

PE1105/HHH

Petitioner Letter of 4 April 2013

4th April 2013

Ms Alison Wilson
Assistant Clerk
Public Petitions Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Dear Ms Wilson

Consideration of Petition PE1105

Thank you for forwarding the response from NHS Greater Glasgow and Clyde. Again it is not clear who the author is of this report as the statement is not signed. However, I welcome the opportunity to respond to points raised in the Health Board's statement in order to put the record straight.

1. The Audit Scotland report identified all Hospices provide a very similar service. In relation to the Lymphoedema service, as mentioned, only Accord Hospice provide this service as this particular service was centralised into Commercial Road some time ago. Indeed, the Consultant at St Margaret of Scotland Hospice holds the clinic in Commercial Road and therefore as his clinic is within time paid for by this Hospice, St Margaret's provides a Consultant who does provide a Lymphoedema service.

In addition, none of the remaining Hospices within NHSGGC, by their own admission, carry out TPN, Hickman or PICC lines, or provide the same level of blood transfusion and bisphosphonates which prevent patients having to be re-admitted to hospital. Therefore saving the NHS substantial sums of money.

2. The Health Board has always refused to discuss a "per bed" rate (despite this being the process used for managing hospital costs – as per the Costs Book). Are they now suggesting a "per patient" rate? Community Nursing is the most cost effective means of providing Hospice care as there are no food costs, no heating, no lighting, no 24 hour nursing, no domestic staff, etc. The only cost associated with Community Nursing is the salary of the Community nurse herself, and any associated administration charges. Allowing for an average Community Nurse salary of £45,000, if as stated, the P&P have double the number of Community nurses (i.e. 6 as St Margaret's has 3), this would equate to an additional £135,000 – NOT the additional £600,000 the P&P receive. It is imperative to keep in mind the P&P have half the number of beds of St Margaret's and inpatient care is far more costly than community care. In addition, there are patients who can never be cared for at home because of their complex needs.

In the case of Marie Curie, who have a similar number of beds, again it is stated they have double the Community nurses, i.e. an additional cost of £135,000 – Marie Curie receive almost £1m (one million) pounds more than St Margaret's. If, as stated in this response, community nursing is the biggest difference, then the variance is not in any way proportionate.

It would also be interesting to know how many Clinical Nurse Specialists in total each Hospice has and whether, as outlined in the Specialist Palliative Care Guidelines, one is available on each shift – which is the case in St Margaret's. St Margaret's has in total 9 Clinical Nurse Specialists (one post currently vacant) three of whom work in the community.

It is very interesting the Health Board once again went to great lengths to quote from the Audit Scotland Report when the Community service was not captured by Audit Scotland during their review. They did not look at this service at all despite St Margaret of Scotland Hospice requesting that they did.

With all of the perceived service delivery nuances there is no way all of the service costs plus professional salary costs equate to the huge funding gap. It just goes to show once more that the Health Board are clueless regarding services provided by Hospices.

St Margaret of Scotland Hospice was informed without any Consultation that any service developments had to be approved by the MCN. There was a tendering process put in place which was given to all Hospices and Hospital palliative care services. The Hospice submitted a bid at that time for an additional Clinical Nurse Specialist. There was a deadline date for tender submissions which the Hospice met. However, other services requested the deadline date be extended and in doing so, St Margaret's bid was not successful. Again, St Margaret of Scotland Hospice was disadvantaged.

3. It is not about not meeting the 50% - it is about a fair just contribution for services provided. It is about the fact the baseline funding for St Margaret's, which this 50% is based on, is wrong and the Health Board will not address this. Using the comparison of Marie Curie as the Health Board have done, why is there not someone at the Health Board or within the Government asking why one Hospice can provide the service for one million pounds less than another within the same Health Board area??

At each of the quarterly monitoring meetings to discuss financial pressures on the Hospice, the Health Board sent two employees who were not in a position to agree or discuss or had any authority to address any financial pressures. They constantly advised the Health Board had no money.

If, as stated by the Health Board the "biggest difference and the one which accounts for the funding differential" is community nursing why is the variance between Hospices so high when community nursing costs are only salaries which, in the examples provided by the Health Board, amount to approximately £135,000?

The document provided by the Health Board appears to be attempting to confuse the matter at hand. The information provided is spurious at best and deliberately misleading. On the second page of their document, they have a heading of "Review of Palliative Care Services in Scotland – Audit Scotland Report August 2008". However, the table underneath this heading states the figures relate to 2012/13. This information does not marry with previous Freedom of Information requests submitted to the Health Board. For example, for Marie Curie, the figure in the table at the top of page 2 states they have received Health Board funding of £2,032,000. The copy of the letter sent to Marie Curie on 31 August 2012 states their funding (excluding Palliative Care drugs) was £2,117,000 – a difference of £85,000.

It is very disingenuous of the Health Board to continue treating St Margaret of Scotland Hospice in the way it has over the last 8 years.

I am especially grateful to the Petitions Committee, as indeed are all associated with St Margaret of Scotland Hospice, for considering this Petition over this period of time and wish to request that it remains open until the Hospice's situation is resolved.

Yours sincerely

Jean Anne Mitchell
Petitioner