Directors’ Report for the year ended 31 March 2007

The Scottish Partnership for Palliative Care is the national umbrella and representative body for palliative care in Scotland. As such, it provides a unique forum for the development and implementation of palliative care strategy and good practice, a comprehensive communication network, and a source of expert advice and guidance for practitioners, service managers, planners and policy makers.

Aims and objectives

The charitable objects of the Scottish Partnership for Palliative Care (the Partnership) are to promote, encourage, enhance, improve and extend the provision of palliative care services to people with life-threatening progressive conditions and their families and/or carers throughout Scotland. While the objects remain unchanged, the Partnership constantly reviews how best to achieve them as we seek year on year to maintain a balance between being proactive in pursuit of our aims and objectives and being reactive to the pressures and realities of the unfolding health, social, financial and demographic environment.

The Partnership operates to a three-year work-plan agreed and monitored by its governing Council. This identifies both long-term aims relating to the charitable objects, and specific annual objectives. Long term aims identified in the three-year work-plan for 2005-2008 are as follows:

- to promote awareness and understanding of palliative care and its benefits to the public, patients and carers, health and social work professionals, planners and politicians
- to develop the capacity of palliative care services, whether in the NHS, independent sector, local authority or voluntary sectors by representing the need for adequate funding and availability of properly trained and qualified staff
- to promote equity of access to palliative care
- to improve access to palliative care for people with conditions other than cancer
- to promote palliative care in all settings including hospitals, primary care and independent care homes
- to encourage continuous quality improvement in palliative care at both generalist and specialist levels
- to work with bodies charged with monitoring quality of care, such as NHS Quality Improvement Scotland and the Care Commission
- to establish and maintain appropriate systems for the monitoring of palliative care in different settings
- to enable everyone involved in palliative care services in Scotland to share models of good practice and learn from each other’s experience
- to ensure that the Partnership continues to be responsive to changes, including potential threats and opportunities, in the external environment
- to ensure that the Partnership’s objectives and priorities remain relevant by maintaining dialogue and consultation as widely as possible with member organisations and others
- to ensure that the Scottish Partnership for Palliative Care has the funding, staff, management and resources to enable it to operate effectively in pursuit of the aims and objectives set out in its constitution.

The past year has seen a particularly successful range of activities and achievements, outlined below, during which the year’s objectives were largely met and new initiatives identified.

Key Achievements

Key achievements during the year have included publication and dissemination of two influential reports.

Making good care better: National practice statements for general palliative care in adult care homes in Scotland (May 2006), published jointly with the Scottish Executive, launched a series of national practice statements to be used by care homes alongside the National Care Standards and regarded as good practice by the Care Commission in their inspections of adult care homes. They have been well-received, and, in time, are expected to contribute to improved standards of general palliative care in care homes across Scotland. Increased palliative care education activity involving the sector has already been noted.

Joined up thinking
Joined up care...
Report of the Scottish Partnership for Palliative Care Big Lottery Fund project: ‘Increasing access to palliative care for people with life-threatening conditions other than cancer’ was launched at the Partnership’s Annual Conference in November 2006 and marked the successful completion of its three-year Big Lottery Fund project on improving access to palliative care for people with progressive non-malignant conditions. The report summarises the findings of extensive consultation throughout Scotland into the palliative care needs of people with conditions other than cancer, the barriers they currently experience in accessing appropriate palliative care, and ways in which these barriers may be overcome. It identifies increased collaboration and joint working as a key way forward, and proposes a model of care which emphasises a need for the skills of generalists and specialists alike. The publication has been universally welcomed and is already being used as a strategic planning tool. It makes a number of recommendations and offers practical guidance to NHS Boards and local authorities and to health and social care professionals.

Both of these pieces of work were also presented during the year to meetings of the Cross Party Group in the Scottish Parliament on Palliative Care for which the Partnership continues to provide the secretariat. The Annual Conference itself was a highlight of the year, securing the participation and support of the Deputy Health Minister and the Chief Medical Officer, and attracting 50% more delegates than previously, many from sectors not usually represented.

Governance

The governing body of the Partnership is the Council, whose members are elected from the organisation’s constituent groups. The organisation is a charitable company limited by guarantee, and is registered as a Scottish charity with the Office of the Scottish Charity Regulator. Council Members serve as Company Directors of the Scottish Partnership for Palliative Care, and function as its charity trustees. The organisation is governed by its Memorandum and Articles of Association, which define its sphere of
activity and together form its constitution. The Memorandum and Articles were adopted on 7 May 1991 and last amended on 8 September 2004. The Partnership is a membership organisation, and criteria for membership are defined in the Memorandum and Articles of Association. At 31 March 2007 there were 55 member organisations, comprising NHS Boards, voluntary hospices, national charities and support organisations and professional associations (see page 5). Each member organisation nominates a representative or representatives (four in the case of mainland NHS Boards and two in the case of island NHS Boards) to act as a formal link with the Partnership and to exercise their organisation’s vote(s) in Council elections and at Annual General Meetings.

Review of activities
The Partnership continues to sustain a wide range of activities. It works with its constituency groups and working groups, and with the Scottish Executive and appropriate local, regional and national bodies to raise awareness of palliative care and to ensure the equitable and accessible provision of palliative care services to people in Scotland on the basis of need not diagnosis. It does this by initiating and sustaining a varied programme of meetings, events, consultation and dialogue, by maintaining an informed and effective communications network for its member organisations and by producing a growing range of reports and publications.

Council
Council had a full programme of quarterly meetings during the year, receiving and approving financial monitoring reports and reports of short-life working groups and steering groups, and reviewing and approving the policies, work-plans and practices of the Partnership.

Constituency groups
The activities of its regional and national groups and the communications network they provide remain the constitutional and practical mechanism by which the Partnership achieves many of its objectives. The three regional groups continue to work closely with regional cancer and palliative care networks, with different practical arrangements pertaining in each area, while the three national groups maintain strong working links with a range of external organisations. In addition to the scheduled programme of meetings all groups participate in frequent consultation exercises, initiated or facilitated by the Partnership, and receive ongoing communication updates regarding local, regional and national palliative care issues and events.

The North Regional Group holds its meetings via a total of up to six video-conference sites linking mainland and island NHS Board areas. It works closely with the North of Scotland Cancer Network (NOSCAN), and during the year jointly confirmed the decision that it should continue to function as the sole regional forum for palliative care in the north of Scotland. The Group discussed and heard presentations on a range of local, regional and national issues including future requirements for Highland Hospice, the Marie Curie Delivering Choice Tayside Project, the National Generic Clinical System, the Gold Standards Framework Scotland, the pan-Lothian Do Not Attempt Resuscitation (DNAR) policy, the Children’s Hospice Association Scotland and self-care and self-management in cancer.

The South East Regional Group maintains close links with the South East Scotland Cancer Network Palliative Care Reference Group, holding consecutive meetings on the same day and maintaining joint representation on each. This group’s agenda also included the pan-Lothian DNAR policy and the Marie Curie Delivering Choice Tayside Project, as well as the implications for palliative care and home care of the Scottish Executive Social Work Review for the 21st century and the future strategic direction of Macmillan Cancer Support.

In the West of Scotland, a review and restructuring of the West of Scotland Managed Clinical Network for Palliative Care led to a revision of the existing arrangement for joint meetings of the MCN steering group and the Partnership’s West Regional Group, with separate meetings re-established from January 2007. The Regional Group heard a presentation on the pan-Lothian (DNAR) policy and Scottish Ambulance Service plans for its use throughout Scotland at its first separate meeting, and decided to focus its interest subsequently on the progress of work on the non-cancer agenda in the West of Scotland.

The Specialist Palliative Care Group maintained a very full programme of activities and liaison with external bodies throughout the year. Members worked closely with the Scottish Ambulance Service regarding patient transfer issues and palliative care training for ambulance crews, as well as the development of clinical standards in cancer and palliative care and national guidelines on palliative care and DNAR. There was consultation with the Scottish Audit of Surgical Mortality on the palliative care component of its annual survey, and the Group made successful representation to the Scottish Executive for inclusion of an amendment regarding disposal of drugs from the home in the new edition of its What to do after a death in Scotland publication. A recommendation was submitted to the Chief Medical Officer (CMO) for the development of national guidance on disposal of drugs following a survey of Community Pharmacists into current practice which highlighted existing confusion and lack of consistency, and the Group also expressed its concerns to the CMO regarding implications of the current Modernising Medical Careers initiative for the future training of doctors in palliative care.

The Scottish Hospices Forum continued to work closely with the Care Commission on a range of regulation and quality issues, as well as with other bodies such as the Scottish Ambulance Service, NHS Quality Improvement Scotland, Help the Hospices and ISD. The Forum also raised concerns regarding the palliative care workforce planning implication of Modernising Medical Careers and inconsistencies in available funding for the Additional Cost of Teaching, and continued to discuss issues around the Hospice Computerised Administration System and alternative data collection systems. Extra meetings were held during the year to address a range of specific issues and an additional funding survey was carried out to ascertain progress in negotiations between hospices and NHS Boards regarding proposed full implementation in 2007-2008 of the 50-50 funding agreement.

Membership of the National Charities Group expanded considerably over the year with the addition to its ranks of Alzheimer Scotland – Action on Dementia, British Lung Foundation Scotland, Chest, Heart and Stroke Scotland, Maggie’s Cancer Caring Centres Scotland, Scottish Kidney

3
Federation and Sue Ryder Care. An active programme of discussion and information-sharing among new and existing members took place. On the advice of the Group and with the agreement of Council, the Scottish Partnership for Palliative Care became, during the year, an Associate Member of the Long Term Conditions Alliance Scotland and maintained links with the Neurological Alliance of Scotland.

Annual general meeting
This year’s Annual General Meeting was held as a half-day event in December 2006, and included an address by Honorary Vice-President Professor Sir Kenneth Calman KCB. Following the business proceedings, Honorary President Dr Derek Doyle OBE chaired a brief and informative forum on issues in palliative care research.

Information provision
Throughout the year the Partnership continued to be a source of information on palliative care issues, responding to a range of queries and requests from individuals and organisations at local, national and international level. Permission was granted to researchers in England and New Zealand to replicate the Partnership’s 2003 survey into public attitudes towards palliative care. A survey into the existence or not of a so-called ‘Shipman effect’ on palliative care prescribing in Scotland was carried out at the request of the CMO. Results indicated little evidence of such an effect, but widespread concerns at the possible effects on prescribing practice of recent changes in out of hours arrangements were reported. Assistance was also provided to ISD in ensuring the participation of palliative care patients and carers in the Scottish Parliament’s public consultation into prescription charges. A request was received from the Public Petitions Committee of the Scottish Parliament for comments on a petition and Committee discussion on legislation against physician assisted suicide, and the Partnership will be consulting with its members to frame a suitable response.

Future plans
Work continued throughout the year towards publications on palliative care competence frameworks and on palliative care and advanced heart failure, both of which are scheduled for publication during 2007-2008, and on a consultation and report with recommendations to the Scottish Executive on the case for a cohesive approach to palliative and end of life care in Scotland, to be submitted in May 2007. A palliative care research forum held

Continued on page 5
Scottish Partnership for Palliative Care
Member Organisations at 31 March 2007

NHS Boards
NHS Ayrshire & Arran
NHS Borders
NHS Dumfries & Galloway
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Orkney
NHS Shetland
NHS Tayside
NHS Western Isles

Voluntary Hospices
Accord Hospice
Ardgowan Hospice
Bethesda Hospice
Children’s Hospice Association Scotland
Highland Hospice
Marie Curie Hospice, Edinburgh
Marie Curie Hospice, Glasgow
Prince & Princess of Wales Hospice
St Andrew’s Hospice
St Columba’s Hospice
St Margaret of Scotland Hospice
St Vincent’s Hospice
Strathcarron Hospice
The Ayrshire Hospice

National Charities
Alzheimer Scotland - Action on Dementia
Breast Cancer Care Scotland
British Heart Foundation
British Lung Foundation
Cancerbackup Scotland
Chest, Heart and Stroke, Scotland
CLIC (Cancer & Leukaemia in Children) Sargent
Macmillan Cancer Support
Maggie’s Cancer Caring Centres
Marie Curie Cancer Care
Multiple Sclerosis Society Scotland
Pain Association Scotland
Parkinson’s Disease Society
Roy Castle Lung Cancer Foundation
Scottish Conference of Cancer Support Groups
Scottish Huntington’s Association
Scottish Kidney Federation
Scottish Motor Neurone Disease Association
Sue Ryder Care
Tak Tent Cancer Support Scotland

Professional Associations
Association for Palliative Medicine
Association of Hospice & Palliative Care Chaplains
Association of Palliative Care Social Workers
Nurses Managing Hospices & Specialist Palliative Care Services
RCN Palliative Nursing Group
Scottish Palliative Care Pharmacists’ Association

Support Organisations
Cancer Link Aberdeen and North (CLAN)

alongside the annual general meeting in December 2006 identified the need for a future publication to provide guidance to those wishing to undertake research in palliative care, and it was subsequently agreed that a short-life working group would be set up to take this forward later in 2007.

The palliative care study to be undertaken by Audit Scotland during 2007-2008 is also expected to contribute to future work plans and strategic directions.

Financial review
The Partnership recorded a net surplus of £2,828 for the year ending 31 March 2007. Unrestricted income of £205,942 was generated mainly from grant funding and member subscriptions. The nature of the Partnership’s activity means that employment costs formed the most significant element of the £203,114 of unrestricted expenditure. Council gratefully records its appreciation to the Scottish Executive, Marie Curie Cancer Care and Macmillan Cancer Support for grants received for core administration costs and to the Big Lottery Fund and the Scottish Executive for restricted funds of £59,383 and £20,111 respectively received during the year. Core and restricted income and expenditure accounts for the year appear on page 6.

Key partners
The Partnership would be unable to meet its objectives without the ongoing support of the key individuals and organisations with whom it works. Sincere thanks are expressed to all those who have given of their time and effort to participating in working groups, responding to consultations and queries, engaging in dialogue and sharing with us their knowledge and expertise. We acknowledge gratefully the active support of all of our member organisations and others, such as the Care Commission, Help the Hospices, Macmillan Cancer Support, Marie Curie Cancer Care, NHS Education for Scotland, NHS Quality Improvement Scotland, the National Council for Palliative Care and the Scottish Executive, and look forward to working with you all in the future.
## Scottish Partnership for Palliative Care

### Core income and expenditure account for the year ended 31 March 2007

<table>
<thead>
<tr>
<th></th>
<th>31.03.06</th>
<th>31.03.07</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants for core administration costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Scottish Executive Health Department</td>
<td>80,000</td>
<td>83,000</td>
</tr>
<tr>
<td>- Help the Hospices</td>
<td>5,000</td>
<td>0</td>
</tr>
<tr>
<td>- Macmillan Cancer Support</td>
<td>19,200</td>
<td>20,000</td>
</tr>
<tr>
<td>- Marie Curie Cancer Care</td>
<td>18,540</td>
<td>20,000</td>
</tr>
<tr>
<td>Members subscriptions</td>
<td>4,619</td>
<td>4,604</td>
</tr>
<tr>
<td>Interest on deposit</td>
<td>62,486</td>
<td>64,538</td>
</tr>
<tr>
<td>Donations</td>
<td>10,498</td>
<td>0</td>
</tr>
<tr>
<td>Annual conference</td>
<td>16,650</td>
<td>13,800</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>216,993</td>
<td>205,942</td>
</tr>
</tbody>
</table>

| **Expenditure**       |          |          |
| Salaries, NI and pensions | 151,880  | 147,323  |
| Rent                  | 9,500    | 9,500    |
| Water rates           | 1,313    | 672      |
| Insurance             | 1,943    | 1,348    |
| Light and heat        | 2,917    | 2,628    |
| Maintenance and repairs | 3,731    | 6,727    |
| Cleaning              | 2,213    | 2,552    |
| Stationery            | (785)    | 2,819    |
| Printing and publications | 6,109    | 4,009    |
| Postage               | 2,513    | 2,426    |
| Telephone             | 1,749    | 1,566    |
| Travel and meetings expenses | 2,740    | 5,063    |
| Annual conference     | 10,534   | 5,731    |
| Audit fee             | 950      | 995      |
| Professional fees     | 18,675   | 4,776    |
| Recruitment           | 3,116    | 1,862    |
| Training and development | 0        | 1,639    |
| Office equipment      | 0        | 529      |
| General expenses      | 0        | 280      |
| Depreciation of office equipment | 3,083    | 669      |
| **Total Expenditure** | 222,181  | 203,114  |

| **Surplus / (deficit) for the year** | (5,188) | 2,828 |
| **Accumulated surplus brought forward** | 95,521  | 90,333 |
| **Restricted funds income and expenditure account for the year ended 31 March 2007** | 90,333  | 93,161 |

<table>
<thead>
<tr>
<th><strong>Big Lottery Fund Project</strong></th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance from last year</td>
<td>41,643</td>
<td>44,918</td>
</tr>
<tr>
<td>Grant received during the year</td>
<td>82,090</td>
<td>59,383</td>
</tr>
<tr>
<td><strong>Expenditure during the year</strong></td>
<td>123,733</td>
<td>104,301</td>
</tr>
<tr>
<td><strong>(78,815) (104,301)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>44,918</strong></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Scottish Executive

<table>
<thead>
<tr>
<th><strong>(publication of Making Good Care Better)</strong></th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant received during the year</td>
<td>-</td>
<td>20,111</td>
</tr>
<tr>
<td>Expenditure during the year</td>
<td>-</td>
<td>(20,111)</td>
</tr>
</tbody>
</table>

Copies of the full audited accounts for the year prepared in accordance with the Companies Act 1985 by Messrs Dalgliesh & Tullo, Registered Auditors and Chartered Accountants, are available on request to the Scottish Partnership for Palliative Care.