

Ned Sharratt
Assistant Clerk
Public Petitions Committee
Room T3.40
The Scottish Parliament
EDINBURGH
EH99 1SP

Dear Mr Sharratt

Thank you for your letter of 26 June 2015 regarding petition PE1568. I welcome your invitation to submit my views to the Committee and now take the opportunity to do so.

I have watched the video of the recent oral hearing by the Public Petitions Committee of the request for central funding for, and greater promotion of, the Glasgow Centre for Integrative Care. Consequently, I am now writing with some information which Committee members may find helpful.

The clinicians in NHS Lothian's homeopathic clinics used to keep annual figures for the Lothian service but NHS Lothian took this over when they centralised their auditing systems. However, as was demonstrated during the consultation process, they had not in fact continued with these audits - but then accused the clinicians of not being able to provide such data.

When Tayside considered closing their NHS homeopathy service they first undertook an analysis to compare the costs of treating patients with homeopathic as opposed to conventional medications; the results easily persuaded them not to close. Their service remains an exemplar of good practice, with many referrals from hospital consultants, in particular oncologists, who see the very real benefit their patients gain from having additional help to cope with the side-effects of the necessarily harsh conventional treatment.

At a time when doctors are concerned about the number of patients presenting with multiple morbidity and often therefore requiring a wide range of polypharmacy, the holistic approach offered by homeopathy treatment in particular and the CIC in general is of great benefit to both patients and health authorities. It is one which encourages patients to take responsibility for their own health and demonstrably leads to shorter stays in hospital and less frequent visits to GPs and other specialists.

During the Public Petition Committee hearing, John Wilson asked if Health Boards were still using the discredited Health & Science Technology Committee Report to justify their decisions. The Committee's recommendations were given prominent status in both NHS Lothian and NHS Lanarkshire's reports to their Boards, despite more than one respondent informing them that the H&ST report had been rejected by the Westminster Government. In any event, surely Health is a devolved matter and Scotland is not bound by such decisions from south of the Border?

Elaine Smith made the point that NHS Lanarkshire had persuaded the Scottish Health Council that withdrawing the service would not amount to a major service change. NHS Lothian also used this argument. This is despite the fact that both Board's proposals clearly fulfilled several of the criteria in the SHC's own guidelines of what constitutes a major change.

Both Boards assured the Scottish Government that patients would be provided with an appropriate alternative. In effect, in the case of Lanarkshire, this means patients must revert to different appointments with different specialists, leading to a gamut of expensive tests and, often, medications. This naturally involves long waits between appointments, more travelling, side-effects from medication – in short, it is far removed from the integrated package of care provided by the CIC and which has been shown to improve patients' abilities to self-manage their health. NHS Lothian's response has been even less helpful: several chronically-ill patients have been refused access to the CIC, despite their GPs filling in the required, but sadly inappropriate and overly-complex, Individual Patient Treatment Request Form. One elderly lady who is too ill to attempt to see her MSP or fight for other help has been allowed one tube of Arnica gel per month as an appropriate treatment for her ME. This is very far from the qualities of 'care' and 'compassion' which are emphasised on NHS Lothian's website. Another, who suffers from multiple allergies, was told in a letter from one of NHS Lothian's managers to get her boiler checked for carbon monoxide leaks, despite the fact that there is no gas in either her village or her home.

I note from his response to the Committee by Tim Davison, NHS Lothian's Chief Executive, that he states that Catherine Hughes is incorrect in her claim that NHS Lothian has ceased referring patients to the CIC. In fact, it is Mr Davison himself who is incorrect - see the Minutes of NHS Lothian's Board meeting of 24.07.2015: 43.24 "The Board agreed . . . to cease NHS referral to the Glasgow Homeopathic Hospital from April 2014." (p 12). Mr Davison also states that "referrals to NHS CIC could continue to be supported, if clinically appropriate." This has proved to be true in only a very small number of cases and sometimes only as a result of intervention by the patient's MSP.

The information in Mr Davison's letter to the PPC regarding referrals via secondary care services was not made available to either patients or GPs and it is difficult to know how such referrals could therefore have been expedited. NHS Lothian wrote to all GPs on 24 October 2013, asking them to stop referring patients to the NHS Lothian Homeopathy Service and to stop direct referrals to the CIC. The letter also included the information that exceptional healthcare needs relating to homeopathy would still be considered via individual patient treatment request forms directed to NHS Lothian Safe Haven. However, as demonstrated by the examples in the paragraph above, this has not proved to be an effective system for patients or GPs seeking help. More importantly, one GP contacted his MSP on a patient's behalf (and only as a result of her intervention was he able to obtain a referral for his patient); NHS Lothian then sent the MSP a copy of their flowchart for dealing with referral requests. In small type at the foot of the page is the statement, *Appeals will be referred to the Medical Director Acute Services, or Medical Director Primary Care.* No patients or GPs had been made aware by NHS Lothian of any such appeal process. This is a shocking omission. NHS Lothian's attitude to these patients falls a long way short of the values which they claim on their website – *care and compassion, dignity and respect, openness, honesty and responsibility.* If, as they also claim on the site, *Communicating openly and effectively is a key priority for the*

organisation, they have failed miserably in this respect. This is why the CIC should be a central service, so that patients throughout Scotland can have access to this facility, rather than being dependent on the decisions of individual Health Boards.

Jim Eadie asked that NHS Lothian should explain the rationale behind their decision. I am afraid that they will resort to their skewed response figures. Their consultation was promoted by sceptic groups throughout the UK who replied in force, drowning out the smaller but overwhelmingly positive patient response. NHS Lothian referred to these returns as being from Lothian residents, although there was no way of distinguishing whether or not this was the case. When I questioned this, I was simply told that I should have done the same and called on support from around the UK!

I apologise for sending such a long letter but feel it important that Committee members should have these facts. Please don't hesitate to contact me if there is any other information that I can usefully provide.

Yours sincerely

Margaret Wyllie
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Chair, British Homeopathic Association