GLASGOW HOMOEOPATHIC HOSPITAL CAMPAIGN TEAM
SUMMARY OF IN-PATIENT UNIT

INTRODUCTION

On April 20th 2004, NHS Greater Glasgow submitted a News Release headed “Challenge to Deliver Modernising Agenda”. In this news release NHS Greater Glasgow set out their criteria, “by identifying things that happen today that are not representing good value to Patients and Taxpayers alike”.

North Glasgow Division put a Corporate Recovery Plan in place to make these and the proposal to close the “Glasgow Homoeopathic Hospital In-Patient Beds” was one of many proposals. The beds proposed for closure will undoubtedly not represent good value to Patients who have no alternative to this service, and financially will not represent good value to Tax Payers alike, in our opinion.

Part I

Patients who attend the In-Patient Unit suffer from a wide range of various complex chronic illness, disease, disability, chronic pain and terminal illness. Some patients are in crisis with physiological problems caused in most cases from many years of illness. What the majority of patients have in common is that they have all been down the conventional care route, have exhausted all possible avenues within this care, and for one reason or another it has failed to work for them. Patients’ lives by this time are in turmoil and disarray because they are being told e.g. “to go away and live with it”, having been given no or poor information on how to live with it. Patients have felt ignored and an unwillingness for an explanation of their illness. There is never enough time spent at their consultations, and are too often left in limbo with no help or support on what their next steps should be. Patients often feel there is no light at the end of the tunnel. It is unfortunate but realistic that for some Patients suicide is a viable option after this stage, which could be from many years of multiple referrals, appointments and investigations etc, all to no avail and relief from their chronic illness, disease and pain etc.

Entering the In-Patient unit for the first time, Patients don’t know it yet, but they are at some stage of their journey going to be able to have more control over their lives again!

However, against Doctors orders through this campaign, the Patients’ journeys and their health are being compromised, because we know if we succeed by convincing North Glasgow Division and NHS Greater Glasgow to keep the beds open, thousands of Patients now, and in the future will benefit, and have a chance to live their lives with chronic illness. Patients will begin a journey when they enter the In-Patient Unit. They are encouraged to accept their illness, learn to come to terms with their lives in ways they have never experienced before. Patients are learning to cope by using the skills taught by a team of “Dedicated Staff”. This all can happen in this safe, tranquil and therapeutic environment. The hospital and its beautiful garden was built only in 1999 with endowment funding from the Glasgow Homoeopathic Hospital Board, charitable donations, and from past Patients leaving money in their wills that totalled the complete building costs of the “New Glasgow Homoeopathic Hospital”. The new hospital should have been built with Government and Health Board money with a £100,000 contribution from the GHH Board, which subsequently did not happen. The total cost of the building at £2,780,189 was paid from public and charitable donations. What actually happens on the In-Patient unit is nothing short of a small miracle. To be admitted to this very special place after years of illness and pain, and when every other NHS door has been closed starts an amazing journey, and new experience to be treated holistically, “as a person”. Patients are listened to, sometimes for the very first time. A bond of trust with all the staff is initiated, and there is always someone there to talk to, or help and support you, day and night. Nothing is rushed during your hospital stay from Consultant, Doctor, Nurse to the Physiotherapy Team, which you have great benefit from every weekday. The Physio is tailored to suit individual needs, with close attention being paid to the outcome of each session, and Patient feedback is actively encouraged. This hospital unit fills a void in the NHS for Patients who have no other alternative. It works so well for many vulnerable patients with incurable chronic illness. NHS Greater Glasgow talks about identifying things that happen today that are not representing good value to patients. All the patients who attend or have attended the In-
Patient unit disagree, and would ask NHS Greater Glasgow to please re-think their proposal to close the In-Patient Beds! 100% of In-Patients have had conventional care. 90% of these patients vote the In-Patient care as better, or very much better than conventional care. 97% of In-Patients have rated the overall care in the In-Patient unit as “exceptionally high”.

PART II

In regards to the In-Patient unit representing good value to “Tax-Payers”. We know it certainly achieves that. A large proportion of patients go on to balance their lives with chronic illness, and go on to show a significant reduction in the use of other NHS resources e.g.

- Reductions in costly conventional medication.
- Reductions in visits to their General Practitioner.
- Reductions in referrals to Consultants and Specialists
- Reductions in costly investigations and pain clinics etc.
- Reductions in Surgery

Most patients have been around the above on multiple occasions, and we refer to it as the conventional “Merry-Go-Round”. If the In-Patient Unit were to close then some patients would have little alternative but having to climb back on. Another serious worry is that future patients of the In-Patient unit may never get the chance to get off the “Merry-Go-Round” in the first instance, and will continue to cost the NHS more money, when a cost-effective, Holistic Patient Centred Model of Health Care already exists and breaks this cycle. If NHS Greater Glasgow decide to close the In-Patient Unit what will remain is a vacuum, a black hole in Scotland’s NHS. This would be a backwards step, and a total disregard for “Patient Choice”, and what is in the best interest of the Patient. The Glasgow Homoeopathic Hospital In-Patient Unit at present reduces the fragmentation of the patients needing to access as many other NHS resources, by involving and treating patients in a Holistic Integrative Centred Approach.