Please find enclosed a response to the consultation from Erskine Veterans Charity; this response is sent on behalf of the Executive Management Team of the Charity, other managers within the organisation have had the opportunity to contribute to the development of this response.

Erskine's strength lies in the very special blend of dedicated care, compassion and understanding we offer to residents and their families.
Erskine care for nearly 800 residents each year; our care homes provide Veterans with the companionship of like-minded people. Erskine not only care for their Veterans – we care about them. Our person-centred care is tailored to the needs of each individual Veteran. All bedrooms open to a general living space with dining areas and are fully accessible with en-suite facilities. The dedicated activities team provide social activities, entertainment and organise day or evening trips which are of huge importance to resident's health and wellbeing.
For Veterans who need help to begin the next chapter of their lives, Erskine offers social, recreation and training facilities at the Activity Centre, single and family accommodation and employment opportunities in partnership with Scotland Bravest Manufacturing Co.- all within a Veterans Village setting supporting Veterans of all ages.
Palliative (and end of life) care is integral to the daily provision of resident centred, skilled and compassionate service provision.
Thank you
**Derek T Barron**
Director of Care

# Consultation questions

Note: All answers to the questions in this section may be published (unless your response is "not for publication").

## Aim and approach

**1. Do you agree that terminally ill adults and children and young people with life shortening conditions residing in Scotland should have a right to palliative care?**

☐ Strongly agree
☐ Partially agree
■ Neutral (neither support nor oppose)
☐ Partially disagree
☐ Fully disagree
☐ Unsure

*Please explain the reasons for your response, including what you think a right to palliative care should deliver.*

We have two competing perspectives in relation to this question. At a moral level we believe that people should have a right to palliative care, it is the last thing a civilised society can do for those with life limiting conditions. However, that right is pointless and potentially damaging if it is a) not funded appropriately and b) creates another sub-specialism that tries to replace the current provision.

Specialist provision often has the impact of the non-specialist abdicating or giving up their responsibilities to deliver quality care.

We would like to reference the right someone with dementia has to one year post diagnosis support. This is a right, however we know the application is variable. In addition we are acutely aware of some of the current health rights that exist that are not fully delivered. Introducing another right without supporting funding and training across society is unhelpful. Of significant note, it is not just the health service that provides palliative care, nor is it even statutory services, there are many 'players' delivering appropriate and sensitive palliative care. Care would need to be taken to ensure any 'right' didn't diminish palliative care to only the NHS or statutory services.

2. **What is your view on the World Health Organisation definition of palliative care, that is the basis of statutory guidance in England on palliative care provision, being the basis for a legal right to palliative care?**

*Please explain the reasons for your response, and whether you think a different definition of palliative care should be considered for health and social care legislation, human rights legislation, and other forthcoming legislation that is relevant to how people may experience end of life.*

As we noted in our answer to question one the difficulty with this definition is it reduces the 'person' to a 'patient' (people and children), this in turn reduces the impact and importance that wider society and organisations have on delivering palliative care e.g. care homes, care at home etc. Considering everyone as a patient is reductionist and unhelpful.

Additionally, the issue we have with the definition is that 'life-threatening' is different from a life-limiting illness. Many people can have life threatening illness e.g. every cancer is life threatening, but not all will limit life and can be treated effectively. Should a right to service be created we would prefer to see a definition which is more focused on life-limiting care.

**3. Any new law can have an impact on different individuals in society, for example as a result of their age, disability, gender re-assignment, marriage and civil partnership status, pregnancy and maternity, race, religion or belief, sex or sexual orientation, caring responsibility, or location (urban or rural and island community settings).**

**What is your view on the different impacts that a right to palliative care would have and the different considerations there would be in implementing that right for different groups and people in Scotland living with terminal illness(es)?**

□ Strongly agree
□ Partially agree
□ Neutral (neither support nor oppose)
□ Partially disagree
□ Fully disagree
□ Unsure

*Please explain the reasons for your answer, including the impact this proposal could have on particular people if it became law, and if there are any ways you think the proposal could avoid negative impacts on particular people.*

This question cannot be answered with a simple agree/disagree, there are multiple competing factors for each individual 'group' mentioned in the question, each would need to be considered at an individual level.

The issue of remote and rural and those with protected characteristics will need to be considered carefully e.g. funding, access to services, specialist knowledge and skills, specialist needs etc.

**4. What is your view on how a right to palliative care should be implemented? For example, you may wish to consider which bodies would be responsible for delivering palliative care and what their duties may be, and what data would need to be collected to assess how the right is being implemented.**

*Please explain the reasons for your response.*

Any Bill must make it clear that the delivery of palliative care is NOT simply an NHS or statutory services responsibility to deliver. Creating more super specialist roles diminishes those that already deliver high quality palliative and end of life care e.g. care homes. In addition, creating more 'visiting' specialist undermines the importance of day-to-day delivery of skilled, compassionate palliative care by non-statutory agencies e.g. care homes. Other non-statutory services such as hospices (run by charities) also deliver high quality palliative care within the hospice setting and into their communities.

5. **Are there any other comments you wish to make on the proposed Bill, for example, on its financial implications, impact on equalities and sustainability?**

*Please explain the reasons for your response.*

It is clear and obvious that finances are stretched across the budgets held and dispersed from the Scottish Government. This is a significant concern for us when envisioning creating a right to palliative care. Firstly, we are concerned where this new money would come from? To be clear, to introduce the right cannot be done meaningfully or successfully without accompanying funding. Even if the funding is to develop training opportunities across society (not just statutory services) this is the minimum that would be required.

Should the right be taken further and specific specialist services be developed we have significant concerns that organisations, such as care homes, who deliver quality palliative care services every day, would not benefit from this additionally funding and we would see yet another visiting specialist service. Money that is allocated to/through statutory services is most likely to remain within that arena and not find its way to others e.g. care homes for them to enhance or further develop their services.