

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

Convener
Michael McMahon MSP

Vice Convener
Roseanna Cunningham MSP
Jamie McGrigor MSP

Secretary
Patricia Wallace

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

**Wednesday 5 December 2007 at 5.45pm
Committee Room 1, Scottish Parliament Headquarters**

Present: Michael McMahon MSP (Convener) Bellshill & Hamilton
Dave Thomson MSP, Highlands and Islands

Philip Atkinson, Scottish Health Magazine
Maureen Black, Macmillan Cancer Support
Pauline Britton, Scottish Partnership for Palliative Care
Sandra Campbell, NHS Forth Valley
Dr Pat Carragher, CHAS
Rev Stuart Coates, Strathcarron Hospice
Heather Cooper, NHS Lanarkshire
Dr Rosalie Dunn, NHS Lanarkshire
Rhona Else, St Columba's Hospice
Christine Ferns, Audit Scotland
Shirley Fife, NHS Lothian
John Gerrie, Metropublic Limited
Bill Kerr, St Columba's Hospice
Margaret Rose Key, NHS Greater Glasgow & Clyde
Barbara Lyle, NHS Lothian
Dorothy McElroy, Ardgowan Hospice
Maria McGill, Highland Hospice
Irene McKie, Strathcarron Hospice
Clare Murphy, St Margaret of Scotland Hospice
Professor Scott Murray
Dr Euan Paterson, NHS Greater Glasgow & Clyde
Rebecca Patterson, Scottish Partnership for Palliative Care
Robert Shorter, NHS Lanarkshire
Margaret Sneddon, University of Glasgow
John Sweeney, Cancerbackup Scotland
Marie Todd, NHS Greater Glasgow & Clyde
Elizabeth Thomas, St Margaret of Scotland Hospice
Pat Wallace, Scottish Partnership for Palliative Care
Mary Wilson, NHS Highland
Dan Wynn, GMC Scotland

Apologies: Jackson Carlaw MSP, West of Scotland
Roseanna Cunningham MSP, Perth

Joan Adam, St Columba's Hospice
Dr Paul Baughan, NHS Forth Valley
Dr Fred Benton, St Columba's Hospice
Dr Rosaleen Beattie, Scottish Government
Dr Helen Charley, NHS Highland
Margaret Colquhoun, St Columba's Hospice

Approved minute

Margaret Dunbar, St Columba's Hospice
Ellen Finlayson, CLIC Sargent
Tom Gault, St Andrew's Hospice
Dr Neil Houston, NHS Forth Valley
Dr Stephen Hutchison, Highland Hospice
Linda Kerr, NHS Ayrshire & Arran
Kirsty Leavey, Strathcarron Hospice
Dr Rosalyn Mauchline, St Vincent's Hospice
Elaine MacLean, Care Commission
Neil McLachlan, NHS Grampian
Susan Morrison, NHS Highland
Dr Clive Preston, NHS Fife
Anne Robb, NHS Tayside
Ros Scott, Children's Hospice Association Scotland
Mollie Tevendale, NHS Fife
Fiona Wann, NHS Lothian
Maggie White, Marie Curie Cancer Care
Professor John Welsh, NHS Greater Glasgow & Clyde
Dr Stan Wright, NHS Forth Valley

1. Welcome and apologies

Michael McMahon MSP welcomed attendees to the meeting and introduced Dave Thompson MSP, Highlands and Islands.

2 Minutes of last meetings

The minute of the most recent full meeting of the group, held on Wednesday 6 June, was adopted as a true record. (Proposed: Maria McGill; Seconded: Irene McKie)

The group also approved the minutes of the meeting of Wednesday 26 September 2007 which was held to allow the necessary paperwork to be submitted to the Standards Committee to allow the Cross Party Group to be officially reformed. (Proposed: Pat Carragher; Seconded: Sandra Campbell.)

3. Matters arising

3.1 Prescription charges (item 4.1)

Michael McMahon updated the group that Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, had today announced the planned programme to remove prescription charges by 2011. For single prescriptions the costs will be:

- April 08: down from £6.85 to £5
- April 09: down to £4
- April 10: down to £3
- Free from April 2011

For prescription pre-payment certificates which cover a person's total prescription costs over a 12 month period:

- April 08: down from £98.70 to £48
- April 09: down to £38
- April 10: down to £28
- Free from April 2011

Action

The Cross Party Group has for some time been following the issue of prescription charges, but now agreed that the matter is resolved and can be taken off the agenda for future meetings.

3.2 Lymphoedema update

It was reported at the last meeting that 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, and that NHS QIS had planned to look at this document with a view to issuing recommendations regarding its adoption in Scotland. NHS QIS has not yet published any recommendations on this issue. It had not been possible to obtain an update on this work from QIS in time for the current meeting, but this will remain on the agenda for future meetings.

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

PB/PW

3.3 Modernising Medical Careers (MMC) (item 4.3)

Michael McMahon updated the group. 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 sent the Partnership a detailed reply, and a copy of this letter was circulated to cross party group members. The group agreed that this issue could be dropped from the agenda for the time being.

3.4 Palliative and end of life care in Scotland: the case for a cohesive approach (item 5)

Michael McMahon updated the group. The Partnership's report and recommendations 'Palliative and end of life care in Scotland: the case for a cohesive approach' was submitted to the then Scottish Executive in May this year. Although the Partnership is still awaiting a formal response, there is a strong sense that the report is being carefully considered.

The Partnership submitted a response to *Better Health Better Care*, reiterating many of the recommendations set out within the palliative and end of life care report. The new Action Plan for Health and Wellbeing is due to be launched on 12 December and it is likely that this will provide further information about the Scottish Government's future direction regarding palliative and end of life care.

ACTION: This issue will be discussed at a future meeting, once a response has been received.

3.5 The community nursing review: *Visible, Accessible and Integrated Care Report of The Review of Nursing in the Community In Scotland (item 5)*

Michael McMahon updated the group. At the previous meeting of the Cross Party Group, concerns were expressed that the vision set out within this document might be detrimental to palliative care. In response to these concerns, the Partnership undertook a consultation to find out its members' views on the report and whether they felt any further action was necessary by the Partnership.

Although some concerns were expressed by consultation respondents, it was pointed out that the model has not yet been fully developed and that there are four 'development sites', each of which is currently reviewing all the implications of the new role. A key element of the development process is to ensure that each discipline is fully represented to ensure the new model does not compromise existing care. The Partnership is therefore taking no further action on this issue, but is monitoring developments through the Nursing Review website.

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

PW/PB

4 GMC Review of Guidance

Dan Wynn, Scottish Affairs Officer at the General Medical Council (GMC) updated the group that the GMC is reviewing its publication *Withholding and Withdrawing Life-prolonging Treatments: Good Practice in Decision-making* which was published in 2002.

As part of a scoping exercise, the GMC is currently approaching a number of individuals/organisations representing key interest groups, for feedback on the existing guidance and initial suggestions about the range of issues that new guidance might cover. A working group has been established to develop the new draft guidance. Currently, the aim is to develop new draft guidance for public consultation in Summer 2008, with a view to publication in Spring 2009.

ACTION

Any individuals wishing to get involved in the scoping exercise, or who might be willing to provide advice on an ad-hoc basis on specific issues should contact Dan Wynn: DWynn@gmc-uk.org

All

A representative from the GMC will come to the March meeting of the Cross Party Group to provide further information about this review.

GMC

Further information and background to this review will be circulated to Cross Party Group members.

PB

5. Presentation and discussion:

- **The findings of the Macmillan Scotland-wide Lymphoedema Service Mapping Project**

Margaret Sneddon, Head of the School of Nursing and Healthcare at the University of Glasgow presented the results of the Chronic Oedema/ Lymphoedema Service Mapping and Prevalence Project (Scotland), undertaken by the University of Glasgow and funded by Macmillan Cancer Support.

The aims of this project were to explore and map current Chronic Oedema/ Lymphoedema (COL) services in Scotland, to undertake a prevalence study of lymphoedema, and to provide an assessment of need. The project was split into three phases: phase 1, a service mapping project; phase 2, a prevalence study; and phase 3, a needs assessment. Margaret Sneddon's presentation concentrated on the findings of the service mapping project, highlighting related findings from an audit by Scottish lymphoedema practitioners. She then moved on to discuss some of the challenges presented by phases 2 and 3 of the project, and present some preliminary findings. It is planned that an event will be held some time in the Spring to disseminate the final findings from this project.

There was then an opportunity for questions and discussion, and the following issues were raised:

- Different patients will have different educational needs depending on their situation.
- In many areas, appliances were difficult to come by. This largely depended on the specific arrangements that had been made in that area for ordering the garments. Ordering direct from the supplier is usually the fastest system.
- Differences in funding arrangements for different services should not be allowed to affect patients.
- There was brief discussion of protected time, and the need for either additional or more efficient of resources to make protected time a reality.
- There was some discussion of the numbers of people requiring treatment and how to go about assessing this, since without information on prevalence it is difficult to make the case for funding for these services. One suggestion was that an imperfect indication of prevalence could be gained by asking ISD for information on lymphoedema gained from 'spotter' GP practices.
- At present it is difficult to draw an ideal model of service from this project, since different places have different strengths and different circumstances. However, it is hoped that some useful recommendations will be drawn from the project once it is completed.
- It is difficult for GPs to spot this condition as it is something most rarely see, and therefore educating professionals is important.

ACTION

This item will remain on the agenda for future meetings.

PB/PW

6. Any other business

No further business was discussed.

7. Date of next meeting

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