

Petitioner letter of 23 September 2016

NHS GGC ARE PROCEEDING WITH STEPS REQUIRED TO CLOSE IN-PATIENT WARD AT CIC

The past few months have been very stressful for myself and the many thousands of patients who attend and the NHS Centre for Integrative Care (NHS CIC). It is with great concern and dismay that I have to report that NHS Greater Glasgow and Clyde (NHS GGC) are proceeding with their plans towards implementing the steps that are required towards closing the in-patient ward at the NHS Centre for Integrative Care, despite many communications to myself over the past 5 years, to other patients and to this committee saying that there are no plans to change the service.

Dorothy-Grace Elders recent article in The Herald on the 5th September 2016: 'I bemoan a decision that is not in the interests of patients' explores a background to the issues. (1).

However we are now clear of their intention which is to completely close the in-patient facilities at CIC. This will mean that patients will no longer be admitted to the ward, as it is their plan to evict the CIC patients from the ward and to reutilise this space for another service, for clinical and administrative areas that will not continue to include access to overnight facilities or beds. This will downgrade a national specialist hospital to an out-patient clinic.

On the 28th June 2016 the Health Board presented a paper, Local Delivery Plan; Draft Paper (2) in which the Board members voted to proceed with the steps needed to close the ward at the CIC, as well as other planned cuts and closures to other services, (details of meeting in June Minutes (3)). This decision was then further ratified at their Board meeting on the 16th August 2016 when they presented the paper detailing their 'Proposed Approach to Engagement on Service Changes' (4) and they began a public engagement on the 1st September that they expect to be conducted by December, so that it can then take their findings before the Board at their meeting on the 20th December 2016. It was stated at the June Board meeting by Catronia Renfrew that they would plan to implement closure prior to April 2017. There have been a number of concerns since this engagement has taken place, letters were sent to patients by the Board, have caused a lot of distress and were also difficult for them to fully understand.

In the Health Board press release (5) it clearly states that patients will only be able to access beds elsewhere in exceptional circumstances. **"Shift the Centre for Integrative Care to become an ambulatory service providing the full range of current service as outpatient and day case service with arrangements for admission or overnight accommodation only in exceptional circumstances"**. But recent letters to patients and MSPs from the Public Health Minister Aileen Campbell and Scottish Government Official Adams Briggs refer to the Board's press release as making **"it clear that local overnight accommodation can still be made available to service users where appropriate."** This is not what the Board's press release says. It makes clear that accommodation will be **"only in exceptional circumstance"**. There is no need for the Government to confuse patients further in seeming to be already very supportive of this Board. The question is how many patients do they anticipate will gain access to overnight care or accommodation?

CONCERN AS NHS CIC HAS BEEN DEEMED BY HEALTH BOARD TO BE A MINOR SERVICE CHANGE

Ms Renfrew stated at the Board meeting on the 16th August 2016 that the consultation in relation to the CIC **"would be limited."** NHS GGC have stated in their paper that they believe that this decision is a minor service change meaning that this decision will not go to the Scottish Government for a decision which we believe is wrong as in our interpretation of the criteria (6), we believe that this should be deemed a major service change.

RESIDENTIAL PAIN SERVICE IS NOT COMPARABLE WHEN COMPARED WITH THAT PROVIDED AT THE NHS CIC

The Scottish Residential Pain Service is a completely different model of care than that offered at the NHS CIC as it is based on a bio-model whereas the NHS CIC is an holistic and integrative model. The Pain service also costs £700,000 a year to run, to treat 80 to 100 patient annually and only offers limited packages of care, where the patients are seen for a limited time. Whereas the CIC costs around £500,000 to run the in-patient service and has the capacity to treat 350 patients a year. So as well as being able to treat the majority of the patients symptoms holistically it also continues to care for people for as long as there is a clinical need, and as the majority of these patients have long-term, complex and often degenerative conditions this continuity is essential in the management of their care.

These proposals will definitely not adequately meet the needs of these patients many of whom have complex problems and as they have exhausted all other NHS treatment and care that is currently available to them, the option of admission to the ward is an important part of the therapeutic process. To send patients to a hotel or another ward is just not equitable and shows that the Health Board officials responsible for suggesting these proposals have no idea of the model of care delivered at the hospital, nor the complex nature of the conditions of the patients who are admitted to the ward. Access to in-patient admission to the ward is an important aspect of the care delivered at the CIC and is essential component in this care pathway, to be able to more adequately deal with the most vulnerable complex patients and a reason why this ward has such successful outcomes.

IN OUR VIEW HEALTH BOARD HAVE WILLFULLY MANUFACTURED THE RUN DOWN OF THE HOSPITAL

We are concerned that the Health Board has manufactured the run down of this hospital as they first cut beds from 15 down to 7 and closed the hospital at weekends, reduced the staff working at the hospital; by cutting the nursing staff on the ward, as there were 22 and now there are 10, and in the past 6 years there have been 6 doctors lost and only one has been replaced and there has also been a loss of access to a multi-disciplinary team approach for those patients admitted to the ward. So if you take the patient to staff ratio then the staff at the hospital are actually seeing more patients. Currently, there is still demand and need for the specialist model of care delivered at the CIC.

The ward in the NHS CIC is clinically needed by some of the most seriously ill people in Scotland and patients are only referred for an admission if clinical needs dictate; as their issues cannot be dealt with in a limited time at an out-patient appointment and allows the opportunity for a full holistic assessment to be carried out and to be able to address any issues such as sleep problems. Patients within Glasgow area also still require referral to in-patient care.

The alternative accommodation proposed, that states will only be available in exceptional circumstances are proposed to be in a local hotel or rarely in other hospital accommodation. However why close a perfectly good ward that provides a unique, innovative and pioneering model of care that is well utilised and achieves such successful outcomes and has extraordinarily high patient satisfaction ratings. These plans as well as killing off an integrative care model that is a leading light around the world for how they achieve such successful outcomes with a very difficult to treat patient cohort, this will leave these patients with no where else to go as this care pathway is unique.

ADDITIONAL COSTS WILL RESULT FROM CEASING ACCESS TO THE IN-PATIENT BEDS AT THE NHS CIC

The costs that will result if these proposed plans by NHS GGC are implemented will be more than offset by the number of patients pharmaceutical costs and those requiring acute admissions and accessing other NHS services. This was one of the main reasons when the Health Board previously tried to close the inpatient facilities at the CIC in 2004/05 as they had to do a u-turn and

Ms Renfrew also stated ***“that there were a number of points which informed the Board’s recommendations and it could not proceed to closing the inpatient service”***. The minutes (7) of the May 2005 Board meeting includes ***“an acknowledgement that these patients had particular needs which the Board could not confidently meet through remaining services within Greater Glasgow and who would be directly disadvantaged by the withdrawal of this service to which they presently had access”***. Ms Renfrew also states that ***“the current building was purpose designed and built and charitably provided, it was not certain it could easily be redesignated and made available for any other purpose”***. The 1974 agreement listed in the 2005 Board paper on Page 21 (8) states the agreement and the conditions under which the new hospital was to be built.

The conclusions that Ms Renfrew and Board made in 2005 are just as valid now as they were previously, if not more so, given the increasing numbers of people diagnosed with a long-term conditions; as in Scotland 46% of people have at least one long-term condition. The Government have asked Boards to come up with other models of care to help to manage those patients who they have identified as the complex patients who belong to the group of 2% of patients with complex long-term conditions that currently use 50% of NHS resources. However the model of care developed at the NHS CIC is tested and is also safe, cost and clinically effective, that has evolved over many decades, with this cohort of patients who are both costly and difficult to treat. We believe that this successful model of integrative care which has been pioneered and uniquely developed at the CIC should be invested in and expanded.

DESPITE PREVIOUS ASSURANCES THERE WAS TO BE NO SERVICE CHANGES IT IS CLEAR THE CONTRARY IS TRUE

Despite Robert Calderwood stating at the NHS GGC Annual Review on the 4th August 2016 that he knew nothing about the Parliamentary Public Petition (9) as he said ***“I personally and I don’t think that the Health Board are aware of the petition and the parliamentary process and I do not think that we are doing anything that cuts across the parliament responding to your petition,”*** when he has in fact replied personally to the Committee on the 23rd September 2015 in PE:1568/M(10) ***“The Centre of Integrative Care (CIC) continues to be viable, even in the light of other NHS Health Boards’ decisions to stop referring patients to it, and it will continue to see and treat patients from a range of NHS Boards, but principally NHS Greater Glasgow residents... You asked about whether any services that the CIC currently provides are under review, particularly whether provision of homeopathy has or is currently being reviewed... However, specifically, there is no discrete review of homoeopathy ongoing or planned”***. Furthermore again on the 3rd December 2015 (11) in his personal submission to the committee ***“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.”***

This view of no changes being planned was also reiterated by the Scottish Government in Elizabeth Porterfield's letter to this committee on the 24th July 2015 (12) which states that ***“The CIC is one of the range of services provided by NHS Greater Glasgow & Clyde (GG&C), who have confirmed that they have no plans to change the services provided by, or indeed to close, the CIC. Additionally, this was restated to Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport, and Maureen Watt MSP, Minister for Public Health, during their visit to the centre on 3 June 2015. Ms Watt also gave her personal assurance in that regard at the meeting of the Cross-Party Group on Chronic Pain on 20 May 2015.”*** The meeting by Ms Watt that I attended, had made no reference to any planned closure or re-designation but confirmed that an extension would be being built on the CIC to house the chronic pain centre and clarified that the two services would be distinct. However it is our understanding that the plans to build this extension have been halted in recent months, and now it looks that instead of a new build extension that they plan to evict the CIC patients so that they can then take over the ward for the Scottish Residential Pain Service. Given this hospital was built by £2,79 million of endowment and charity funds this is re-designating the hospital by stealth.

In the letter received by the committee on the 26th July 2016 PE1568/GG (13) from the Minister for Public Health Aileen Campbell stated that it is not for the Scottish Government to designate a service as a national resource and that application has to be made through National Services Division (14) and this requires help from the Health Board in the process of making an application for national centralised funding of a service. However previous attempts to apply for national designation for the CIC have been unsuccessful. It is also quite obvious that the current Health Board management is not supportive of the CIC. However I do recall the Cabinet Secretary for Health Shona Robison stating at The Alliance hustings on the 4th April 2016 that she was considering giving the CIC national funding, and if Government are supportive of this unique specialist model of care, then it is important for them to intervene.

NHS GGC DECISION TO PROCEED WITH STEPS TO CLOSE WARD IS INTERFERING WITH PARLIAMENTARY PROCESS

Despite this petition which is still continuing, we are all extremely concerned that the plans of GGCHB are trying to interfere with normal parliamentary processes. As myself and others believe that they should wait till this Petition has been complete before making any radical decisions in relation to the future of the hospital. Their plans in recent months have signalled an intention to close the ward, and we would call on the Scottish Government to call a moratorium until Petitions Committee process is complete so that all the issues can be fully explored and discussed.

I hope that the Committee would continue to keep this Petition open given the seriousness of the proposals that NHS GGC are proposing on the care of the patients who depend on the ward and as this is main avenue that patients can continue to have a voice on this issue, as so far the engagement process has certainly not been very well organised. The Health Board have set out their intentions in their Board paper (14) and on their website (15) but so far no meetings have taken place so the time to participate in the engagement is going to be shortened considerably.

I would appreciate if possible if the committee can try in the near future to organise a visit to the CIC so that they can better understand the unique model of care delivered at the CIC and have the opportunity to speak to patients and staff. This would enable them to see for themselves why it is important this in-patient ward is retained for those patients in Scotland who can benefit, and whose needs will not be able to be met elsewhere, as downgrading the ward to a clinic will further reduce access to the patients who will then not be able to travel to access care at the CIC.

As stated in previous communications I think that it would be beneficial to have a round table discussion where there will be an opportunity to better understand the unique integrative model of care that is delivered at the CIC and to be able to further explore the issues. I would ask if the Petitions Committee could consider requesting that Robert Calderwood and Catronia Renfrew and Ms Robison are called before the committee as the evidence session and opportunity to ask direct questions would be beneficial in understanding and in progressing this petition further.

Given the current circumstances we now find ourselves, we are grateful that the Petitions Committee are continuing to consider the Petition in the hope that they can help to find answers to the questions that we seek.

Regards
Catherine Hughes

REFERENCES

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- (3) 28th June 2016, NHS Greater Glasgow & Clyde Health Board Minutes 43 -72 Item 48: Page 12 – 14 <http://www.nhsggc.org.uk/media/238767/nhsggc-m-16-03.pdf>
- (4) 16th August 2016, NHS Greater Glasgow & Clyde Health Board: Board Paper: Paper Number 16/45 Proposed Approach to Engagement on Service Changes, Pages 31-32
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- (11) 3rd December 2015, Response by Robert Calderwood to Public Petitions Committee
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- (14) National Specialist Services Committee, Guidance on Proposing National Commissioning of Services www.nsd.scot.nhs.uk/Documents/NSSC/2015-16%20Guidance%20on%20Proposals%20to%20NSSC.doc

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<http://www.nhsggc.org.uk/get-in-touch-get-involved/inform-engage-and-consult/centre-for-integrative-care-moving-to-ambulatory-care/>