Centre for Integrative Care

Service Overview

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Centre for Integrative Care

- The Centre for Integrative care offers people with long term conditions a wide range of opportunities to enhance their health and quality of life. Most patients referred to the Centre are experiencing chronic pain, chronic low energy, and or chronic mood or anxiety issues.
- > Any patient with a long term condition may benefit from the service.

Underlying Medical Conditions Include:

- > Fibromyalgia
- > Chronic Fatigue Syndrome
- > Chronic Pain, Depression and Low Mood
- > Depression
- > Post Traumatic Stress Disorder and Trauma
- > Chronic Non-Epileptic seizures
- > Multiple Sclerosis; Ehrlers Danlos Syndrome (EDS)
- > Parkinsons Disease
- > Psoriatic Arthritis
- > Breast Cancer

What is Integrative Care

- > Integrative care is a term which refers to increasing the harmony and coherence of a patients whole being.
- > Integrative care is therefore focussed on the person, not on the disease or a particular therapy.
- The intention with integrative care is to promote and enhance wellbeing, resilience and the realisation of an individuals potential capacities for self-care, selfregulation and self-healing.

Arizona Centre for Integrative Medicine (Definition)

- The Centre defines integrative medicine (IM) as healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies.
- > The Defining Principles of Integrative Medicine:
- Patient and practitioner are partners in the healing process.
- All factors that influence health, wellness, and disease are taken into consideration, including mind, spirit, and community, as well as the body.
- Appropriate use of both conventional and alternative methods facilitates the body's innate healing response.
- > Effective interventions that are natural and less invasive should be used whenever possible.
- Integrative medicine neither rejects conventional medicine nor accepts alternative therapies uncritically.
- > Good medicine is based in good science. It is inquiry-driven and open to new paradigms.
- Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.
- Practitioners of integrative medicine should exemplify its principles and commit themselves to selfexploration and self-development.

Historical Summary

In 2010 the first significant service change was implemented which saw the inpatient bed complement reduce from 15 beds Monday to Sunday to 7 beds Monday to Friday

The occupancy data at the time did not support the continuing requirement for 15 beds. The case for the implemented change included:

Not all patient treatment programmes were available at weekends

Historical Summary

- 95% of patient activity at the Centre for Integrative care was provided on an outpatient / day case model of care
- It was widely recognised that chronic conditions- typical of many of the patients admitted to CIC – were better managed at home or in the community. When the patient becomes acutely ill, they will receive treatment in an acute hospital environment – not in CIC
- Review of existing model of service provision to ensure they were in keeping with a modern service fit for purpose

What Does the CIC Outpatients Provide:

- Outpatient assessment is undertaken in clinic; patients may be offered the following range of services:
 - Homeopathy
 - Acupuncture six sessions
 - Mistletoe Therapy
 - Bowen Therapy six sessions
 - Art Therapy classes
 - Music Therapy classes
 - Allergy clinic
 - · Paediatric clinic
 - Integrative Nurse Coaching
 - · Nutritional analysis and advice

What Does the CIC Inpatients Provide:

- > The inpatient service offers a five day programme delivered daily by the nursing team and provides the opportunity to achieve a holistic assessment of patients problems. Interventions offered include:
 - Heartmath
 - Relaxation Therapy
 - Stress Management
 - Art Therapy
 - Physiotherapy
 - . Therapeutic Massage
 - · Complementary Therapies
 - Acupuncture
 - Homeopathy
 - Mistletoe Therapy
 - Yoga and Tai Chi

Weekly Inpatient Programme

Monday	1800	Heartmath Based Practice	
	1000	Mindful Movement	
Tuesday	1115	Spiral of Chronic Health Issues	
Tuesday	1500	Sleep Hygiene	
	1800	Heartmath Based Practice	
	1000	Mindful Movement / Breathwork	
Wednesday	1115	Stress Talk	
vvednesday	1600	Tai Chi / Heartmath Based Practice	
	1800	Nutrition	
	1000	Mindful Movement / Breathwork	
	1100	Introduction to Exercise	
Thursday	1515	Art Therapy	
	1800	23.5 hour day Video, Moving Forward /	
		Heartmath Based Practice	
Friday	1000	Tai Chi / Heartmath Based Practice	
Tuesday - Friday		Patients may also receive Complimentary Therapy	
. accady . Hady		or Acupuncture if referred by the Ward Doctor	

Overview of UK Units

- > The Royal London Hospital for Integrated Medicine:
 - Largest public sector provider of integrated medicine in Europe
 - Provides a similar model of service to GGC, however it does not have inpatient beds
 - The centre offers patient centred services integrating conventional and complementary treatments.
 - Clinical Services include womens health, complimentary cancer care, allergy services, skin clinics, allergy services, acupuncture, rheumatology service, childrens service, weigh management, sleep management, musculoskeletal medicine and stress management

Overview of UK Units

- > The Portland Centre for Integrative Medicine, Bristol
- Combines conventional and complementary therapy
- Advises on lifestyle approaches
- Approach is to deliver self care strategies though supporting self care and self management of health and well being using healthy living solutions
- Services include acupuncture, creative writing, homeopathy, 'kitchen on prescription' promoting nutritional needs, mindfulness courses
- No inpatient services since 2001

Issues in Recent Years

July 2011: NHS Highland – 12 months notice served that no new patient referrals will be made for Homeopathy or prescribing of Homeopathic medicines

January 2014: NHS Lothian – Notice that referrals for Homeopathy and mistletoe therapy will only be approved on a named patient basis

February 2015: NHS Lanarkshire – notice received that the Board agreed to cease new referrals to CIC with effect from April 2015

CIC Inpatient Admission Pattern

NHS Board	2011/12	2012/13	2013/14	2014/15	2015/16	% 15/16
GGC	191	180	205	199	224	67.5%
Lanarkshire	74	87	63	64	50	15.1%
Ayrshire	29	22	28	30	28	8.4%
Forth Valley	16	19	21	21	14	4.2%
Highland	32	23	14	14	7	2.1%
Lothian	9	9	7	3	6	1.3%
Others	13	8	6	10	3	0.3%
Total	364	348	344	341	332	

New Outpatient Attendances

NHS Board	2011/12	2012/13	2013/14	2014/15	2015/16	% 15/16
GGC	669	632	806	731	797	78.6%
Lanarkshire	164	148	155	148	85	8.4%
Ayrshire	35	46	60	59	62	6.1%
Forth Valley	55	39	36	34	32	3.2%
Highland	41	37	15	8	13	1.3%
Lothian	1	4	6	12	17	1.7%
Others	13	9	7	6	8	0.8%
Total	978	915	1085	998	1014	

EQIA Summary: Moving to a Day Service

Race: No Impact
Gender: No Impact
Sexual Orientation: No Impact
Religion / Belief: No Impact
Disability: Negative Impact
Age: Negative Impact
Socioeconomic: Negative Impact

Patient would need to travel daily rather than

staying in the unit Monday-Thursday Classes and sessions would need to be redesigned to ensure suitable rest periods

between therapies

Financial Profile

Finance Profile	FYE Budget	Reduce	% GGC Saving
Medical	£536,000	0	0
Nursing	£512,000	£322,000	£195,000
Administration	£125,000	0	0
Non Pay	£125,000	0	0
Total	£1,298,000	£322,000	£195,000

Conclusion

- Patient education courses will be provided as week long outpatient programmes
- Mistletoe and homoeopathic 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 could be made in exceptional circumstances
- The full range of services will continue on an outpatient and day case basis
- A stakeholder reference group would be developed
- The operational models at London and Bristol would be considered
- The full range of services offered would remain