INTEGRATIVE CARE PROVISION AT GLASGOW HOMOEOPATHIC HOSPITAL & THE IMPORTANCE OF THIS CARE MODEL TO THE NHS

There are around currently 500 inpatients treated at the Centre of Integrative Care at the Glasgow Homoeopathic Hospital (G.H.H.) who individually have complex care needs that are not met adequately elsewhere in the NHS. However the current Homoeopathic Hospital only has 15 beds which is contrary to the 1974 agreement that actually committed the health board at that time to provide approximately 60 in-patient beds and other facilities on the Gartnavel Hospital site. It therefore in its current size cannot adequately meet the needs of the number of patients who are increasingly being diagnosed with chronic incurable conditions and who result in a substantial cost to the NHS, and therefore the number of beds either need to be increased on this site, as was the original intention and vision in 1974, and further units need to be constructed based on this innovative model to meet the need of the increasing demand. It also demonstrates that Phase 2 which was the proposed academic teaching with conference facilities are needed to promote and encourage the uptake due the recognised need that the model of Integrative Care provides arguable significant cost savings to the N.H.S country wide if not world-wide. Also planned in the development in second phase was a hydrotherapy pool, holistic health shop and cafe. This development should now go ahead forthwith and the money found to ensure that the model of care within the G.H.H is allowed to flourish and grow. The patients and staff opposed any reduction to the service and believe that the hospital should be restored as such and have its full complement of beds available at the weekends and throughout the year. Patients get ill and have crisis 24 hours a day 365 days of the year and any reduction in service does not allow adequate response to the patients need.

As a result of the care at the G.H.H. many patients have gone on to have fulfilling and enjoyable lives where once their was despair, pain, isolation and anger. Patients report of being able to stay in their careers longer or go on and find other more suitable employment because they now understand their illness and disease processes. They use the tools that they are taught in the integrative care unit within the G.H.H, to effectively monitor their own condition and be responsible for their own care needs and can then either personally intervene by being self-reliant with the methods and tools they have been taught and this enables them to contact their medical practitioner more quickly than they would otherwise. Therefore they avert a crisis that would ultimately result in costly and time consuming intervention not only for the patient but for the N.H.S as well. Thus increased costs are prevented from occurring to medical, social services and welfare budgets by enabling these costs to be averted through patients being proactive rather than 'patient' and passive recipients that the current model of conventional care not only encourages but expects. Creating a more informed patient who works in partnership with carers (medical & family) to lead an independent and meaningful life who have hope in their future and peace of mind that they are receiving the best care that the health service
can provide is the outcome of successful holistic and 'integrative care' when it is being delivered effectively.

It is the only Homoeopathic Hospital in Britain with In-patient facilities and specialises in 'integrative care' which is a cost effective way of providing care. Particularly cost effective when the drug bill is estimated to rise 50% within the next 3 years. The patients who attend the hospital suffer from a wide range of severe chronic, debilitating and often incurable conditions. The patients fiercely oppose any reduction in their care that is so expertly provided at the hospital, and for the majority conventional care has failed.

Patients around the country are in fear of going into hospitals as a result of the media perception surrounding cleanliness and MRSA, as well as the fact many parts of the NHS are short staffed and underfunded. Patients however welcome their stay in the G.H.H and as a result they are discharged quicker as the care given is optimised because the patient is relaxed and as a result the care given is more effective. There has also not been one single case of MRSA contracted while patients have stayed in the unit.

The fact that the average waiting time at G.H.H is around 15 weeks and this is greater than the current national average of 10 weeks shows that there is a great demand for this service and facilities nationally should as a result be increased.

Any reduction to the service will result in the loss of 15 beds used by chronically sick and terminal patients who suffer from various debilitating conditions that are treated or remediated successfully within the hospital. Integrative Care is a combination of both conventional medical treatments given together with complementary treatment and therapies, where each patient is treated holistically so that their treatment plan is specific to each individuals health care requirements.

Glasgow Homoeopathic Hospital is internationally respected and considered a National Centre of Excellence for Integrative Care here in the U.K. has been told by Greater Glasgow Health Board it must close its Integrative Care In-patient Unit. This will result in the loss of 15 beds used by chronically sick and terminal patients who suffer from various debilitating conditions that are treated or remediated successfully within the hospital. Integrative Care is a combination of both conventional medical treatments given together with complementary treatment and therapies, where each patient is treated holistically so that their treatment plan is specific to each individuals health care requirements. Consultations are very thorough and extremely detailed medical histories are taken from the patient often taking around an hour in duration.

The patients and campaign team acknowledge that G.G.H.B has a monetary deficit,
that it has to meet but they also know that they are receiving the best care that N.H.S can provide in this unique and innovative unit and are unable to comprehend why G.G.H.B cannot accept that this unit should not only be invested in but believe it should be replicated elsewhere within the U.K. and indeed throughout the world.

If patient journeys are costed accurately it will be evident the G.H.H is not only cost efficient but it is effective at assisting patients who while suffering from chronic, debilitating and incurable problems can be assisted by the care provided by the dedicated staff within this unit to lead meaningful, independent and fulfilling lives. The campaign team, patients and their carers understand the pressures on a health care system that is operating above and beyond its capacity and is near to collapse. However they recognise that the G.H.H. provides a realistic, affordable and pleasant environment that would help address many of the current problems being experienced in the health care system at present.

The cost to the NHS as a result of patients having drug sensitivities to correctly prescribed medication is enormous. It results in a very large annual cost to the NHS. As well as significant distress to patients who have to be hospitalised just for taking medication that was prescribed to them and either inadequately explained how to take it effectively, or the patient was not warned of the consequential side effects that could result. This is a problem that needs to be addressed as a matter of urgency and less reliance on prescribed drugs, new methods of patient prescribing need to be thoroughly explored to ensure that this does not continue to occur. Investment in stress management clinics, education surrounding dietary management and improved nutrition and health promotion facilities in the community are necessary to provide the patient with a sense of ‘ownership’ of his problems and disease so that they can then respond effectively when illness occurs.

Currently the NHS is overburdened and its staff are stretched to breaking point. If the philosophies surrounding holistic care were implemented throughout the NHS this would help with staff recruitment and retention. Also the staff need to be cared for holistically and the therapies should be made available to them in order that they maximise their own health and do not suffer from stress and ‘burnout’ that end up in costly and lengthy absences. Sickness related absence results in considerable costs the NHS per year, a more compassionate employer would put the needs of staff as their top priority and recognise and value the asset they have in their staff and invest in them not only in training but ensuring that occupational health services provided adequately meet their staff needs and the employer should recognise the stress that work and can place on individuals. Investment in this manner will be rewarded a million times over as staff will be happy to come to work and fulfil their maximum potential and the employer and the staff both win in the situation.

This model is being taken up around the world inspired by this unit and the ‘integrative care’ that it promotes and it has inspired both medical and patient
thinking around how health care is delivered. Patient's choose to come to the G.H.H and according to Government policy this policy is supposed to be extended and encouraged. Many patient's who attend the hospital have found that their care is fragmented across many Consultants who though trying their best with the resources they have are unable to meet patient needs effectively. They have no time to allow the patient a thorough and adequate Consultation process that not only leaves the patient dissatisfied it fails to address the very needs that they consulted them in, in the first place. In the G.H.H. the patient comes first and foremost not the system! Patients are treated humanely and are listened to thoroughly due to the therapeutic consultation that helps patients to divulge their problems in a safe environment where they trust the staff that they have built up a positive relationship allows that healing to be maximised.

This is a National Hospital and as such it should have National funding and not be dependant on the whim of an individual Health Board who is looking for a short term fix that will ultimately cost the N.H.S and humanity more in the long-term if this innovated model is dismembered in any way.

Patients have reported going into conventional hospitals who once they are admitted refuse to refer them to the G.H.H. and patients have experienced incidents where the homoeopathic drugs that they rely and depend on are either not administered correctly or are withheld by conventional medical professionals who don't know how to prescribe them and do not wish to understand why they work so effectively. They have no time to implement a holistic care model so they choose to either dissociate themselves from the fact that it works effectively and will ridicule it just because they cannot understand it. Integrative care is not 'new age' medicine but a model of healthcare that takes the best of holistic and conventional medical and therapeutic thinking and applies it in a way that maximises healing.

The model of care created at the G.H.H cannot be replicated in another medical ward in a conventional hospital, this was proposed prior to the homoeopathic hospital being constructed in 1999 and was found to be unacceptable. As a result £2.78 million of charitable endowment money was spent by 'The Friends' of the Homoeopathic Hospital on this award winning hospital even though the 1974 agreement committed the Health Board at the time or its successor to meet the agreed costs of the development in full.

Currently patients wait on average around 3 months for their outpatient and in-patient appointment but this is dependant on their care needs and more urgent cases will be seen quicker.

Although other centres in the U.K do not have In-patient facilities at present they recognise the more advanced and superior model that the G.H.H provides due to the fact that they have improved facilities and a more progressive holistic model that is
embraced through 'Integrative Care', and will refer complex patients who travel from all areas of Britain to this unit.

The other services in Bristol and London do not use the beds allocated to them in conventional hospitals because staff have a poor or no understanding of holistic care models or the way in which 'Integrative Care' should be delivered for chronically ill patients. Acute hospitals do not meet those individuals who have complex chronic health needs. They also do not have the skills or time to adequately teach patients the tools and techniques that they will need to cope with the everyday problems that they will encounter dealing with their health demands and those that 'life' put upon them.

As a result of the care provided at the G.H.H. patients are given life to their years as well as years to their lives. The prescribed conventional medication that patients take can be reduced and the number of investigations patients require are decreased as patients are diagnosed more effectively using the holistic process and implementing the 'integrative care model'. Homoeopathic and other holistic treatments are not as costly as the increasing conventional drugs bill testifies. This therefore cuts the overall health budget, and patients also report a high satisfaction rate because they feel listened to and understood often for the first time.

Carers of patients value the fact that they are supported by understanding staff and know that their 'loved one' is in the best and most appropriate environment to treat their chronic health needs. They report that their loved one is 'energised' by their stay at the hospital and their mood is brighter they are more optimistic in their outlook making the patient more easier to live with.

Carers fear if the G.H.H service was not available for them it would stretch them to 'breaking point' as they would find it difficult to deal with their loved one 24 hours a day 365 days a year and never mind the fact that the patient lives with the condition and is suffering and is dependent on the care and treatment provided within the G.H.H. Current primary and community care models in use do not have appropriate services in which to respond adequately in a crisis that could potentially develop, therefore as a result more patients will suffer an acute crisis and family and emotional breakdowns with associated financial issues that will increase the strain on already stretched emergency and social services.

It is widely accepted that current models of health care in place do not meet the needs of patients who are considered 'young chronic sick' who have a lifetime coping with their illness ahead of them and will need to be taught the skills in order to manage their condition effectively. These patients need to know how to access the care that they need quickly and need to know the signs of their illness so that they can effectively communicate with the practitioner in charge of their care. Treatment at the G.H.H is geared towards prevention, the majority of patients who attend the
unit have incurable conditions and therefore they will need on-going care. They are not going to be magically cured in a constricted and limited number of out-patient visits. They will need on-going care and assessment and the most effective and efficient treatment that is available from the best of conventional and holistic care thus providing integrative care, to ensure their condition is under its best control and the patients’ health is thus maximised as a result. Carers are also supported in this processes and in conjunction with the patient and the G.H.H staff a treatment plan is agreed upon that enables them to get to know the signs of when their 'loved one' will need an admission into the G.H.H in order to restore the equilibrium in their health.

The out of hours service provided at the hospital is reliable and trusted unlike the service patients have reported from NHS 24 or other units. Patients report that they are understood by caring staff who they can depend on if a crisis develops. This is the beauty of being a small unit where the retention of staff is better than other sectors of the NHS and patients and staff get to develop not just therapeutic relationships but also friendships. In a large setting like a General Hospital this connection is lost. Although the hospital may only treat 500 patients in any one year this is 500 people’s lives and their health ultimately has ramifications on those around them. These are some of the most vulnerable and ill patients in society who without the care given in the G.H.H would ultimately lead more miserable and painful lives, die through lack of effective medical care or will become so emotionally distressed because of their illness they will take their own lives.

Often when patients arrive at the G.H.H they have exhausted all conventional care units and are told no more can be done to assist them. They are told to go home and live with their condition but are not told or taught how to do this. In the G.H.H this is the priority, and patients are taught how to respond not only to their health problem and the signs that their bodies give them, but how to cope with the everyday assaults that life possess upon us. Life is difficult enough to deal with when you are healthy, valued and supported in a loving relationship. Patients with health problems often feel that the NHS is failing them but they keep having relapses of their condition which in turn puts stress on those around them that causes the situation to become more intense and difficult to cope with effectively.

The chronic sick can feel marginalised by society and this may cause employment issues which in turn will cause financial worries, and personal relationship issues and a whole ‘viscous circle’ then develops. This leads to poor diet, poor housing, inability to afford heating, prescription drugs, addiction to abusive substances and an inability to see ones way out the cog mire. The patient’s illness then becomes only one small part of their problems when initially it was their only problem. It is easy for patients to feel in this situation that they are overwhelmed, at the G.H.H they have the time to spend to help the patients untangle this web and they can then see a light at the end of their tunnel where previously there was only darkness, problems which often result in depression in responses to the circumstances not acute clinical depression. As patients are in extreme emotional distress this be wrongly diagnosed as a
psychiatric condition and some patients have experience of enduring years of being diagnosed wrongly and therefore end up draining already over stretched psychiatric services that also end up inadequately meeting even those who have a real and genuine psychiatric condition. However the G.H.H has treated many psychiatric patients who are referred to the unit because it is a calm and peaceful environment that promotes healing and the patients actually respond quicker to this method of effective treatment where they are given the appropriate psychological support along with holistic therapies, homoeopathic remedies and conventional drugs if appropriate which results in an integrative care treatment plan the minimises patient suffering and promotes healing. In the community these patients would not receive the appropriate social support from those around them so when they are in crisis they have to be admitted to the integrative care unit which is a more controlled and stable environment where the patient can really recuperate, so that when they are discharged they cope more effectively with their condition and with life in general.

This is a cost effective way to provide care where the emphasis is on ensuring the patients receive the maximum benefit from the minimum of interventions. This allows the body to balance and itself and tools such as biofeedback, meditation, relaxation are used to ensure that patients tune in to their bodies needs. The patient knows their body best it is the practitioner who through consultation with the patient decides what the most appropriate interventions are required. Often patients feel well enough to reduce the amount of conventional prescribed medication they require and the aim is to get the maximum therapeutic value from the minimum conventional prescribed medication as well as homoeopathic remedies and other therapies that help the patient to maximise their own healing. Responsibility is the key and patients need to know when and who to call for help.

The need for intensive physiotherapy is a core and essential part of the treatment that patients receive while attending the integrative care unit. The benefits of this intensive physiotherapy often allows the patient to reduce their pain control drugs and maximises their physical mobility and general health and well-being. Other para~medical staff in the unit such as dieticians teach the importance of good and effective nutrition in the maintenance of health and well~being. Occupational therapy staff ensure that patients have adequate aids, appliances and information on how to cope effectively in the community with a degenerative condition.

Greater Glasgow Health Board does not currently receive the financial costs for all the patients referred from other NHS Boards in Scotland and around the U.K. This is not however patients fault and the NHS the medical profession and the now popular 'Integrated Health Model' and patient choice being promoted and encouraged nationally by the government and health authorities alike, should not be penalised as a result of financial mismanagement. This will destroy everything that homoeopathy, holistic and now integrated care having been working towards for years and will put it back it the dark ages.
It should be recognised that this unit is forward thinking in its approach to patient care and suffering, the staff are highly trained in both conventional then study holistic complementary care. Patients know they are safe that they are not going to see an unregulated practitioner who may or may not assist to cure them while financially draining them at the same time. It is a model of care that G.G.H.B should be proud of and should be investing in as it could in turn save the health board substantial costs in the long term. If the patients who are currently being treated effectively in the G.H.H re-enter the conventional care system because the integrative health unit is abolished then this will symptomatically increase the financial demands of G.G.H.B and several other health boards who send significant numbers of patients to the integrative care unit and the out-patient service based within the G.H.H.

The money that G.G.H.B are saving is insignificant to their large budget if in-patient facilities were increased more patients could be treated more effectively. If the patient journey through the health service is costed this shows that the 'integrative care model' is a cost saver. Expansion of this service is definitely needed by other health boards as this would allow more G.G.H.B patients to be treated in the G.H.H. therefore saving the NHS and G.G.H.B even greater costs. If this model was allowed to flourish and grow and the unthinkable explored where the current medical model that is near to breaking point and patients were referred to clinics and centres using the G.H.H model at both an out-patient and in-patient level and complementary and holistic therapists work alongside medical practitioners, and patients only resort to costly conventional prescribed drugs when the more gentle, and cost effective holistic therapies and natural and homoeopathic remedies have failed to successfully assist their problems and disease.

The ambulance service needs to be consulted over the plan to move to a day care only facility as at present they cannot cope within the demands placed upon it by the working time directive. Patients travel from all over Scotland and cannot be driven by ambulance on a daily basis to this unit. The rural nature of Scotland and the fact that patients are travelling great distances, while also suffering from severe chronic illness necessitates the need for beds to be made available for these patients as they will be unable to travel in a daily basis. They have considerable personal care needs and a hotel bed would not be sufficient as they need nursing care from qualified and trained staff with full medical backup.

There is not adequate parking facilities within the hospital vicinity in order that an out-patient only service model could cope. There is no room for fleets of ambulances bring and taking away chronically sick patients to the unit. Patients are on limited financial means and cannot afford the cost of taxi fares to and from a day care unit. This money would very likely be reclaimed thus increasing the national welfare costs. Those patients who are fortunate to have car or someone to drive them to and from hospital will not have access to the large amount of disabled parking that will be needed to cope adequately with these patients care needs as
they have severe mobility restrictions that necessitate parking in close proximity to
the hospital building.

The patients fully appreciate that a facility such as this exists within the N.H.S. They
consider G.G.H.B as a forward thinking and progressive health board and though
they did not pay the cost of the building they have met the staffing and estates costs
which have ensured that Integrative care was made available to those patients who
needed it most. Who through no fault of their own became ill diagnosed with chronic
and incurable illness and disease that has debilitating physical and personal
consequences.

The therapies and treatments made available through this unique and innovative
hospital would be out of the financial reach of the majority of patients who attend this
unit if they were not available through the NHS. Many of these patients are unable to
work due to the debilitating nature of their disease, and even if they were it is highly
likely that an employer unless very sympathetic to their care needs would wish to
employ them in paid employment. Due to the nature of their illness and disease
many of these patients are unable to obtain mortgages to access suitable housing
appropriate to their needs and they depend on council and housing cooperatives
social housing that is often inadequate or in areas of social deprivation, which then
has a consequential effect on health. Patients living in damp housing, or in deprived
areas are more likely to suffer from chronic illness as a result of their environment.

Patients often find they are unable to get adequate health insurance that then
reduces their world further if they heed this and cannot travel further afield and enjoy
the same privileges as other healthy individuals. They may find that they are refused
loan protection on the grounds health condition and be turned down by companies
who refuse them life insurance. All these prejudices and inequalities result in patients
feeling disaffected and marginalised which has a knock on effect on their families
and the communities surrounding them and other consequences that can reach
further afield.

Patients are grateful that the NHS exists in this country and feel privileged to use it
and be treated with excellent and dedicated staff that they employ. However they
recognise that G.H.H is the best of the best and in proposing to close the integrative
care unit has caused patients, their carers, staff and supporters considerable and
unnecessary distress. This has involved patients seeking Parliamentary assistance
and travelling three times to the Scottish Parliament to get their views heard and
recognised by those in power. This resulted in over 70 MSPs, which is over half,
supporting motions lodged in the parliament and signing to support the in~patient
integrative care unit because they value the superior care that it provides and which
G.G.H.B to abandon it closure plans announce its retention. They have written letters
in their hundreds to anyone they think can help them the Health Board in the first
instance but their views were not adequately listened or responded to or this
disgraceful and short-sighted proposal would have been abandoned immediately.
The pre-consultation process was not handled effectively and this resulted in the press and media becoming involved to highlight the situation to the wider community and public at large. This resulted in over 20,000 petition signatures being collected that were presented to the health board by patients. Concerned patients and their carers have demonstrated outside the health board with a cross-party group of MSPs who were outraged at the health boards financial mismanagement and short-sighted plans as to the cost effectiveness of the care provided at this unit. If the monetary calculations had been carried out professionally costing the individual patient journey of each patient who accesses the health services of both primary, secondary and acute care then this unit would be invested in and expanded due to its financial prudence.

The need for the care and treatment provided in the Integrative care unit has never been greater. The increase in health spending is not being met by a resulting improvement in the health of the nation. Current conventional medical models are failing patients in ever increasing numbers and the dissatisfaction rate of the public with the care they are being provided is increasing. Contrary to this patients actually enjoy as best anyone can who is hospitalised their stay in the G.H.H they are more than satisfied with the care they receive and would recommend this way of treatment to family and friends. Their wish is that other parts of the health service and N.H.S could be like this and the model so expertly put together should not be dismantled but should be used to inspire medical, para-medical, government and public thinking how disease and ill health are treated.