PE1568/O

Petitioner Letter of 25 September 2015

Dear Mr Sharratt 25th September 2015

You will appreciate that it is difficult to respond, on a restricted page limit, to 6 official letters from the 4 Health Boards, the Scottish Government and Scottish Health Council. That's especially as I had to wait for the key Board, Glasgow, which only replied to the committee's 10th June questions on 23rd September. I'll attempt to reply below. I am a patient, in contrast, these official bodies have staff and good facilities but have submitted poor responses. These official responses are shabby and so inadequately answered that it now seems imperative to call the officials responsible to appear before the committee in person to answer properly. I suggest that for the committee's consideration. That may be the only way of ensuring the committee can explore the issues, and ensure that clarity is given to the committee, public and the patients who depend on the NHS CIC hospital and its two outreach clinics.

Responses from all these officials have not sought to answer properly any of the key questions sought by the Committee. Patients have been getting brushed off with non answers for months but I had no idea that a Scottish Parliamentary Committee, working in the public interest, could also be treated this way. As Greater Glasgow and Clyde are the host board for the CIC, we were largely dependent on their full statistical information on all-Scotland patient numbers and costs, so the total inadequacy of their very late response is particularly harmful to any proper information being before the committee.

GREATER GLASGOW AND CLYDE HEALTH BOARD. (GGCHB)

1. The figures the committee requested for the years prior to the hospital cuts that were imposed in 2010 have not been supplied by GGCHB who have also taken over 3 months from the 10th June till the 23rd September to write to the Committee, during which it is difficult to comprehend that they could not produce even approximate records. The very late response from their Chief Executive is completely inadequate overall.

2. The figures he supplies are NOT what was requested and are unclear and inadequate on even that information.

3. He failed to include any figures for return patients, usually the largest figures on any NHS returns from a service dealing with chronic conditions patients whose degenerative conditions require more ongoing care and treatment, many returning frequently. (Same pattern as with NHS Lanarkshire excluding these figures for the SHC).

4. His figures appear to be for new patients, always a smaller number than returns with this cohort.

5. He failed even to state if figures were for actual patients or ‘patient visits’, or clarify new for inpatients.

6. The Committee requested information on overall costs. But GGCHB only states the cost to NHS GGC is £1.331 million a year to provide services at the CIC but fails to state the payments received from other Boards throughout Scotland who refer. Why is this missing?

7. Mr Calderwood and GGCHB have stated repeatedly to patients and some MSPs, by letter, that, while claiming that there is no intention to close the CIC, Glasgow is "*dependent on other Boards sending patients*". That usual qualifier is missing from this letter, as are the payments. Why? What are the payments from outside GGCHB and the contrast with earlier years?

8. He fails to state the business case, as requested, for the hospital and what will happen when the current Service Level Agreements (SLA) with NHS Lothian and NHS Lanarkshire end in around one to two years. As new referrals will have ceased significantly, reducing the number of patients from other Health Boards this is likely to have significant effects on CIC services and viability.

9. He fails to address questions properly overall and, as Mr Calderwood is responsible for the Health Board that hosts the hospital, this response has more significance and shows little regard for the committee or concern for the stress that has been caused to patients, carers and staff who have been understandably fearful about the continuing future of CIC services over the past 5 years, following cuts to services imposed in 2010 without patient Consultation.

10. When the hospital in-patient unit was under threat in 2004/05, the document produced by GGCHB stated that, at that time 45% of patients came from outwith the GGCHB area. The committee's SPICE briefing refers to that.

11. Mr. Calderwood should be asked what the percentage now is for patients currently sent by other health boards. Cuts since 2004/05 and the effects of Lanarkshire Health Board's barring of new patients from 31st March 2015, and NHS Lothian since last year may now have reduced it to 20% or so from outside GGCHB. We need the figures!

Under all these circumstances, Mr. Calderwood's assurance that there is no intention to close the hospital is unacceptable. Serious further rundown through patient loss being enforced seems inevitable, if not closure. Please see Robert Calderwood's previous statements, example: on the 8th February 2011 in an interview in The Herald (1), that the future of the hospital was dependant on other Health Boards continuing to refer. He has subsequently repeated this line year after year.

NHS LOTHIAN

NHS Lothian's response, with its serious mistakes, is insulting and surely underscores the need for executives to appear before the committee? NHS Lothian's Chief Executive's response contained several major inaccuracies and I submitted detailed corrections to his letter on 9th July 2015. (2)

Since then another person has forwarded to me a letter from Tim Davison sent on the 4th July 2013 where he states "*at the meeting of NHS Lothian Board on the 26th June 2013, a decision was taken to disinvest in the provision of a homoeopathy service in Lothian and cease referral of Lothian residents to the Glasgow Homoeopathic Hospital*". But Mr Davison denies this decision happened in his letter to the committee on the 25th June 2015 where he states "*NHS Lothian has not made a decision to cease referral to the NHS CIC*". The decision to cease referral to the CIC is also clearly minuted by NHS Lothian, at a meeting attended by Mr Davison.

Mr. Davison also stated that the CIC in Glasgow ran the new Residential chronic pain service: it does not and never has done, different sites, different staff. If, at the highest level in a Board, such seriously wrong information can be sent to a Parliamentary committee, without checking or any subsequent apology or admission, what hope is there for the CIC being treated properly or, perhaps, could such carelessness extend to other issues?

Patients in NHS Lothian and a GP have reported difficulty and long delays in seeking referrals. NHS Lothian's Safehaven system is refusing around or under 50% of severe case "exceptional" patients. Some feel that those getting through at all is only because of the continuing Service Level Agreement (SLA) paid for by the public, what will happen when this SLA ceases?

NHS LANARKSHIRE

In relation to Dr Kholi's response on behalf of NHS Lanarkshire the patients who attend the CIC would strongly refute his statement that there is a *"lack of evidence of the effectiveness of treatments provided by the CIC".* The overwhelming majority responding to the Consultation

wished referrals to continue to the CIC however just 9 members of the Board dismissed the wishes of 4,800 people (80.6%) and 98 organisations and opted to cease referrals and disregard the needs and wishes of patients by rejecting democracy. Despite many patients taking time to respond to NHS Lanarkshire's Consultation detailing the importance of the CIC in their care, their examples were omitted and was not illustrated in the Consultation report and indeed "*lack of patient narrative*" was actually criticised by a member of their own Board. Another member was concerned that there had not been a cost analysis of the decision. Lanarkshire Psychological service teams, in their submission, said the Board had given "*inaccurate and outdated information".*

There were many flaws with the NHS Lanarkshire Consultation not least that they used a discredited report only signed by 3 of 14 MP's on the Westminster Science and Technology Committee as evidence and a basis for their decision. There is no parity of the services available as a means of replacement for referral to the CIC within NHS Lanarkshire. These cannot replace the unique specialist services at the CIC under one-roof and an admission people with more complex needs will require to travel round more than one conventional clinic is made in Lanarkshire's July letter to the Scottish Health Council. Patients within NHS Lanarkshire using overstretched local services are already reporting long waiting times and delays in receiving treatment, and many patients have already tried and exhausted and not been helped by these other services, so where do they go now – when previously they would have been able to access the CIC – surely this postcode lottery is cruel and discriminatory and should be rectified urgently?

NHS HIGHLAND

NHS Highland's Chief Executive actually draws attention to patients being able to pay privately after her board barred new admissions via the NHS! I find this a bit shocking and against the Scottish Government's claimed policy of supporting NHS patient choice. Ms Mead states: "*It is still clearly a patient's right to seek homeopathic remedies and other complementary therapies outside the NHS*". This follows the CEO's claim "*We take patients' views very seriously*". Patients' views on remaining with the safety of the NHS were discarded.

This shows no compassion or understanding as the majority of patients usually, as a result of the severity of their conditions, are no longer earning and could not afford private care, nor should they as they have the same right of NHS care choice as others living in different parts of Scotland. Does this Board realise that, even if a few could pay, they are abandoning patients to a private market which is largely unregulated by removing NHS protection?

This letter also states the ability to access CIC care for a few patients in exceptional cases. But patients report obtaining a successful referral is a very difficult process and in their view unnecessarily prolongs the suffering of patients, many of whom are in severe distress due to their condition, have limited time left and the long ordeal of trying and often failing to gain admission only adds to this stress.

SCOTTISH HEALTH COUNCIL (SHC)

Many stakeholders were surprised that the Health Council could have agreed to this being a non-major service change. As a result, it was then not referred to Scottish Ministers to decide. Elaine Smith MSP rightly objected to all local MSPs being cut out of these private decisions, currently confined to the SHC and Boards, about changes to their constituents' health services. Surely cutting out public representatives is utterly unacceptable?

Official "major service change criteria", are detailed below and appear to all be relevant to the CIC, despite the SHC accepting NHS Lanarkshire wish:

- **Impact on patients and Carers**: CIC patients are being forced against their wishes, to go to various services with a completely different ethos, and many have already been through these conventional services without success. There is also the financial impact on those who then feel

they are forced to pay privately, and then do not have the NHS protection of access to ensure properly qualified staff.
 Change in the accessibility of the services: Instead of being treated under one roof, some needing more than one service will have to travel to several services; within NHS Lanarkshire they will ultimately lose access to two Lanarkshire CIC clinics and all new referrals to the CIC in Glasgow have totally ceased. NHS Lanarkshire's July letter to the Scottish Health Council admits their current conventional services will not be under one roof for referral, as with the CIC and its clinics, and that those requiring more than one service will have to travel. (A poorer service all round).
 Emergency or unscheduled care services: Applicable in context that some patients could refuse conventional services and give up treatment which could lead to hospital emergencies (e.g. suicide risk is higher with some patients who have chronic conditions).
 Public or political concern: In relation to the CIC there has been plenty of concern over the past decade and currently from patients and MSPs.
 Conflict with national policy: This decision conflicts with Government guidelines and policy on patient freedom of choice since 1948, and respecting patient wishes and pledges such as the Patients' Charter, 20:20 vision etc.
 Change in the method of service delivery: Patients in Lanarkshire are now being forced to attend conventional clinics where some are already shortstaffed and overburdened plus the travel additional burden mentioned under "Change in accessibility".
 Financial implications: were not investigated by the Board in NHS Lanarkshire, despite warnings that losing CIC services could cost more in the longrun to attend other services locally. Also NHS Lanarkshire and NHS Lothian have existing SLA's with GGCHB and now have reduced number of patients who were already referred attending the CIC who are completing their treatments. But the public purse still has to pay until SLA's run out.
 Related changes in recent years: Other Scottish areas are not comparable with NHS Lanarkshire on disability or deprivation rates.
 Consequences for other services: Pressure on conventional services will increase as a result of the decisions; the Board has not heeded warnings on this, or taken account of their staff shortages, even from some of the Boards own members. Many staff did not support losing access to CIC services.

You may have observed that, after a critical letter from the Scottish Health Council on 5th November 2014, questioning NHS Lanarkshire's Board strongly on seven points, the Board's official did not bother writing to them until late July 2015. This indicates that a Board would not worry about what the SHC, set up to champion patients' interests, said, some nine months delay was OK by the SHC, whose tone had changed to being uncritical of NHS Lanarkshire in the SHC's useless response this July. There was a cosy tone to NHS Lanarkshire's correspondence with the SHC, starting with "As agreed…". That does not reflect well on either publicly paid body.

SCOTTISH GOVERNMENT RESPONSE

This contains the usual assurances that the Government and GGCHB have no plans to close the CIC (no mention of the run down). Of course Government wouldn't initiate plans; the Board just eventually tells Government that patient numbers are unacceptably low and they now ask for closure approval. The situation has evolved through no Government or Board interventions to challenge removal of patients, but they're officially avoiding blame! The more likely scenario is that the CIC is being forced into covering only the GGCHB area in future through this systematic run down. Mr. Calderwood's letter states "*principally Greater Glasgow & Clyde residents*".

That antipathy from Boards is based around a Westminster report, does not fit well with a different Government in Scotland. Ms Robison and Ms Watt did visit the CIC but the original promise from Ms Robison was in December 2014, said she would visit "*early in the New Year*". That visit was delayed till 3rd June 2015, therefore missing the 31st March date for NHS Lanarkshire ending new patient referrals.

OVERALL VIEW

I am extremely concerned that letters received have not actually answered the questions requested by the MSPs. Hanzala Malik MSP had specifically asked, and the committee agreed, that GGCHB supply all the figures for patient use prior to the cuts that were imposed, however GGCHB have only submitted to the Committee the figures to 2011/12, ignoring the usage before cuts in 2010.

Furthermore, Glasgow's exclusion of outpatient return visits mirrors a similar removal by NHS Lanarkshire, who did not disclose hundreds more outpatient return visits in writing to the Scottish Health Council last year. In 2010 beds were cut from 15 to 7 and the hospital closed at the weekends, with the pharmacy closed in 2011. So we therefore require the figures for several years prior to this date to be able to compare referral numbers to show the situation today and the run down. That is concealed through the inappropriate figures submitted. A game is being played which surely must be stopped.

I would actually request if possible that the Committee try to obtain the figures in the years prior to 2004/2005 when the Greater Glasgow Health Board tried to close the whole in-patient unit, which following a high profile campaign was retained in full in the subsequent 5 years but then cut in half. As a result of media awareness, a number of people have expressed concern that their medical professionals will not refer them as some even wrongly believe the hospital has closed due to very poor promotion of its services, and others believe that the hospital will continue to be run down, so they would not wish to refer.

A Consultant I met recently was interested in referring patients after he heard me speaking about CIC care. He stated that he was unaware of the existence of the hospital! That's how much lack of promotion conceals its services. He was disappointed, working in NHS Lanarkshire, when I told him he could no longer refer as of 31st March.

PATIENT CONTACT

A friend who lived in NHS Lanarkshire and was a patient of the CIC several years ago had said that she was seeking a rereferral back to the hospital but committed suicide in May. I do not know if that was directly connected with the bar on new patients: it is mentioned only to show the suicide risk for those in severe pain and emotional distress.

Over my petition, patients expressed their worry and insecurity over these dictatorial bars on CIC access. One Lanarkshire patient who has long attended the hospital said she is currently selling her home to move to within the NHS Greater Glasgow and Clyde boundary. She is concerned that, especially after the Service Level Agreement ends, that this will deny her future care, as she will probably require ongoing care from the hospital throughout her life. She is not willing to risk the stress and uncertainty of her care ceasing because she's from Lanarkshire.

Another Lanarkshire patient who attended the hospital for many years is now discharged and self-managing. His condition has significantly deteriorated recently and where he had the previous understanding of being referred back to the CIC clinicians who know him, he can no longer gain access.

Many complex case patients in NHS Lothian are also reporting difficulty with NHS Lothian's Safehaven referral system where almost 50% of patients seeking referral are now being refused. The suffering of those being denied access to this hospital is significant and there is need to address this undemocratic postcode lottery and allow access to all who will benefit from referral to the many services available at this specialist centre.

Yours Sincerely

Catherine Hughes

REFERENCES

(1) The Herald 8/2/2011 Doubts over future of homeopathic hospital
www.heraldscotland.com/news/health/doubts-over-future-of-homeopathic-hospital-1.1083878

(2)www.scottish.parliament.uk/S4_PublicPetitionsCommittee/General%20Documents/20150708_PE1568_E_Petitioner.pdf