Greater Glasgow NHS Board

Board Meeting
Tuesday 17th May 2005 **Board Paper No. 05/41**

Director of Planning and Community Care

FUTURE OF INPATIENT HOMEOPATHIC SERVICES

Recommendation: The Board is asked:-

- to note the outcome of the review of inpatient homeopathic services.
- to confirm the conclusion that we should seek delivery of the waiting time guarantees within current resources.
- to endorse the conclusion we should **not** proceed to consultation on the closure of the inpatient service.

A. Background and Purpose

In developing its Local Health Plan for 2004/05 the Board had a substantial gap between available resources and demands for funding driven by a number of factors, including:-

- Addressing Trust deficits;
- Honouring Local Health Plan commitments;
- Inflation costs above the increase in our allocation; and
- Costs of delivering national priorities including waiting times.

In order to meet our responsibilities to remain within the financial allocation the Board triggered a review of all of its spending programmes to enable the development of a corporate recovery programme delivering a return to financial balance. One of the proposals put to the Corporate Management Team by the North Glasgow Division was that there should be consideration of the potential to redesign the homeopathic hospital service into a day and outpatient service only.

This paper brings to the Board the outcome of the review, which began in the summer of 2004 following initial consideration at the July 2004 Board meeting. That final part of this review has been undertaken as a joint endeavour between clinical staff, the Division's management and patients. The full report is attached to this paper.

B. Summary and Conclusion

350 patients a year are admitted to the integrative care centre at Glasgow Homoeopathic Hospital. It is clear that both the homoeopathic clinicians and the patients take the view that this integrative care service - which has had success with a group of patients whose needs have not been met by conventional medicine – can only be fully realised with access to dedicated inpatient beds.

This is, however, a unique model of care in the UK with all the other centres having moved in recent years to an outpatient only model of homoeopathy.

In a difficult financial climate, it was therefore legitimate to question whether the Glasgow centre might operate more cost-effectively without dedicated inpatient beds.

The detailed review paper sets out the reasons for considering the closure of the beds and describes an alternative model of care based on an outpatient and day care services. The paper also articulates the possible consequences of removing the inpatient beds from the present model of care. The paper concludes that, in current financial environment, there is a clear choice; either continue to fund this unique service and look elsewhere to make recurrent savings or acknowledge that an outpatient homoeopathy model, which is provided elsewhere in the UK, is acceptable and agree to close the beds.

There are a number of points, which inform our recommendations that we do not proceed to consult on closing the inpatient service. These include:

- It is acknowledged that these patients have particular needs which we cannot confidently meet through remaining NHS services in Greater Glasgow and who would be directly disadvantaged by the withdrawal of a service to which they presently have access.

- The above may lead us to apply a differential judgement to an existing service to threshold of appraisal we might apply to a new service proposition.

- While this model is not provided anywhere else in the UK the Board has listened to the views of patients, elected members and homoeopathic clinicians in Glasgow and in other centres and has accepted that the inpatient service offers a valid and important model of care.

- The saving to NHSGG would be around £250k. This recognises that patients from other West of Scotland Boards and beyond represent around 45% of the workload of the hospital. This sum will have to be found elsewhere if this proposal does not proceed, against which we need to weigh these other conclusions and the management and clinical effort, which would be required to manage a major consultation exercise on this proposal. In addition, that level of saving assumes there are no additional costs to provide care for the present patients in any other part of the NHS.

- There is no consensus among the West of Scotland Boards who contribute to the funding of this service that it should close. There is no possibility of other Boards taking an active role in promoting a single agreed West of Scotland consultation proposal for what is effectively a regional service.

- The building was purpose designed and built and charitably provided – it is not certain it could easily be re designated and made available for any other purpose.

However, in reaching these conclusions it is also recommended that we cap spending on this service at the present level – that will require national waiting time targets to be met within the current resources through service redesign and prioritisation. In this way, the Homoeopathic Service will contribute a level of efficiency gain which will support the delivery of the Board's local health plan objectives.

NORTH GLASGOW DIVISION REVIEW ATTACHMENT 1

Review of Glasgow Homeopathic Hospital Inpatient Service

1. Background and Introduction

In April 2004, NHS Greater Glasgow announced a major spending review to prioritise resources and to bring the city's health system back into financial balance. Although NHS Greater Glasgow would be spending 6% more on the city's health services in 2004/05 than was spent in the previous year, various new demands on our funding had arisen which, taken together with the costs of running our services as currently arranged, meant that there was a significant multi-million pound deficit. This position clearly could not be sustained and NHS Greater Glasgow therefore embarked upon a spending review of all its services to identify savings.

One of a number of areas put forward for consideration by North Glasgow Division was a proposal to close the inpatient beds in the Glasgow Homoeopathic Hospital. The Glasgow Homoeopathic Hospital was suggested as an area for review because of its unique status as an inpatient service in the UK. Whereas the Glasgow Homoeopathic Hospital has fifteen dedicated inpatient beds, the other three NHS centres of homoeopathic care operate without any dedicated beds. On this basis, it could be assumed that the costs of the Glasgow service would be higher than elsewhere. Within the current financial context, it was therefore legitimate to question whether the Glasgow centre might operate more cost-effectively without dedicated inpatient beds.

A process of review was begun in the summer of 2004 with managers and clinical staff from the hospital working together to develop a paper describing the current service. The staff of the hospital, however, declined to work with management on a proposal for an outpatient-only model. A paper was therefore taken to the July 2004 Board meeting which included a summary of the joint paper and a proposal for an outpatient-only model of service which had not been agreed with the staff. The staff of the hospital, and some of the patients who had formed a campaign group opposing the withdrawal of dedicated inpatient beds, did not agree with aspects of this paper.

At the time, further information was sought from the Board, including a legal view on the future use of the hospital and quality outcomes of the inpatient service. Board members also wanted to visit the hospital to meet staff and patients. It was agreed that a further paper would be brought back to the Board once these areas of work were complete.

In taking forward these further pieces of work and refining the paper on the review, North Glasgow Division have remained keen that clinical staff from the hospital and patients might be involved so that agreement might be reached on the accuracy of the paper if not on the proposal itself. Representatives from North Glasgow Division were invited to a meeting with Homoeopathic Hospital patients and carers in August 2004. More recently, a series of meetings have taken place between representatives from management, the hospital and the patient campaign group to contribute to a revised paper and to jointly consider the consequence of moving to an outpatient-only model.

The product of these discussions is set out in the following paper which addresses the current service model within the Homoeopathic Hospital, the reason for proposing the closure of the beds, an alternative model of care based on an outpatient and day care service and the possible consequences of removing the inpatient beds.

2. Current Service Models

2.1 Centre for Integrative Care

Glasgow Homoeopathy Hospital serves as a Centre for Integrative Care. The skills of an inter-professional team - medical, nursing, physiotherapy and occupational therapy - combine to assess the best approach addressing both the complaint and its impact on the patient and also the need or otherwise for complementary and/or orthodox treatments. 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.

Dr David Reilly, Consultant at the Homoeopathic Hospital, defines the central values of the Integrative Care Model as[1]

[1] Extract from Appendix 6 full submission from Dr David Reilly

1. Understanding via: Holism – including bio-psychosocial models and emerging mind-body sciences (like psychoneuroimmunology) – 'the scope of general practice with the intensity of secondary care'.
2. Caring via: Therapeutic Alliance & Therapeutic Encounter & Therapeutic Process.
3. Aim: Empowerment of patient capacity and self-care given emphasis over interventions. 'Curing when possible, healing when not'.
4. Conditions: Study of built-in healing potential and conditions, which modify it. E.g.: the GHH won the current Dynamic Place Award for Scotland 2004 for setting a new gold standard of health care healing environment.
5. Interventions: If external interventions or treatments used – wide ranging, bridging orthodox and complementary approaches, with non-addictive, non-toxic and cheaper used first (so in practice this is often Complementary Medicines such as homoeopathy, acupuncture etc).
6. Fully inclusive of orthodox model – no competition or fragmentation generated – use of safest, most effective and appropriate care. All key practitioners are conventionally trained.

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. A whole person approach is central; with a focus on enablement of the patient's own capacity for healing and coping. If needed, a full range of conventional specialist opinions and investigations is available through the North Glasgow Division.

Glasgow 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 emotional and psychological distress and 41% from uncontrolled pain[2].

Glasgow Homoeopathic Hospital also provides a new model of care for patients with complex and chronic conditions based on the principles of holistic, integrative, and patient-centred care, dealing with some of the limitations of conventional care, such as the over-reliance on pharmacological treatment, and brief and specialised health care consultations.

2.2 Current Outpatient Service

Most patients are referred to Glasgow Homoeopathic Hospital because orthodox care programmes had been unable to meet patient needs and half as a first choice from GP and consultant colleagues in a variety of specialties (e.g. General Medicine, Rheumatology, Gastroenterology, Infectious Disease, Neurology, Pain Clinic, Oncology, Diabetes Service, Gynaecology, Paediatrics and Psychiatry). The patient via their GP initiates 50% of referrals in outpatients.

Patient referrals are vetted by one of the consultants and patients are allocated to an outpatient clinic where they will receive the appropriate treatment for their condition (from the list of treatments set out above). Currently patients have no packages of care and their outpatient attendances may therefore be open-ended but there is a tradition (formerly a formal process) of reviewing the care in packages of eight visits.

Within the Homoeopathic Hospital a total of 32 outpatient clinics are held weekly, four of those in the evening. In addition to these 32 sessions, a further ten sessions are provided by network clinics.

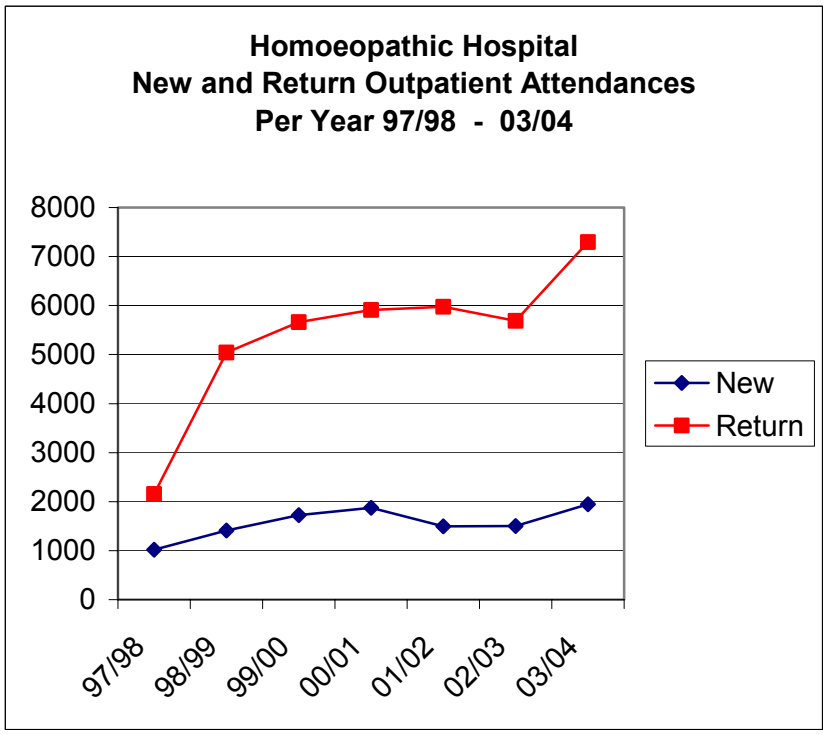
On average, seven patients are seen per doctor or nurse-led clinic. This divides into one new patient appointment, which takes 45 minutes to 1 hour, and six return appointments, which take 15 minutes per patient. Patterns may vary for different clinics dependent on the frequency of each and the nature of the patient's problems.

Approximately 350 patients are seen each week. New patient appointments are dependent upon the consultant vetting and range from 'soon' being immediate to within 6 weeks, within 3 months and within 6 months. In addition massage and acupuncture clinics are carried out by Allied Health Professions.

[2] Results from audits of patients, 1993 & 1998

There has been a significant growth in the number of new and return outpatient attendances at the Glasgow Homoeopathic Hospital during the past six years, which is exhibited in Table 1 below. The exact patient attendance numbers are provided in Appendix 2.

Table 1



On average 163 new outpatients and 607 return outpatients attend the Glasgow Homoeopathic Hospital per month. The 'Did Not Attend' (DNA) rates for the outpatient service for the same time period were 15% for new and 14% for return patients appointments, which is a similar picture to other services.

As at 1st March 2005 there were 474 patients waiting to be seen at a new outpatient consultative clinic. In total 464 of these patients had been waiting less than 26 weeks with 9 waiting in excess of 26 weeks on the Outpatient waiting lists for either the Glasgow Homoeopathic Hospital or a network clinic.

2.3 Current Inpatient Service

The inpatient service provided by the Glasgow Homoeopathic Hospital is unique. Patients often emphasise its importance and their dependence upon it to calm and strengthen them particularly in dealing with crisis situations. Inpatient services operate out of 15 beds and focus on patients with complex problems not making adequate progress with conventional care, Glasgow Homoeopathic Hospital outpatient care or day care or at the Network Clinics.

Patients are either admitted for the first time to an inpatient bed following attendance at a homoeopathic outpatient clinic or are admitted directly following requests from GPs, consultants and specialist nurses. Nursing and medical staff assess new inpatients, goals and care plans are set, treatment commenced and continued in the community upon leaving the hospital. Subsequent inpatient admissions are arranged by the consultant, according to the patient's care plan. Patients for re-admission are put back on the waiting list for a review and are sent a letter to confirm their admission date nearer the time. There are a few exceptions to this in circumstances when a patient is facing a crisis. In these cases the patient phones the consultant or a ward nurse to discuss their condition and a clinical decision may be made by the consultant to admit the patient urgently. During follow-up admissions, patients are re-assessed and receive treatment as per their care plan.

Acute admissions (so long as intensive care or surgery are not indicated) and semi-acute admissions mostly cover acute flares of chronic disease (e.g., pain management, mental health crises, MS relapses, arthritis etc.). There is occasional terminal care.

All 15 inpatient beds are open from Monday morning to Friday evening, and reduce to seven inpatient beds over the weekend. This followed on from a previous planned closure of the beds at weekends and in order to keep them open for seven days the hospital staff reluctantly accepted a reduction in weekend beds.

On an intermediate basis patients may be cared for as either a ward attender or day case. This is a step between outpatient and inpatient care.

Whilst there has been significant growth in patient activity related to new and return outpatient numbers, inpatient numbers have remained constant despite the reduction in beds. Table 2 provides a breakdown of new inpatient numbers by diagnosis from 1999/2000 to 2003/2004.

Table 2

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

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

Glasgow Homoeopathic Hospital provides a unique and innovative model of whole-person care which has been shown to substantially help some patients with complex chronic problems for which conventional approaches have not met the needs of patients or cannot be tolerated (such as poorly controlled chronic pain, multiple sclerosis, chronic fatigue/ME, asthma, arthritis and palliative care challenges). Many also have mental health problems, are in psychological breakdowns, and have underlying past trauma and abuse issues. Glasgow Homoeopathic Hospital provides a multi-disciplinary integrative care team approach to help patients – and audits show that this results in real progress for people where all else has been failing. Table 3 below, updated in June 2004, combines two audits each of 100 inpatients (from 1993+1997) Ref: Review of Integrative Care Inpatient Unit at Glasgow Homoeopathic Hospital.

Table 3

SUMMARY FROM AUDITS OF 200 IN PATIENTS AT GHH
AT PRESENTATION*:*
100% had already had conventional care
97% had seen a Consultant for the problem
85% rated the problem as causing major disruption to daily living
67% had previously needed hospitalisation for the problem

At a range of 3 -6 months after treatment (94% response rate):
CLINICAL OUTCOME
73% useful i.e. "enough to change daily life" improvement in presenting

complaint
70% useful i.e. "enough to change daily life" improvement in general mood and well-being.

IMPACT ON CONVENTIONAL CARE:
41% reported less consultations with their GP.
41% reported decreased use of conventional medication
53% reported fewer admissions to hospital
39% reported less outpatient/ambulatory visits

Mercer SW, et al. FACT 1998; 3(4): 190. Lewith G et al. NHS Yearbook 1999 Pages 46-48 & NHS Doctor and Commissioning GP. Summer 98:50-52.

The service operates with a range of mainly medical staff in the outpatient department and nursing, medical and AHP staff in the inpatient department, see Appendix 3. 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 Principles, working part-time within Homoeopathy. In addition many of the nursing staff have completed additional training in Homoeopathy. It should be noted that there is a very low turnover of staff within Glasgow Homoeopathic Hospital with little difficulty in recruiting to posts when required. 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.
In addition to orthodox skills and advanced homoeopathy, Glasgow Homoeopathic Hospital staff has a range of specialist skills enabling the hospital to provide additional specialist services, Appendix 4. Appendix 5 gives a few examples of innovation and contributions from the ADHOM Academic Departments.

3. Why consider an outpatient-only model

Whilst the value of the inpatient service is clearly recognised by its patients, its unique status as the only inpatient centre for homoeopathy within the UK makes it a suitable area for scrutiny as part of a review of all spending. There is no suggestion that the Glasgow Homoeopathic Hospital lags behind the other centres by using inpatient beds - indeed there is evidence that at least one other centre makes occasional use of acute beds to treat patients. It is instead a question of the use of expensive dedicated beds for homoeopathy at a time when there are competing demands on NHS funding and when it is necessary to prioritise existing resources in order to make significant savings.

Within this challenging environment, where NHS Greater Glasgow has to make choices about service priorities, some senior doctors are questioning why investment should continue to be made in the homoeopathy service where in their view there is little systematic evidence of efficacy rather than supporting those services where objective scientific evidence has shown benefits to patients. (It should be noted that staff of the Glasgow Homoeopathic Hospital counter that there have been over 200 controlled trials and four meta-analyses showing on balance efficacy of homoeopathy, that much of acute care lacks explicit evidence of value and homoeopathy is only one modality within the hospital.)

As part of the review, information was sought from the other two main centres of Bristol and London as to how they were able to provide a service without dedicated inpatient beds.

Bristol does not provide the full range of therapies that could be available with an inpatient unit. David Spence, Clinical Director at Bristol Homeopathic Hospital explains "… the integrative approach of Glasgow is far more wide-ranging than that offered by the other homeopathic hospitals and can only be achieved through the inpatient unit. The sort of inpatient work that is done at GHH is unique and enables clinical problems to be tackled which are otherwise unmet in the NHS and certainly cannot be met in the same effective way on an outpatient basis."

Peter Fisher, Clinical Director of the Royal London Homoeopathic Hospital comments, " At the RLHH the ability to admit patients either to traditional or hotel beds is very important. If self-caring we admit to a nearby hotel.

Because of the nature of their needs patients who are admitted to traditional beds are nursed during the day by our own nurses, attempts to use nurses from the National Hospital for Neurology were unsuccessful. For the last two years admissions have been increasing and the service is likely to expand further, particularly through the introduction of integrated packages of care for specific groups of conditions such as pain." In the past year, the hospital has made use of general medical beds on five occasions and has not made use of hotel beds. It should also be noted that a redevelopment of the Royal London Homoeopathic Hospital is well underway at a cost of £18.5 million; no beds have been commissioned as part of this major capital development.

The full statements from the two hospitals are attached at Appendix 6.

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. Health Boards do not provide any funding specifically identified as relating to Homoeopathy. Funding for homoeopathy services is instead, like most specialties, obtained from block monies from individual Health Boards.

Closure of the inpatient ward would potentially save £420k per year (see Table 4). There is currently 15.98 wte nursing staff employed within the Homoeopathy Inpatient area. If the inpatient beds were closed, 1 wte nursing post would transfer to the Homoeopathy Outpatient Service and the other 14.98-wte staff would be redeployed into vacant posts elsewhere in NHSGG saving £369,812. The inpatient pharmacy budget of £51,956 covers conventional and Homoeopathic medicines. If the inpatient beds close there is a potential saving of £22,930, the amount spent on conventional medicines. The remaining £29,026 spent on homoeopathic medicines would remain to cover the increased pharmacy costs of the outpatient service. The Estates and Building Expenses of £40,200 are for the entire Homoeopathy Hospital. If the inpatient beds close £26,930 would be saved. This is the current cost for catering and domestic services within the inpatient area e.g. patient meals, laundry, cleaning etc. If another service then subsequently transfers into what was the homoeopathy inpatient area, this part of the budget for that service would also have to transfer.

Glasgow Homoeopathic Hospital largely serves three Health Board areas; Glasgow, Lanarkshire and Argyll & Clyde. It has been assumed in this review that any savings made would be re-provided to those Health Boards that currently fund Glasgow Homoeopathic Hospital on a pro-rata basis.

Table 4

	Current	Transfer/redeployment	Savings
Nursing Staff	410,566	40,754	369,812
Pharmacy Supplies	51,956	29,026	22,930
Estates & Buildings Expenses	40,200	13,257	26,943
TOTAL	**502,722**	**83,037**	**419,685**

In the current financial environment, a view has to be taken as to whether Glasgow should continue to provide the unique integrative care inpatient service and identify comparable savings from other clinical services to make a recurrent saving of approximately £420k, or whether NHS Greater Glasgow should close the beds and provide an outpatient-based homoeopathy service in line with the other UK centres.

4. Alternative model of care

The alternative model of care would see the closure of the dedicated inpatient beds and homoeopathy care being provided on an outpatient basis.

As part of the proposal, we would look to enhance the outpatient service and shorten waiting times by redirecting medical time from inpatient care to outpatient care and thus improve access to specialist advice/treatment for the vast majority of patients who currently access the hospital's services - over 8,000 per year.

There are two options for this model of care. The first would follow the outpatient model adopted in other UK centres with patients receiving homoeopathic treatment as part of a package of care. In the first instance patients would be assessed for suitability of referral to Homoeopathy at a daily Assessment Clinic. If

suitable, patient would be allocated a new patient clinic appointment with the appropriate practitioner. If not suitable the patient would be referred back to original referrer.

At the new patient clinic, patients would be prescribed the appropriate Package of Care, which would vary in length according to the diagnoses and stage of disease. Patients would receive a clinical report after their initial appointment, an interim report and discharge report. On completion of a Package of Care patients would be discharged back to original referrer.

In addition to the outpatient service described above, the second option would see the development of an enhanced day care service. The potential of this option has not yet been fully explored but it should be noted that the consultants do not see this as a substitute for inpatient beds. Any service development of this nature would naturally impact on the potential savings from the closure of the inpatient beds.

The next chapter considers the consequences of the withdrawal of the inpatient beds.

5. Consequences of closure of inpatient beds

5.1 Clinical Consequences

Dr Reilly has been asked to describe the impact on the clinical service of the withdrawal of dedicated inpatient beds. In essence, he advises that patients who are too ill to be dealt with as outpatients or day care - above a threshold level of illness, vulnerability, complexity or intensity - would not be treated by the Glasgow Homoeopathic Hospital and have no alternative but to return to the other forms of NHS care that were not adequately working for them before referral. The full submission by Dr Reilly is shown at Appendix 7.

He believes that better resourced liaison services – whereby the homoeopathic team would give advice to inpatients in acute beds - or outpatients is not a substitute or equal; it would not be capable of tackling or resolving the deep rooted problems of this patient group.

In addition, the patients themselves give strong testimony to the added benefits of the inpatient unit. The following is a passage from a submission by one of the patient representatives working on the revised paper, "To be admitted to this very special place after years of chronic 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, and Nurse to the Physiotherapy Team, which you receive immense benefit from. The physiotherapy 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." The full submission from the Patient's Campaign Group is shown at Appendix 8.

The potential impact on conventional care (i.e. the number of additional admissions) by the withdrawal of inpatient beds was not available, although the audits previously referred to show that 53% of GHH inpatients found that they required fewer admissions to hospital after being treated as an inpatient at the Glasgow Homoeopathic Hospital.

Dr Reilly is also concerned that a unique, pioneering model of integrative care will be lost.

Finally, Dr Reilly believes that the small amount of consultant time transferred from inpatient to outpatient work would be less efficiently used due to the restricted context of day care or outpatient appointments.

5.2 Consequences for staff

As a consequence of the proposed closure of inpatients beds, all staff affected 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.

5.3 Financial consequences

The direct financial savings to be achieved by the closure of the inpatient beds have already been set out in Section 3. It should be noted, however, that the clinicians from the hospital suggest that high costs will be generated elsewhere in the system by the continued reliance on conventional medicine and care for patients who would otherwise have access to inpatient care. The clinicians believe that these indirect costs would offset any direct savings. The unit's audits point to breaking their cycles of recurrent admissions, investigations, specialist opinion, and expensive treatments – with short, but especially intermediate and long term, cost savings for the NHS in Glasgow and Scotland. It has to be said, however, that cost benefit and cost effectiveness data were not collected as part of these audits and it is therefore difficult to reach conclusions in relation to potential indirect costs.

There is a contention from the Patient Campaign Team that if the inpatient beds close, then a proportion of the financial contribution from endowment funds should be reimbursed.

6. Legal Opinion on the Potential Alternative Use of the Inpatient Beds

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. (The previous building was donated specifically for the creation of a homoeopathic hospital. When the new hospital was built, the old building was sold and £600k generated from the sale was absorbed within the West Glasgow Trust's budget deficit. The homoeopathic community opposed this at the time.)

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. For full detail of 1974 Agreement see Appendix 9.

A legal view has therefore been sought on the application of this agreement if a decision was taken to remove the beds.

Ranald MacDonald of Central Legal Office comments, "The agreement reflects the conditions imposed by the then Secretary of State on the Western Regional Health Board. In effect the present Board is subject to these conditions, which can only be varied by the Scottish Ministers. The Agreement itself is unenforceable as between the two former NHS bodies, but it does reflect the instructions of the Secretary of State, which will bind the present Board. Clause 3 (iii) does demonstrate the ability of the Minister to exercise a discretion to permit the beds to be used for other purposes, which he would be able to do, irrespective of the terms of this agreement. Thus if the Board can persuade the Minister of the strength of its case, then he should be able to exercise his discretion in your favour, thus enabling the beds to be used for other purposes. There may be issues arising from the endowment funds, which may be available for the maintenance, etc., of the Hospital, but these should be free of trust restrictions in terms of Section 82 of the 1978 NHS (S) Act. That said, we do have to utilise the funds, in so far as is reasonably practicable, for the objects for which they were donated in the first place."

7. West of Scotland Health Boards

As part of the pre-consultation stage of the development of the proposal for the closure of the inpatient beds, the Chief Executive of NHS Greater Glasgow sought the views of the West of Scotland Health Boards as to whether they would support a move to an outpatient-only model for their residents. Ayrshire & Arran have advised that they would support the move to an outpatient-only service in the current financial climate. Dumfries and Galloway also support the move away from an inpatient to a day and outpatient service. Forth Valley Health Board, who sent a team to view the facilities, do recognise the value that this brings to a small number of patients but also that NHS Greater Glasgow has to balance this against other service pressures and reach a view as to whether to continue to provide the service. Lanarkshire Health Board has also recognised the value of the inpatient unit but again advises that it is for the host board to decide whether or not to provide the service. Argyll & Clyde have given a verbal response indicating that they are content that, on the basis of relative priority, NHS Greater Glasgow should determine whether inpatient beds should continue or not.

Appendix 1

Homoeopathy 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

New outpatient attendances

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

Return outpatient attendances

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

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

Appendix 3

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	5.86
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	**34.3**

Appendix 4

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
Butyeko 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

Appendix 5

The list below gives a few examples of innovation and contributions from the ADHOM Academic Departments:

- **NHS development**: Scottish Executive choose a GHH physician to speak at the launch of their Patient Centered Care initiative. Staff seconded to the Public Health Institute of Scotland, numerous other consultations/contributions.
- **Healing Environment**: The new GHH won the Scottish Enterprise Dynamic Place Award for 2003/4 and is influencing new hospital design.
- **Healing Encounter** development, research and teaching on improving doctor-patient therapeutic encounter and the effectiveness of therapeutic interventions– e.g. Empathy is important for enablement Mercer, S. W, Watt, G. C M, Reilly, D. BMJ 2001;
- **Research in Homeopathy**. Leading scientific trials e.g. *Lancet* and *BMJ*
- **Educational** Models: 20 % of Scotland's GPs trained (plus other disciplines) in homoeopathy. Undergraduate teaching with SSMs and on the wards. Student BMJ series on Therapeutic Encounter;
- **Conceptual c**ontributions: The Fifth Wave. Searching For Health in Scotland. *"In examining this shift from organisational/ bureaucratic to individual/creative paradigms, the report looks at some ideas developed… at Glasgow Homoeopathic Hospital"* (www.scottishcouncilfoundation.org).
- **New Methods** development of new patient-centered outcome methods e.g. the ORIDL (GHHOS) scale
- **Editorial comments**: Enhancing human healing. BMJ 2001; 322: 120-121;
- **Library & Information service** – leading library and on-line service
- **International Collaborations e.g.** Harvard Medical Schools, University's Maryland & UCSF California

Appendix 6: Comment from Bristol and Royal London Homoeopathic Hospitals

BRISTOL HOMEOPATHIC HOSPITAL

David Spence, Clinical Director

I am aware of the argument that GHH is alone among the homeopathic hospitals in offering an in-patient service. However, the integrative approach of Glasgow is far more wide-ranging than that offered by the other homeopathic hospitals and can only be achieved through the in-patient unit. The sort of IP work that is done at GHH is unique and enables clinical problems to be tackled, which are otherwise unmet in the NHS and certainly cannot be met in the same effective way on an OP basis. It is impossible and unreasonable to compare Glasgow with Bristol as we have no junior doctors or SpR's and have not had any for 36 years! This puts the "clinical usefulness" of such beds onto a completely different level and it is like comparing chalk and cheese.

Liz Thompson Consultant Physician in Palliative Care

It is impossible to have a model of integrative care without it being lived out somewhere in the country - Glasgow offers that model and one that Bristol would aspire to. In five-ten years I would like to run such an in-patient unit and a busy outpatient's as well and use all the skills I was trained for as a hospital Consultant- lets move forward not back.

ROYAL LONDON HOMEOPATHIC HOSPITAL
University College London NHS Foundation Trust

Peter Fisher, Clinical Director

At the RLHH the ability to admit patients either to traditional or hotel beds is very important. If self-caring we admit to a nearby hotel, Because of the nature of their needs patients who are admitted to traditional beds are nursed during the day by our own nurses, attempts to use nurses from the National Hospital for Neurology were unsuccessful. For the last 2 years admissions have been increasing and the service is likely to expand further, particularly through the introduction of integrated packages of care for specific groups of conditions such as pain.

Appendix 7: Submission from Dr David Reilly

Closing will create a series of practical, ethical and cost implications. In essence:

1. Patient's who are too ill to be dealt with as out patients or day care - above a threshold level of illness, vulnerability, complexity or intensity - will be turned away and have to return to the other forms of NHS care that were not adequately working for them before referral.
2. Better resourced liaison services or day care or out patients is not a substitute or equal, it would not be capable of tackling or resolving the problems of this patient group.
3. High costs will be generated elsewhere in the system outweighing any direct savings. The patients served are high users of NHS resources. The unit's audits point to breaking their cycles of recurrent admissions, investigations, specialist opinion, and expensive treatments – with short, but especially intermediate and long term, cost savings (over 2-4 years) for the NHS in Glasgow and Scotland.
4. Consultant's time will become less efficient. The healing environment, multi-disciplinary team, multi-treatment modality and therapeutic process allows greater efficiency in tackling larger numbers of patients than isolated lengthy out-patient appointments in the restricted context of day care or out patients, placing pressure on the current OP service.
5. A unique, pioneering model of homoeopathic and integrative care will be lost along with its team, skill base and experience.

Integrative Care

The unit has pioneered development of 'integrative care' models – which may be academically defined as *'care which produces more coherence within a person and/or their care'.* It is the opposite of, and responds to, the fragmentation which is too common in NHS care, especially for people with difficult chronic problems resulting in poor results, costly increases in prescribing, referrals, investigations and acute admissions. (The research showing this is referenced in the fuller report available from GHH).

The Integrative Care Model - Central values in GHH

1. Understanding via: Holism – including bio-psychosocial models and emerging mind-body sciences (like psychoneuroimmunology) - 'the scope of general practice with the intensity of secondary care'
2. Caring via: Therapeutic Alliance & Therapeutic Encounter &Therapeutic Process
3. Aim: Empowerment of patient capacity and self-care given emphasis over interventions. 'Curing when possible, healing when not.'
4. Conditions: Study of built-in healing potential and the conditions, which modify it. E.g.: the GHH won the current Dynamic Place Award for Scotland 2004 for setting a new gold standard of health care healing environment.
5. Interventions: *If* external interventions or treatments used – wide ranging, bridging orthodox and complementary approaches, with non-addictive, non-toxic and cheaper used first (so in practice this is often mind-body and Complementary Medicines such as homoeopathy, acupuncture etc)
6. Fully inclusive of orthodox model – no competition or fragmentation generated – use of safest, most effective and appropriate care. All key practitioners are conventionally trained.

The Service

This service expands choice and gives access nationwide to otherwise a critically missing piece of the health-care jigsaw: a whole-person integrative care model with a multidisciplinary, multi-modality team of expert doctors, nurses, physiotherapists and others who partner with patient to tackle their complex problems in a healing environment - often after the best of orthodoxy has failed to relieve their suffering. Audit and research shows exemplary results and health transformation for patients, and subsequent cost savings are being achieved. The current services balance regional network clinics, out patients, day care, liaison services, - and the in-patients unit is used only if needed. These services network together as a whole, each part supporting the other. A small academic department backs the research development of new models of patient-centred care and their dissemination through education.

The Larger Picture

Despite remarkable advances in medicine, the proportion of the population suffering from chronic illnesses continues to increase. The Scottish Executive aims to increase patient choice, with more focus on chronic illness and chronic disease management (ICDM). Medical costs are escalating worldwide. NHS drug costs are rising exponentially - nearly 50% in 3 years from £4.9 bn to £7.2bn, and acute admissions are sharply increasing (a doubling in 10 years). The current model of health and healthcare is struggling and often forces a mechanistic, reductionist approach dealing with people in parts instead of as whole people. This

leads in turn to inefficient, ineffective, fragmented, costly care – only 1 in 5 of Scotland's GPs consider that the NHS delivers adequate holistic care, and 70% say this is driving excess prescribing and referral costs [1]. The Scottish Executive's call for a patient-centred health service is still to be realised and patients with chronic unresponsive problems continue to fall through the gaps in the system. There seems value and future potential in supporting investment in services like the integrative care service at the GHH - widely acclaimed nationally and internationally as a vision of a 'new vehicle of healthcare'. The Chief Medical Officer has spoken of his support for expansion of integrative care, describing GHH as a centre of excellence and development. The Scottish Executive has called for more 'patient-centred care'. and the Centre for Innovation and Development has drawn on and recommended models developed at GHH. Community health doctors have drawn on the work developed at GHH and credit it with helping other visions - including contributing to aspects of the new Glasgow Centre for Health Population, and the visionary document 'The Fifth Wave'.

Some comments from linked disciplines on consequences of closure:

Liaison Psychiatry
"The loss of your inpatient facility would leave a void in the service for these patients many of whom are severally functionally disabled. I would be concerned if you were to lose your inpatient facility. I don't accept that there are other comparable services for these patients at least those who need inpatient care."
Tom M Brown, Consultant, Glasgow.

General Practice
"The savings that are envisaged by closing the in-patient facility need to be weighed against the damage that would be done to the clinical base of an approach to health care provision that is very important. (the GHH doctor is a) generalist physician who applies a holistic approach to the care of patients, finally "tuning in" to patients with complicated problems and stories, whom conventional services have failed. It is true that he has the additional time with patients to do this, but the health service needs an oasis of calm and fresh thinking to counter the brutalising environment of large NHS hospitals - brutalising for patients whose problems do not fit protocols and for health professionals who do not have time to care. There are economies to be made by listening to patients and by avoiding the quick, easy and expensive options of investigation and treatment. Conventional services could benefit from this approach and the challenge is both to learn from it and to transfer good practice. We need to learn that better decisions and courses of action cost time". Professor Graham Watt, Professor of General Practice, Glasgow.

Appendix 8: Submission from Glasgow Homoeopathic Hospital Campaign Team

Appendix 8: Submission by Patient Campaign Group

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 cuts, and the proposal to close the "Glasgow Homoeopathic Hospital In-Patient Beds" was one of many proposals. The beds proposed for closure in our opinion will undoubtedly not represent good value to Patients who have no alternative to this service, and will not financially represent good value to Tax Payers alike.

Part I

Patients who attend the Inpatient 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

[1] 62% return of 3727 GPs. *BMJ 2002;325(7374)*

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 or relief from their chronic illness, disease and pain etc.

Entering the Inpatient 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" throughout this campaign, Patients are fighting to keep the beds open at the Glasgow Homoeopathic Hospital, and subsequently Patients journeys and their health are being compromised. Patients know if they 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 Inpatient 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 with the help they receive, from a "wonderful Team of Dedicated Hospital Staff". This all happens in a 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 £2,780,189 to build the "New Glasgow Homoeopathic Hospital" as it stands today. 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.

To be admitted to this very special place after years of chronic 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 and Nurse to the Physiotherapy Team, which you receive immense benefit from. The Physiotherapy 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 would disagree with this, and we 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 rate 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 inpatient unit representing good value to "Tax-Payers". We know it certainly achieves that. A large proportion of Patients go on to balance their lives, living with their chronic illness, and go on to show a significant reduction in the use of other NHS resources e.g.

a) Reductions in "costly Conventional Medication"
b) Reductions in "Visits to their General Practitioners"
c) Reductions in "Referrals to Consultants and Specialists"
d) Reductions in "Costly Investigations and e.g. Referrals to Pain Clinics etc"
e) 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 Inpatient 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 Inpatient 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 Inpatient 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 Inpatient Unit at present reduces the fragmentation of the Patients needing to access as many other NHS resources, by involving and treating Patients in this Holistic, Patient-Centred, Integrative model of Care, unique to Scotland, and at the envy of other Homoeopathic Hospitals in the UK.

Appendix 9

DRAFT AGREEMENT FOURTH REVISION/REFERENCE HB4/1/10

WESTERN REGIONAL HOSPITAL BOARD
And the
BOARD OF MANAGEMENT FOR GLASGOW HOMOEOPATHIC HOSPITALS

(1.) The agreement is made between the Western regional Hospital Board and the Board of Management for Glasgow homoeopathic Hospitals to set out the conditions under which the Secretary of State for Scotland has authorised the re-building of the Glasgow Homoeopathic hospitals in the grounds of Gartnavel General Hospital, Great Western road, Glasgow, administered by the Board of management for Glasgow Western and Gartnavel Hospitals.

(2.) Generally under the assurances given at the time of the passing of the National Health Service (Scotland) Act 1947, facilities have to be provided for the practice of Homoeopathic Medicine. Up to the present, Homoeopathic Medicine has been carried out under the Board of Management for Glasgow homoeopathic Hospitals in the Glasgow Homoeopathic Hospital, Great Western Road, the Children's Homoeopathic Hospitals, Mount Vernon and at the Outpatient Departments at Lynedoch Crescent and Mount Vernon.

(3.) The Secretary of State has now authorised the re-building of the homoeopathic Hospital subject to the following conditions –

(i) A contribution form the Board of management for the Glasgow Homoeopathic Hospitals (or its successor), from Endowment Funds held by the Board of Management for Glasgow Homoeopathic Hospitals under Section .7(2) of the National Health Service (Scotland) Act 1947, of £100,000 towards the cost of the new buildings, shall be paid directly to the Secretary of State and shall not be held for the purpose of meeting the cost of any particular element of the new Glasgow Homeopathic Hospital.

(ii) The Secretary of State, through the Scottish Home and Health Department and the Western Regional Hospital Board (or its successor) will meet the cost of the agreed development in accordance with the established procedures for planning, controlling and funding the construction hospital premises.

(iii) The building and facilities as defined in Paragraph 5 shall be solely used to provide homoeopathic treatment, but if in the future, where it seems to the Secretary of State that the demand for homoeopathic treatment has diminished to a level where it is apparent that the provision of homoeopathic facilities can no longer be justified then the Secretary of State may exercise his discretion to cause the beds and other facilities provided for homoeopathic treatments to be used for other purposes. In the case where, in the future, there may occur a partial drop in demand for homoeopathic treatments, but insufficient to warrant the total withdrawal of homoeopathic facilities, the Secretary of State may at his discretion arrange for part of the homoeopathic accommodation to be made available for alternative purposes. Alternatively, should demand for homoeopathic treatments increase, the Secretary of State may exercise his discretion to provide additional facilities for homoeopathic treatments within the same building.

(iv) The building(s) shall be located in the grounds of the Gartnavel general Hospital, which is administered by the Board of Management for Glasgow Western and Gartnavel Hospitals (or its successor) and may be part of a larger building accommodating other hospital premises and functions administered by the Board of Management for Glasgow Western and Gartnavel Hospitals (or its successor). Notwithstanding the foregoing, the medical care of patients in the buildings will be supplied by Gartnavel General Hospital, in consultation with the Homoeopathic staff where appropriate.

(4.) It is agreed that the Glasgow Homoeopathic Hospital, Great Western Road, and the Children's Homoeopathic Hospital and Out-Patient Department at Mount Vernon, will be closed when the new building and facilities are provided at Gartnavel. It is accepted that this agreement will not prejudice the location of the Out-Patient Department at Lynedoch Crescent, Glasgow administered by the Board of Management for the Glasgow Homoeopathic Hospitals (or its successor). The new buildings and facilities made available for Homoeopathic use within the grounds of Gartnavel general Hospital shall accommodate approximately 60 beds, pharmacy, out-patient department and other facilities.