

Glasgow Centre for Integrative Care under threat

A special report on the work at, and threat to, in-patient care at Glasgow Homoeopathic Hospital's Centre for Integrated Care

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The destruction of a pioneering model of integrative care is threatened as part of a £58m cuts package proposed by the Greater Glasgow NHS. The proposal is to remove the in-patient integrative care services at Glasgow Homoeopathic Hospital (GHH), making it daycare only. This would save around £150,000–£200,000 a year, but at the loss of a unique and effective service for people from the whole of Scotland and indeed the UK. The savings are absurdly low and a false economy.

The service is a widely respected unique and innovative model of whole person care. A therapeutic team of doctors, nurses, and therapists combine orthodox and complementary medicine with mind-body medicine and integrative approaches. Establishing a therapeutic relationship and partnership aimed at patient empowerment is central.

People are usually referred after the best of orthodox care is failing – such as pain relief services, intensive psychiatric care, multiple surgery, repeated hospital admissions and multiple drugs. They have complex and multiple chronic problems, such as poorly controlled chronic pain, multiple sclerosis, chronic fatigue/ME, asthma, arthritis and palliative care challenges, often at points of crisis. Many also have mental health problems, are in psychological breakdowns, and suffer from past trauma and abuse issues. Most are costing the NHS a great deal, especially because their care is fragmented between multiple specialists, resulting in a poor

holistic understanding of their problems, poor communication, high investigations, multiple referrals, high drug use and ultimately no resolution or improvement for the patient.

Case study I

Presenting problem

60-year-old female with eight admissions to the respiratory intensive care unit at a Glasgow hospital in the previous 18 months despite steroids and continuous subcutaneous infusion of bronchodilators.

Interventions by GHH

Admitted to GHH for assessment and care. In-depth consultations reveal significant fear and suppressed grief. Care package included therapeutic consultations and linked emotional and creative expression (with writing), physiotherapy (including breathing and relaxation training), dealing with the immediate acute physical problems, diagnosing diabetes mellitus, acupuncture. Progressive drug reduction.

Outcome

No acute admission in the next 15 months. Substantial drug reductions, marked reduction in distress and enhanced quality of life.

Case study 2

Presenting problem

Consultant surgeon referral. 27-year-old female with 18 acute admissions in 15 months. Surgery on 3 occasions, drug use and disability. Upper gastro-intestinal pain and vomiting. Weight loss. Intermittent diarrhoea and constipation. Several months off work. Multiple conventional interventions.

Interventions by GHH

- Therapeutic consultation with one of the GHH consultants in which major, and hitherto unrevealed, psychological distress was revealed and understood in the context of her symptoms.
- Relaxation training from the GHH occupational therapist.
- Help with drug (DHC) withdrawal through the use of electro-acupuncture.
- Homoeopathic medicine – Baryta Carbonica.
- Dietician referral.

Summary of GHH input

- Developed remarkable insight into the nature of her illness.
- Remained pain-free and off all pain-killing medication for eight-month period.
- Relapsed and had first admission of the year to local hospital – no surgery. Not seen again at GHH until one year after 1st visit.
- After 2nd admission again had a complete remission of all symptoms.

Patients are mostly admitted to the 15-bed in-patient unit as a 'last resort' and stays vary greatly in length. The average is five days although planned programmes of admissions over two or three years are not uncommon. The number of beds is reduced at the weekend, with only the most weak and vulnerable remaining, including those judged at risk of suicide. The aim is to wean patients back to out-patient or daycare as soon as possible. The physician-led team tackles only NHS referrals.

It must be stressed that we are not a complementary medical unit; our core value base



is integrative and holistic care.

Such values do not require complementary medicine *per se*, but they are deeply assisted by it. Our work, education and research addresses the larger picture of effective whole person care, and

this includes the issue of complementary medicine in the NHS.

As well as typically presenting with multiple conditions – one recent patient was attending eight specialties as well as having spent her life in and out of psychiatric units – patients are often having a number of complementary therapies. But in the same way that the orthodox treatment is not integrative, nor are the complementary therapies – they are often used in isolation. We need to realise that complementary therapy on its own isn't enough. Complementary therapy and orthodox medicine are approaches, not the central issue. The substitution of dependency on drugs for dependency on a complementary therapy is a compromise at best. The central issue is the patient and empowerment of the individual; self-care and self-healing sparked by the therapeutic process. We may at times rely on these human and therapeutic factors and not use any 'therapies' at all.

A typical example of this is a patient who came to us with MS, a history of eating disorders, suicidal depression and early sexual abuse. She



could not speak about herself and was struggling to function inside. We built on our human engagement in a series of therapeutic encounters, allowing her to express herself, and adopt a different approach to her life. Meantime, she was assessed and treated by the physiotherapists and occupational therapist, learned a medicative practice and assessed for homeopathy. She was too disabled to travel and be dealt with as a day case, and too fragile emotionally to have opened up in the context of the out-patients.

We often find that the reason cases have come to pieces is the failure of the holistic perspective. Often what is needed is to change the inner map of the person's world, to challenge their sense of hopelessness and fear.

Case study 3

Presenting problem

31-year-old female who since aged 16 had right-sided abdominal pain with vomiting. Had a range of surgical procedures for these symptoms. No formal diagnosis found to explain her symptoms which, until the time of admission to GHH, had not abated despite all interventions.

Summary of impact of care

A patient with multiple surgery and recurrent acute pain brought under control and now regaining function.

Interventions by GHH

- Regular psychotherapeutic input in which a range of deep family and personal issues were explored.
- Homeopathy.
- Acupuncture to painful abdominal wounds.
- Investigated.. anaemic.. treated and dietician assessment.
- Episode of acute abdominal pain > referred to surgeons > treated conservatively only.
- Intercurrent haematemesis and melaena. Endoscopy > ulceration at site of gastro-enterostomy > started on Omeprazole.
- Episode severe pruritis > treated with mixed conventional and homeopathic prescribing.

Outcomes of GHH treatment

- Report of SHO: 'this very shy, anxious, depressed and subdued young woman seems to have changed into a more enthusiastic, more vibrant and bright looking person'.
- Patient now fully cognisant of the connection between her abdominal pain and her emotional reaction patterns.
- Patient reports herself better able to express her emotional needs (and the sometimes adverse reaction of her relatives to this change of state).
- Abdominal pain described as 'stable'.
- Vomiting substantially reduced.
- Reduction of analgesia usage.
- Gain of weight.
- Haemoglobin stabilised.

Summary of GHH input

The role of the GHH was to bring the psychosomatic aetiology of this woman's problems to the forefront and then to use the special skills of the practitioners here to help her work with and 'heal' these issues, while still attending to her continuing significant organic medical needs.

The results from independent research show that people are substantially helped by our intervention. Often NHS costs fall as cycles of fragmented care are broken.

Summary of audits of 200 in-patients^{1,2}

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 ie 'enough to change daily life' improvement in presenting complaint
- 70% useful ie 'enough to change daily life' improvement in general mood and well being.

Impact on conventional care

- 41% had reduced consultations with GP
- 41% had decreased their use of conventional drugs
- 53% had fewer admissions to hospital
- 39% reported fewer outpatient visits



The paradox is that this is the very time in healthcare development where the values and models of care which GHH has been developing are being widely called for by the Scottish Executive, the professions and the public. That is, demands for more holism, more patient-centred care, more emphasis on empowerment and less emphasis on drugs.

The central issues are more fundamental than any argument over evidence for specific modalities (like homeopathy or acupuncture or self-management training etc). The issue is about creating better models of care, and so changing medicine. GHH has pioneered integrative medicine, putting human care and healing at the centre; putting people and their care back together; making things more coherent; using a wider range of therapies than current orthodoxy. This can work where all else has been failing. It takes more time and uses less technology and drugs. Its creation of a therapeutic environment has won the current Scottish Enterprise Dynamic Place Award.

Qualitative and quantitative research methods have highlighted the exceptional patient satisfaction, quality of therapeutic process (eg with high levels of empathy and enablement) and relief of suffering of the GHH model.

At the time of publication, we are likely to be in the middle of a consultation process. We have seized the moment to raise the debate around whole person approaches: helping people see this is not about a particular CAM, but a pioneering model of an integrative approach that addresses the costly fragmentation of the current model. This has helped bring the term 'integrative care' to the fore. By integrative, I mean putting people and/or their care back together (with or without CAM involved [preferably with]). More formally I

define it as 'care which produces more coherence within a person and/or their care', the opposite to fragmentation. Our model is cost-effective by fixing this fragmentation and breaking these costly cycles.

There are three layers to this debate.

- 1 **CAM** – particular approaches and their evaluation. The right to have homeopathy in the NHS. The need to evaluate other CAMs.
- 2 **Integrated** – the relationship between different approaches, eg orthodox and CAM. GHH is remarkable as a centre for exploring this.
- 3 **Integrative** – producing coherence. The core of our approach. A deep and individualised exploration, establishing therapeutic process, creating an effective approach to the predicament. Predicated on engaging with the innate capacity within the person. Not married to any particular therapy. Founded on holism.

The unit in the hospital is developing all three levels. Levels 1 and 2 do not necessarily create level 3.

The GHH developments are the type of care that the NHS needs more of at this time. In fact, 80% of Scotland's GPs have expressed the view in a national survey (2311 [62%] returns from 3727 GPs) that the constraints of time and stress in primary care mean they are not managing to give the acceptable levels of holistic care that they know is vital and want to deliver, with serious consequences on people's suffering and NHS costs. The GHH approach addresses these problems directly and brings solutions.

My view is that the NHS is overheated because a failure of holism at primary care level is driving extra prescribing and secondary referrals. Money alone won't solve this. We need a change of inner map.

Glasgow Homoeopathic Hospital

A qualitative study³

- Patients valued the time available, the whole person approach and being treated as an individual.
- They felt their story was listened to (often for the first time) and all their symptoms taken seriously.
- They felt the doctors at GHH were trustworthy, compassionate and positive, often engendering hope.
- Equality of relationship was a major theme, with a strong sense of mutual respect and shared decision-making.

Views of Scotland's GPs: constraints on holism contributing significantly to increased...⁴

Prescribing: yes 73%; no 18%; neutral 7%.

Referrals to secondary care: yes 63%; no 24%; neutral 12%.

Demand for complementary medicine: yes 57%; no 10%; neutral 31%.

We have an honoured place in the NHS, meeting the requirement of the UK Act of Parliament that homeopathy must be available in the NHS. But our future is based on a forward-looking innovative agenda addressing the development of holism in mainstream care.

Case study 4

Presenting problem

22-year-old female, polysymptomatic with unexplained: urinary incontinence (since age 7); right loin pain; abdominal swelling; frontal headaches. No overt psychological problems noted. Multiple conventional interventions.

Summary of impact of care

Patient rendered symptom-free through a brief course of hypnosis-informed consultations; radical bladder surgery averted.

Interventions by GHH

- One period of in-patient care.
- A series of approximately eight subsequent therapy sessions.

Summary of GHH input

On her first admission, the doctor in charge of the case led the patient to make a remarkable discovery of a lost childhood memory. In this she remembered for the first time a scare in her neighbourhood – that there was a male prowler looking in through toilet windows. It was from this moment that her urinary problems had begun. This insight felt highly significant to the patient. Following the eight therapy sessions she experienced a total remission of all her urinary symptoms for the first time in 15 years.

Our campaign

It goes without saying that patients are worried, outraged and confused about the threatened closure. Many have asked for guidance on how to write and oppose it. There is a campaign group of staff, friends and volunteers. It is organising a petition for parliament and staff are advancing a paper surveying the impact on NHS resource use by our patients after GHH care, in preparation for estimated costings on this.

We have support from GPs, specialists, public health doctors (the 14 pain specialists of Glasgow as a group are protesting) and some senior academics have written direct to the Minister of Health. Political support from MSPs has been tremendous.

On the 'big name' front, both Cher and Prince Charles have expressed support. Prince Charles' support for what we are doing is a matter of public record.

Positive possibilities

I sense that the pressure for change may be coming to a head to some measure. Many people are rallying round this issue as a focal point for the larger debate. I believe the Chief Medical Officer and Health Minister are supportive of these visions. The CMO has started to speak of integrative care, and I think he realises that GHH is a centre of excellence and development. The Scottish Executive calls for more 'patient-centred care' and the Centre for Innovation and Change has been consulting with me over this.

GHH is a centre dedicated to creating models, evaluation, experience and education in relation to





the effectiveness of a more whole-person approach; of embedding human caring and enablement of innate potential at the heart of medical care. Perhaps we can take this moment of danger to advance to the next step and create better conditions for the visions emerging from GHH to develop and flourish.

For more information about the Glasgow Homoeopathic Hospital and the campaign, see www.adhom.com.

References

- 1 Lewith G, Reilly D. Integrating the Complementary. From NHS Doctor and Commissioning GP. Summer 98: 50–52.
- 2 FACT 1998; 3 (4):190 and updated on www.adhom.com.
- 3 Mercer SW, Reilly D, Watt GC. The importance of empathy in the enablement of patients attending the Glasgow Homoeopathic Hospital. *British Journal of General Practice* 2002; 52 (584): 901–5.
- 4 Mercer SW, Reilly D, Watt G. Qualitative study of consultations at Glasgow Homoeopathic Hospital. *Journal of Patient Education and Counselling* 2004; 53 (1): 13–18.

What staff and patients say

“I joined the team at the Glasgow Homoeopathic Hospital as it represented a whole-person approach, through their vision of patient-centred care and the integrated care service it provides. This is the way forward in the nursing profession.”

Catherine Rowan *Staff Nurse*

“The Glasgow Homoeopathic Hospital has offered me the opportunity and privilege to participate in a holistic model of care which I

strived unsuccessfully to promote for 20 years within acute medicine.

There is a unique healing atmosphere in the purpose-built hospital and gardens. Patients are given time to express their feelings and needs and often comment that it is the first time they have been listened to and understood.”

Morag Bunton *Staff Nurse*

“After 20 years with rheumatoid arthritis the hospital has been a lifeline. It combines daily physiotherapy with resting in such a peaceful environment, along with the sincere caring of the staff employed here. Following an inpatient visit to GHH I feel the quality of my life improves greatly for several months after.”

Rosemary Clark *Patient*

“I have never experienced such an environment, where patients are seen as a whole person and the focus is not purely on their symptoms. The vast majority of our patients have a chronic illness which has been treated through all the conventional channels without success. It is often not taken into account how much of an impact these patient’s symptoms have on their life. I feel I am very privileged to be a part of such an inspirational integrative care team and feel that this holistic model of care should be more widely adopted within the healthcare system.”

Dr Susan Gilmour *SHO*

“I was always aware of how emotional ill health can affect a person in their physical state and how acute or chronic ill health can have a detrimental effect on a person’s emotional state.

I have real job satisfaction owing to the fact that many of our patients do improve with time and appropriate care and are not treated as the ‘liver in bed nine’ or ‘that neurotic in bed ten’.

I believe we enable patients to be more aware of their mind/body connections and subsequently take some responsibility for their own health.”

Janet Howie *Staff Nurse*

Pictured: the gardens and in-patient facilities at GHH