

Greater Glasgow NHS Board

Board Meeting

Tuesday 20th July 2004

Board Paper No. 2004/40

Director of Planning and Community Care

Homeopathic Inpatient Services: Update

Recommendation:

- The Board note progress on the review of homeopathy services.

A. BACKGROUND AND PURPOSE

- 1.1 In setting financial allocations for 2004/05 the Board faced a substantial resource challenge, which it agreed would be addressed by a Corporate Recovery Plan, to achieve a return to financial balance. The recovery plan includes a series of significant service reviews covering a wide range of Greater Glasgow NHS Board's functions and services. A summary of the elements of the Corporate Recovery Plan formed part of the Local health Plan update approved by the Board in April 2004. Our objective continues to be to maximise savings from non clinical services but also recognising that a number of clinical services will also be subject to scrutiny and that the Board would consider what further processes of engagement and consultation would be required for any resulting service changes. We have to provide services within our available resources and that will, inevitably, mean change and reprioritisation.
- 1.2 The purpose of this paper is to update the Board on one element of that programme of service scrutiny, a review of the inpatient homeopathic service, which is being led by the North Glasgow Division.

B. PROPOSED FURTHER WORK

- 2.1 It is proposed that the work on reviewing the service, outlined in the attached paper, continues to a conclusion, in order to bring a further report to the Board that would then enable the Board to reach a decision on whether we wish to make changes to the service which would require public engagement and consultation and, if so, what form such engagement and consultation should take.



**REVIEW OF THE FUTURE ORGANISATION OF HOMOEOPATHY
SERVICE IN GREATER GLASGOW**

NORTH GLASGOW DIVISION

JULY 2004

1. Introduction

The purpose of this paper is to set out progress to date in reviewing services provided in the Glasgow Homoeopathic Hospital and set out potential approaches to redesigning services to ensure that homoeopathic services are provided in the optimum way to maximise efficiency, effectiveness and quality. The paper proposes a potential redesign of the service with improved access to specialist advice and treatment.

1.1 Reason for the review

NHS Greater Glasgow has had to review its spending levels and make efficiencies. The North Glasgow Division has a responsibility to scrutinise the services it provides and bring forward proposals for change which reduce costs while maintaining clinical care. One way of achieving this is a shift from inpatient to day care provision. This is already happening in many specialties such as ophthalmology and dermatology, providing more effective care and at the same time allowing patients the additional benefit of getting home after treatment.

Elsewhere in the UK homoeopathic services are provided on an outpatient basis, the necessity for patients to stay in hospital having been overcome. This demonstrates that homoeopathic care can be delivered in a different way and that the model of care in Glasgow may be less well developed than homoeopathic services provided in other centres.

This initial review has also concluded that a redesign of the current service could deliver shorter waiting times, quicker access to homoeopathic advice and treatment, specialist consultant opinion and better choice for patients with option of day or evening clinics.

2. The case for change

A number of issues contribute to the case for change:

- ❑ Over 70% of the Homoeopathic Hospital's patients are admitted with psychiatric distress and 41% with uncontrolled pain; there already exist specialist staff and facilities elsewhere within the NHS for these groups of patients.
- ❑ It is widely recognised that chronic conditions – typical of many of the patients currently admitted to the Homoeopathic Hospital - are better managed at home or in the community. When these patients become acutely ill, they receive treatment in an acute hospital setting.
- ❑ Current maximum waiting times for access vary widely with some patients being required to wait over 2 years to access the service.
- ❑ Other centres, including Bristol and The Royal London, which previously had inpatient beds have already moved to an outpatient/day case only model.
- ❑ Currently 95% of patient activity at the Glasgow Homoeopathic Hospital is provided on an outpatient basis.

3. Existing provision in Homoeopathy

The Homoeopathic Hospital provides a holistic, person-centred approach to the treatment of a range of chronic conditions, including low back pain, rheumatoid arthritis and multiple sclerosis. Appendix 1 shows the top 20 inpatient episodes by diagnosis. Many inpatients have multiple diagnoses with over 70% suffering from psychiatric distress and 41% from uncontrolled pain.

In addition to conventional medical practice, approaches used include Homoeopathy, Acupuncture, and Physical therapies including Manipulation, Neural therapy, 'Mind-Body' approaches (such as Relaxation Training/Hypnosis), Artistic/Self-expression work, Massage, Electro Stimulation Therapy, Counselling, Autogenic Therapy, Iscador Treatment, Bowen therapy and Dietary/Nutritional advice.

Underpinning most of the therapeutic interactions at the hospital is the particular style of consultation, which is informed by the Homoeopathic & other Holistic methods. This allows a deep understanding of the patient's situation and suffering to be reached.

3.1 Outpatient Service

There are currently 53 outpatient clinics each week, located in the hospital and at network clinics at locations throughout Central Scotland. The network clinics are held in Baillieston, Coatbridge, Carluke, Hairmyres, Strathclyde Hospital, Stirling and St John's Livingston. A weekly clinic also operates in the Western Infirmary and in the Royal Hospital for Sick Children. Current maximum waiting times for access vary widely with some patients being required to wait over 2 years to access the service (See Appendix 2).

On average, clinics have appointment slots for up to seven patients – one new patient and six returns.

The overall referral rate to the outpatient service has risen substantially over recent years, peaking at 200 new outpatient referrals per month with the number of referrals received exceeding available appointments by 100%.

Because of the demand for homoeopathic outpatient appointments, during 2002, NHS Greater Glasgow ran an initiative to address lengthy outpatient waiting times and improve access to the service. Discharged patients or patients for whom treatment is complete are returned to their GP, referring consultant and/or discharged with no further medical follow-up.

During 2003/2004, this initiative was repeated resulting in a further reduction of the waiting list.

Current new referrals are between 100-120 per month.

3.1.1 Outpatient Activity

Table 1 at Appendix 3 demonstrates the growth rate in new outpatient attendances. Using 97/98 as the base year there has been an increase of 922 new patients in 03/04 representing a 90% increase. This trend highlights the rise in demand for outpatient Homoeopathy services. Table 2 demonstrates a 238% increase in the numbers of return outpatient attendances over the same period.

3.2 Inpatient Service

Inpatient services operate out of 15 beds that reduce to 7 beds at weekends. Patients with acute flares of chronic disease (e.g., pain management, mental health crises, MS relapses, arthritis) are currently admitted to these beds. There is occasional terminal care.

3.2.1 Inpatient Activity

Inpatient numbers have remained constant, despite the reduction in beds. Appendix 4 provides the number of new inpatient attendances by Board for the period 1997/98 to 2003/94.

3.3 Staffing

The service operates with a range of mainly medical staff in the outpatient department and nursing, medical and Allied Health Professional staff in the inpatient department (Appendix 5). All medical staff, apart from the SHOs, have completed post-graduate training in homoeopathy and have attained Membership of the Faculty of Homoeopathy (MFHom), with many having Accreditation in Homoeopathy.

The majority of the Outpatient Practitioners and Hospital Practitioners are GP Principals, working part-time within Homoeopathy. In addition many of the nursing staff have completed additional training in Homoeopathy. At present one of the consultants and one of the Associate Specialists hours are split between NHS and Academic work, with the Academic portion being paid from a Homoeopathy Endowment Fund.

3.4 Academic Component/Education Facility

In addition to orthodox skills and advanced homoeopathy, Glasgow Homoeopathic staff have a range of specialist skills enabling the Hospital to provide additional specialist services (Appendix 6).

4. A Potential Service Model

The potential service would continue to be based at the Homoeopathic Hospital and would be provided using a holistic, person-centred approach but would not include inpatient beds.

By re-allocating the current inpatient medical staff and introducing nurse and Allied Health Professional services, we could redesign the Homoeopathic Outpatient Service. We could introduce daily assessment clinics at which new outpatient referrals will be allocated to the correct professional and commence the relevant 'Package of Care'. This would result in greatly reduced waiting lists, with patients being seen and started on appropriate treatment within the 26-week national target.

Under this proposal, homoeopathic patients requiring an inpatient stay would be admitted to an acute bed within one of Glasgow's hospitals. This could encourage the development and integration of the holistic, person-centred approach within mainstream medicine whilst at the same time ensure that acutely unwell patients have full access to appropriate medical and diagnostic support.

As part of this review, we are looking to improve access to specialist advice and treatment through the establishment of an assessment clinic provided on a daily basis (Monday to Friday) and introducing additional day and evening clinics. This would allow an increased number of patients to benefit from the Homoeopathic Hospital's person-centred approach and at the same time achieve a reduction in outpatient waiting times and meet the 26-week target for new outpatient appointments for all clinics.

In this way, access to specialist Homoeopathic consultants, nurses and Allied Health Professionals could be optimised.

The service would continue to act as a major UK department for doctor training through its post-graduate centre and would contribute to clinical research.

5. Improving services for patients

The enhanced homoeopathic service outlined above could produce greater access in the following areas: -

- ❑ Shorter Waiting Times
- ❑ Quicker access to homoeopathic advice and treatment
- ❑ Specialist consultant opinion
- ❑ Better choice for patients with option of day or evening clinics
- ❑ Acute inpatient care provided in acute hospital with appropriate back up

The new model could ensure that appropriate care is delivered for patients referred to Glasgow's Homoeopathic Hospital. At the same time, it will reduce the current excessive waiting times for the service, achieve the 26-week target and sustain improved access.

6. Impact on Resources

6.1 Current Costs

It costs £1.3million per annum to run the Glasgow Homoeopathic Hospital. This includes all staffing costs, estates and building running costs, and the provision of inpatient and outpatient care.

6.2 Financial Impact of the new model of care

The resources required to staff the proposed additional clinics would cost £118k. This would be funded from £448k savings generated from the closure of the hospital's 15 inpatient beds. This includes additional nursing and Allied Health Professional staffing. As the medical staffing for the additional clinics would be redeployed from inpatient to outpatient care, there would be no additional medical staffing costs.

This reinvestment would allow the provision of daily assessment clinics, additional specialist clinics and Allied Health Professional clinics, all reducing waiting lists and achieving the national target for outpatient appointments within 26 weeks.

It should also be noted that the reinvestment in the outpatient service and the releasing of clinical time would avoid a necessary investment of £150k which would otherwise be required to meet the 26-week guarantee.

The financial benefits can therefore be summarised as follows.

Savings from closure of inpatient beds	£448K
Re investment in outpatient service	£118K
Net Savings	£330K
Avoidance of Waiting List Guarantee Cost	£150K
Total Financial Benefit	£480K

6.3 Staff Redeployment

As a result of this proposed change, staff would suffer no detriment to current terms and conditions of service, including income and earning levels, which will be fully protected should staff be required to change job, responsibilities, location or hours of working.

6.4 Endowment Funding

Homoeopathy Endowments can be traced back to a public fund raising effort in the 1930's to provide a new homoeopathic hospital. The New Homoeopathic Hospital Fund was established in 1974 and the New Homoeopathic Hospital as it exists today, was built in 1999. The New Homoeopathic Hospital Endowment Fund contributed the total capital and building cost of £2,780,189.

In the 1974 agreement, the provision was that the building could only be used for something else if the demand for homoeopathic treatments had diminished to such an extent that the provision of homoeopathic facilities could no longer be justified. Until such time as a final decision is taken on the new model of care, no alternative use is planned for the inpatient ward.

7. Further Issues for Review

We need to develop and test this potential service model further, particularly in relation to care pathways for the main conditions at Appendix One and also through review in more detail of the organisation of services in other centres and the relationships between other Glasgow services and homeopathy.

Appendix 1

Homeopathy Inpatient Episodes By Diagnosis

Primary Diagnosis	99/00	00/01	01/02	02/03	03/04
Multiple Sclerosis	59	59	71	79	87
Back pain	28	51	59	62	53
Low back pain	32	38	45	35	40
Rheumatoid Arthritis	37	31	28	28	36
Cancer	23	32	42	39	20
Joint pains	32	29	25	28	23
Post-viral Fatigue Syndrome	19	42	38	14	22
Rheumatism	10	12	17	16	25
Depressive Episode	7	9	12	13	11
Other & unspecified abdominal pain	11	8	9	12	6
Headache	6	10	11	8	10
Pain in Joint	5	13	7	6	12
Chronic Pain	13	6	5	9	8
Osteoporosis	8	5	7	9	7
Joint damage	9	5	2	6	3
Polyneuropathy	2	1	4	5	6
Insulin dependent diabetes without complications	5	0	3	5	5
Pain in Limb	4	3	2	3	5
Anxiety Disorder	3	2	6	2	3
Neck pain	3	6	1	5	1
Others with less than 15 episodes per diagnosis	142	154	131	88	109
Totals	458	516	525	472	492

Note:

Many patients have multiple diagnoses.

Over 70% of GHH patients have psychiatric distress, which is not reflected in the initial diagnosis table.

41% of GHH patients suffer from uncontrolled pain.

Appendix 2

Outpatient waiting list at 9th June 2004

CLINIC	Number of Referrals Appointed	Number of Referrals Waiting to be Appointed	Total Number of referrals	Weeks Waited
Baillieston	0	12	12	27
Coatbridge	0	16	16	18
Hairmyres	0	17	17	125
Lanark	0	15	15	30
Stirling	0	13	13	19
Strathclyde	0	21	21	26
Acupuncture	0	18	18	30
Massage	0	3	3	6
Allergy	2	10	12	56
GHH	183	173	356	10
Totals	185	298	483	-

Others in all of the above the Activity Tables refers to the following Health Board Areas – South Lanarkshire; East Norfolk; Rotherham; North Cheshire; Somerset; County Durham; Newcastle & North Tyneside; North Cumbria; Northumberland; Eastern Health & Social Services Board Northern Ireland*

Appendix 3

Table 1

New outpatient attendances

HB	97/98	98/99	99/00	00/01	01/02	02/03	03/04
Ayrshire & Arran	55	74	93	96	67	61	62
Argyll & Clyde	148	178	198	234	173	200	265
Fife	24	20	27	27	13	9	13
Glasgow	500	774	873	991	796	777	1090
Highland	18	25	15	6	3	7	14
Lanarkshire	177	206	321	316	289	273	348
Grampian	26	25	34	6	2	3	3
Lothian	9	8	15	15	9	15	19
Tayside	5	7	7	12	5	7	11
Forth Valley	32	57	100	132	104	103	78
Western Isles	2	4	5	4	5	4	5
Dumfries & Galloway	15	16	15	24	20	13	14
Others*	10	14	21	9	10	29	21
TOTAL	1021	1408	1724	1872	1496	1501	1943

Table 2

Return outpatient attendances

HB	97/98	98/99	99/00	00/01	01/02	02/03	03/04
Ayrshire & Arran	154	354	406	407	416	358	339
Argyll & Clyde	298	714	867	992	1011	941	1079
Borders	4	6	3	11	4	12	12
Fife	33	89	88	83	73	45	72
Glasgow	1175	2723	3049	3192	3285	3185	3846
Highland	32	101	116	81	81	48	63
Lanarkshire	224	537	605	569	541	524	1175
Grampian	23	41	23	22	14	10	9
Lothian	59	112	118	114	98	114	101
Orkney	0	0	0	0	3	4	0
Tayside	13	31	32	35	31	17	33
Forth Valley	83	178	201	228	263	252	385
Western Isles	7	15	17	19	12	24	22
Dumfries & Galloway	26	89	94	101	81	78	78
Others*	22	39	37	50	59	70	74
Shetland	3	11	5	8	4	7	9
TOTAL	2156	5040	5661	5912	5976	5689	7297

Others in the above Activity Table refers to the following Health Board Areas – South Lanarkshire; East Norfolk; Rotherham; North Cheshire; Somerset; County Durham; Newcastle & North Tyneside; North Cumbria; Northumberland; Eastern Health & Social Services Board Northern Ireland*

Appendix 4

New Inpatient Attendances

HB	97/98	98/99	99/00	00/01	01/02	02/03	03/04
Ayrshire & Arran	39	20	25	35	18	21	20
Argyll & Clyde	78	61	73	71	80	72	93
Fife	20	14	13	17	8	8	7
Glasgow	226	200	198	227	245	227	222
Highland	14	5	7	11	6	12	11
Lanarkshire	51	72	59	61	60	47	69
Grampian	29	13	14	22	16	11	11
Lothian	22	22	21	15	22	25	14
Tayside	8	4	7	7	17	9	9
Forth Valley	23	19	20	20	26	17	14
Western Isles	7	5	1	3	2	2	4
Dumfries & Galloway	14	15	10	12	13	12	10
Others*	11	0	6	15	12	9	8
TOTAL	543	450	458	516	525	472	492

Others in the above Activity Table refers to the following Health Board Areas – South Lanarkshire; East Norfolk; Rotherham; North Cheshire; Somerset; County Durham; Newcastle & North Tyneside; North Cumbria; Northumberland; Eastern Health & Social Services Board Northern Ireland*

Appendix 5

Glasgow Homoeopathic Hospital Staffing Numbers

	Wte
Medical Staff	
Consultant	1.64
Associate Specialist	1.31
Specialist Registrar	1.00
Hospital Practitioner	1.32
Practitioner	1.63
SHO	2.00
Nursing Staff	
G grade	1.52
F grade	1.00
E grade	4.52
D grade	5.04
A grade	4.36
AHP's	
Physiotherapist	1.30
Physio Helper	0.5
Occupational Therapist	0.40
Massage Therapist	0.27
A & C Staff	
Grade 4	1.44
Grade 3	1.00
Grade 2/3	3.23
Total	33.84

Appendix 6

Homeopathy Staff Specialist Skills

In addition to orthodox skills and advanced homoeopathy Glasgow Homoeopathic Hospital provides the following specialist skills:

Headache management
Iscador use in cancer (treatment made from mistletoe)
Therapeutic relationship and consultation (including psychosomatics)
Mind/body medicine
Auricular acupuncture
Heart math (psychological coherence training)
Hypnoanalysis
Herbalism (selected)
Chronic Pain Management (physical and emotional)
Nutrition
Integrative care
Therapeutic art
Counselling Skills
EAP – Electro Acupuncture
EST – Electro Stimulation Therapy
Autogenic relaxation
Reflexology
Instruction for patients on Iscador treatment
Trained to advanced level in medical acupuncture
Pilates tutor
Member of Society of Orthopaedic Medicine (manipulation techniques)
Palliative Care/Management
Therapeutic massage
Bowen Therapy (a breathing remedy for asthma patients)

Out Patients in addition to medical homoeopathy:

Specialist Allergy Clinic
Nurse-led Homoeopathic Clinic
Physio-led Acupuncture Clinic

Day care: blends all the above elements