

PE1568/E

Response by petitioner Catherine Hughes, to letter of 25th June, 2015, by Tim Davison, Chief Executive, Lothian Health Board.

**Petition PE 01568: Funding, access and promotion of the NHS Centre for Integrative Care.**

The letter from Mr Tim Davison contains concerning errors and inaccuracies which require to be corrected. His letter serves to try to demean my petition and implies that I have misled the Committee, which I would never do. Therefore, I am compelled to respond.

Parts of his letter lead the public to believe that there are currently no restrictions on NHS Lothian patients being admitted to the CIC, that the Lothian Board never voted to withdraw and even that the CIC runs the new Residential Pain service. All of these points are not true.

A wider and urgent concern is that Lothian patients who are anxious to gain admittance to the CIC may be encouraged to believe, through misinformation in this letter from the Chief Executive, that no adverse decision has been taken.

Paragraph 2, first page: Mr Davison states: ***"NHS Lothian has not made a decision to cease referral to NHS CIC, which appears to be the belief of the Public Petitions Committee as outlined in your communication"***. He then goes on to cite my statements on cessation as inaccurate. Mr Davison's outright denials, repeated several times, contradict his Board's decision, as presented in the official Minutes:

Minutes, meeting of NHS Lothian Board, 24th July, 2013, Page 12:

**\* 43.24: The Board agreed the recommendations contained in the circulated paper and in particular approved option 2 to cease provision of an NHS Homeopathy Service in Lothian and cease NHS referral to the Glasgow Homeopathic Hospital from 1 April 2014.**

These Health Board Minutes are in direct contradiction to Mr Davison's response to the Public Petitions Committee. I stated that the Board voted for this and that was correct.

Mr Davison is listed by name as present at that 24th July, 2013 meeting where, in the preceding paragraph, he commented on withdrawal:

**\* 43.23: The Chief Executive commented that the decision on the withdrawal of Homeopathy Services was for the Board alone to approve as it did not represent a major service change as confirmed by the Scottish Health Council.**

Mr Davison goes on to state: ***"The background information to the petition published on the Scottish Parliament website is incorrect"*** in stating ***"In recent years, three Health Boards decided to cease referring patients to the CIC"*** and ***"NHS Lothian referrals ceased in March 2014"***. ***The statement made by Catherine Hughes, Patient Representative at the Public Petitions Committee meeting on 9th June 2015 as outlined on the Official Report of the Committee is also incorrect when it was stated NHS Lothian ceased referral"***.

These denials are, unfortunately, no more accurate than the statement Mr Davison makes in the penultimate paragraph of his letter:

***"NHS Lothian is aware of the nationally designated residential specialist pain management service provided at NHS CIC"***

The CIC does NOT currently, or has at any time previously, provided the Residential Pain Service.

It is located within an entirely separate building, Allander House, which is situated on a separate site within Gartnavel Hospital Campus, with a completely different staff, and is certainly not any part of the CIC. However, his letter continues to stress that the CIC currently provides the Residential Service, stating:

***"Referrals to this national service can be made directly by a secondary care consultant in pain medicine therefore NHS Lothian's Safehaven does not screen referrals to NHS CIC for this service"***

Of course they do not screen for referrals to the CIC because the Residential Pain Service facility is certainly not located there or involved.

I had referred in my petition to the fact that Health Boards withdrawing services may still be subject to continuing Service Level Agreements (SLA), which I outlined as costing £53,627 in Lothian's case. Therefore, they can still select some patients, a minority, after screening by NHS Lothian's Safehaven - an office which handles special or exceptional requests rather than routine referrals. This previously was not the case before the Board decision that they would end CIC services. In the NHS Lothian case, that meant for the two years remaining of the SLA as taxpayers still have to pay under the Agreement. I did not state that Lothian had a separate SLA with NHS CIC. These are bound into larger agreements.

However, scaling down a service prior to ending it (as the Board voted) is very different to what the letter from Mr Davison on behalf of NHS Lothian implies: normal continuation, however he gives no patient numbers, which I believe the MSPs on the Committee were particularly wishing to seek clarification on from the individual Health Boards.

Paragraphs 7 and 9: show the letter is inferring routine, normal NHS Lothian continuation of sending patients to the CIC, ignoring the decision to cease, when the situation is the usual one after an agreement to cease referrals: a Service Level Agreement still exists, whereby taxpayers still fund services which a Board has agreed to cease and some (a minority usually) patients can still be admitted after a screening process. This has been claimed to be a very difficult process in Lothian, and we are aware that this has in fact resulted in complaints, including one patient's carer having to approach an MSP and a GP having to contact the Scottish Government directly.

The reality is that, having ended Lothian's own homeopathy services (they completely closed 3 local clinics in 2014), Lothian has no equivalent replacement as they also decided to withdraw from the CIC and are currently in a run down period - the fact the SLA would last another two years (meaning it will end in 2016) and be paid for by public money is not mentioned.

I would request that Mr Davison be asked to correct NHS Lothian's position.

Mr Davison's letter in paragraph 8, page 2, refers to

*"Communication was sent to all general practices in Lothian to confirm the withdrawal of the Lothian homeopathy service from 1 April 2014 and advised NHS Lothian would continue to consider referral to NHS CIC and indicated general practitioners should submit referrals to NHS Lothian's Safehaven office."*

That letter actually stated to GPs: ***"NHS Lothian asks that you no longer refer to the NHS Lothian homeopathy service and cease any direct out of area referrals to the Glasgow Centre for Integrative Care (Glasgow Homeopathic Hospital) from 1 November 2013 to support the gradual withdrawal of the homeopathy service"*** The letter to GPs goes on to state ***"NHS Lothian will still consider exceptional healthcare needs relating to homeopathy via individual patient treatment requests which should be directed to NHS Lothian Safe***

**Haven."** But Mr Davison's letter of June 2015 does not seek to clarify that this is for a period of rundown but presents referrals as if they continue as normal.

If you also study the following paragraphs, there is a regular pattern of suggesting normality. This is misleading for the public and patients anxious to gain help as it is now a much more difficult process to achieve a referral.

Paragraph 7: *"However as NHS Lothian has a rolling service level agreement with NHS Greater Glasgow and Clyde which includes provision of the services offered at NHS CIC it was agreed referrals to NHS CIC could continue to be supported, if clinically appropriate."*

Paragraph 9: *"NHS Lothian continues to routinely support referral to NHS CIC seeking homeopathy or Mistletoe Therapy treatment for individuals with palliative care needs"*

This paragraph later refers to *"consultant confirmation the referral should be considered as an exceptional case"*. The average person without any internal NHS knowledge would not realise that this obscure reference indicates restrictions and is actually a run down to ending.

A very important question is exactly how many patients have actually been approved referral to the CIC from April 2014 to April 2015, compared with previous years, and another key question that the Petitions Committee are certainly seeking to clarify?

Mr Davison's letter continues in the final paragraph:

*"In summary, NHS Lothian continues to support access to NHS CIC if deemed to be clinically appropriate"*

Patients referred to the CIC always had to be *"deemed clinically appropriate"* for referral long before withdrawals from the service were decided by the Board. This sentence masks the current meaning, of scrutiny not just by a patient's doctor, but by organisations dealing with limited or exceptional referrals for the two years until the current Service Level Agreement with Glasgow ends. There is no timeline mentioned.

*....."however, it should be recognised NHS Lothian provides local services for a number of long term conditions and access to local NHS and voluntary sector services should continue to be supported"*

Like the preceding paragraphs mentioning provision for neurological conditions, chronic pain, etc. this omits the fact that these are largely conventional services, very different to the integrative care model that the CIC provides. Many seek the CIC because they have had intolerable reactions to drug-based treatments or conventional care has been exhausted or contraindicated. With NHS Lothian closing their own local homoeopathic clinics, by ceasing an alternative care pathway - by ending access to the CIC - will leave patients without the services they seek.

I have obtained my information from credible sources such as the NHS Lothian documents and Minutes, members of the Campaign Team and also others in NHS Lothian who have attended all the relevant meetings and also received correspondence from NHS Lothian.

I have previously met with Mr Davison on several occasions, when he was the manager employed by Greater Glasgow Health Board in 2004 who presented the plan to totally close the in-patient unit at the CIC, ending further access to bed nursing care. Myself, along with other members of the Campaign Team, Brian McAlorum and Dr David Reilly took part in 2005 in a series of meetings with Mr Davison, who as Chief Executive of the North Glasgow University Hospitals NHS Trust, who put the case for supporting the bed closures, along with other Board managers. However, this ultimately resulted in the Health Board deciding against closing the bed

unit after taking a closer look at the low costs compared with other services and following political, media and public opposition. It was widely agreed that the CIC provides a unique and essential care pathway for patients throughout Scotland and meets needs that are not met elsewhere in the NHS, providing high quality care and saving money as the care is low cost and it would cost the NHS substantially more if it was closed. This decision came just prior to Mr Davison's appointment as the Chief Executive of NHS Lanarkshire in 2005 and then to his subsequent role as the interim Chief Executive of NHS Lothian in May 2012 before being appointed in his current role and permanent position as their Chief Executive since the 31st July 2012.

I trust that Mr Davison will respond to the inaccuracies, and in the public interest, make clear to patients NHS Lothian's decision. It is imperative for sake of the many NHS Lothian patients who are now left without access to the three local Lothian homoeopathic clinics that have closed recently that they are not misinformed that they can alternatively gain access as smoothly to the CIC as they did in the past and they should now receive an accurate reply from their Chief Executive.

Yours sincerely,

Catherine Hughes