

Approved Minute

Cross-Party Group on Palliative Care

Hybrid Meeting

Wednesday 8th October 2025, 6.00-7.30pm, Scottish Parliament Meeting Room Q1.03 and on MS Teams

Attendance in person

Bob Doris MSP (Convenor)
Leen Van Brussel, University of Brussels
David Cameron, Scottish Parliament
Amy Dalrymple, Marie Curie
Mark Hazelwood, SPPC
Bridget Johnston, Glasgow University
Juliet Spiller, Marie Curie
Else Gien Statema, University of Brussels
Kenny Steele, Highland Hospice
Elaine Stevens, IANPC
Helen Malo, Hospice UK
Rebecca Patterson, SPPC
Bert Quintiens, University of Brussels

Attendance on MS Teams

Marie McNair MSP
Lowri Butler, The Alliance
Melissa Byrne, Cruse Scotland
Sandra Campbell
Clare Carolan, NHS WESTERN ISLES
Fiona Finlay, NHS Lanarkshire
Anne Finucane, Marie Curie
Susanne Gray, NHS Lanarkshire
Donna Hastings, St Columba's Hospice Care
Annabel Howell, CHAS
Lesley Howells, Maggies
Rachel Kemp, Marie Curie
Sandra Lucas, University of the West of Scotland
Donald Macaskill, Scottish Care
Andrene Maxwell
Aileen Morton, Hospice UK
Sarah Mills, St Andrews University
Sandra McConnell, NHS Lanarkshire
Libby Milton, Marie Curie
Colette McDiarmid, MND Scotland
Mairi-Clare McGowan, St Vincent's Hospice
Claire O'Neill, NHS Greater Glasgow and Clyde
Neil Ritchie, Scottish Government
Kathleen Robson
Rhona Winnington, University of West of Scotland
Julie Watson, Marie Curie

Apologies

Miles Briggs MSP
Dr Clare McGowan, NHS Greater Glasgow and Clyde
Michael Veitch, Care for Scotland
Stephen Kerr MSP
Jude Meryl, Soul Midwives Scotland
Jacquelynn Calder, Care Inspectorate
Jackie Baillie, MSP
Bruce Cleminson, GP

Agenda item 1

Welcome, introduction and apologies

Bob Doris welcomed everyone to the meeting and apologised that parliamentary business had meant that the meeting was later and shorter than planned.

Agenda item 2

Minute and Matters Arising

The group approve the minute of 11 June 2025 as a correct record.

Matters arising: AGM 2024 Minutes

At the last meeting it wasn't possible to approve the minute of the 2024 AGM - because there was only one person (Marie McNair) at the meeting who'd been at the 2024 AGM. The secretariat has since sought approval of the minutes via email from Elaine Stevens and Sandra Campbell who were at the 2024 AGM so we can now mark those minutes as officially approved.

Matters arising: Parliamentary motion

Bob Doris lodged a parliamentary motion highlighting the impact of the Scottish Ambulance Service and Macmillan Palliative and End of Life Care Project. Further funding has been given to expand that project.

Agenda item 3

Challenges, opportunities and hopes for the new SG strategy *Palliative Care Matters for All*

The Scottish Government published its new Palliative Care Strategy: *Palliative Care Matters for All* last month, and the minister responsible, Jenni Minto recently wrote to members of the CPG thanking them for their input to the strategy.

Four speakers were invited to give their initial reflections on the new strategy:

Claire O'Neill, Lead Nurse/CSM Palliative Care, NHS Greater Glasgow & Clyde

Claire made the following key points:

- A strategy for all ages and all settings is welcome - palliative care should be delivered when needed regardless of setting.
- Hospital care has a role in the 8 outcomes and is relevant under all 23 actions.
- The strategy does not mention any additional substantial funding. Delivery of the strategy will be hugely challenging without the allocation of resources to its delivery.
- Data measures are welcome - however how is this achieved without investment?

Helen Malo, Senior Policy and Public Affairs Manager (Scotland) Hospice UK

Helen made the following key points:

- The strategy does not provide the bold vision needed to address underlying issues around growing population need, tackling inequities and shifting the balance of care.
- The addition of a 24/7 palliative care helpline is good to see.
- Implementation is key, yet there is currently no clarity about how the strategy will be delivered at a local level – that link between national strategy and local delivery. Where is the ownership and accountability? There is a need for clarity on what and who needs to deliver, and on the timelines.
- There are measure of success – a lot are ‘proxy measures’. By whom and how are these going to be measured. What happens if they won’t be met?
- There need to be connections between:
 - Palliative care and wider system reform
 - Palliative care and other policy areas, for example workforce planning, support for carers, financial assistance

Though the strategy references links to the Health & Social Care renewal framework and the Population Health Framework and ties into the vision of these frameworks, it isn’t clear how/if palliative care and this strategy is actively being considered and feeds into and is cared about in these wider reform agendas.

Similarly the strategy lists lots of different policy areas that palliative care is relevant to. But how are these connections being made? The strategy talks about education and training of staff. But are we confident that workforce planning is actively considering the growing demand for palliative care to make sure we have the numbers of staff on the ground?

Donald Macaskill, CEO, Scottish Care.

Donald made the following key points:

Social Care - Positives

- The strategy recognises that **most palliative care happens at home**, supported by families, communities, and social care not just the NHS
- It acknowledges the **growing pressure** on social care services due to Scotland’s ageing population and increasing complexity of needs
- There’s a commitment to **person-centred care**, community-led support, and integration.

Social Care - What's Missing

- While the strategy speaks of “flexible support,” it lacks **specific commitments to funding, workforce expansion, or infrastructure** to deliver that flexibility. There is a failure to recognise that without additional resource it will be impossible for the quality of end of life and palliative care now and increasingly expected of social care staff to be delivered. This is a fundamental failure of this strategy.
- There's limited detail on how **unpaid carers** - often the backbone of social care - will be supported beyond general recognition.
- The strategy does not fully address **rural inequalities**, where access to 24-hour support remains aspirational.

Bereavement - What's There

- Bereavement is rightly framed as **a continuum**, beginning with anticipatory grief and extending beyond death
- The strategy calls for **improved care around dying** and **bereavement support** in all places of care, including for children and families
- It highlights the **emotional, social, and financial impacts** of bereavement, and the need for support that reflects these complexities

Bereavement - What's Missing

Donald voiced disappointment that despite the high elevation and mention of bereavement there is very little in detail - only two paragraphs in the whole strategy – and suggested that this is shortsighted.

- There's **no national bereavement framework** or standardised pathway for support.
- The strategy does not specify how **bereavement services will be resourced**, nor does it outline **training for professionals** in grief support.
- There's little mention of **cultural or faith-based bereavement needs**, which are vital in a diverse Scotland.

Rebecca Patterson, Director Good Life, Good Death, Good Grief, SPPC.

Rebecca made the following key points:

- 'Public Health Palliative Care' aims to understand and influence the social and structural factors that affect people's experiences of death, dying, loss and care. SG set out in its Programme for Government for 2021-22 a commitment to “develop and publish a new national strategy for palliative and end of life care that takes a whole system, public health approach”.
- Outcome 1 is helpful in its recognition that that the whole of society plays a role in providing support when someone is caring, dying or grieving - that dying is a social issue not just a health issue.
- The strategy's emphasis on 'understanding of palliative care' is not in line with contemporary thinking and research around 'death literacy' and 'grief literacy' as broad concepts incorporating many factors.

- Action 1.2 – ‘Living and Dying Well in Communities’ has the potential to incorporate a range of initiatives that support people to help each other eg more grief aware schools, more compassionate workplaces, public education initiatives, work on housing policy etc.
- Unless resources are attached to this work, it is difficult to see how the delivery measures will be met when so much of health and social care is stretched, and third sector and community organisations are working with reduced and insecure resources.

Group Discussion

Bob Doris thanked the presenters for their reflections, and commented that during the Assisted Dying debate many MSPs voiced their support for palliative care which should be followed through in action.

Discussion followed, with members of the group echoing and supporting points raised by presenters. The following requirements were particularly emphasised within group discussions:

- for resources to support the strategy outcomes.
- for clarity and a sense of movement around establishing implementation mechanisms – there needs to be more of a sense of urgency around this.
- to shift how existing resources are spent in order to shift the balance of care from acute to communities, including social care.
- to integrate the palliative care strategy with health and social care reform.
- to demonstrate how connections will be made between the palliative care strategy and other relevant policies - though a list of relevant policies is provided in the strategy there's so far been no attempt to illustrate how the connections between them will be made in real life.
- to give IJBs a responsibility to require relevant initiatives (eg the digital plan) to integrate palliative care.
- a bolder strategic vision that will really lead and support change.
- a distinct bereavement action framework for Scotland.

ACTION

Bob Doris and Marie McNair will work with the secretariat to write a letter bringing key points discussed at this meeting to the attention of the Cabinet Secretary.

Agenda item 4

Update on the Assisted Dying for Terminally Ill Adults (Scotland) Bill

The deadline for amendments is 29th October 2025.

Bob Doris and SPPC are exploring appropriate amendments relating to:

- Strengthening safeguards against coercion
- Enabling Access to Palliative Care as a Safeguard
- Strengthening the duties of the Coordinating Medical Practitioner (CMP)
- Ensure Adequate Documentation of Assessment and Evidence Used to Support Decision-making
- Definition of Terminal Illness
- Protracted or failed assisted dying

- Regulation and Scrutiny of the AD process.

Hospice UK are exploring ways to strengthen the safeguards around palliative care and the assessment process and the information people are given about palliative care so they can make an informed choice. They are also looking at building in a requirement to assess the impact on existing palliative care organisations of the implementation of assisted dying.

Miles Briggs MSP and Marie Curie have been looking amendments relating to the right to palliative care, and CHAS and Jackie Baillie MSP are also working up amendments. MSPs and third sector organisations are co-ordinating to minimise duplication of effort and maximise coverage of important issues.

Agenda item 5

Any other business

Thanks and farewell to Pauline Ellison

People may have noticed that all the emails about the cross party group are now coming from Susan instead of Pauline. Pauline recently left SPPC after 22 years service. She has dealt with all the admin and organisation of this cross party group since it was established. For 22 years she has been the bedrock upon which so much of SPPC's work and achievements have stood. Whether managing the production of SPPC publications, organising the endless calendar of constituency group and cross party group meetings, running posters and exhibitions at conference and so much more, Pauline has brought rigorous organisation, meticulous attention to detail and kindness to all her work. As a colleague she has been a calm and supportive presence, and we will all really miss her.

ACTION

Bob Doris will work with Marie Curie to express thanks to Pauline through a motion in the Scottish Parliament.

Agenda item 6

Date of the next Cross Party Group meeting

The date of the next meeting will be arranged and circulated in due course.