

Frank McAveety MSP  
Convener  
Public Petitions Committee  
TG.01  
The Scottish Parliament  
EDINBURGH  
EH99 1SP

11 January 2009



Thank you for your letter of 17 December 2008 concerning Petition PE1105, brought by Marjorie McCance on behalf of the St. Margaret of Scotland Hospice.

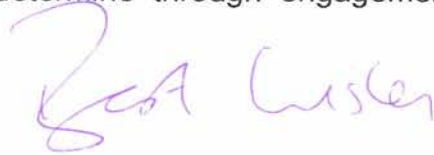
It is incumbent upon both organisations to explore the sustainability of service provision, in accordance with the needs of the population. I have consistently underlined the need for constructive dialogue in order to identify strategic solutions which reflect national and local priorities. The provision of NHS services is a matter for NHS Greater Glasgow and Clyde. As such, it is for the NHS Board to determine its response to the rejection of the options it put to the Board of St. Margaret's.

In terms of hospice provision at St. Margaret's, i.e. the 30 bedded unit providing palliative care, the guidance for the provision of NHS funding requires there to be an agreement as to the operational costs (rather than a notional amount per bed) which will be funded. The amount of funding is determined by the respective NHS Board in discussion with each hospice. As you will be aware, the upper limit on the amount of funding to be provided from the NHS was intended to ensure that the hospices would maintain their independence. However, as has been indicated previously, I would be pleased to consider any representations from the Scottish Hospices Forum regarding the current arrangements for NHS funding provided to the voluntary hospices in Scotland.

On 2 October 2008, the Scottish Government published a national action plan for palliative and end of life care, *Living and Dying Well*, which provides the basis for the future development and provision of these services. The publication of *Living and Dying Well* was accompanied by the announcement of additional funding of £3 million annually to improve generalist palliative care through the development of primary care services. The implementation arrangements for *Living and Dying Well*, led by Scotland's first National Clinical Lead for Palliative and End of Life Care, provide a significant opportunity to consider all aspects of palliative and end of life care services in Scotland.

NHS Boards have been asked to produce local delivery plans for their areas by 31 March 2009, setting out local priorities to address the recommendations in *Living and Dying Well*. Each local delivery plan will consider the level of funding provided to the voluntary sector and the monitoring arrangements which need to be in place to ensure value for money.

These matters have been under consideration for some period of time and I agree that appropriate resolution should be reached without undue delay. However, this remains a matter for NHS Greater Glasgow and Clyde to determine through engagement with its stakeholders.



**NICOLA STURGEON**