

**PE1568/X**

Petitioner Letter of 4 February 2016

Dear Mr Sharratt,

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

I am appreciative that the Public Petitions Committee have made the decision to call the Chief Executives from the various Health Board areas.

**NHS GREATER GLASGOW & CLYDE**

I do however urgently need to draw to the Committee's attention a very concerning development that on the 15th January 2016 it was reported in The Herald by Helen Puttick that NHS Greater Glasgow and Clyde (NHS GGC) had produced, what their Chair John Brown called a discussion paper. This paper which was seemingly produced in December specifically names the NHS Centre for Integrative Care (NHS CIC) along with other NHS services to endure further cuts or be totally closed to help meet a £60 million Health Board deficit. (1)

It is obvious that previous letters to the committee and to patients have concealed the full truth as we now know that this cuts paper was being compiled by officials around the same time as Robert Calderwood was writing to the Petitions Committee on the 3rd December 2015 to say that "a commitment was made at our last Annual Review in August 2015 to continue to provide this service for the benefit of NHS Greater Glasgow and Clyde residents, and residents of any other NHS Boards who wished to continue to access this service".

The reason that the NHS CIC has been named on this Health Board cuts paper is because of the reduction in patients being sent from other Health Boards, but Robert Calderwood in his letter to the Committee on the 3<sup>rd</sup> December 2015 denied that referrals from external Boards would affect the future viability of the hospital. This was later reported in The Herald on the 27th January 2016 by Dorothy-Grace Elder "Unhealthy trends that brush away the views of patients" who had viewed the NHS GGC cuts proposal paper and exposed the duplicity of the Health Board. (2)

The patients would like to know if Robert Calderwood was aware that the NHS CIC was included and named in this NHS GGC paper that will be taken to the Health Board in February when he submitted this letter in December to the Scottish Parliament's Public Petitions Committee. What discussions has there been between NHS GGC with Cabinet Secretary for Health and Scottish Government about the future of the NHS CIC? Were the Health Ministers made aware of this discussion paper prior to it being reported in the newspaper?

A main issue that needs to be addressed is the effect on all other patients where Health Boards have stopped using the CIC and increased numbers of patients at conventional services that are already over stretched. How long are the waiting lists for second or return appointments? Have they increased staff to account for the extra numbers of patients requiring to be referred, and by how many?

**NHS LOTHIAN:**

Specifically regarding NHS Lothian 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, that 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.

What will happen when the Service Level Agreement between NHS Lothian and NHS GGC comes to an end. Will any patients continue to be sent to the NHS CIC.? We also know that a large number of patients are reporting that they have been turned down by the NHS Lothian Safe Haven system that also that patients GPs need to go to the additional trouble to refer patients to the NHS CIC. NHS Lothian also closed their 3 local homoeopathic clinics. What are NHS Lothian to address this patient need which has obviously increased.

## **NHS LANARKSHIRE**

What is the effect on NHS Lanarkshire's chronic conditions patients of the Boards decision to withdraw from the CIC and to eventually close their two local clinics? Can NHS Lanarkshire's representative inform on the length of time their patients are now kept waiting for return appointments and treatments at their conventional services? Are new referrals being prioritised and have waiting lists increased for treatment renewals.

How can 9 members of the Health Board overrule the overwhelming majority of 4,800 (80.6%) people responding to their consultation who wished referrals to the CIC to continue?

A Westminster report published by their science and technology committee about homoeopathy that only 3 of 14 MPs agreed to sign was rejected by the Westminster Parliament. Why then did NHS Lanarkshire and Lothian use this discredited report produced by their Science and Technology Committee as evidence to try to back up their reason for holding their Consultation about whether to continue referrals to the NHS CIC ? Why was this report then presented as evidence to the Health Board as the reason why referrals should be ceased without explaining that this report was not a Scottish report but produced in England and was officially rejected?

The NHS CIC is a specialist service and it mainly treats patients who have exhausted all other conventional services and treatments or they are contraindicated and as this is a unique specialist service for people with chronic conditions which offers a holistic approach and access to a wide range of conventional and other holistic methods delivered by an integrative model not widely available elsewhere in the NHS. The care they provide at the NHS CIC is also cost effective and reduces need for medications and results in substantial cost savings for the NHS from this reduced medication use and a decrease in the need for GP and hospital appointments and also reduction in conventional treatments.

The situation with the NHS CIC is now urgent as it is imperative that we can get the answers to questions as to why waiting lists are rising and patients with chronic pain and other conditions are languishing on waiting lists waiting for second and subsequent appointments and all the time their quality of health is being seriously affected. These patients are denied access to an existing care pathway and unique and innovative model of care at the NHS CIC that we know helps many. People are therefore being driven out of the NHS to private care they cannot afford!

On the 16th February the NHS CIC is likely to be discussed at a NHS GGC Board meeting where questions will probably be asked about the hit list that was exposed by The Herald. It is therefore important that the Scottish Government are now called on to bring a moratorium to stop any further cuts or closure to services at the NHS CIC and to investigate the wider issues related to the hospital and seriously consider the requests detailed in this Public Petition specifically related to providing ring-fenced or centralised national funding to protect the long-term future of the hospital. Also that the Petition's Committee consider calling the Health Ministers and Scottish Government to seek further clarity and to give evidence to the Committee.

It is important that the Public Petitions Committee receive truthful answers from the Health Boards or this hospital will in all likelihood be closed or services further reduced leaving the patients without access to the care they need. Patients are reporting that they feel suicidal at the thought this care that they depend on and consider a 'lifeline' is under threat again and that their quality of life will seriously be diminished if access is denied.

We are totally disgusted by the lack of transparency and dodging of questions shown so far.

With Regards

Catherine Hughes

(1)The Herald online 15<sup>th</sup> Jan 2016 by Helen Puttick 'Scottish Health Boards Battle Multi-Million Pound Budget Crisis'.

(2)The Herald 27<sup>th</sup> Jan 2016 by Dorothy-Grace Elder 'Unhealthy trends that brushed away the views of patients.'