

Subject:

PE1105

PE1105/PP

From: Jean Anne Mitchell

Sent: Thursday, January 27, 2011 8:22 PM

To: David F (Franck)

Cc: McNulty D (Des), MSP; Baillie J (Jackie), MSP; Paterson G (Gil), MSP; Finnie R (Ross), MSP; Cabinet Secretary for Health and Wellbeing; Leo Martin; Andrew Robertson

Subject: Fw: St. Margaret of Scotland Hospice

Importance: High

Dear Franck,

I have now received and forward response to my communications from Health Board Chairman Andrew Robertson who had pre-Christmas agreed to meet with me and now no longer believes this to be appropriate. Mr Robertson states that he has continued dialogue and has met with Hospice Chair Professor Leo Martin however, Professor Martin and The Hospice Board has no record of any meetings. I have gone back to Mr Robertson and asked for dates and times of when his meetings allegedly took place. According to St Margaret's Hospice there has been no meeting with Hospice Chair since October 2010 and most importantly since 1st November 2010 GCC Annual Review when the Cabinet Secretary gave clear direction that "Meaningful dialogue should be taking place with between both chairs". Following my invitation to both parties to engage in meaningful dialogue which was accepted by both Professor Martin and Mr. Robertson, Mr Robertson has now withdrawn agreement to meet with myself and Professor Martin.

In this instance I believe that it would be enormously helpful if the Petitions Committee would agree to hear from GCC Chair Mr Robertson and from Hospice Chair Professor Leo Martin directly in order that scrutiny be applied to the testimony that GCC Chair has or, to indeed recognise and confirm that he has not engaged in meaningful dialogue with the Hospice Chair. I believe that the documents I have earlier copied to you in relation to my activities in driving communication forward should also be circulated to PC and I am happy to give evidence if required. Without absolute clarity on the above points there will never be a solution which protects the security of the patients, families and staff of St Margaret of Scotland Hospice. We need the PC to continue to assist in ensuring that there is openness and transparency in all communications between Health Board and a Hospice which is a renown centre of excellence which is seriously fighting for its very existence.

Kindest regards,

Jean Anne

-----Original Message-----

From: Barr, Lesley

Date: 25/01/2011 10:59:20

To: Jean Anne Mitchell

Subject: St. Margaret of Scotland Hospice

Dear Ms Mitchell,

Thank you for your message of 6th December, 2010 and I am sorry that I have not been able to come back to you earlier but, as you can imagine, there have been a whole range of priorities thrown up arising from the extreme weather conditions and then the holiday period intervened. Your note raises a number of different issues which I have answered point by point.

Firstly, I can assure you of our absolute commitment to the long-term future of St. Margaret of Scotland Hospice. Due to changes over the last ten years in the provision of care to older people, we do not require the current numbers of continuing care beds and there have been reductions for providers to deal with across the Board area. In the case of St Margaret's, we were and are committed to ensuring that the end of the contract for these beds does not create financial risks for the Hospice. We have, therefore, proposed alternative uses for the beds which have not been agreed but our dialogue continues. I have met with Professor Leo Martin, Chairman of St. Margaret's Hospice, on a fairly regular basis.

Secondly, the development at Blawarthill is to replace existing continuing care beds which are on that site, not to replace the beds at St Margaret's.

Thirdly, there is the issue of the number of hospice beds which we commission. St Margaret's are of the view that this should be increased. A needs assessment has raised a wider range of potential service changes, including expanding community services, and there are different views on priorities. These issues will be worked through over the next 12 months. As to the work of the National Review Group, both the Board and St. Margaret's were represented on that group and have seen the draft guidance. However, that guidance is now being considered by the government and, until a final version is produced, it would be premature to comment.

Fourthly, you make a number of comments about geriatric services. It is important to draw the distinction between the acute services we provide for older people and the provision of long-term care. In terms of acute services, I can assure you that we are looking at current models of access to geriatric assessment to see whether we are ensuring that patients who would benefit from that specialist overview always receive it. Our number of geriatric beds are at higher levels than elsewhere in Scotland but one of the issues we need to tackle, to ensure they are available for acute patients, is the issue of bed blocking. You are right to highlight that there are continuing issues with patients ready for discharge but awaiting social care. This issue could not be addressed by simply retaining or increasing NHS continuing care beds when responsibility and funding for the care of those patients lies with Local Authorities. NHS continuing care is only appropriate for those patients with continuing specialist nursing and medical needs. The government's new Change Fund Policy provides further resources and impetus for us to work with Local Authorities to agree and implement service changes to address the needs of these patients. That policy envisages further reductions in NHS beds and an expansion in social care rather than a shift in direction for the NHS to provide more beds. I am confident this new policy and funding will help us to address a number of the concerns which you raise.

Finally, you made reference to the NHS Board's Annual Review and, indeed, the Cabinet Secretary continued to encourage dialogue with St. Margaret's Hospice in order to find a mutual way forward and this is why we have continued to meet with the Chair on a fairly frequent basis. It is important that myself and NHS Board officials continue to deal directly with St. Margaret's Hospice over the issues in hand and that that should remain the route for those discussions and negotiations, and it would not be appropriate to continue to have an alternative route for these issues, although I am happy to keep those who have a keen interest in the way forward up-to-date on progress.

With kind regards.

Yours sincerely,

Andrew O. Robertson, OBE, LLB
Chairman