

PE1477/CC

Petitioner Letter of 24 June 2016

Dear Public Petitions Committee Convener,

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

Urgent : Concerning new development regarding closure of CIC hospital ward

New plans have been revealed this week by Greater Glasgow & Clyde Health Board (GGCHB) that show all their previous promises to patients and staff appear to have been broken. The Health Board now proposes to close the in-patient integrative care unit at the NHS Centre for Integrative Care (CIC) and use the hospital for out-patient services only and also appears to be retracting to NHS GGC residents only, which if implemented would then end the hospital being a national specialist centre available to patients from other areas of Scotland.

The patients are extremely concerned and angry at the duplicity of GGCHB who have for years said that there is no threat to the services at the NHS Centre of Integrative Care and this has also been repeated in many communications with myself personally and to the Public Petitions Committee.

On Wednesday 22nd June 2016 it was reported by Stewart Paterson in the Evening Times (1) 'Health board plans to shut in-patient beds at unit it said months ago were safe' and also reported in The Herald that GGCHB have plans to close the in-patient integrative care unit that is depended on by patients who are some of the most seriously ill people in Scotland with debilitating chronic, incurable, degenerative and life limiting conditions.

The Board paper (2) states that ***“Utilising bed capacity at Centre for Integrative Care for national pain service: The proposal is to establish the CIC as a day and outpatient service only, ceasing to provide the current five day inpatient service provided by seven beds. The requirement for the in-patient service is reduced by the decisions of other boards to cease to fund the service, that reduction in funding also requires us to reduce costs. This proposal enables us to achieve that while ensuring that the service remains available to GG and C residents”.***

Following the Evening Times revealing how the cuts will affect the CIC on 22nd June, it is known that journalists and MSPs asked the Board for fuller information and concerned patients contacted the newspapers. However instead of clarifying their planned cuts, by 24th June, I've just seen that the Board has abbreviated the original by making changes in the documents available publicly for the Health Board meeting on the 28th June (3). This is clearly a spin exercise, fudging the original although the cuts message is basically the same. The spin is now stated as: **“Review of CIC Inpatient Services: proposing to deliver the full current range of CIC services on an ambulatory care basis, this reflects the fact that the vast majority of patients are now local to Greater Glasgow and Clyde”.**

In comparing the two statements this shows a disgraceful attempt to conceal even more from patients, Parliamentarians and the public. Now gone is the mention clarifying that the inpatient seven bedded integrative care unit that provides 5 day in-patient treatment packages is being removed from from CIC patients with complex needs who need and depend on access to this care. Also gone is the mention of utilising (taking over) these beds for the National (residential) pain service. Gone is the statement that the CIC is to be a **“day and outpatient service only”**, the term used now is **“an ambulatory care basis”**. Gone is the earlier reference to other boards which used the service. The ending of the CIC is a national resource for many years is now concealed as **“the vast majority of patients are now local to Greater Glasgow & Clyde”**.

This deception does not alter the cuts that were previously outlined – but is a shocking indication of contempt for transparency and a disrespect of the patients and CIC staff. The question is who wrote this and who approved such deception of the public and politicians?

The Health Board document in relation to this announcement is the Service and Financial Planning for 2016/17 Local Delivery Plan and is supposed to be finalised for the 28th June 2016 GGCHB meeting and is a result of savings proposals that have been discussed at various board sessions since Autumn 2015. So the question is why did Catriona Renfrew not admit this to the Public Petitions Committee, as this is the plan that she is responsible for drafting, when she appeared at the committee evidence session in February 2016? Surely their Chief Executive Robert Calderwood who has in the past given numerous reassurances and also Ms Renfrew should both now be called back before the Public Petitions Committee at the earliest opportunity to question them on their actions and why they have not previously been transparent and honest in relation to their plans. It also demonstrates that the Board certainly does not have an understanding of the cohort of patients who attend the CIC with complex care needs and are difficult and costly to manage and how the innovative model of care developed at the CIC is effective for patients and also delivers substantial cost savings, the reason the beds were not lost previously in 2004/05.

The Cabinet Secretary for Health Shona Robison who has also given assurances to the patients and recently said at a hustings organised by The Health & Social Care Alliance Scotland on the 4th April 2016 that she was considering national funding for the NHS Centre for Integrative Care and therefore Ms Robison should now also be called before the Public Petitions Committee at the next available opportunity in order to help clarify the Governments position.

This document also alludes that the services will now instead of being a national service, only be available to GGC residents which further extends the current postcode lottery in relation to this service. This hospital although small is essential as it assists patients who have exhausted all other NHS treatments and procedures that are currently available and allows for improvement in their quality of life and in assisting in developing their self-management skills in relation to their condition with low cost interventions which is in line with the aims of the Scottish Government and epitomises the vision set out in Chief Medical Officer Dr Catherine Calderwood’s

Annual Review: Realistic Medicine (2) and the NHS National Clinical Strategy for Scotland (3) that she co-authored.

I appeal that the Public Petitions Committee to not close this Petition at the next meeting of the committee on the 30th June but ask that it is continued and that I am also willing to address the committee if they believe that this would be helpful in further understanding the background to the petition and the patient concerns, especially as this hospital has already had to endure more than its fair share of service changes and cuts in recent years that were imposed without any patient consultation in the name of austerity.

I also think that it would be beneficial to have a round table discussion about the issues related the NHS Centre for Integrative so that the Committee can better understand the benefits of holistic and integrative care and integrative medicine and the role that it has to play within the NHS and hope that the Committee will agree to this request.

Integrative Care is recognised and supported by the World Health Organisation. It is a pity in the same month the hospital was represented and praised at a national conference in Stuttgart about Integrative Medicine (6) attended by over 600 delegates from over 40 countries from around the world who are now developing models of care that are inspired by the hospital in Glasgow, who has been leading the way in this field of medicine for several decades, and now finds itself under imminent threat to achieve what is short-term cuts that will only result in tiny cost savings to the NHS but will in fact result in much larger costs in the long-term. Given that integrative medicine and the CIC not only improves quality of life of their patients which is immeasurable in cost terms, but it also results in substantial cost savings given that patients then usually use less pharmaceutical drugs and also will generally require to decrease their need to access other NHS services. So this decision of the Board is not only short-sighted but it certainly should also be fully questioned and the financial implications, impact on patient care and the effects on the quality of life of those patients who require access to in-patient care due to the complexity of their conditions, as the in-patient unit is integral to the success of this model of care and is currently fully utilised, be fully investigated.

I would also like to take this opportunity to invite the new members of the petitions committee to come and visit the NHS Centre for Integrative Care as this hospital which can only be truly appreciated by visiting and speaking to the patients and staff given that there is much misinformation and misconceptions about the hospital and this model of care. When Ms Robison and Ms Watt had a private visit to the hospital on the 3rd June 2015 they were very impressed with the model of care delivered at the CIC and have spoken very positively about the visit to the hospital and unique and innovative model of care at several events that I have attended since. We therefore hope that the Government will support the ethos of this petition and ensure that the necessary national or ring-fenced funding is made available and that access is restored to cease the current post-code lottery and by promoting the benefits of this care so that medical professionals will have a better understanding and be more willing to refer patients who would be able to benefit in the future if the CIC is hopefully saved from further cuts and possible closure.

I do hope that the committee will assist the patients in helping to investigate how this decision came about despite several false assurances over many months and years that have been given by the Health Board and Scottish Government and ensure that this petition remains open so that the Government and Health Board decisions can be fully scrutinised and investigated by the members of the public petitions committee.

With Kind Regards

Catherine Hughes

PE:01568 24th June 2016 REFERENCES:

- (1) Evening Times June 22nd 2016, page 6 and also published in The Herald on the 24th June
http://www.eveningtimes.co.uk/news/14571996.Health_board_plans_to_shut_in_patient_beds_at_unit_it_said_months_ago_was_safe/
- (2) Greater Glasgow & Clyde Health Board Discussion Final Draft Paper: Service and Financial Planning for 2016/17: Local Delivery Plan.
- (3) Greater Glasgow & Clyde Health Board Local Delivery Plan draft for approval Paper16/34, Page 5
http://www.nhsggc.org.uk/media/238233/nhsggc_board_paper_16-34.pdf
- (4) Chief Medical Officer for Scotland Annual Review 2014/15 Realistic Medicine
<http://www.gov.scot/Resource/0049/00492520.pdf>
- (5) A National Clinical Strategy for Scotland
<http://www.gov.scot/Resource/0049/00494144.pdf>
- (6) International Congress for Integrative Health & Medicine 9th to 11th June 2016 Stuttgart, Germany <http://icihm.org/en/>