

**PE1568/U**

Petitioner Letter of 1 December 2015

Dear Mr Sharratt,

**PE: 01568 : FUNDING, ACCESS & PROMOTION OF THE NHS CENTRE FOR INTEGRATIVE CARE**

**NHS GREATER GLASGOW & CLYDE**

I am concerned that NHS Greater Glasgow & Clyde have again delayed submitting their response to the Committee, (they delayed from 10<sup>th</sup> June to 23<sup>rd</sup> September last time) You are only trying to seek clarity on inadequate answers, but NHS Greater Glasgow & Clyde's second inordinate delay indicates their lack of respect to the Parliament, as well as the patients who depend on this "national resource" specialist service in their charge.

This not only disadvantages me as the petitioner, but demonstrates the overall difficulty patients have encountered in trying to seek clarity on the NHS Centre for Integrative Care's future and why we have had to turn to the Petitions Committee to try to get proper answers.

These have not been fully forthcoming or transparent from all Boards contacted, even for the Committee. However, as the host Board, Greater Glasgow & Clyde know the national facts. For instance, they have avoided the committee's question on the situation before 2010 and seeking figures prior to this time, subsequently beds were cut from 15 to 7, the pharmacy closed and patients no longer treated at weekends and limited stays enforced, factors which the committee rightly judged would indicate the extent of an (enforced) rundown to which patients objected hugely.

But SPICE research showed that 45% of patients were from outside Greater Glasgow & Clyde in 2005, according to the Board's Report of 2005. The Board has stated repeatedly this year that they "are dependent on other areas sending patients to the CIC".

So what is the percentage of patients from outwith NHS Greater Glasgow & Clyde currently and in future projections with NHS Lothian, NHS Highland and now NHS Lanarkshire withdrawing regular referrals?

That is a key question as the Board and Scottish Government have also repeatedly stated that there is "no intention to close the CIC". I checked and know that only four out of 14 Scottish Boards still send regularly.

It looks like the CIC is being largely confined to NHS Greater Glasgow & Clyde patients, with Glasgow now sending the vast majority and possibly well under 25% from elsewhere. Only Greater Glasgow & Clyde Health Board know for sure - so why don't they tell us?

**REQUESTS:**

So I believe that the time is now right, and I would respectfully request you to call Board executives or their representatives before the Committee to try to get proper answers.

I would also ask that the committee to please consider granting an open round table discussion that can further the understanding of issues related to the Petition as the whole matter concerns the provision of services for chronic conditions at a time of escalating need, when a key service for such patients is being denied by postcode. I would remind those concerned that CIC patients include those suffering from a variety of symptoms due to many serious long-term chronic

conditions including rheumatic diseases, MS, Crohn's disease, cancer, Parkinson's and motor neuron disease and that most endure chronic pain.

## **NHS HIGHLAND**

The reply by NHS Highland's reply shows that the income paid to NHS Greater Glasgow and Clyde for NHS Highland patients at the CIC is substantially diminishing with the figure since 2007/8 of £176,358 dropping to well over half to now only £63,134 in 2014/15.

## **NHS LANARKSHIRE**

The reply by Dr Harpreet Kholi only repeats that they have allowed the patients referred up to 31st March 2015 to continue treatment until their time limited courses end. This is hardly something to promote as a plus point as it's usual in cut offs and limited numbers are involved. He mentions no special arrangements like the Safehaven system for a limited number of later special referrals, as some other Boards like NHS Lothian do. It seems that NHS Lanarkshire is determined to have a complete cut off to enforce the diktats of nine Board members who voted against the wishes of 4,800 majority of patients and public and denied democracy. I'm aware that over 30 patients' doctors are known to have tried to gain admittance recently for Lanarkshire patients but were rejected as NHS Lanarkshire would not fund any. Other referrals beyond that may also have been tried.

There is no recognition shown that patients living in NHS Lanarkshire who previously have been referred can no longer seek referrals back to the CIC if their condition deteriorated or that those patients who could now benefit from referral to the CIC are now being barred and are certainly being disadvantaged. The conventional care now being offered within NHS Lanarkshire to these patients previously eligible for referral is in no way comparable to that being offered at the CIC, as it is a specialist hospital offering a wider range of services. NHS Lanarkshire admitted in a previous letter that patients requiring more than one discipline would have to travel more, instead of receiving help under one roof at the local clinics they will be closing, as well as also barring patients from the CIC. Have their staff numbers been increased and more resources given to the conventional Lanarkshire services, already under pressure?

Those patients living within NHS Lanarkshire who would also have been referred to the CIC if they had exhausted all other NHS care available now have no where else to go. This is inhumane and certainly should not be supported in what is supposed to a 'National' Health Service that patients are being denied access to specialist services as a result of their postcode.

NHS Lanarkshire are currently continuing to pay their Service Level Agreement despite a diminishing number patients being treated at the CIC. But the letter does not reveal how much that SLA is costing taxpayers over the next few years for fewer patients at first, then none. Earlier this year, NHS Lanarkshire estimated it would be around £188,000 per year. Is that still the figure?

This letter goes on to clarify that in the future that all referrals to the hospital will cease and this will therefore affect the future viability of the CIC if NHS Lanarkshire; who are the largest referring Health Board after the host Health Board, source of funding then ceases.

## **NHS LOTHIAN**

The reply by NHS Lothian Chief Executive Tim Davison mentions that NHS Lothian use their Safehaven service as a means of referral to the CIC. However this is a difficult process for GP's and takes up a lot of time which can be onerous and prohibitive compared with how direct referrals were previously made. It also does not explain that nearly 50% of patients are refused with no means of appeal. At the Cross Party Group on Chronic Pain meeting in November we heard from a patient from NHS Lothian who had contemplated suicide after she had been denied referral to

the CIC as she was desperate and felt abandoned and with nowhere else to turn as a result of this decision. Another patient from NHS Lothian told me that she had also been denied, as they said because she was currently working they would only consider a referral once she had had to give up her work, which would result in her becoming dependent on the state at a time of benefits cuts. She was seeking referral to help her to remain productive and hopefully then be able to continue in employment. This is certainly not the actions they purport to be important to their organisation in relation to their values which emphasise care, compassion, dignity, respect, quality, teamwork, openness, honesty and responsibility as their key values.

Mr Davison has also not corrected the mistakes he made in his original letter, including denying the minuted fact that the Board had decided to withdraw from CIC services. Nor does he mention the cost of their SLA.

Lothian was not an unexceptionally large user of the CIC previously - because they had their own alternative services with 3 local clinics. But the Board stopped all of these, so the CIC remains the only possibility.

## **SCOTTISH GOVERNMENT**

In response to Elizabeth Porterfield's response that the Scottish Government have not sought to promote the CIC services as they have not yet had a proposal to do so! I was not aware that the NHS would need a formal outline to try to raise awareness about a national service and was not requested to provide this personally. I have also been personally told by Greater Glasgow and Clyde Health Board at their Annual Review over 15 months ago that NHS Greater Glasgow and Clyde would endeavour to promote the CIC further and increase awareness of the services that it offers, but to date I have still to see any evidence of any this.

My last letter submitted in response to Committee on the 25th September 2015 [http://www.scottish.parliament.uk/S4\\_PublicPetitionsCommittee/General%20Documents/20150925\\_PE1568\\_O\\_Petitioner.pdf](http://www.scottish.parliament.uk/S4_PublicPetitionsCommittee/General%20Documents/20150925_PE1568_O_Petitioner.pdf) is I believe still pertinent. I would hope that the Committee may now consider calling the Chief Executives of the Health Boards concerned or their representatives and the Scottish Health Council to be able to seek further clarity on the issues, especially as the responses continue to be evasive and do not fully explain the questions that the Committee are seeking to understand.

In regard to the Committee requesting that the figures prior to the cuts be sought to see if this will then show a rundown of the service, these figures have still not been produced as requested to the Committee. I would request that these figures be sought prior to 2004/05 when the in-patient unit was initially under threat of closure as this is when issues initially emerged and I know that some professionals and patients unfortunately since this time either wrongly believe the hospital closed or they have been reluctant to refer due to the uncertainty surrounding the hospitals future.

I would therefore encourage the members of the Petitions Committee to try to visit the hospital so that they can more fully understand the wide range of the various integrative and holistic treatments that are available at the hospital, as this approach is not currently available elsewhere in the NHS in the UK, and can only really be appreciated as a result of a visit to the hospital and speaking to patients, carers and staff about the benefits of this approach which has consistently received 100% patient satisfaction ratings in some studies.

The whole future of the CIC and the health of thousands of patients ultimately depends on getting the clarity to the questions that you seek.

Yours Sincerely

Catherine Hughes