and were advised the St Margaret's Ward would need to be upgraded as soon as Care Commission took over, the Hospice had to give assurance to upgrade this unit. Both parties (the Health Board and Care Commission) were sent first drafts of the architect drawings in August 2003. The National Care Standards followed by the Hospice are the Hospice Care Standards not Care Home Standards – where is the choice for patients who want company?? Many patients do not wish to be on their own. All of the Hospice's patients were asked which would they prefer and 60% preferred to share a room with another person. It is interesting to note the Health Board are making observations on the new ward even though they have never asked to see it.

The National Care Standards for Hospice Care, which are those followed by the Hospice state:

Standard 4, Point 5 “Where your health and needs of other patients permit, you will have the choice of whether you are cared for in a single room or a shared room.”

The National Care Standards for Home Care, state:

Standard 4, Point 10 “By 2007, you will be able to have a single room if you want.”

Standard 4, Point 17 “You will be able to have a single room if you choose”

Regardless of the Standards followed, both clearly state the patient should have a choice. The Health Board is obviously stating they will not be providing this choice. It is very sad and indeed insulting that an Officer of the Health Board would make such unfounded sweeping statements regarding a Charity where the Board of Directors are all highly qualified in the following fields of their professions, legal, medical, nursing, accountancy, banking and physiotherapy who dedicate their time voluntarily and totally free of remuneration to the care of the most vulnerable in society.

How can the Chief Executive of the Health Board say that he did not know anything about our intention for the new building and then make a sweeping statement about it not complying?

**“The problem is that the Board does not wish to support the hospice by providing hospice beds.” (Professor Leo Martin)**

- NHSGGC is committed to continuing funding for the existing palliative provision at St. Margaret’s. At no point has the Board ever suggested that this would not be the case.  
**Hospice Response** - All of our beds are hospice beds not just those in the palliative care ward.

**“(The Board)...is looking to take away the elderly care beds.” (Professor Leo Martin)**

- The Board no longer requires St. Margaret’s to provide NHS continuing care but has stated consistently that we are willing to work with St. Margaret’s to identify how they might provide other types of care.  
**Hospice Response** - The Board’s clarity at this very late stage on this matter is appreciated. That it has reached such a decision without consultation, without consideration of the wishes of the people served by the Hospice and without care for the patients who are looked after by the Hospice is ample evidence of why the petition is appropriate. This decision requires to be changed.

**“The health board’s opinion was that the beds were nursing home beds but they are not: the geriatricians have always referred patients with complex medical and nursing needs to us because we also have the expertise of the palliative care team – one team complements the other.” (Sister Rita Dawson)**

- We are quite clear about the type of patients that require NHS continuing care, St. Margaret’s are only one of a number of providers who provide it on our behalf.  
**Hospice Response** - Where else is such care provided? There is no other Hospice offering this type of care? Very strict criteria from Geriatricians for patients requiring Hospice care. These beds are always at 100% occupancy with waiting list.

**“I am not aware of any evidence that such consultation (about the future disposition of older people’s services) took place.” (Professor Leo Martin)**

- As indicated, the development of the Older People’s Services Framework was based on extensive stakeholder engagement between 2000 and 2003  
**Hospice Response** – the information base for this is fundamentally flawed
- Additionally, NHSGGC made repeated efforts to engage with St. Margaret’s on future NHS service requirements –  
**Hospice Response** – This is untrue



- Extant guidance at that time considered that “significant service change” entailed the closure of a hospital site – hence the consultations regarding the closure of Blawarthill and Cowglen hospitals

**Hospice Response** – the Hospice was advised their beds would not be affected. Indeed, when Canniesburn and Knightswood were closed, they were asked to provide additional beds with the Health Board.

**“The health board says there is a need to provide care for people with drug and alcohol problems and with mental health impairment. Can those people not go to Blawarthill and let the frail elderly stay where the expertise is?” (Sister Rita Dawson)**

- We have never suggested that St. Margaret’s provide care for people with addiction problems. We did suggest that if they wished to continue in a contractual relationship with the NHS then they might consider providing continuing care to older people with mental health problems. This would be principally for those suffering from Dementia.

**Hospice Response** – At a meeting on 27 April, Chief Executive suggested the Hospice look to provide care for those with addiction problems. Furthermore, the Health Board have not offered “options” – only one option.

- The beds at Blawarthill also provide NHS continuing care for the frail elderly and the staff there are NHS employees also with expertise in providing this type of care

**Hospice response** – The patients referred to the Hospice are not patients only in medical wards or at home. The patients transferred here are NHS continuing care patients who are sent here because of the Hospice’s ability to deal with their complex issues. NHS staff attend the Hospice for education on continuing care patients. 57% of the complaints to the Health Department were in relation to older end of life issues.

**“There is also an issue about whether the health board has its numbers right on continuing care provision. The Board argued for a big proportionate reduction in continuing care provision in the north of Glasgow – the reduction there is bigger than other parts of Scotland. Given issues about delayed discharges and evidence from St Margaret’s about on-going demand for continuing care, the health board should be asked if has got its numbers right (and)...acknowledging that we need (St. Margaret’s) 30 beds...” (Des McNulty MSP)**

- I am confident that our joint planning for older people - including the need for NHS continuing care is robust. Our experience to date is that our actual bed reductions have been achieved in line with our plan. These bed reductions have not required patients to move, have released savings for investment in community based services and have all been implemented with the agreement of the service providers. We have reduced from 716 beds in 2003 to 416 beds today. Occupancy of our continuing care beds is currently c85% and there are 13 patients awaiting

discharge occupying some of those beds demonstrating that we still have spare capacity. Shifting the balance of care remains a key priority for us and is of course part of Better Health Better Care.

**Hospice Response** - Occupancy of our beds is 100% with a waiting list. The Better Health Better Care document also recommends working more closely with Charities

- The evidence from St. Margaret's is misinformed as it refers to Almond View – these beds ceased to provide NHS Continuing Care in 2005.

**Hospice Response** - why was there a very urgent request in the busiest week of the year for the Hospice's and Almond View's figures? If Almond View does not have continuing care beds why would you be asking for their figures?

**“The 50 per cent funding mechanism should be reviewed...indeed if the percentage approach is wrong; it would be better and fairer to provide an appropriate amount per patient.” (Des McNulty MSP)**

- The 50% funding of Hospices is a matter for the Government to consider  
**Hospice Response** – this is a typical Health Board response. This suits the Health Board as they get 50% of the beds free.

**“(Within the 2000 consultation)...it was never anticipated that St Margaret's would be affected – that came out of the later (2004) consultation process.” (Des McNulty MSP)**

- In 2000 the Board consulted on closing Blawarthill and Cowglen hospitals – this was dictated by the policy direction on Older People's services.  
**Hospice Response** - In April 2000, Blawarthill was closing, September 2000 Unison became involved and December 2000 Blawarthill stays open. It was not advised that this would in any way affect the Hospice.
- In the context of the 2000 – 2003 consultation and assembly of the Older People's Services Framework, we were at pains to make clear that this would impact on ALL forms of provision and all sites, either within the NHS or commissioned externally  
**Hospice Response** – if the Health Board were at such pains to make clear this would impact all forms of provision, should they not have involved all sites, either NHS or commissioned externally? The Hospice was never invited to nor involved in this consultation.
- It is wrong to give the impression that there could have been no inkling prior to 2004 that changes in the provision commissioned by the NHS were coming – indeed we were trying to engage on this point with St. Margaret's prior to this.  
**Hospice Response** - These were general discussions not formally advising the Hospice of the reduction in beds. We were trying to engage to get a contract for the beds.

**“It is most unfair that, at the 11th hour, it (St Margaret’s) is expected to find more money...I would have expected it to be the first to know rather than the last.” (Gil Paterson MSP)**

- The Board has tried to work with St. Margaret’s for four years to help identify a different use for the beds and hence a source of income for them. I should also point out that the frail elderly continuing care beds are occupied by patients under the care of NHS consultants and are referred by them. Once the decision is taken to stop using St Margaret’s to provide this type of care we will stop referring patients. Over a relatively short period of time it can be expected that the ward would be empty and St Margaret’s would no longer be incurring most of their costs. There is no expectation that St Margaret’s would continue to receive patient referrals and hence have to raise money to pay for the costs of their care.

**Hospice Response - What a dreadful way to treat the Hospice after providing 58 years of unblemished care. The statement regarding patient referrals is an extraordinary statement and has absolutely nothing to do with the needs of the most vulnerable in society, it is very sad. The Hospice was the last to know; they did not know until they received the email from Geriatrician; it was a tremendous shock to him the Hospice Board and staff.**

- There will be no requirement for St. Margaret’s to have to raise funds to match the income they currently receive from the Board

**Hospice Response - What does this mean and what is its relevance?**

**“In our hospice, we have looked at the figures over the past 57 years, but we have been prejudiced against because we have been good value for money. We have delivered to the health board at a low cost over the years, which means that the 50% HDL on funding is prejudiced against us. Our historic cost is lower, so we have been funded lower and, because of that, we do not get enough to allow us to do what we would like with the hospice.” (Professor Leo Martin)**

- The Board has made £500,000 available to develop palliative care services in Glasgow. This money has been allocated by the Palliative Care Managed Clinical Network, of which St. Margaret’s is a member. All services have been given the opportunity to put forward bids for additional funds to provide new services – St Margaret’s have not presented any bids.

**Hospice Response - The comment here does not refer to the 50% funding therefore it is inappropriate. This comment relates to funding for specific projects and is inappropriate and misleading.**

**“Over the past few years we have been trying to get the health board to give us a decision on its thinking and planning. Finally, earlier this year, Sister Rita and I heard of the decision at a meeting with the board’s then Chairman and Chief Executive. We thought the meeting was to discuss a capital contribution to our new build – but instead we were told the Board had decided to close 30 beds so that we**

**should prepare to accommodate a change of need. That was the first we heard of the decision. It was presented to us fait accompli.” (Professor Leo Martin)**

- This is not borne out by the timeline of contacts shown on page 2 of this note  
**Hospice Response - timeline is distorted and does not accurately reflect the volume of correspondence in the Hospice’s possession**
- The requirement for St Margaret’s to consider a different type of care was well known to them and is referred to consistently in correspondence between our two organisations and with others  
**Hospice Response - this is not true and what others?? Only one letter from Sir John to “consider” enhanced residential care.**
- The meeting in April, 2007 reiterated the planning position of the Board to alter the use of beds at St Margaret’s, no firm timetable was given. The position of the Board at that meeting was identical to that taken during meetings over the last 4 years except we were able to offer the possibility of an ongoing contract with the NHS.  
**Hospice Response – The Hospice had a draft contract in July 2000 which the Health Board would not finalise – where is the evidence to provide the Hospice with confidence they would behave differently now?? Why should the Hospice abandon its integrated care model and be forced to change the skill mix of its staff running the risk of altering its ethos and Core Values in the absence of any proper consultation, having been completely excluded from this process hitherto.**

I note that Des McNulty MSP sponsored a Members debate in the Scottish Parliament on the subject of St. Margaret’s on 10th January 2008. In concluding the debate, Shona Robison, the Minister for Public Health, said: “I reiterate that I look to NHS Greater Glasgow and Clyde and the board of St. Margaret's, as a provider of services to the NHS, to work together so that the local communities receive services in accordance with their needs.”

I confirm that NHS Greater Glasgow and Clyde has always been ready and willing to do this: we hope that the board of St. Margaret’s are now ready to join us.

### **Hospice Response**

It is nice to see Chief Executive responding to a letter – strange things happen when one is forced to respond. He advised it was not fruitful to respond in detail to the Hospice’s previous correspondence but he is now able to respond to you.

A major consideration for visitors and staff is the location of a hospice in relation to public transport, St Margaret’s is in a wonderful location for bus, train and has a large **free** car park.

In a letter of 21st January 08 from Ms Harkness of the Health Board she states no contract is in place for Blawarthill Hospital but discussion is ongoing with a preferred

bidder. Why was the Hospice not allowed this opportunity after nearly 58 years of unblemished service?

The Sisters of Charity, Board of Directors, Staff, all patients, their families and volunteers will continue to challenge this very unfair treatment of the Hospice in the interest of the most vulnerable in our society.

I look forward to hearing the Committee discuss the contents of the letters they have now received in respect of my petition and I am happy to enter into any other correspondence or dialogue with yourselves or the NHS Board to find a positive, constructive and dignified resolution to this hideous situation that patients' and their families and the staff of this fantastic Charity currently find themselves in.

Yours sincerely

M McCance

Marjorie McCance  
Petitioner