

Attachment 4

Centre for Integrative Care: moving to ambulatory care

1. Current Service

The Centre for Integrative Care currently has seven inpatient beds, which are open from Monday afternoon to Friday morning. The beds are used for small numbers of admissions. Patients admitted to the inpatient beds receive therapies such as group therapy sessions, nutrition and diet advice, massage, acupuncture, physiotherapy, psychological support and counselling. All of these services are available in the outpatient department.

Activity in 2015/16 is shown below.

	Inpatients	Outpatients			Inpatients as share of total activity
	No	New	Return	Total	
Greater Glasgow & Clyde	224	797	3273	4070	5.2%
Lanarkshire	50	85	742	827	5.7%
Ayrshire & Arran	28	62	260	322	8.0%
Forth Valley	14	32	153	185	7.0%
Highland	7	13	149	162	4.1%
Lothian	6	17	63	80	7.0%
Others	3	8	83	91	3.2%
TOTAL	332	1014	4723	5737	5.5%

2. Proposed Service and Case for Change

The proposal to close the CIC beds is based on the fact that:

- The Unit has reduced its inpatient service in recent years from a 15-bedded seven-day unit to only 7 beds, open 4 nights a week.
- The Centre has been very successful in developing an ambulatory model of care and all services are now available on that basis.
- Inpatient capacity is now underutilised delivering only 332 episodes of care each year. This will be further reduced by the continuing impact of decisions by other Boards to withdraw from the service, only 224 in patient episodes are provided for NHS GG and C residents.
- Inpatients account for only 5.2% of patient contacts for GGC residents. The majority of service delivery is already delivered in an outpatient setting.

The service will continue to provide the full range of current treatments and:

- Patient education courses will be provided as week-long outpatient programme.
- Mistletoe and homeopathic treatments will be provided as day treatment attendances.
- Acupuncture for inpatients is already provided as part of existing outpatient programmes.

Arrangements for admissions or overnight accommodation can be made in exceptional circumstances.

This change also enables the early development of a new centre for the Scottish National Residential Pain Management Programme within the released capacity. That service will integrate with and complement the services already provided in the CIC and will deliver:

- Pre-assessment for 100-120 patients per annum
- Bi-disciplinary assessment for 100 patients per annum conducted by a Clinical Psychologist and Physiotherapist.
- Residential programmes for around 80 patients per annum
 - Patients will attend a programme of 3 weeks in length.
 - Sessions will be tailored to the needs of each group, and to each individual within the group. Some will be conducted jointly by two professions working together, others will feature a single professional being assisted by a healthcare assistant (exercise and other practical sessions) and yet others will require sub-groups of patients working on different topics with different members of the team.
 - Where appropriate carers/relatives will attend with the patient in order to provide support. It is proposed that educational interventions will take place with these carers and these are expected to largely consist of helping these relatives better understand and manage the needs of the patient.

- Follow-up 80-100 patients per annum

3. Proposed Engagement

As outlined above our proposals retain the full range of current services and reflect and increasing trend to move to day care, which has already been reflected in the transition to a four night only inpatient facility. The impact on patients is therefore minimal. However, we know that there are real concerns that we are proposing significant change to the CIC services and a perception the Centre itself is at risk, this is not the case.

We want to ensure that there is extensive engagement with stakeholders to explain the proposal and hear their views and therefore, despite the minor scale of the change we will establish a stakeholder reference group to develop this engagement.

The SRG will act as a sounding board, to inform, advise on, and critique our engagement process. This group will include representatives from:

- Friends of Homeopathy
- Health and Social Care Alliance Scotland
- The two NHSGGC Managed Clinical Networks – Chronic Pain and Rheumatology.
- Pain Association Scotland
- Representation from the Acute Division Patients Panel and HSCP Public Partnership Fora.

The material in this paper will be developed to describe the range of current services and confirm that range will continue be delivered and will describe the new national chronic pain service and how it will be delivered within the CIC. The engagement process will include communication with current and previous patients and key interest groups and will include drop in sessions within the CIC.

We would conclude this engagement in early December and report the outcome of engagement to the December Board