

**Cross-Party Group in the Scottish Parliament  
on Palliative Care**

**Convener**  
Michael McMahon MSP

**Vice Convener**  
Vacant

**Secretary**  
Patricia Wallace

**Approved minute of the meeting of the Cross-Party Group  
on Palliative Care in the Scottish Parliament**

**Wednesday 6 June 2007 at 5.45pm  
Committee Room 1, Scottish Parliament Headquarters**

<b>Present:</b>	Michael McMahon MSP (convener)	Belshill & Hamilton
	Roseanna Cunningham MSP	Perth
	Jamie McGrigor MSP	Highlands and Islands
	Douglas Pattullo	Office of Jamie McGrigor MSP
	Philip Atkinson	Scottish Health Magazine
	Dr Paul Baughan	NHS Forth Valley
	Dr Rosaleen Beattie	Scottish Executive Health Department
	Dr Pat Carragher	Children's Hospice Association Scotland
	Rev Stuart Coates	Strathcarron Hospice
	Margaret Colquhoun	St Columba's Hospice, Edinburgh
	Lisa Dunbar	Western General Hospital
	Margaret Dunbar	St Columba's Hospice
	Dr Rosalie Dunn	NHS Lanarkshire
	Shirley Fife	NHS Lothian
	Tom Gault	St Andrew's Hospice
	Linda Kerr	NHS Ayrshire & Arran
	John Macgill	British Psychological Society
	Dorothy McElroy	Ardgowan Hospice
	Maria McGill	Highland Hospice
	Elaine MacLean	Care Commission
	Irene McKie	Strathcarron Hospice
	Clare Murphy	St Margaret of Scotland Hospice
	Professor Scott Murray	University of Edinburgh
	Dr Euan Paterson	NHS Greater Glasgow & Clyde
	Ros Scott	CHAS
	Robert Shorter	NHS Lanarkshire
	Craig Stockton	Scottish MND Association
	John Sweeney	Cancerbackup Scotland
	Hazel Taylor	West of Scotland MCN for Palliative Care
	Elizabeth Thomas	St Margaret of Scotland Hospice
	Anne Thomson	Scottish Huntington's Association
	Margaret White	Marie Curie Cancer Care
	Anne Willis	Marie Curie Hospice Edinburgh
	Dan Wynn	General Medical Council
<b>In attendance:</b>	Pauline Britton	Scottish Partnership for Palliative Care
	Rebecca Patterson	Scottish Partnership for Palliative Care
	Patricia Wallace	Scottish Partnership for Palliative Care
<b>Apologies:</b>	Jackie Baillie MSP	Dumbarton
	Richard Baker MSP	North East Scotland
	Bill Butler MSP	Glasgow Anniesland

<b>Apologies:</b>	Cathie Craigie MSP Bruce Crawford MSP Bob Doris MSP Alex Fergusson MSP Karen Gillon MSP Marilyn Glen MSP Patrick Harvie MSP Adam Ingram MSP Johann Lamont MSP John Lamont MSP Richard Lochhead MSP	Cumbernauld & Kilsyth Minister for Parliamentary Business Glasgow Presiding Officer Clydesdale North East Scotland Glasgow Minister for Children and Early Years Glasgow Pollock Roxburghe & Berwickshire Cabinet Secretary for Rural Affairs and the Environment Cabinet Secretary for Justice Orkney Edinburgh Pentlands Clydebank & Milngavie North East Scotland Falkirk East Tweeddale, Ettrick and Lauderdale Coatbridge & Chryston Caithness, Sutherland and Easter Ross Cabinet Secretary for Finance and Sustainable Growth
	Kenny MacAskill MSP Liam McArthur MSP David McLetchie MSP Des McNulty MSP Nanette Milne MSP Cathy Peattie MSP Jeremy Purvis MSP Elaine Smith MSP Jamie Stone MSP John Swinney MSP	
	Dr T F Benton Dr Duncan Brown Gill Chadwick Richard Dimelow Dr Cameron Fergus Ellen Finlayson Anne Gourlay Anna Grady Gillian Hailstones Wilma Halley Mark Hazelwood Dr Elizabeth Ireland Dr David Jeffrey Trudy Lafferty Kirsty Leavey Dr Sheila McGettrick Marie McGill Edward McGuigan Dr David Oxenham Dr Clive Preston Anne Robb Dr Catriona Ross Linda Smith Elaine Stevens Dr Chris Sugden Debbie Thomson Lesley Whitelaw	St Columba's Hospice St Columba's Hospice NHS Western Isles Scottish Executive Health Department NHS Borders CLIC Sargent NHS Tayside Marie Curie Hospice, Glasgow St Margaret of Scotland Hospice NHS Highland MS Society Scotland NHS Forth Valley NHS Borders St Vincent's Hospice Strathcarron Hospice NHS Greater Glasgow & Clyde Scottish Huntingdon's Association St Margaret's of Scotland Hospice Marie Curie Hospice Edinburgh NHS Fife NHS Tayside St Andrew's Hospice NHS Lothian RCN Palliative Nursing Group St Andrew's Hospice Cancer Link Aberdeen & North (CLAN) Strathcarron Hospice

## 1. Welcome and apologies

Michael McMahon MSP welcomed attendees to the first cross-party group meeting in this parliamentary session. He assured those present that he continues to be committed to the group, thanked Roseanna Cunningham MSP for her continuing commitment and introduced Jamie McGrigor, Highlands and Islands MSP. Michael explained that he expected that, given the commitment of the MSPs present, and the interest of those MSPs unable to attend, it should be possible for the group to be officially re-constituted following completion of the appropriate documentation.

## 2 AGM

The annual general meeting took place including election of office-bearers for 2007 – 08. (Details of this meeting are recorded as a separate minute.)

## 3. Minutes of meeting of Wednesday 7 March 2007

The minute of the previous meeting held on Wednesday 7 March 2007 was adopted as a true record.

## 4. Matters arising

### 4.1 Prescription charges (item 3.1)

Michael McMahon updated the group that in April the Scottish Executive published a *Review of NHS Prescription Charges and Exemption Arrangements in Scotland: Analysis of Responses Received*. This report presents the findings of a public consultation which took place between January and June 2006, to inform the Scottish Executive's *Review of NHS Prescription Charges and Exemption Arrangements in Scotland*.

This report is available on the Scottish Executive website. The main findings included:

- strong support for all people with long-term medical conditions obtaining exemption from prescription charges, with almost nine out of ten people endorsing this suggestion.
- While the majority supported diverting money from other areas of government spending in Scotland to pay for the extension of free prescriptions, it was clearly felt that this should not come from NHS budget allocations. Free prescriptions should not, in the public view, be provided at the expense of other aspects of NHS funding and performance.

Roseanna Cunningham added that the SNP made a manifesto commitment to extending free prescriptions to more people with chronic conditions, and though currently there are no firm time commitments, she expects that there will be movement on this issue in the near future.

**ACTION: This is an ongoing issue and will remain on the agenda.**

**PB / PW**

### 4.2 Lymphoedema update (item 3.2)

Michael McMahon updated the group. As was reported at the last meeting, the International Consensus Document *Best practice for the*

*management of lymphoedema* was launched at the conference of the British Lymphoedema Society in October last year. NHS QIS plans to look at this document with a view to issuing recommendations regarding its adoption in Scotland. It is anticipated this work will be completed by Autumn this year.

**ACTION: This is an ongoing issue and will remain on the agenda**

PB / PW

#### 4.3 Modernising Medical Careers (MMC) (item 3.5)

The Partnership sent a letter to the Chief Medical Officer in February, highlighting concerns expressed by the Scottish Hospices Forum, Specialist Palliative Care Group and Cross Party Group about the implications of MMC for palliative medicine in Scotland, and offering the Partnership's support in resolving these issues.

The Chief Medical Officer has since sent the Partnership a detailed reply, responding to each specific point in turn.

**ACTION: A copy of the letter from the CMO will be circulated with the minute from this meeting (appendix 1). There will be an opportunity at the next meeting of the group to raise any matters arising from this letter.**

PB

#### 4.4 Public Petition PE 1031 (item 4)

Michael McMahon updated the group. As was mentioned at the last meeting, the Public Petitions Committee has received a petition from Professor Donald M Macdonald calling for Members of the Scottish Parliament to oppose the introduction of any legislation which would permit assisted suicide.

The Committee contacted the Scottish Partnership for Palliative Care to seek comments on the issues raised within the petition, and on the issues raised during the Public Petition Committee's discussion of the petition. The Partnership has drafted a response, and plans to consult its members over the next few months, before responding to the Committee in time for its next meeting in September.

Frank McAveety MSP has recently taken over from Michael McMahon as convenor the Public Petitions Committee.

### 5. Presentation and discussion:

#### ***Palliative and end of life care in Scotland: the case for a cohesive approach***

Maria McGill, Chairman of the Scottish Partnership for Palliative Care and Chief Executive of Highland Hospice gave a presentation on the report and recommendations recently submitted by the Partnership to the Scottish Executive - *Palliative and end of life care in Scotland: the case for a cohesive approach*. (A copy of the presentation is attached as appendix 2)

The Scottish Partnership for Palliative Care identified a need to address inequities in palliative care provision by developing a cohesive approach to

palliative and end of life care in Scotland.

A short-life working group was accordingly set up to make recommendations to the Scottish Executive regarding the development of such a cohesive approach. Efforts were made to achieve a wide representation of interests on the group, and though the group did not include specific social work representation, social work colleagues were targeted at the consultation stage. Maria thanked members of the working group for their considerable hard work and commitment throughout the production of the report, and thanked all those who responded to the consultation.

The group debated the 'definition' of palliative and end of life care, recognising that the term 'end of life care' is used by different people to mean different things. The group agreed to entitle the report '*Palliative and end of life care: the case for a cohesive approach*' to reflect the fact that palliative care includes, but is not exclusively about, end of life care. The report focused on those elements of palliative care which are likely to be delivered in the last 12 months of life, including both general palliative care and specialist palliative care.

The remit of the group was to examine the tools for palliative and end of life care recommended in the Department of Health End of Life Care Programme:

- Gold Standards Framework (GSF)
- Liverpool Care Pathway for the Dying Patient (LCP)
- Preferred Place of Care (PPC) as an example of advanced care planning

and to consider these within the context of *Delivering for Health* and the wider Scottish health agenda. However, as the work developed, the group widened its scope to include consideration of other relevant developments which quickly came to its attention. These included:

- changes to out of hours service provision
- a possible approach to joint care management
- the Marie Curie Cancer Care Delivering Choice pilot project in Tayside
- the NHS Lothian 'Do not attempt resuscitation' (DNAR) framework and policy.

Between May 2006 and March 2007 the working group heard a number of presentations and examined a range of literature relating to each of these areas. The group also spent some time considering how these tools and initiatives related to recent policy developments which illustrate a growing recognition of the need to provide appropriate palliative care to all on the basis of need not diagnosis, and to provide patient-centred care, closer to home, with a shift from reactive, episodic care to continuous support. This included consideration of:

- *Our national health, a plan for action, a plan for change* (2000)
- *Cancer in Scotland: action for change* (2001)

- *Coronary heart disease and stroke strategy for Scotland (2002)*
- *Future care of older people in Scotland (2006)*
- *Joined up thinking...joined up care (2006)*
- *Making good care better; national practice statements for palliative care in adult care homes in Scotland (2006)*

After a full discussion and examination of information, the group undertook a consultation process involving the Partnership's members and other interested parties and agreed several recommendations. The recommendations centre on:

- supporting continued and expanding use of the principles and approach of the Gold Standards Framework Scotland in all care settings
- encouraging a uniform approach to achieving the goals of the Liverpool Integrated Care Pathway for the Dying Patient in all care settings, and
- clarifying some of the issues relating to out of hours service provision, DNAR policy, and joint working by health and social care.

Maria emphasised that the report and recommendations are intended to be a start, not the end, of discussions, and that the group was aware that it could not address all possible improvements to palliative and end of life care within a single report. However, the group is confident that these recommendations are achievable, and that they represent a cohesive set of changes which specifically move towards a cohesive approach and which can make a huge difference to patients and families.

The working group was clear that progress towards some of the outlined improvements could be made by re-design of services and reallocation of existing resources. However, full implementation of these recommendations would be reliant on the availability of additional resources, both to enable appropriate education and training, and in terms of dedicated support to facilitate the introduction and sustainability of improvements.

The report and recommendations are available on the website of the Scottish Partnership for Palliative Care: [www.palliativecarescotland.org.uk](http://www.palliativecarescotland.org.uk)

Michael McMahon opened this issue up to general discussion, and the following points were made:

- The Scottish Partnership for Palliative Care has taken over the GSFS database to ensure that the data collected by participating practices continues to be collated in a cohesive way.
- The report and recommendations were submitted in early May to Derek Feeley, Director of Healthcare Policy and Strategy at the Scottish Executive. Although there has been no formal commitment to a timescale, it is expected that a response will be received from the Scottish Executive within a few months.
- Free personal care, community care and palliative care are interconnected, since much of palliative care is provided by social care.
- The community nursing review was published in November 2006 (entitled:

*Visible, Accessible and Integrated Care Report of The Review of Nursing in the Community In Scotland*). Concerns were expressed that the vision set out within this document could be detrimental to palliative care provision, since it will mean changes to the ways in which GP's and DN's work together - with the current practice based model of community nursing changing to a community based model.

- It is important to ensure joint working at strategic and local levels, ensuring links with the care-management agenda and the long-term conditions strategy.
- England has a well-funded end of life care strategy. There is a need to consider whether Scotland would benefit from something similar, or whether strategy relating to palliative care could be combined with other related issues, for example chronic disease.

**ACTION: The Partnership will consider getting in touch with the group responsible for implementing the findings of the Community Nursing Review, to assess ways of implementation that won't be detrimental to palliative care.**

PW

## 6. Any other business

### 6.1 Future meetings

**ACTION:** Suggestions for agenda items for future meetings should be e-mailed to: [Pauline@palliativecarescotland.org.uk](mailto:Pauline@palliativecarescotland.org.uk)

All members

## 7. Date of next meeting

The next meeting of the Cross-Party Group on Palliative Care will take place on Wednesday 5 December, at 5.45pm.