Should the NHS pay for homeopathy?

HAVE YOUR SAY

Public consultation
1 Setting the scene

1.1 West Kent PCT

West Kent Primary Care Trust (PCT) ensures that health services are provided for all 674,000 residents in the Dartford, Gravesham, Swanley, Sevenoaks, Tonbridge, Tunbridge Wells, and Maidstone and Weald areas.

The PCT has a budget of £747 million per year, and works with about 400 family doctors, 110 dentists, 104 pharmacists, 6 community hospitals, and 3 larger hospitals. About £200,000 is spent each year on homeopathy.

As part of a wider review of all services and spending, West Kent PCT is considering whether the NHS should fund homeopathy offered by doctors who have a postgraduate qualification in complementary therapy (integrative practitioners). This consultation document sets out the reasons for the review and some suggested ways forward. The PCT Board would like to hear your views to help guide decision-making.

1.2 This consultation

This consultation is about the referrals GPs (family doctors) make to specialist doctors for homeopathy. Section 1.3 describes what we mean by homeopathy. We’re focussing on homeopathy because there is ongoing debate about whether homeopathy provides a cost-effective, value for money service and the PCT has a responsibility to ensure that resources are used well. Services such as acupuncture will continue to receive funding from the NHS and are not the subject of this consultation.

The purpose of this consultation is not to question whether homeopathy is effective – only whether it should be funded by the NHS

The answer to this question may not be clear cut. It is possible that homeopathy could be funded to support people with some conditions but not others. West Kent PCT is reviewing a wide range of perspectives to help address this question.

The review is taking place in the context of a healthcare system that is trying to regain financial control. Difficult decisions have to be made about relative priorities for funding. The PCT has to commission services within the resources available, so if homeopathy is funded some other services may receive less funding or no funding. The consultation will help the PCT understand the importance of homeopathy to local people, compared to other priorities.
In England, a significant number of people use complementary therapies such as homeopathy to supplement or in some cases to replace conventional healthcare. Surveys conducted in the late 1990s found that up to one in four adults may have visited a complementary medicine practitioner or purchased over-the-counter complementary therapies in the past year.

As well as being available for private purchase, some complementary therapies are available through the NHS in some places. In West Kent, GPs can refer local people to hospitals that specialise in complementary therapies such as homeopathy.

Homeopathy is based on the principle that ‘like should be cured with like’ and that a substance which causes certain symptoms might be able to resolve similar symptoms. For example, for hay fever a highly diluted remedy made of onion is often used. In undiluted form this may cause hay fever-like symptoms in healthy people.

Doctors who provide homeopathy often work with people with long-term conditions and those with illnesses that do not have a firm diagnosis. Initially, these doctors have a long consultation with people to understand their problems and the impact on their lives. They then match people’s symptoms to individualised remedies and adjust doses over time.

On average, someone receiving homeopathy paid for by the NHS will attend an initial consultation and about three follow up appointments. Those with long-term conditions receive more follow up appointments.

Every year, West Kent PCT funds about 2800 homeopathy appointments for around 750 people. Three quarters of these are follow up visits for people receiving ongoing care.

The majority of homeopathy consultations paid for by West Kent PCT take place at Tunbridge Wells Homeopathic Hospital, by doctors trained in both complementary and conventional medicine. This is one of five NHS homeopathic hospitals in England.

In the year ending December 2006, West Kent PCT paid £192,682 for homeopathy appointments. This equates to a cost of about £250 per person receiving homeopathy per year. PCT audit data suggests that people who receive homeopathy are often receiving other specialist services for their condition as well, so the PCT may be ‘paying twice’ for their care.

To put this in context, for illustrative purposes, the total amount spent on homeopathy equates to about 1500 appointments with pain specialists, 2300 appointments with dermatologists, or 1300 appointments with arthritis specialists.

Any change would not affect people currently receiving homeopathy.

The PCT will continue to fund homeopathy for everyone currently receiving it. But we’d like your views about whether the NHS should pay for new referrals from now on.
2 Do we need to change?

2.1 Potential benefits

In preparing for this consultation, West Kent PCT has examined the benefits and costs to the NHS of homeopathy.

This section describes feedback about the benefits of homeopathy and examines where homeopathy fits in with other PCT priorities.

We know that some people experience important benefits from homeopathy. The question is should it be a priority for NHS funding?

As part of the review process, the PCT has spoken to some service users and doctors and commissioned a review of research about the effects and cost effectiveness of homeopathy. More information will be compiled throughout the consultation.

What do people using the service say?

Last year, West Kent PCT paid for about 750 people to receive homeopathy.

Feedback from more than 5500 people attending Tunbridge Wells Homeopathic Hospital over a 7.5 year period suggests that three quarters believe they get some relief from their symptoms. Half think they are ‘moderately better’ or ‘much better.’

“I am 55 years old. I asked my GP to send me for homeopathy because I had very itchy skin. Dermatitis medicines didn't seem to help. I've visited the Homeopathic Hospital every month for the past four months. My skin feels much better now and I'm looking forward to getting into shorts this summer.” [Service user]

But not everyone has the same positive experiences. To find out whether homeopathy has clinical benefits for a wide number of people, at the beginning of 2007 West Kent PCT commissioned an independent review of up to date research that met the highest quality standards for evidence-based medicine.

What does the research say?

The review examined published studies of large numbers of people in order to put feedback from individuals into context. It included 39 reports compiling all of the major research about homeopathy plus randomised trials that compared outcomes for people who received homeopathy versus those who did not. The review found that, although there were some positive trends, there was not enough evidence about homeopathy for people with conditions such as asthma, depression, back pain, or arthritis, and there was very little information about cost-effectiveness. This is true for many other treatments offered by the NHS too.
Homeopathy was not associated with many side effects, but most studies found no ‘clear cut’ evidence that homeopathy improved people’s symptoms.

**There is no clear evidence to support or to recommend against homeopathy.**

Some scientists think that people might feel better when receiving homeopathy because they are getting care and attention – it is not the homeopathic medicine that is making a difference, but the fact that people think it might help. This is called a ‘placebo effect.’ Overall, homeopathy remains unproven.

**What do homeopathic doctors say?**

Doctors offering homeopathy in West Kent say that it is important to keep funding the service because it supports people who may not be able to get help from other types of medicine, especially those with long-term health problems. They say that homeopathy is very popular with some patients.

Doctors offering homeopathy also say that it does not cost a great deal of money to provide the service. The main cost is for the practitioner’s time.

These specialists suggest that people who receive homeopathy might not use as many conventional medicines or appointments if they feel better after receiving homeopathy and that the NHS may save money by avoiding side effects from conventional medicines. The PCT is compiling information from GP records and other audit data to investigate these claims.

“People often ask for homeopathy because they have a condition where there is no effective conventional treatment or where other medicines have side effects. Side effects cost the NHS a lot of money. Homeopathy has few side effects and is thought to be more natural, because it stimulates people’s own healing mechanisms.”

[Dr Helmut Roniger, Tunbridge Wells Homeopathic Hospital]

**What do other doctors say?**

Some doctors question whether the NHS should pay for homeopathy. A letter to The Times earlier this year from a number of medical academics questioned the legitimacy of PCTs continuing to fund homeopathy. A leading Professor of Complementary Medicine in the UK signed this letter too.

Some GPs in West Kent say that the NHS should not continue to fund all homeopathy because it remains an unproven therapy, and because the PCT must pay for treatments that make the best use of the limited amount of money it has.

“We all share an absolute duty to spend NHS money in both a clinically and cost effective manner. For historical reasons there has been a permissive endorsement of homeopathy across the NHS despite widespread recognition that the theoretical basis in science is implausible. The motto of the Royal College of General Practitioners is “science with compassion.” In this case we must insist on the science. We must not have one without the other.”

[Dr James Thallon, GP]
2.2 PCT priorities

It is important to think about homeopathy in the context of the PCT's other priorities. West Kent PCT is undertaking a review of all services to make sure that the things we fund meet health priorities and people's needs now and in the future. Homeopathy is not being 'singled out' for review – a wide range of services are being considered.

“West Kent PCT is going through a process of financial turnaround. We are looking carefully at all services and seeing how they fit in with local and national strategic plans. We need to make some tough decisions about what we will and will not continue to fund. We can't keep funding everything, and so we have to make some choices about what is best for the majority of people in West Kent.”

[David Newcombe, West Kent PCT Financial Turnaround Director]

West Kent PCT wants to fund services that the largest number of people can benefit from. Homeopathy is used by a relatively small number of people each year (755 people in 2006), but those people do generally feel that homeopathy helps them.

The PCT’s priority is to offer services based on the needs of local people. We want to invest in providing more care close to people’s own homes; paying for services to support people with long-term conditions such as arthritis, asthma, depression, and heart disease; and increasing access to services for those who need them most.

The PCT is questioning whether homeopathy should be a priority for funding for many reasons, including:

- Many PCTs don’t routinely refer people for homeopathy. In the past few years 53 PCTs have taken steps to reduce NHS funding for homeopathy.
- The NHS has a finite amount of funding and cannot fund everything that people think might make them feel better. The NHS needs to fund the most efficacious services for the majority of people.
- Homeopathy remains an unproven discipline and there is limited evidence about cost effectiveness. This is true of some other health services too.
- Most people who use homeopathy request to do so. It is not generally 'prescribed' for clinical purposes.
- Like some other specialist services, homeopathy is only accessed by a small subset of people. This may be because not everyone knows about it, but the PCT needs to consider the wellbeing of the wider population.
- People who use homeopathy also tend to be using conventional services. This might be because conventional medicine is not working for them, but often there is a double use of services, rather than homeopathy substituting for conventional care.
- Any change will not affect people currently receiving homeopathy. Decisions will only be made about whether to fund new referrals. Current services will not be ‘cut off.’
### How could we change?

#### 3.1 Options

West Kent PCT has developed three possible options for a way forward. These options were developed in consultation with user representatives, stakeholders from Tunbridge Wells Homeopathic Hospital, and GPs.

**Option 1: Homeopathy funded following decision by Independent Panel**

GPs who want to refer someone for homeopathy would send a request to an Independent Panel. The Panel would decide whether or not the treatment will be funded by the NHS. The criteria the Panel use to make decisions would be developed in discussion with GPs and the doctors providing homeopathy. The Panel would be made up of the Director and Assistant Director of Nursing, a Consultant in Public Health, a GP, and a Pharmacy / prescribing lead, amongst others, and would meet regularly to consider a range of treatments.

**Option 2: Fixed number of homeopathy visits funded**

GPs would refer people for homeopathy directly, as they do now. The NHS would fund both an initial consultation for homeopathy and a fixed number of follow up visits. Further treatment for the same condition would need approval from an Independent Panel. The exact number of visits funded would be decided following consultation with GPs and the doctors providing homeopathy. However, at this stage it is suggested that one initial consultation and three follow up appointments might be considered. This is the average number of visits per person per year that the PCT currently funds.

**Option 3: No homeopathy funded by the NHS**

The NHS would not fund any referrals for homeopathy. The rationale would be that there is insufficient evidence that homeopathy provides good value for money or is a high priority compared to other services that require NHS funding.

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**We would like to hear about any other options you think of**
### 3.2 Impacts

The PCT has begun to consider the impacts of each option and will continue to compile information about this during the consultation period. Table 1 summarises some of the key information available so far.

**Table 1: Initial information about key impacts of each option**

<table>
<thead>
<tr>
<th>Option</th>
<th>Impact on referrals</th>
<th>Impact on costs</th>
<th>Impact on other treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1:</strong> Decision about NHS funding of each individual case by an Independent Panel</td>
<td>It is difficult to estimate the impact of Option 1 on referrals, because the decision making criteria have yet to be developed. If the Independent Panel approved treatment only for conditions where there are some positive research trends, referrals may reduce by half to two thirds.</td>
<td>The exact cost reduction would depend on the number of referrals funded. If the Independent Panel approved funding for half of all possible new referrals from GPs, there would be a saving of about £50,000 per year.</td>
<td>The Independent Panel already meets to discuss other treatments. There would be some additional costs for staff time. If some funding for homeopathy is withdrawn, people might use other specialist services instead. However, many people receiving homeopathy also receive conventional specialist care at the same time, so extra costs from people using more conventional care may be limited to £10,000 per year.</td>
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<tr>
<td><strong>Option 2:</strong> NHS funds fixed number of homeopathy visits</td>
<td>If the NHS funded a fixed number of visits for all conditions, there would be little impact on first referrals. Follow up appointments may be reduced by half to one third.</td>
<td>The exact cost reduction would depend on the number of follow up visits funded. If the NHS funded one consultation and 2-3 follow ups the saving would be about £50,000 each year.</td>
<td>As above, extra costs from people using more conventional care may be limited to about £10,000 per year. The Independent Panel already meets to discuss other treatments. Under this option there few additional costs for staff time.</td>
</tr>
<tr>
<td><strong>Option 3:</strong> NHS does not fund homeopathy</td>
<td>Under Option 3, no referrals for homeopathy would be funded by the NHS.</td>
<td>This option would save the NHS about £200,000 per year on consultation costs.</td>
<td>It is estimated that the costs of people using extra conventional care instead of homeopathy may amount to up to £20,000 per year. The majority of people may already be receiving homeopathy and other care simultaneously.</td>
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</tbody>
</table>
The PCT believes that funding homeopathy does not necessarily fit with national or local strategic priorities, where there is an emphasis on funding the best care for the greatest number of people in locations close to home. Given that so many services need NHS funding, and there is only a finite amount of money available, the PCT is questioning whether continuing to pay for homeopathy is a priority in the long term.

The decision about whether and how to change must be based on the health needs of people living throughout West Kent. A number of organisations provide homeopathy services in West Kent, including the Royal London Homeopathic Hospital and Tunbridge Wells Homeopathic Hospital. It is homeopathy referrals that are under review, not any specific hospital.

The consultation is about whether the NHS should pay organisations to provide homeopathy treatment. The consultation is not about whether Tunbridge Wells Homeopathic Hospital should remain open, but about whether the NHS should pay for any homeopathy that might be available there. However, because the NHS pays Tunbridge Wells Homeopathic Hospital for many homeopathy services in the area and because we recognise the institution’s importance to some local people, this section briefly examines the impacts of change upon the Hospital.

The Hospital is owned by the local NHS mental health trust. It provides a wide range of services in addition to homeopathy. Homeopathy is not its only form of business, but is an important part.

About half of referrals to the Homeopathic Hospital come from West Kent, 35% come from Bromley, and 15% come from other sources. If West Kent PCT provided less or no referrals to the homeopathy service, the Hospital would need to review its service provision. It would still continue to receive the half of referrals from outside West Kent, and this may impact on where NHS homeopathy services are based.

West Kent PCT is not suggesting that homeopathy should not be available to people who find it helpful. The question is whether it should be a priority to receive NHS funding, given all the other spending priorities. If the NHS did not pay for treatments like homeopathy, they would continue to be available privately.

If there were changes to the service, this could impact on the roles of three part time clerical and nursing staff and two complementary medical practitioners, but this would be up to their employer, not the PCT. Specialist doctors may continue at the Hospital or consider private practice.

Any changes would not impact on people currently receiving homeopathy, because only new referrals would be affected.

It is also unlikely that there would be significant impacts on GPs and hospitals. People who receive homeopathy are usually already getting care from their GPs or other hospitals too, so if homeopathy was limited they would not all suddenly need to use a greater number of conventional services.
4 How will we make decisions?

4.1 Making decisions

The PCT Board will select which option to move forward with. The Board will use criteria to help them weigh up the pros and cons of each option. These may include:

**Clinical effectiveness**
Will Option 1, Option 2, or Option 3 allow the PCT to deliver the most effective services?

**Impact on other parts of the system**
Does Option 1, Option 2, or Option 3 best help us avoid pressure on other services?

**Population needs**
Does Option 1, Option 2, or Option 3 best meet the whole population’s needs now and in the future?

**Practicality**
Is Option 1, Option 2, or Option 3 most achievable and easy to put into place?

**Public demand**
Does Option 1, Option 2, or Option 3 best fit in with public perceptions and feedback?

**Value for money**
Does Option 1, Option 2, or Option 3 provide the most affordable and sustainable service given the PCT's financial pressures?

**We would like your feedback about the criteria the Board will use to make decisions**

You could suggest other factors the Board should consider when making decisions too.

4.2 Next steps

There are three parts to this consultation: public meetings, meetings with other stakeholders, and analysis of written feedback.

1. **Public meetings**

The PCT will host five public meetings at:

1. Tuesday 8th May; 1.45-4.45pm
   Board Room 2, Preston Hall, Aylesford, Maidstone

2. Friday 11th May; 1.45-4.45pm
   Gravesham Community Hospital

3. Wednesday 16th May; 1.45-4.45pm
   The Camden Centre, Market Square, Tunbridge Wells

4. Wednesday 16th May; 6-9pm
   The Camden Centre, Market Square, Tunbridge Wells

5. Monday 21st May; 6-9pm
   The Camden Centre, Market Square, Tunbridge Wells

These meetings will include presentations about the reasons changes are being considered and discussions about the pros and cons of each option. Feedback from meetings will be considered when the Board makes its decision.

Everyone is welcome at the public meetings. To receive documents for the public meetings, contact 01732 375288 or jonathan.barnes@swkentpct.nhs.uk
2. Meetings with staff and key groups

The PCT team will be available to speak at a range of groups and will make visits to organisations and voluntary groups that work with people with the conditions most commonly referred for homeopathy treatment.

If you would like West Kent PCT to make a presentation or come to discuss the issues with a group you’re involved with, contact 01732 375288 or jonathan.barnes@swkentpct.nhs.uk

3. Written feedback

Members of the public, staff, and other stakeholders are invited to complete the consultation feedback form, or to write a letter expressing their views. The feedback form is overleaf.

The consultation is not a ‘vote’ and the option with the greatest support will not necessarily be selected.

It is more important for the PCT Board to weigh up the pros and cons of each approach – and that is why the reasons that people support or oppose each option will be carefully considered.

The PCT Board are very interested in how you think they should make the decision, which is why we are asking for feedback about the criteria that will be used to judge each option.

The deadline for receiving feedback forms and letters is 2 July 2007.

After this, all feedback from forms, letters, and meetings will be collated into a report that will be made available to the PCT Board as part of their decision making process. The Board hope to make a decision at the Board meeting on 26 July 2007.
Have your say

If you would like to give us your views, please tear out this form, fill it in, and post it back by 2 July 2007. The freepost address is at the end of the form.

Making decisions

1. I understand the reasons that change might be needed
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

   I agree with the reasons for change described
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

   I believe homeopathy should be a priority for the NHS
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

   I believe the NHS should pay for some homeopathy
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

2. Please tell us how important these factors should be when making decisions about the pros and cons of each option

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very Important</th>
<th>Of Some Importance</th>
<th>Of Little Importance</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical effectiveness (will the option give effective care?)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Impact on other services (will there be pressure elsewhere?)</td>
<td>☐</td>
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<tr>
<td>Population needs (does the option meet people’s needs?)</td>
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<tr>
<td>Practicality (is the option easy to put in place?)</td>
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<tr>
<td>Public demand (does the option fit in with public feedback?)</td>
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<tr>
<td>Value for money (is the option affordable and sustainable?)</td>
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</table>

3. Are there any other criteria that we should consider when making decisions?

Options

4. We have outlined three possible options for change. The option with the highest number of ‘votes’ will not necessarily be selected. It is more important for us to know the reasons for your views.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I support Option 1: Decision by an Independent Panel</td>
<td>☐</td>
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<tr>
<td>I support Option 2: Fixed number of homeopathy visits funded</td>
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<tr>
<td>I support Option 3: No homeopathy funded by the NHS</td>
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</tbody>
</table>
5. Please tell us what you think are the best and worst points about each option:

<table>
<thead>
<tr>
<th>Option</th>
<th>Main advantages</th>
<th>Main problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1: Decision by an Independent Panel</td>
<td></td>
<td></td>
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<tr>
<td>Option 2: Fixed number of visits funded</td>
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<tr>
<td>Option 3: No homeopathy funded by the NHS</td>
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</table>

6. Do you have any other comments about the options or how they will affect you? Or would you like to suggest another option?

Please attach a separate page if needed.

**About you**

Finally, we would like to know a little about you. This will help us make sure we have feedback from a wide range of people.

7. Which area do you live in or closest to?
   - Dartford
   - Gravesham
   - Swanley
   - Sevenoaks
   - Tonbridge
   - Tunbridge Wells
   - Maidstone and Weald

10. Are you ...
   - a member of the public / service user
   - a PPI Forum or Citizen’s Panel member
   - a member of NHS clinical staff
   - a non clinical NHS staff member
   - a Councillor or other elected official
   - a voluntary sector organisation
   - a health organisation
   - other- please write in: [insert]

8. Tick if you have used NHS homeopathy before
9. Tick if you have paid for homeopathy before