

Decommissioning Homeopathy

Homeopathy Research Institute Submission to the Bristol, North Somerset and South Gloucestershire CCGs Consultation

11 August 2017

Rachel Roberts BSc(Hons) MCH FSHom

Chief Executive, Homeopathy Research Institute (HRI)

rachelroberts@hri-research.org

www.hri-research.org

HRI is an innovative international charity created to address the need for high quality scientific research in homeopathy.

The following text is copied from the consultation web page:

<https://www.bristolccg.nhs.uk/get-involved/nhs-service-proposals/decommissioning-homeopathy>

Decommissioning homeopathy

Bristol, North Somerset and South Gloucestershire CCGs propose to decommission all NHS funded homeopathic or alternative therapies.

Currently, access to homeopathy treatment for patients at the Portland Centre for Integrative Medicine (PCIM) is subject to prior approval via an agreed set of criteria. Simon Stevens, chief executive of NHS England, has recently stated homeopathy should not be funded by the NHS.

The Science and Technology Select Committee concluded in 2010 that the NHS should cease funding homeopathy, agreeing with the government that there is no evidence to show that homeopathy is clinically effective. That is, it does not work beyond the placebo effect. The committee recommended that placebos should not be routinely prescribed on the NHS; that the funding of homeopathic hospitals should not continue, and that NHS doctors should not refer patients to homeopaths.

Patients who wish to access homeopathic treatment will continue to have the option to self-fund their treatment or seek funding from the Individual Funding Request Panel if they can demonstrate exceptional circumstances.

We would like to hear your views. The brief survey below will be open from 18 July to 15 August 2017. Feedback will be made available on this website.

Alternatively please email contactus.bnssg@nhs.net

Give your feedback on this proposal

Do you understand the reasons for our proposal to stop NHS funding for homeopathy treatment?

- Yes

Do you agree or disagree with our proposal to cease NHS funding for homeopathy?

- Disagree

Why do you say that?

The reasons given for the proposal to decommission homeopathy are easy to understand in the sense that they have been explained clearly; however, they are impossible to understand in the sense that they do not provide justification for such a decision in terms of **ethics** or **economics** – two core concepts at the heart of such healthcare commissioning decisions.

The situation is simple. At present, homeopathy is being provided to patients who want it, need it and report clinical benefit from it.

The homeopathy service is being provided by doctors who are experienced in the use of both conventional medicine and homeopathy, and have made the clinical judgment that homeopathy is the most appropriate treatment for these particular patients.

It is also important to note that the patients receiving this service are being referred for homeopathic treatment either because conventional medicine has failed to provide sufficient clinical benefit, or because conventional medicine is contraindicated.

Bearing in mind the points above, it is essential that any decision taken to remove such a successful service has to be fully justified to the patients who currently use it, to the doctors who provide it and the general public who may wish to use the service in future. Credible assurances would be needed that decommissioning would not lead to poorer patient outcomes or reduced quality of life for those patients who would no longer have access to homeopathic treatment.

The nature of the required justification is straight forward – **Bristol, North Somerset and South Gloucestershire CCGs must explain how a decision to decommission homeopathy is ethically and economically sound.**

- It is only ethical to decommission homeopathy if an alternative treatment option is provided which gives similar or superior clinical benefits.
- It is only economically justified to decommission homeopathy if the replacement service costs the same or less than the existing homeopathy service.

In order to take a decision to decommission homeopathy, it would therefore be necessary for the CCGs to provide the public with the following:

1. **Specific details of what treatment options will offered to these patients in place of the homeopathy service**, especially in cases where conventional medicine is not an option.
2. **Evidence that the replacement services will lead to a minimum clinical outcome of “improved health” in 70% of patients and “major improvement” in 50% of patients¹** – the results achieved with patients attending the former NHS Bristol Homeopathic Hospital (whose clinicians are now working for the Portland Centre for Integrative Medicine).
3. **Evidence of the cost saving which will be achieved by replacing homeopathy with these new services**, by providing the actual costs of the existing homeopathy service and projected costs of replacement services.

If the criteria outlined above cannot be met, homeopathy cannot be decommissioned and the decision must be taken to continue with the existing provision of homeopathy for ethical and economic reasons.

Is there anything else you would like to say about our proposal not to offer homeopathy treatment in the NHS?

One of the strategic aims of the Homeopathy Research Institute (HRI) is to provide accurate and objective information about the evidence on homeopathy.

Having read the reasons given for proposing to decommission homeopathy, it appears that Bristol, North Somerset and South Gloucestershire CCGs are not fully aware of the facts surrounding the 2010 Science and Technology Select Committee ‘Evidence Check 2: Homeopathy Report’² (EC2) – hence our particular interest in this consultation.

The EC2 report is an unsuitable resource to inform decision-making

As the findings of the EC2 report are informing this proposed decommissioning decision, the reliability and credibility of the report need to be carefully considered. Although described by some as a ‘comprehensive review’ of the evidence, EC2 is not a scientific document. No systematic scientific method was applied, it was not carried out by expert academics in the field and the choice of evidence included showed a disturbing bias – both in terms of written submissions and the choice of witnesses permitted to give oral evidence.

Such fundamental flaws have been widely acknowledged: whilst 3 out of 4 MPs voted in favour of the report, one member of the Select Committee (Ian Stewart MP) abstained, dissenting from the report because he was concerned by the “balance of witnesses”; 70 MPs expressed their concern by signing an Early Day Motion (EDM 908) and an independent critique by Earl Baldwin of Bewdley concluded that the report was **“an unreliable source of evidence about homeopathy”³**.

Earl Baldwin’s opinion is of particular interest, as he served on the House of Lords Science and Technology Sub-Committee that inquired into complementary and alternative medicine in 1999-2000 and so was familiar both with correct S & T Committee procedures and the topic in question.

These facts can be verified in more detail at www.homeopathyevidencecheck.org.

The Science and Technology Select Committee's conclusions have been quoted correctly i.e. that they, *"...recommended that placebos should not be routinely prescribed on the NHS; that the funding of homeopathic hospitals should not continue, and that NHS doctors should not refer patients to homeopaths."*

However the following statement that the committee was, *"agreeing with the government that there is no evidence to show that homeopathy is clinically effective. That is, it does not work beyond the placebo effect"* **is incorrect.**

Clearly the committee did not "agree with the government". In fact as EC2 has been so severely criticised by Government, if the CCGs decide to go ahead and tell the public that this report is the reason why homeopathy is being decommissioned, this cannot be done with any claim of following Government's lead; instead Bristol, North Somerset and South Gloucestershire CCGs will need to provide **their own justification** for basing a commissioning decision on a non-scientific report criticised by 70 Members of Parliament, supported by only 3 Members of Parliament, critiqued by a Member of the House of Lord with direct experience in such Select Committee Evidence Check processes, and whose findings were not accepted by the Department of Health.

As the CCGs have now been made aware of the multiple reasons why the EC2 report cannot be relied upon to inform decision-making, if the report continues to be used to justify a decommissioning proposal, a point-by-point answer to all issues raised in EDM 908 must be provided for public scrutiny.

Evidence covered by the EC2 report

Reliability aside, a second pertinent issue is that EC2 only considered *efficacy* of homeopathy, not real world *effectiveness* assessing the 'whole treatment package' as provided by homeopaths in everyday practice. They therefore excluded all observational studies and pragmatic randomised controlled trials and only considered five comprehensive meta-analyses of randomised controlled trials (RCTs)^{4,5,6,7,8}. From this evidence the four meta-analyses which found in favour of homeopathy were excluded,^{4,5,6,7} based solely on the testimony of Prof Edzard Ernst that, in his opinion, they were unreliable. This left only one study to inform the report's conclusions – the comprehensive comparative meta-analysis known as The Lancet study by Shang et al. published in 2005⁸.

Multiple concerns have been raised about the Shang et al. study, particularly the fact that its conclusions were based on only 8 trials out of 110 available at the time and that it fails a sensitivity analysis⁹ i.e. **if you remove just one of the 8 trials used in the analysis, the result is reversed, showing that homeopathy works beyond placebo. Furthermore not one of the 8 trials used involves individualised homeopathic treatment** – the form of homeopathy considered to be 'usual care', as practiced by most homeopaths.

It is also essential to note that Shang et al. paper, conducted 12 years ago, no longer reflects the entirety of today's evidence base.

The sixth and most recent comprehensive meta-analysis by Mathie et al., published in 2014, includes 151 placebo-controlled randomised trials – 41 more than Shang's team identified in

2005, but which would have met their inclusion criteria if available at the time. This study found that **homeopathic medicines, when prescribed during individualised treatment, are 1.5 to 2.0 times more likely to have a beneficial effect than placebo**¹⁰.

This demonstrates the extent to which Shang et al. 2005, which now covers only 73% of the eligible trials, has been superseded by Mathie et al. 2014 – **evidence of the highest academic quality which did not even exist at the time of the House of Commons Evidence Check.**

Considering only relevant scientific evidence

PCIM is providing **individualised homeopathic treatment (IHT)**, a form of homeopathy involving an in-depth consultation, followed by a prescription (usually a single homeopathic medicine) based on the specific symptoms of the patient. IHT is generally considered to be the ‘gold standard’ of homeopathic treatment and in research terms is ‘usual care’. This is not to be confused with **non-individualised homeopathy** where a single product, containing multiple homeopathic medicines, is prescribed to all patients based on clinical diagnosis alone e.g. over-the-counter homeopathic medicines.

Therefore, only research assessing IHT is relevant to this commissioning decision.

If the CCGs wish to consider **evidence of efficacy**, the Mathie 2014 paper is the most relevant, rigorous and recent scientific evidence available: as this review of all placebo-controlled trials on IHT found that this form of homeopathy, as delivered by PCIM, has a greater clinical effect than placebo, it is clear that current best evidence supports the decision to continue provision of the existing NHS homeopathy service.

As the EC2 report based its conclusions only on the Shang et al. paper, which in turn based its conclusions only on trials of non-individualised homeopathy, neither document is actually relevant to this discussion.

When deciding whether or not to decommission homeopathy, Bristol, North Somerset and South Gloucestershire CCGs will of course be considering how well NHS Homeopathy services have performed to date. It is therefore highly surprising to find that no information has been provided on your ‘Decommissioning homeopathy’¹¹ page about **research which has been conducted specifically to assess the performance of NHS Homeopathy services**. As this primary research evidence relates directly to the decision being taken, its absence from the consultation is a serious cause for concern.

Four published studies carried out from 1999 to 2008 tracked the outcome of patients being treated at **NHS homeopathic hospitals**:

Liverpool (2001)

An outcome survey carried out at the Liverpool department of homeopathic medicine over a 12 month period in 1999-2000 surveyed **1,100 patients**¹²; **76.6% reported an improvement** in their condition since starting homeopathic treatment and **60.3% regarded their improvement as major**. 814 patients were taking conventional treatment for their condition and 424 [52%] of these were able to reduce or stop conventional medication. The

main conditions treated were osteoarthritis, eczema, chronic fatigue syndrome, asthma, anxiety, headaches, inflammatory arthritis and irritable bowel syndrome.

Royal London Homeopathic Hospital (2003)

A **500-patient survey** at the RLHH showed that many patients were able to reduce or stop conventional medication following homeopathic treatment¹³. The extent of improvement varied between diagnoses e.g. 72% of patients with skin complaints reported being able to stop or reduce their conventional medication; for cancer patients there was no reduction. The study also showed that many patients seek homeopathy because of their concerns about the safety of conventional treatment.

Bristol Homeopathic Hospital (2005)

An observational study at Bristol Homeopathic Hospital included over **6,500 consecutive patients** with over 23,000 attendances in a six-year period¹; **70% of follow-up patients reported improved health, 50% major improvement**. The largest improvements were reported in childhood eczema or asthma, and in inflammatory bowel disease, irritable bowel syndrome, menopausal problems and migraine.

Bristol, Glasgow, Liverpool, London and Tunbridge Wells (2008)

In this pilot study, data from **1602 follow-up patient appointments** at all five NHS homeopathic hospitals were collected together over a one-month period¹⁴. At their second homeopathic appointment, 34% of follow-up patients overall reported an improvement that affected their daily living. For patients **at their sixth appointment**, the corresponding **improvement rate was 59%**. Eczema, chronic fatigue syndrome, menopausal disorder, osteoarthritis and depression were the "top five" most referred conditions.

We have provided strong evidence that individualised homeopathy has a clinical effect beyond placebo, and compellingly consistent evidence that when delivered within an NHS setting, homeopathy leads to clinical benefit and reduced conventional drug use. As the only evidence mentioned on the consultation website is the 2010 EC2 report, one has to assume that the CCGs were unaware of this scientific evidence which clearly supports continuation of the existing homeopathy service.

The fact that this evidence can now be taken into consideration demonstrates the value of this consultation in providing CCGs with the opportunity to receive and consider new data before coming to a decision.

However, we acknowledge that commissioning decisions are not based on research evidence alone. As such Bristol, North Somerset and South Gloucestershire CCGs may prefer to base their decision-making primarily on the ethical and economic issues outlined above. Thus, **unless a more clinically effective and cost-effective treatment option can be provided for the patients who currently use this service, homeopathy should not be decommissioned and the status quo should be maintained.**

Please tell us whether you are:

- Member of the public living in Bristol
- Member of the public living in North Somerset
- Member of the public living in South Gloucestershire
- A Bristol/North Somerset/South Gloucestershire GP
- An NHS provider
- A social care provider
- A private provider
- [A representative from the voluntary sector](#)
- Other (please specify)

Are you registered with a GP in:

- Bristol
- North Somerset
- South Gloucestershire
- [I am not registered with a GP](#)

REFERENCES

1. Spence D, Thompson E A, Barron S J. Homeopathic treatment for chronic disease: a 6-year university- hospital outpatient observational study. *J Altern Complement Med* 2005; 5: 793-798.
2. Evidence Check 2: Homeopathy, Report by the House of Commons Science and Technology Committee, February 2010
3. Earl Baldwin of Bewdley, June 2010: Observations on the report *Evidence Check 2: Homeopathy* by the House of Commons Science and Technology Committee, February 2010
4. Kleijnen, J., Knipschild, P. & ter Riet, G. Trials of homeopathy. *BMJ* **302**, 960 (1991)
5. Linde, K. *et al.* Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet* **350**, 834–843 (1997)
6. Linde, K. *et al.* Impact of study quality on outcome in placebo-controlled trials of homeopathy. *J. Clin. Epidemiol.* **52**, 631–636 (1999)
7. Cucherat, M., Haugh, M. C., Gooch, M. & Boissel, J. P. Evidence of clinical efficacy of homeopathy. A meta- analysis of clinical trials. HMRAG. Homeopathic Medicines Research Advisory Group. *Eur. J. Clin. Pharmacol.* **56**, 27–33 (2000)
8. Shang A, Huwiler-Muntener K, Nartey L, et al. Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy. *Lancet*, 2005; **366**: 726–32
9. Lütke, R. & Rutten, A. L. B. The conclusions on the effectiveness of homeopathy highly depend on the set of analyzed trials. *J. Clin. Epidemiol.* **61**, 1197–1204 (2008)
10. Mathie RT, *et al.* Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis. *Systematic Reviews*, 2014; **3**:142.
11. <https://www.bristolccg.nhs.uk/get-involved/nhs-service-proposals/decommissioning-homeopathy/>
12. Richardson W R. Patient benefit survey: Liverpool Regional Department of Homoeopathic Medicine. *Br Homeopath J* 2001; 90: 158-162.
13. Sharples F, van Haselen R, Fisher P. NHS patients' perspective on complementary medicine. *Complement Ther Med* 2003; 11: 243-248.
14. Thompson E A, Mathie R T, Baitson E S, Barron S J, Berkovitz S R, Brands M, Fisher P, Kirby T M, Leckridge R W, Mercer S W, Nielsen H J, Ratsey D H K, Reilly D, Roniger H, Whitmarsh TE (2008). Towards standard setting for patient-reported outcomes in the NHS homeopathic hospitals. *Homeopathy*, **97**:114-121.