

## **Society Homeopaths responds to: Integrated Healthcare: Challenges and Opportunities in Post Brexit UK**

### **Questions for Inquiry**

<b>A. Current Healthcare Landscape and CAM</b>
<b>1. Do you think modern health demands have changed, and does our current system of health meets these demands and the needs of patients?</b>
<ul style="list-style-type: none"> <li>• Health needs have changed with an ageing population.</li> <li>• Chronic conditions such as obesity and diabetes have vastly increased.</li> <li>• Mental health is now a substantial and costly problem, with depression now the fastest growing condition in the UK (GP online, 2017).</li> <li>• According to HM Government (2017), one in four of people around 13 million people in the UK, will have a common diagnosable mental disorder in any given year.</li> <li>• Patient expectations of health care are higher.</li> <li>• The current system of health care does not entirely meet many patient demands or needs: consultation times are too short to allow for holistic approaches, and there is a high degree of fragmentation into areas of specialism.</li> </ul>
<b>2. Why do you think the NHS is under so much pressure when successive Governments have increased funding?</b>
<ul style="list-style-type: none"> <li>• Growing population with greater life expectancy</li> <li>• Multi-morbidity</li> <li>• Increasing needs of chronically ill population</li> <li>• Fast changing and pressured society, with depression and anxiety affecting 8.3% of the population (GP online, 2017).</li> <li>• Excessive time pressure on GPs as demands for health care continue to grow</li> </ul>

### **3. Why do patients use complementary and alternative medicine (CAM)? What does it offer that conventional medicine does not?**

CAM (and in particular – homeopathy) offers:

- More time given for a listening approach
- Greater patient autonomy and choice
- Patient-centred medicine
- Fewer side effects from treatments
- Natural, easy and pleasant to use
- It is a ‘green’ sustainable medicine with a low environmental impact
- Focus on patient responsibility and prevention of health problems
- Holistic approach, treating the whole person
- Homeopathy is safe, effective, non-toxic and non-addictive
- Comparative low cost of homeopathic remedies

An estimated 5.75million people a year in the UK seek treatment from a CAM practitioner. In 2008 approximately one in four members of the public said they would like to access complementary medicine on the NHS. Studies show a picture of the predictors of overall CAM use in terms of higher income and education. A high prevalence of CAM use has been documented worldwide in adults and children with chronic illnesses.

### **4. Is CAM safe?**

- CAM is safe if well regulated and practitioners are trained, registered and monitored effectively through such accredited registers as the Professional Standards Agency (PSA). However, greater cohesion with the medical world is needed.
- Homeopathic treatment is generally very safe; adverse effects from properly prepared homeopathic medicines have been reported but are rare (Mathie and Fisher, 2007).

**5. Do you think the CAM field is sufficiently regulated? How should CAM professions be regulated moving forward?**

- Despite ongoing consumer demand and an emerging scientific evidence-base for CAM, what is needed is reliable information in standard clinical guidelines about their use - guidelines that are helpful to end-users i.e. patients, practitioners and policy makers.
- However voluntary regulation in homeopathy works well alongside the PSA as a robust and respected umbrella body.

**6. Should we make better use of complementary therapies within our healthcare system? If so, why?**

Yes – also see section A3.

- Referrals to CAM practitioners would greatly relieve pressure on GPs.
- Homeopathy uses a holistic patient-centred approach, which can potentially reduce the number of GP visits and over-use of conventional medicines.
- Homeopathy is a popular CAM therapy, used by the public in the UK, therefore facilitating patient choice.
- There is evidence that homeopathy can have effects above and beyond placebo (see C15- evidence of research).

**7. Is there hostility towards CAM? If so, why? What are the biggest barriers to greater availability of CAM within the Health Service?**

- There is hostility to CAM among some vocal critics, including in the media, but this is not reflected in most public opinion polls.
- The holistic, and often highly individualistic system approach of CAM means that most CAM interventions are complex, which makes their efficacy hard to measure via randomised controlled trials.
- The popularity of CAM among the public makes them a potential threat to the pharmaceutical industry.
- Lack of funding for large-scale studies of CAM also makes efficacy difficult to establish, only 0.0085% of medical funding is allocated to CAM interventions in the UK (Lewith, 2007).

**8. What are the greatest health challenges to us as a society in the future?**

- Growing risk that infections may not be treatable in the future due to a lack of new antimicrobial medicines and antimicrobial resistance. Total antibiotic consumption increased by 6.5% from 2011 to 2014. 2.4% rise between 2013 and 2014 (NICE, 2016).
- Long term chronic health conditions (see sections A1 & 2).
- Ageing population
- Overuse and abuse of prescribed and illegal drugs, e.g. opioids, benzodiazepines)
- Toxicity e.g. from air pollution, convenience/processed foods
- Stress of modern life, leading to poorer mental and physical health
- Lack of exercise and poor diet contributing to obesity, type 2 diabetes and heart disease.

**9. How does the availability/acceptance of CAM in the UK compare with other countries of which you have direct experience?**

- In Switzerland, from 2017, homeopathy, along with acupuncture, traditional Chinese medicine, herbal medicine and holistic medicine, will acquire the same status as conventional medicine for health insurance purposes. The treatment costs of homeopathy will be covered by compulsory Health Insurance, provided certified medical doctors administer the costs. The Swiss government announcement follows two important events - the publication of a comprehensive government commissioned report on homeopathic medicine, and a 2009 public referendum favouring the inclusion of homeopathy in the provision of services covered by statutory health insurance.
- Percentages for the use of homeopathy in children is highest in Germany, France, United Kingdom, and Canada (Italia, Wolfenstetter and Teuner, 2014).
- CAM is presently offered in about half of Norwegian hospitals and one-third of Danish hospitals. In 2011, Norway CAM was offered in 50 hospitals, 40 of which involved acupuncture. In Denmark 38 hospitals offered acupuncture and one Eye Movement Desensitization and Reprocessing Light Therapy (Salomonsen et al. 2011).
- Many other countries have more openness to homeopathy e.g. India, Germany, France, South America, Africa.

**B. Access & Delivery**

**10. What knowledge or experience do you have about how and where CAM services are available and delivered within an NHS environment (Primary and Secondary care)? Please provide any examples of good practice and what outcomes have you observed? Provide any evidence you have to support this.**

- Homeopathic treatment is available in 3 homeopathic hospitals in the UK (London, Bristol, Glasgow) and one ex hospital is now NHS homeopathy clinic (Liverpool).
- Homeopathy is offered in some GP surgeries, either by GPs also trained in homeopathy or by practice-funded homeopaths (e.g. Marylebone Health Centre)
- Homeopathy is offered as an integrated component of palliative care (e.g. St Luke's Hospice, Plymouth; the Portland Centre for Integrative Care)
- Homeopathy is offered as a specialist service for hard to treat conditions (e.g. within the rheumatology department at Barnsley hospital)

<p><b>11. Are NHS commissioning services meeting the needs of patients? If not, why not, and how could this be improved?</b></p>
<p>No – See also section A6.</p> <ul style="list-style-type: none"> <li>• There are limited treatment choices.</li> <li>• NHS practitioners face lack of time and resources.</li> <li>• The system should include referral to PSA accredited CAM practitioners.</li> </ul>
<p><b>12. What are your views on patient choice, and do you see it present within the Health Service?</b></p>
<p>Patient choice is an important principle in the delivery of healthcare.</p> <ul style="list-style-type: none"> <li>• The lack of homeopathy on the NHS limits patient choice.</li> <li>• Homeopathy differs from conventional medicine in many aspects, including in its holistic nature (Oberbaum, Singer &amp; Vithoukias, 2005) and the attention paid to individual symptoms.</li> <li>• Many patients and consumers in the UK use CAM. Across surveys on CAM in general, the average one-year prevalence of use of CAM was 41.1% and the average lifetime prevalence was 51.8% (Posadzka et al, 2013).</li> <li>• Homeopathy remains a popular choice of complementary medicine for children in the UK (Altunc et al, 2007, Thompson et al 2010; Simpson &amp; Roman 2001).</li> <li>• Healthcare professionals should therefore responsibly advise their patients about the use of homeopathy, and it should be made available on the NHS, similar to how Social Prescribing is used to reduce GP visits and unnecessary drug use.</li> </ul>
<p><b>13. Are Personal Health Budgets a good thing? Should they be rolled out further?</b></p>
<p>Yes, because:</p> <ul style="list-style-type: none"> <li>• They provide more autonomy and choice for patients.</li> <li>• They ease the burden on the NHS resources. Present UK health policy encourages patients to take more responsibility for their own and their children's health, including greater self-management of self-limiting acute illness and chronic conditions (Shaw, Thompson and Sharp, 2006).</li> </ul>

#### **14. How can we better empower patients within our Health Service?**

- Give patients greater choice of treatment options.
- Give more information on CAM practices to educate health practitioners and patients in order to facilitate choice.
- Provide more comprehensive 'signposting' within the NHS to enhance clear decision-making and awareness of treatment pathways.
- Integrate conventional medicine and CAM to provide a comprehensive health service based on efficacy, prioritising health promotion and offering patient choice.

#### **C. Research and Evidence**

#### **15. Are there areas where you believe conventional medicine does not achieve the results it should? For example, effectiveness gaps.**

##### **Upper respiratory tract infections (URTIs)**

- Antibiotics have been shown to be ineffective in the treatment of otitis media and uncomplicated upper respiratory tract infections (URTIs). This has left an effectiveness gap. A number of randomized trials and outcome studies using homeopathy for upper respiratory tract disorders (Zanasi et al., 2014; Jong et al., 2016; Ramchandani, 2010; van Haselen et al., 2016, Haidvogel et al., 2007; Thinesse-Mallwitz et al., 2015).

##### **Ear infections (otitis media) and rhinopharyngitis**

- Studies of homeopathic treatment for acute otitis media (ear infections) (Bell and Boyer, 2013; Fixsen, 2013; Sinha et al., 2012) indicate that it can fill an efficacy gap. Homeopathy also yielded positive results in the treatment of rhinopharyngitis (Trichard et al., 2005) in terms of reduced number of episodes and complications, quality of life, and significantly less sick-leave for parents.

##### **Hay Fever**

- There is good evidence to support the homeopathic treatment of seasonal allergic rhinitis or hayfever (Ernst, 2011; Banerjee et al., 2014.)

Other conditions for which there are positive trials include fibromyalgia (Bell et al, 2004), chronic fatigue (Wetherley Jones et al, 2004) and premenstrual syndrome (Yakir et al, 2001).

**See also Section D: Opportunities for CAM-** antimicrobial resistance, long term/chronic illness, cancer, mental health, public health.

**16. What is good evidence? What types of evidence should we be looking at?**

- Evidence provided by patient experience should not be dismissed.
- RCT trials are often inappropriate for understanding outcomes of more complex interventions, such as homeopathy. Research from real-world settings i.e. homeopathy in practice, when using appropriate outcome measures (e.g. MYMOP, PROMS, PREMS) can provide valuable information concerning patient experience and outcomes.

**17. Does CAM have a strong enough evidence base? Explain. Should further research in this area be undertaken? If so, why? Who should fund it? And where should it be carried out?**

There is a good evidence base for homeopathy based in clinical outcome (see below). However more funding is needed to establish its main areas of efficacy. We suggest that pragmatic trials across several different locations would be a good means to establish efficacy in real world contexts.

- In a UK study of 5331 NHS GP patients receiving homeopathy over a 12-month period, 78% of patients had a positive clinical response, 19% no response and 3% a negative response (Robinson, 2006).
- In a 6-year UK study involving 6,544 hospital outpatients with chronic conditions, 70.7% reported positive health changes after homeopathic treatment (Spence and Thompson, 2006).
- 7 out of 10 patients in a Norwegian prospective outcome study of 654 patients reported a meaningful improvement in their main complaint after 6 months of homeopathic treatment. (Steinsbekk and Ludtke 2005)
- A study involving 3,981 patients looked at the long-term outcome for patients receiving homeopathic treatment in 103 German and Swiss primary care practices. The results showed that treatment by a homeopath led to marked and sustained improvements in disease severity and quality of life (Witt et al, 2006)
- In a 500-patient survey at the Royal London Homeopathic Hospital many patients were able to reduce or stop conventional medication following homeopathic treatment, for example 72% of patients with non malignant skin complaints reported being able to stop or reduce their conventional medication (Sharples, van Haselen and Fisher, 2003.)



**18. Are NICE guidelines positive or negative?**

NICE have rigorous, objective assessment procedures, so it is not possible to say whether these are positive or negative. Many NICE guidelines are based on criteria which because of their multifactorial nature preclude most CAM therapies. NICE require substantial evidence consisting of systematic reviews, meta-analyses, safety and cost effectiveness. Few trials of CAM assess safety, and few systematic reviews assess effectiveness.

**19. Are advertising regulations fair for CAM?**

The draconian and inconsistent regulations imposed on CAM practitioners seriously impede patient choice and all the benefits alternative medicine provides. These regulations are set by a private company, the Advertising Standards Authority, who have no mandate, no understanding of the issues and even less accountability. Their harassing and threatening of homeopaths in particular is based on poorly researched evidence and an interpretation of their guidelines that amounts to a breach of the practitioners' and patients' human rights to to treat and be treated.

**D. Opportunities for CAM**

**20. Please give your thoughts on the following areas where CAM could make a contribution. Provide details and evidence where appropriate, and examples of where complementary therapies are being employed in these areas if known.**

**Antimicrobial Resistance**

**Long Term/Chronic illness (arthritis, asthma, back pain etc.)**

**Cancer**

**Poly Pharmacy**

**Multi-morbidity**

**Mental health**

**Public health (smoking cessation, heart disease, diabetes, obesity, lifestyle change)**

**Other areas where CAM could make a positive contribution.**

### Antimicrobial Resistance

- Many conditions can be treated effectively by homeopathy, alleviating the need for antibiotics e.g. ear infections, abscesses etc. A growing body of evidenced-based research suggests that homeopathy can be used to prevent and treat acute otitis media and uncomplicated upper respiratory tract infections (see Section C15)

### Pediatric care

- Homeopathy is a popular choice of CAM for children. Authors of a 8.5 year study in Avon found that 14.8% of children visited a qualified homeopath, and 12% a specialist homeopathic doctor, on at least one occasion (Thompson, Bishop, and Northstone 2010). Clinical research suggests that over-the-counter homeopathic medicines offer pragmatic treatment alternatives to conventional drugs for symptom relief in children with uncomplicated AOM or URIs (Fixsen 2013; Taylor and Jacobs 2011; Jacobs, Springer, and Crothers 2001; Sinha et al. 2012). Results of a recent pragmatic clinical trial suggested that use of homeopathic medicines minimized flu and acute respiratory episodes in children, signaling the homeopathic prophylactic potential be investigated in further studies (Siqueira et al. 2016).

### Long term /Chronic Illness

- In one study of CAM use for asthma (Shaw et al, 2006) patients reported CAM as being empowering, and enabled them to explore a wider range of possible causes of their asthma than usually discussed within NHS settings.
- An observational study at the Bristol Homeopathic Hospital monitored treatment of >6500 patients with chronic disease during a 6 year period (Spence at al., 2005). Just over 50% of patients self-rated their health as 'better' or 'much better' and over 70% expressed a degree of improvement. These results concur with studies from other (ex) homeopathic hospitals: in Tunbridge Wells improvement was seen in 74% of 1372 patients (Clover, 2000); and in Liverpool improvement was seen in 76.6% of 1100 patients (Richardson, 2001).

## Cancer

- Homeopathy has been used as a support therapy for patients diagnosed with cancer, usually alongside conventional treatment. There are a limited number of studies in this area, however a 2009 Cochrane review of eight controlled trials with a total of 664 participants found preliminary data in support of the efficacy of topical calendula for prophylaxis of acute dermatitis during radiotherapy and Traumeel S mouthwash in the treatment of chemotherapy-induced stomatitis (Kassab et al, 2009).
- The effects of homeopathy on quality of life in cancer patients has also not been widely studied, however in a prospective observational study by Rostock et al (2011) of cancer patients in two differently treated cohorts, improvement to quality of life (QoL) was clinically relevant and statistically significant, including in reduced physical and mental fatigue. The sample was too small to establish a clear causal relation, however Rostock et al suggest that study findings suggest that classical homeopathic care could complement conventional cancer care to the benefit of patients.
- A recent pragmatic randomised controlled trial was used to evaluate the potential of homeopathy to influence global health status and subjective wellbeing when used as an adjunct to conventional cancer therapy (Frass et al, 2015). 410 patients treated by standard anti-neoplastic therapy, were randomized to receive or not receive classical homeopathic adjunctive therapy in addition to standard therapy. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing in favor of the homeopathic group.

## Mental health

- Homeopathic treatment can be helpful in dealing with mental health problems and can reduce dependence on anti-depressant medication. Consultations afford ample talking time and opportunity to explore difficulties more thoroughly than in short GP appointments. Given that women are up to three times more likely to develop major depressive disorders, findings from a recent RCT where homeopathy was given to 133 peri-menopausal and menopausal women with depressive symptoms were promising. 54.5% of women responded positively to homeopathic treatment, which was similar to the response to fluoxetine but significantly higher than from placebo. Only homeopathic treatment led to a reduction on menopausal symptoms, which is in line with its whole person effects (Del Carmen Macías-Cortés et al. 2015).
- Other conditions for which there are positive trials include fibromyalgia (Bell et al, 2004), chronic fatigue (Wetherley Jones et al, 2004) and premenstrual syndrome (Yakir et al, 2001).

Public health (smoking cessation, heart disease, diabetes, obesity, lifestyle change)

- As holistic therapists, homeopaths encourage positive lifestyle changes in patients. This usually includes adoption of healthy eating practices, regular exercise, good sleep hygiene, and a more balanced mental attitude.

Other areas where CAM could make a positive contribution

- Pregnancy and other conditions where the side effects of conventional medication are best avoided.

**21. Could cost savings be achieved if there was greater use of complementary therapies within our Health Service? Please provide facts if they are available.**

Yes. According to NICE guideline on self-limiting respiratory tract infections, around 60% of antibiotics were prescribed in primary care are for respiratory tract infection. According to a recent US clinical report on the prescribing UTRIs in children, as many as 10 million antibiotic prescriptions per year were directed toward respiratory conditions for which they are unlikely to provide benefit (Hersh et al. 2011).

**22. Do we focus enough on prevention? If not, what can we do to change this and how might this help the NHS?**

CAM therapies like homeopathy can focus more on preventative health and positive autonomy. Homeopathic consultations allow time for discussion and promotion of positive lifestyle options e.g. exercise and diet. Patients are empowered to make positive changes, which may prevent the onset of chronic disease. The provision of exercise programmes, mindfulness classes and diet/culinary workshops are also important.

<b>E. Brexit</b>
<b>EU Healthcare Legislation</b>
<b>23. What is your view on existing EU healthcare legislation, such as EU Directives? For example the Food Supplements Directive, the Herbal Medicinal Products Directive.</b>
<p>Most homeopathic medicines are supplied as unlicensed medicines, dispensed for bespoke orders on request and supplied under UK Pharmacy regulations. Current EU legislation provides the HR (Simplified) and NR (National Rules) schemes that allow the marketing of homeopathic products that have been registered/authorised under these schemes. A limited number of homeopathic products are marketed in this way through retail outlets.</p>
<b>24. Do you believe they fulfill their objectives? Are they beneficial to the UK? Do you think they (or elements of them) should be retained post Brexit?</b>
<p>The registration/authorisation process is costly and only viable for a limited range of products. The MHRA should keep the HR and NR schemes that allow the marketing of registered/authorised homeopathic products that have led to no major issues over the last 20 years in the UK. However, for potencies at 12c and above the MHRA could adopt a more straightforward registration system along the lines of Health Canada. This would lead to more registered products and a larger retail market.</p>
<b>Trade and Economy</b>
<b>25. Do you think that there are new trade opportunities in this sector for the UK post Brexit? Explain.</b>
<p>It is difficult to assess until the details of the new relationship with the EU are known but the aim must be for the present trading opportunities for pharmacies and others to be preserved while there is also benefit from the forging of new trade deals with non-EU countries.</p>
<b>26. What are your thoughts on economic opportunities (or hindrances) to UK business, including small business, post Brexit?</b>
<p>Economic activity is currently relatively modest, it is the regulatory side that could impact most on CAM organisations. However, it should be recognised that homeopathy and other CAM disciplines are hugely popular in the other parts of the world, particularly Asia, and enhanced trading and regulatory arrangements with countries such as India and China could present a wealth of opportunities.</p>

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