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Public Petitions Committee
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Your ref: PE1568
12 November 2015

Dear Mr Sharratt,

Thank you for your letter of 7 October 2015 regarding the Public Petitions Committee's continued consideration of petition PE1568 (funding, access and promotion of the NHS Centre for Integrative Care).

You ask that I explain how the Scottish Government's policy reflects the statement made by Maureen Watt MSP, Minister for Public Health, on 4 March 2015 that the Centre for Integrative Care (CIC) is 'a national resource'. As stated in my letter of 24 July, it is well recognised that the CIC delivers a wide range of services, some of which may not be available locally in every NHS Board. The CIC is a facility that all Boards across Scotland have the option of referring patients to for services not available locally. Decisions to do so remain within each Board based on the assessed needs of their resident populations and in line with national guidance, as well as individual clinical decisions in each case.

Regarding the national guidance referred to in my previous correspondence (and in providing the above answer to the Committee's first request), the Scottish Government's position on the provision of complementary and alternative therapies remains unchanged since the issue of Health Department Letter (HDL) 37 in August 2005 (<http://pquadros.com/05%2008%2024%20Health%20Department%20letter%20to%20NHS%20Boards%20re%20CAM.pdf>). Since this was published, the Professional Standards Authority for Health and Social Care (PSA) approved the Complementary and Natural Healthcare Council as an accredited voluntary register. A review is planned that will reflect this update.

In addition, the Scottish Intercollegiate Guidelines Network (SIGN) Guideline 136 Section 8 (<http://sign.ac.uk/guidelines/fulltext/136/section8.html>) was developed as the clinical guideline on the use of complementary and alternative therapies/medicines in the treatment of chronic pain.

As stated previously, we recognise that complementary and alternative therapies may offer relief to some people living with a variety of conditions, including chronic pain. It is for

individual NHS Boards to decide what therapies they make available (either locally or via referral) based on the needs of their resident populations and in line with this national guidance. As always, decisions regarding the care of individual patients are a matter of professional judgement for the clinician responsible in consultation with their patient.

As far as clarifying the process for determining a service change as 'major', decisions on NHS major service changes are required to follow the Scottish Government's Chief Executive Letter (CEL) 4 2010 (http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf), published in February 2010. This sets out:

- the relevant legislative and policy frameworks for involving the public in the delivery of services;
- a step by step guide through the process of informing, engaging and consulting the public;
- the decision-making process with regard to major service change and the potential for independent scrutiny; and
- clarification on the role of the Scottish Health Council (SHC).

These principles are applied proportionately to any service change proposal proposed by an NHS Board. This is particularly important where a service change will have a significant impact. In such instances, a full public consultation is required, the NHS Board's decision is subject to Ministerial approval and the process of independent scrutiny may be applied.

The specific process of classifying a service change proposal as major is detailed in the CEL letter, which is supplemented by SHC Guidance on identifying major health service changes (<http://www.scottishhealthcouncil.org/idoc.ashx?docid=0ca980bc-6e54-45b9-83ec-b1f93adddc47&version=-1>). Also published in February 2010, this guidance is intended to offer further support to Boards in their consideration of the factors that may set apart a service change as major. Where a Board considers that a proposed service change will have a major impact, the SHC can advise on the nature and extent of the process considered appropriate. Boards should also seek advice from the Scottish Government Health and Social Care Directorates on whether a service change is considered to be major and, for those that are, seek Ministerial approval on the Board's decision.

In practice, the majority of service change proposals will have been discussed with Scottish Government officials and the SHC from a very early stage. During these discussions, most NHS Boards will conclude for themselves whether or not they consider a proposed change to be major.

You also ask me to detail the input that the Scottish Government has had in the referral cessation decisions of NHS Highland and NHS Lanarkshire. As far as NHS Highland is concerned, it is important to clarify that the Board has stopped referrals for homeopathic treatments only. I can confirm, however, that the Scottish Government was not engaged by NHS Highland when the decision to cease homeopathic referrals was made in October 2010.

NHS Lanarkshire made a proposal in late 2014 that, as part of their review into the efficacy and value for money of homoeopathy services, the Board should cease all new referrals to the CIC from 31 March 2015. The SHC were content with the engagement process carried out by the Board to reach this decision and, following the NHS major service change guidance outlined above, made the assessment that the specific proposals set out by NHS Lanarkshire did not constitute a major service change. These proposals included continuing the treatment plans for existing patients and providing alternative, clinically-effective services

for new patients elsewhere in Lanarkshire. The then Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, agreed with the SHC and concluded that the final decision was a matter for the Board to take.

Finally, regarding the offer made by Scottish Government officials to assist in raising awareness of CIC services, we have not yet received a proposal to do so. However, we remain ready to assist, where appropriate, should the offer be taken up.

I hope that this information is helpful.

Yours sincerely,

Elizabeth Porterfield
Head of Strategic Planning and Clinical Priorities