

## Centre for Integrative Care Patient Panel

Report of meeting held on Friday 30<sup>th</sup> September 2016

1.30pm – 3.00pm, Seminar Room, Centre for Integrative Care

### Present:

**Catriona Renfrew, Director of Planning and Policy**

**Lorna Gray, Patient Experience, Public Involvement Project Manager**

**This session was set up to enable patients to contribute their views about our proposed service changes. 2,431 patients were invited to join the panel and 28 patients and carers attended. This report records the issues raised.**

### Overview of proposed service change

The meeting started with an overview of the proposed service change covering the points below:-

#### **What happens currently?**

- The Centre for Integrative Care (CIC) carries out over 6,000 patient episodes each year
- Of this total care treatment delivery, 5% of patients attend for a multiple consecutive day programme of assessment or treatment
- These patients currently have overnight accommodation in the CIC after their treatment each day for the extent of the programme (typically 4 nights)

#### **What are we proposing?**

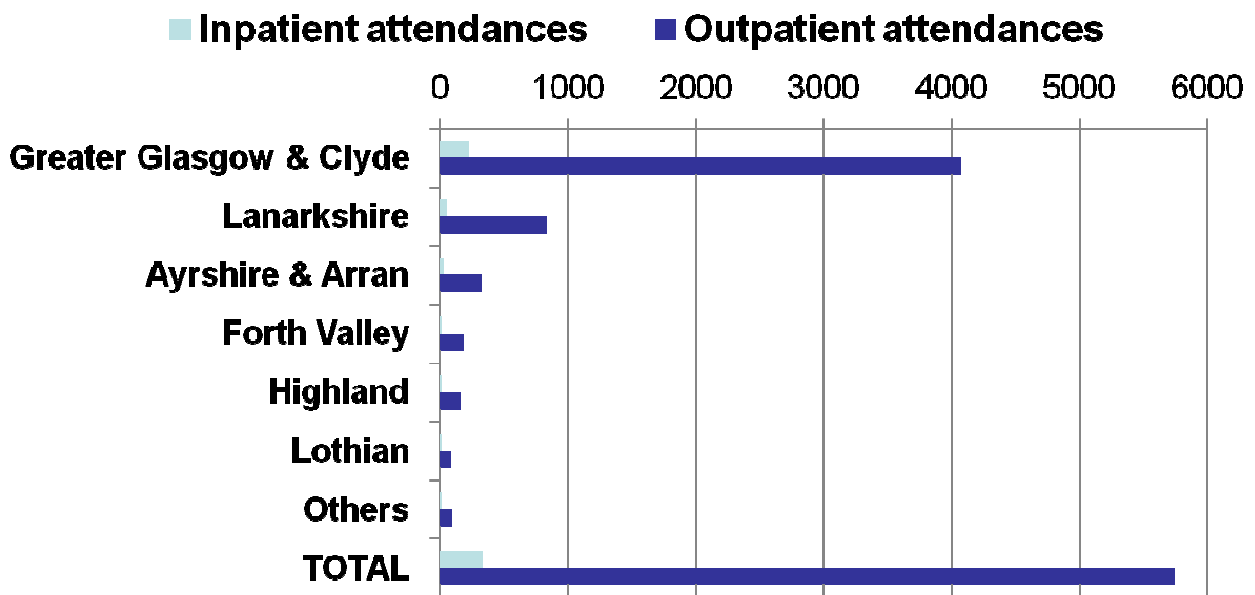
- Proposing that this 5% of patients return home after their treatment each day as the other 95% of patients do, returning to the CIC for further treatment or assessment the next day
- For patients who have challenges:-
  - Deliver over a longer period than one week
  - giving patients rest between treatment programme days

#### **What are we NOT changing?**

- 95% of our patients attend for either one off appointments or for courses which run over several days or weeks – there would be no change for them
- We will continue to provide all of its existing day services in their current setting
- There are **no changes** to these outpatient programmes

This overview also covers some of the facts and figures that were discussed during the meeting and which are detailed below.

## CIC Current Service Provision



The table above shows the number of attendances at the CIC in 2015/2016.

Of the total of 6,069 CIC attendances:

- 5,737 (95%) are outpatients
- 4,294 (71%) are by GGC residents

## Current Multi-Day Programme

- The current programme offers a five consecutive day programme delivered during core hours daily by the nursing team and provides the opportunity to achieve a holistic assessment of patients' needs.
- Patients may also receive Complimentary Therapy or Acupuncture if referred by the Ward Doctor.
- The typical 5-day programme followed by patients is provided below:

Monday	1800	Heartmath Based Practice
Tuesday	1000	Mindful Movement
	1115	Spiral of Chronic Health Issues
	1500	Sleep Hygiene
	1800	Heartmath Based Practice
Wednesday	1000	Mindful Movement / Breathwork
	1115	Stress Talk
	1600	Tai Chi / Heartmath Based Practice
	1800	Nutrition
Thursday	1000	Mindful Movement / Breathwork
	1100	Introduction to Exercise
	1515	Art Therapy
	1800	23.5 Hour Day Video, Moving Forward / Heartmath
Friday	1000	Tai Chi / Heartmath Based Practice

All of these services are available on an outpatient basis

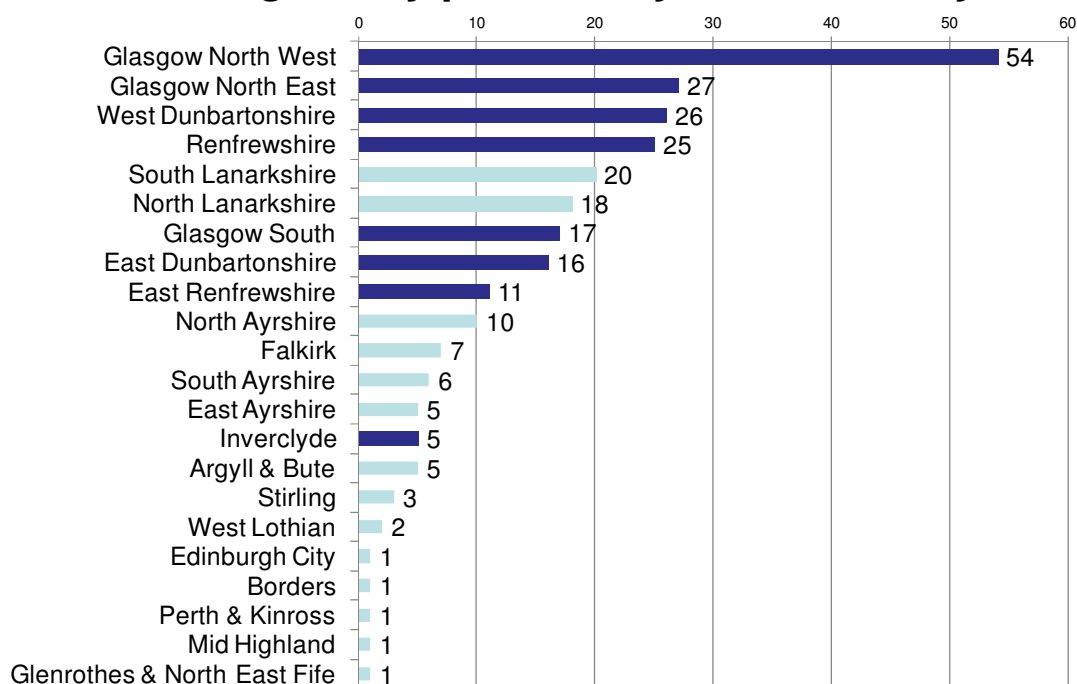
## Overnight Stay Programme – Activity in 2015/16

The table below shows the number of episodes of care, and actual patients that have had an overnight stay in the CIC, by Health Board area.

	Episodes	Patients	Share
GGC	224	181	69.7%
Lanarkshire	50	36	13.8%
Ayrshire & Arran	28	23	8.8%
Forth Valley	14	10	3.9%
Highland	7	5	1.9%
Lothian	6	4	1.5%
Others	3	1	0.4%
<b>TOTAL</b>	<b>332</b>	<b>260</b>	<b>100%</b>

The table below shows where the above patients came from by Health and Social Care Partnership locality. The dark blue lines are those localities within the GG&C Health Board area. This shows that the largest number of patients come from the area closest to the hospital.

### Overnight stay patients by HSCP locality



## THE 2020 VISION FOR HEALTH AND CARE IN SCOTLAND

**'Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.**

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.'

We must be bold enough to agree and pursue the key actions that will allow us to turn this 2020 Vision into a reality. It is only by doing this that we will secure the health and social care services in Scotland that will best meet the needs of future generations, and demonstrate our ability to deliver a world-leading high quality health and care service to the people of Scotland.

### **The recent history of the CIC An ongoing process of change**

- Following the direction laid out in the 2020 Vision (shown above), along with the rest of planned care services across NHS GGC, the CIC has adapted to deliver more care on an outpatient or day case basis
- The CIC has been on a redesign journey for a number of years, guided by the Scottish Government's Long Term Conditions strategy
- As part of this, it has already reduced from 15 inpatient beds, seven days a week, to 7 beds for overnight accommodation four nights a week

### **What do other Integrative Care Centres across the UK currently do?**

- There are two other large centres in the UK providing NHS Integrative Care services:
  - Royal London Hospital for Integrated Medicine
  - The Portland Centre for Integrative Medicine, Bristol
- In both of these English Centres they have already fully transformed all their services to be delivered as outpatients or day treatment courses and have no inpatient beds

### **Other NHS GGC Services**

- As well as bringing the CIC service delivery into line with the other UK centres, this change would align the clinical model within CIC to those delivered in other services (e.g. increase in day surgery; increase in outpatient/ day attendances for cancer treatment).
- Treatment programmes for most long-term conditions in GGC are now delivered in an entirely outpatient and day case basis:
  - Dermatology
  - Neurology, inc Multiple Sclerosis, Parkinson's and Movement Disorders
  - Chronic Pain Management Programme

## **Informing and Engaging**

- We are delivering an engagement programme with people across the area which will run from September to December 2016

In addition to this overview of the proposal a number of questions were asked about the proposal, and many points were made in response, with patients providing their views and opinions. These questions and points of view are set out in the following section of this report.

## Points made and questions raised

- Why has the proposal has been made?
- The fact that this is the only hospital of its type in Scotland, should that not be a reason for it to be maintained?
- Advised that 5% of patients using the Centre for Integrative Care do so as inpatients and therefore for 95% of patients, nothing would change about their care. There was discussion around this point, with one patient asserting that rather than affecting only 5% of patients, this affected 100% of the patients attending the CIC as they could all be potential patients at some point.
- A comparison was made to other NHS services, stating that although day cases have increased, there is still a need for some beds, as there is always a percentage of people who will need beds. Although just a small percentage needs the CIC beds, they are still needed. Another patient agreed, stating that there would be a need to provide beds and inpatient stays sometimes. The NHS is still expected to have beds.
- What about patients coming from other Boards or the Islands? An ambulatory model wouldn't work for them.
- Ambulatory care is impractical. I think it is too much to ask people to come daily. Secondly, to include other people in Scotland maybe we should be approaching the Government to ask them to make it a National Service and have the funding for it ring fenced.
- Ambulatory care is impractical, you can't expect people to come on a day to day basis, it would not be good for them and could even worsen their health. Being in over-night is part of the treatment, as people need this to recover. I put out a petition this week and what is clear is that people want this service. If anybody wants my email address so they can sign the petition contact me.
- Carer – my wife has used this service for a long time and relies on this service. We are from North Lanarkshire. I am disgusted at the decision taken by NHS Lanarkshire to stop referring to this service and I have a meeting with my local MSP about this and I will fight this issue all the way. I think the staff in this place are great and the treatment is wonderful. I will fight against this decision.
- Difficult to talk in front of people and I get rather emotional about this. I struggle to put into words what the inpatient service means to me. This service has been a lifesaver for me. I don't think it has been taken on board the value of this service.
- The Board should be proud of this service. I don't think it will work as an ambulatory service. I think the Board needs to rethink and be proud of the service. The staff treat you well. It has been a lifesaver the treatment I receive here. This is our life line that is being cut. I have chronic conditions and how I have managed to get out of my bed half the time I don't know. I think they should be providing more beds instead of cutting them. Please don't take this service away from us.

- The staff of this service have been nominated for an award. The Board need to support the staff as they have been under stress as well. The conditions they have been under are ridiculous. You have got to treat your staff good as well.
- Point about more traditional medicines causing side effects. I think you will find maybe everybody in this room including myself have had a really bad time with traditional medicines. Traditional medicines do generally cause side effects and homeopathy does not. Homeopathy heals you and does not mask symptoms. It strengthens your immune system. I think the public in general do not understand that. I think the public need to be made more aware of the benefits of homeopathy. I think homeopathy is the future and not the past and you should not be cutting it down. Another thing I wanted to ask at the beginning some people asked why this is happening now and you mentioned a cut in the budget from Central Government and you are having to decide to cut here or cut other bits of the hospital and you have compared this hospital with other places in the UK and so on. We are aware the NHS has been really run down in England and they have held a campaign all over England to keep basic services going and stop services being privatised. I think we need to move forward and not compare our services with the services down South.
- Inpatient beds provide respite for patients who are also carers – if they had to go home after their treatment and continue to care for family members they do not have the time to rest and get the most benefit.
- Patient experienced difficulty getting referral from her doctor initially. Had also felt that she had to hide the treatment she was getting from family members as she felt they wouldn't understand why she was attending. She had a very positive experience and felt that could see improvements in her condition within 2 weeks of attending the CIC. She felt proud that people were coming together to say that they felt this proposal was wrong and felt that it was important that patients from all over Scotland could be afforded the benefits of this hospital.
- One patient from NHS Lothian felt the hospital had been a lifeline. She spoke about a treatment she received and felt that it takes at least overnight to recover – there would be no way she could drive home (or be driven home) immediately after the treatment. She also advised that because of the treatment at the CIC, she has been able to reduce the number of pain killers/ other medication that she was taking.
- One patient only attends as an outpatient and felt that the outpatient services had been a lifeline to her, as well as to other patients she has met. She felt that there must have been considerable cost savings on the amount of drugs she would have been prescribed otherwise. This should be taken on board when making this decision. She also mentioned the difference in side-effects compared to conventional medicine. She felt that the service should in fact be returned to a 15 bedded unit.
- Board should look at adding things like acupuncture and complimentary medicine into other health services as there are sometimes the things that people need. It is the small things that the service does that will make peoples life much better.

- One patient apologised for being late, pointing out that due to traffic and problems with parking it took an hour and a half to get to the CIC from the East End of Glasgow. She felt this was an example of the problems that would be experienced with the ambulatory service and therefore needs to be looked at. Felt the service has kept her active and kept her alive. She has however seen reductions in the services offered here (e.g. physiotherapy). The physiotherapy she used to receive 2-3 times a year kept her well throughout the year. Feels this is yet another reduction in service provided.
- Another patient raised the issues of feasibility for patients attending who live outside the Greater Glasgow area.
- One patient advised they have been attending since it was in the old hospital. He reflected that there was sometimes trouble being referred to this hospital. He felt that there did need to be someone promoting how good this service is.
- One patient mentioned the value of the service as a patient who lives alone, and the care and respite the inpatient beds provide for her.
- One patient suggested that the CIC should remain as an alternative when conventional medicines don't provide a viable solution.
- One patient advised that the Royal Family use homeopathic treatments – they are in good health and they felt that all of us are just as important.
- Going back to the 5% of care is carried out as inpatient, there was belief that this would increase if GPs were actively encouraged to support the service.
- CIC provides self-help from the beginning – people that use the service are trying to help themselves and keep themselves off long-term medication.
- One patient stated that the meeting was not intended to hear patient testimonies but that is what has happened. They hoped that this will be reported as they felt that the patient voice was omitted in the consultations undertaken in Lothian and Lanarkshire.
- One patient advised they were involved in the above consultations and agreed that they were a 'sham'. They saw this current proposal coming and therefore took a petition to parliament which they are looking at, and have escalated to the Health and Sport Committee. She felt that the entire proposal should be looked at by Parliament. She stated that the hospital was gifted for all patients in Scotland. She has been using the CIC for 22 years and felt that she is only alive today because of the it and that coming here has not only saved £100k but has taken her off the roundabout of services that she was on previously, providing some stability and normality in her life.  
She felt that investment should be put into the CIC as a model of care and felt that patients and staff should have been spoken to before the proposal made. She spoke about the previous campaign to keep the hospital and stated that she will continue to fight to keep the service as it is.
- Would the Board take the proposal off the table now that it has been escalated to the Health and Sport Committee?



- **A patient stated CR should not be involved in this engagement because she had stated in the Scottish Parliament she did not believe in the CIC. CR responded that this was not an accurate account of her contribution to the Parliamentary Committee, she had stated very specifically that she shared the NHS Lanarkshire position (which was being discussed at the Committee) that homeopathy does not have an evidence base. The CIC provides a much wider range of services than homeopathy. The proposal is about the way that we provide these services**
- **One patient stated that it was not up for debate that most people in the room were on the same side. She felt that it was fairly obvious that this proposal was about money and therefore asked for costs to be provided for:**
  - **keeping the 7 beds**
  - **increasing the number of beds (back to 15)**
  - **increasing the number of days (7 beds, 7 days a week)****Having this information would then allow the patients to publicise the service and get the information out via the internet and other means, in a positive way.**

### Responses to specific questions asked

#### **Why has this proposal been made?**

Across all our services, ambulatory models of care are becoming more common. Less and less services are being delivered on an inpatient basis. The Board sees this as a normal evolution of the service, and one that is evolving right across the NHS. Across all services that we deliver we have less and less inpatient beds, and have built new ambulatory care hospitals. Thousands of patients who would have been inpatients years ago are now able to have treatment and return home. We think that model can apply to the CIC. Also there are no other inpatient CIC beds in the UK.

#### **As the only hospital of its kind in Scotland, should it not be maintained?**

We are proposing to maintain the full range of treatments that are offered here. It is only the beds that we are proposing to change. The other two integrated care hospitals in the UK don't have beds and have not had beds for some time.

#### **Even so, surely there is always a need for beds in the NHS?**

This very much depends on the type of service being provided – the CIC does not provide treatment on a 24/7 basis and so is suited to working as an ambulatory care model.

#### **Travel for patients coming from other Health Boards**

Most of the admissions are from people who live in Greater Glasgow & Clyde. The people that are more likely to be admitted to this service are the ones that live closest to the hospital.

### **CIC provision as a National Service**

The CIC is not currently a National Service and that is not a decision for this Health Board to make. A service can only be designated national if there is support for this from all Health Boards, and other Health Boards have already made their own decisions not to fund this service for their patients. Regardless of decisions by other Boards, or if it was a National Service, our view would still be that it can be delivered as an ambulatory service.

### **Is it financial reasons that are behind the changes?**

We have a whole range of financial pressures but our job is to make sure that we identify changes that are about still delivering good clinical care. We need to make changes that don't undermine patients care and I think the concerns here are that this change would undermine patient care. Our view is that moving to ambulatory care for CIC is not just about cuts but more a reasonable measure to deliver care using a different model. So it's not just about cuts.

### **Homeopathy Services**

There are a whole range of opinions amongst doctors about the services provided in CIC, however we are not proposing to withdraw these services for patients. Many doctors don't believe homeopathy has an evidence base but that is not the debate we are having today.

### **Parliamentary Process**

The Board has not been asked by any parliamentary committee to stop this process, and if the Health and Sport Committee want to engage with the Board around this then we would talk to them.