

PE1105/AAA



Greater Glasgow and Clyde NHS Board

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Date: 7th August 2012

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Dear Ms Wilson

Petition PE 1105

Thank you for your letter of 26th June 2012 regarding the above petition.

The narrative contained in my letter aims to answer the questions:

- The Committee would be grateful if you could provide clarity on why there is a disparity between the payment per bed for St Margaret of Scotland Hospice and the payments per bed for other hospices both under the jurisdiction of the Greater Glasgow and Clyde Health Board and throughout Scotland?
- Can you confirm if this disparity will be resolved by the recent guidance on the future funding for hospices which was published as a Chief Executive Letter (CEL 12 (2012)) in May 2012?

NHS CEL 12 (2012) issued in May 2012 asks NHS Boards to ensure that their commissioning arrangements follow the guidance in the CEL and that these arrangements support quality improvement, efficiency and effectiveness. Progress is to be made during 2012-13 with new arrangements to be in place by 2013-14 onwards.

The circular restates that the basis for NHS funding of Hospices is that 50% funding should be given for mutually agreed specialist palliative care services, drawn from the list of core services given. Funding is not based on a payment

per bed. This list of core services includes inpatient, day and out-patient services, education and input into acute hospitals. There is a further wide range of services that hospices could also provide such as bereavement and spiritual support.

St Margaret's of Scotland Hospice were represented on the working group that prepared the guidance.

Hospices provide a huge range of services and inpatient beds are only a small part of their activity. They receive 50% of the costs of all the services that NHS Boards have agreed that they should provide. It is not an appropriate reflection of this diverse activity to express this as a payment per bed.

St Margaret's of Scotland Hospice also provide NHS continuing care services to the NHS Board and receive £ 1.1m funding for this service. This includes a share of their management and building costs for example and if comparing a cost per bed to other Hospices would have to be taken into account as well.

The CEL requires NHS Boards and Hospices to work together to ensure that commissioning in future is informed by:

- Value for money and efficiency
- Benchmarking of costs, activity and quality
- Quality outcome measures

A Hospice Quality Improvement Forum is to be set up nationally to build a common set of quality measures and ensure an open approach to benchmarking of the cost, quality and activity of Hospice activity. NHS Greater Glasgow and Clyde will take part in this group, once established and it is hoped that this will provide a level of assurance to Hospices that their funding is appropriate.

Kind regards.

Yours sincerely

Robert Calderwood
Chief Executive