

# Cross-Party Group on Palliative Care

Wednesday 8 June, 1.00-2.30pm on ZOOM

Minute

Present

MSPs

Bob Doris MSP  
Jackie Baillie MSP  
Paul O’Kane MSP  
Carol Mochan MSP

Non-MSP Group Members

Chris Kidson PELiCaN (NSS)  
Claire Clark, NHS Fife  
Deans Buchanan, NHS Tayside  
Dianne Williamson, NHS Dumfries & Galloway  
Donald Macaskill, Scottish Care  
George Lews, Scottish Parliament  
Gordon McLean, Macmillan Cancer Support  
Jackie Stone, St Columba’s Hospice Care  
Jacquelynn Calder, Care Inspectorate  
Jude Meryl, Soul Midwives Scotland  
Kendall Davidson, NHS Ayrshire & Arran  
Kirsteen Murray, St Vincent’s Hospice  
Laura McMail, No-one Dies Alone Ayrshire  
Linda McCurrach, No-one Dies Alone Ayrshire  
Lorna Stewart, NHS Fife  
Lynne Hoffin, Ayrshire Hospice  
Lynsey McGhee, NHS Tayside  
Mairi Armstrong, GGHB  
Margaret Mary Cowan, Kilbryde Hospice  
Marie Manzi, Macmillan  
Mark Hazelwood, Scottish Partnership for Palliative Care  
Maureen O’Neill, Faith in Older People  
Paul Graham, NHS Lanarkshire  
Pauline Ellison, Scottish Partnership for Palliative Care  
Rami Okasha, Children’s Hospices Across Scotland  
Rebecca Patterson, Scottish Partnership for Palliative Care  
Ruth Innes, NHS Lothian Royal Hospital for Children and Young People  
Sandra Campbell, SAS  
Steinunn Boyce, NHS Fife,  
Susanne Gray, NHS Lanarkshire.

# Apologies

Siobhian Brown MSP  
Stephen Kerr MSP  
Caroline Sime, SPPC  
Duncan Brown  
Katrina Marshall  
Michael Veitch  
Sally Hughes  
Scott Sweatton

## Agenda item 1

### **Welcome, introduction and apologies**

Bob Doris welcomed everyone to the meeting and invited MSP colleagues Jackie Baillie MSP, Carol Mochan MSP and Paul O’Kane MSP to introduce themselves and encouraged other attendees to put their name and organisation into the chat.

The group approved the minute of 23 February as correct record of the previous meeting.

## Agenda item 2

### **Annual General Meeting**

#### 2.1 Annual Return (Paper 1) & Accounts (Paper 2)

The group agreed to approve the Annual Return & Accounts 2021-2022 for submission to the Standards Committee.

#### 2.2 Annual Subscription

The group agreed to continue with an annual subscription of £0 for members.

#### 2.3 Election of Office Bearers

Mark Hazelwood thanked Bob Doris for his work as Convenor of the group.

The following Office Bearers were elected:

Convenor: Bob Doris MSP (proposed by Jackie Baillie)

Vice Convenors: Paul O’Kane MSP (proposed by Jackie Baillie) Stephen Kerr MSP (proposed by Bob Doris).

Secretary/Treasurer: Mark Hazelwood

## Agenda item 3

### 3.1 The future of palliative and end of life care research in Scotland

This item related to an action carried forward from the December 2021 meeting, when it was agreed that the Convenor, Miles Briggs, SPPC and presenters at that meeting would

consider ways ahead for palliative care research in Scotland. Mark updated the group that he has recently been in touch with everyone concerned to seek ideas about how this might be progressed, including the suggestion that SPPC could convene a conversation focused on what stakeholders would like to see included in the next palliative and end of life care strategy in terms of research.

## Agenda item 4

Scottish Ambulance Service and palliative care

### **Presentation and Discussion: Making a difference that matters to all**

Bob Doris introduced Sandra Campbell, Nurse Consultant on the Macmillan Palliative and End of Life Care Project, who gave a presentation on a new partnership project between the Scottish Ambulance Service and Macmillan. (Sides attached.) The overall aim of the project is to improve end of life care, which includes reducing the number of people being taken to hospital in the last days and hours of life when death is expected and to reduce the number of futile CPR attempts and allow natural death.

The project's key objectives are to:

- work in collaboration with other teams in health and social care and the third sector to develop alternative pathways to admission to hospital when death is expected in the next few days.
- develop a comprehensive education programme.
- work with teams to develop professional to professional communication pathways to avoid admission to hospital from a care home setting.

There was general agreement that the project has a real potential to make a difference to end of life care, and many members of the group offered their support. Discussions included the following points:

- One of the challenges in a care home setting is the tendency for family members when someone is reaching latter stages to feel that an ambulance should be called and that hospital admission is desired - so a lot of work with families and relatives through Anticipatory Care Plans etc is necessary.
- It is likely that good and effective community-based unscheduled care is part of the answer to avoiding of people being taken to hospital when it isn't beneficial. Crisis needs an answer and in the absence of a good answer then hospital becomes default.
- It is important that wider society encourages opportunities for people to talk about and plan ahead for ill health and dying, and Good Life, Good Death, Good Grief has an ongoing role in this.
- Direct public access to lines for end of life care support should be considered. This should link to an integrated palliative and end of life care care system (i.e. social care/DN/OOHs GP/Pal Care service/Others) - a reactive integrated system to speak to the gaps where proactive measures have found limit.

- The importance of exploring what data can tell us about current ambulance activity and how this might inform improvements.
- There is a need for clear communication that this project isn't about preventing people in need going to hospital, but it is about getting the most appropriate care delivered in the most appropriate care setting – the goal is to make things better not to reduce hospital bed days.
- There is a need to build confidence that people/staff will be able to access ambulances when required.
- There is a need to consider what inequalities may exist in the experiences of different groups.
- IT systems that enable meaningful communication between different parts of the system are important.

Actions:

**Everyone:** Sandra is keen to meet with a variety of people engaged in relevant work across Scotland, including those working on the ground and at a senior level. Those who would like to engage should email her on: [sandra.campbell8@nhs.scot](mailto:sandra.campbell8@nhs.scot)

**SPPC:** Some useful comments and offers of help were raised in the zoom chat, and these will be forwarded to Sandra for ease of reference.

## Agenda item 5

### **Date of the next Cross Party Group meeting**

Future meeting dates will be circulated by email