

# Meeting of Governing Body

Date: 7 August 2018

Time: 1.30pm

Location: Clevedon Hall, Elton Rd, Clevedon, North Somerset, BS21 7RQ

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## Agenda number: 6.1

**Report title:** Review of NHS-funded homeopathy services

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**Report Sponsor:** Peter Brindle, Medical Director Clinical Effectiveness

### 1. Purpose

During 2017 and 2018, Bristol, North Somerset and South Gloucestershire CCG reviewed NHS-funded homeopathy services as part of the Planned Care Control Centre programme within the Sustainability and Transformation Partnership.

This paper describes current homeopathy treatment for people in Bristol, North Somerset and South Gloucestershire, the reason why a review was undertaken, the options for change, feedback from public consultation and potential next steps. The paper is to allow Governing Body to review consultation feedback, evidence and a recommendation from the Commissioning Executive about next steps. After reviewing this paper, Governing Body is asked to make a decision about the extent to which local people will have access to NHS-funded homeopathy.

### 2. Recommendations

The Governing Body is asked to approve:

- making NHS-funded homeopathy available on an individual case-by-case basis, following approval by the Individual Funding Request Panel.

### 3. Executive Summary

Following public engagement in 2017/18 and feedback about priorities from more than 2,000 people, between January and April 2018 the CCG formally consulted about three options for providing people with access to NHS-funded homeopathy:

- Option 1: Continue the homeopathy consultation service under the CCG's current 'prior approval' policy, whereby NHS funding will be granted for one outpatient appointment and up to four follow-up appointments if the patient meets published CCG criteria.
- Option 2: Amend the current policy to provide homeopathy in a more targeted manner. This may include restricting the eligibility criteria, reducing the number of appointments routinely funded or extending the time before people are eligible for re-referral.
- Option 3: Make NHS-funded homeopathy available only in exceptional circumstances. This would require an application by a clinician to the CCG's Individual Funding Request Panel setting out why the patient is clinically exceptional compared to all other patients.

In all three options homeopathy will continue to be available via the NHS, either routinely available to many people or targeted for a smaller number of people or in exceptional circumstances.

The CCG received more than 946 responses to the consultation, with approximately equal proportions of people who responded from within the CCG area supporting Option 1 and Option 3.

After reviewing in detail the evidence base, feedback received during the engagement and consultation periods and discussions with the provider, current service users and other key stakeholders, the CCG Commissioning Executive scored each option using structured decision-support criteria. Deliberations reached consensus that Option 3 (individual funding on a case-by-case basis) scored more highly than the other two options.

#### **4. Financial resource implications**

If Option 1 (no change) is selected, there will likely be no net change in costs, which in 2017/18 were about £109,000 to benefit 41 people. Under Option 2, the net saving may be about 40% of current spending. If Option 3 is selected, the net saving may be about 60% of current spending. Savings will not be 100% in any option because, even if access is altered, there will likely be costs involved in providing other services for those currently using homeopathy.

#### **5. Legal implications**

National guidance and the law requires the CCG to consult with patients and the public when considering any significant variation to services. The CCG has undertaken two engagement and consultation periods, with more than 3,000 pieces of feedback received across 2017 and 2018. A robust process was used to weigh up evidence, feedback and other factors. Other CCGs that have changed access to NHS-funded homeopathy have been subject to legal challenge.

#### **6. Risk implications**

The risks of changing access to homeopathy have been considered and mitigations are set out in the paper (see Table 4).

#### **7. Implications for health inequalities**

People who use the homeopathy service may have multiple or complex conditions. Changing access to homeopathy may impact on health inequalities if these people are disadvantaged, but also has the potential to redistribute funding for a wider range of people and address population health issues. Risk mitigation strategies have been devised (see Table 4).

#### **8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

An equalities impact assessment was undertaken to compare potential impacts of options for groups with protected characteristics. The options were not predicted to impact differently on people with various characteristics (see Appendix 3)

#### **9. Implications for Public Involvement**

Public engagement and consultation occurred in 2017 and 2018. Key trends are summarised in the paper (Appendix 2). Appendix 4 presents a draft action plan detailing planned communication and involvement following a decision about next steps by Governing Body.

## Agenda item: 6.1

### Report title: Review of NHS-funded homeopathy services

#### 1. Background

##### 1.1 NHS-funded homeopathy

Homeopathy is a holistic system of complementary medicine that seeks to treat people with a 'like cures like' approach. In this view, after detailed individualised assessment, treating people with diluted traces of a substance that causes symptoms may help to cure those symptoms.

Currently people from Bristol, North Somerset and South Gloucestershire who meet an agreed set of criteria published by the CCG can be referred by their GPs to the Portland Centre for Integrative Medicine for NHS-funded homeopathy. This 'prior approval' process has been in place since 2014. The CCG published a policy setting out eligibility criteria. Clinicians who believe their patients meet the criteria can seek funding approval prior to initiating treatment.

The Portland Centre for Integrated Medicine is a social enterprise which separated from University Hospitals Bristol in 2014. It provides the CCG-commissioned service under a sub-contract from University Hospitals Bristol as well as services self-funded by patients. The service funded by the CCG includes an initial consultation plus up to four follow-up sessions per person.

Table 1 shows trends in NHS-homeopathy consultations locally since the prior approval process was implemented. In 2017/18, the CCG(s) spent £109,476 on homeopathy for 41 people in Bristol, North Somerset and South Gloucestershire. These people comprised 22% men and 78% women. Fewer than 1% of people approved for funding declared that they were from minority ethnic groups. 61% of people were aged 65 or older. The most common reasons for referral to homeopathy included fatigue and managing the impact of other medical treatments.

Table 1: NHS-funded homeopathy in Bristol, North Somerset and South Gloucestershire

	2015/16	2016/17	2017/18
Number of unique individuals receiving NHS-funded homeopathy	49	46	41
Total number of sets of appointments funded (one set comprises up to five appointments)	245	230	205
Total cost of homeopathy consultations (not including prescribing costs)	£210,433	£156,310	£109,476
Average cost per unique individual (excluding prescribing)	£4,295	£3,398	£2,670
% of people using the NHS-funded homeopathy service who were women	94%	89%	78%
% of people using the NHS-funded homeopathy service who were older than 65 years	50%	33%	61%

Note: The CCG does not hold information about the proportion of people using the NHS-funded homeopathy service who were from minority ethnic groups or who had one or more protected characteristics. Equality monitoring forms are anonymous and optional and this information is not routinely provided for CCG use.

## 1.2 The case for change

As part of Bristol, North Somerset and South Gloucestershire's Sustainability and Transformation Partnership, in 2017/18 and 2018/19 the CCG reviewed homeopathy services because:

- the CCG's mission is to provide high quality care that benefits local people. The CCG is striving to be an evidence-informed organisation, building on national guidance and robust research to offer the highest quality and safest care to local people
- Bristol, North Somerset and South Gloucestershire is the last CCG in England to routinely fund homeopathy and needs to consider consistency across the NHS in light of NHS England guidance not to routinely prescribe homeopathy in primary care
- the CCG needs to make best use of all resources in order to offer treatment and care to the widest and largest range of people, ensuring sustainability in line with the NHS Five Year Forward View

### Providing high quality evidence-based care

The CCG wants to ensure that, where possible, it makes evidence-informed decisions to ensure the highest quality and safest care to local people. The CCG believes that the homeopathy consultations supplied by the current provider are of high quality for this type of service. However, in order to make an evidence-informed decision about homeopathy, the CCG needs to weigh up clinical research about the safety, effectiveness and costs associated with this type of treatment, regardless of the quality of current provision.

There is conflicting evidence about the value of homeopathy and this was an important part of the rationale for reviewing access to homeopathy services locally. A summary of evidence is provided in Appendix 1. Key points include:

- People referred to homeopathy services may have many complex physical and mental issues and have sometimes tried other treatments unsuccessfully. In studies and local submissions, many people using homeopathy have reported benefits from homeopathy.
- Some studies and narrative reviews support the potential benefits of homeopathy. For example, a compilation of evidence concluded that *"Clinical research and syntheses of such research show [homeopathy] to be safe and effective for a range of conditions. Integrating homeopathy in health care systems is associated with benefits including improved outcomes, less use of drugs including antibiotics, and economic benefits."*<sup>1</sup>
- Other studies and reviews of research suggest that the impacts of homeopathy may be a result of people believing in the benefits of the treatment (known as a 'placebo effect') or

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<sup>1</sup> <https://facultyofhomeopathy.org/homeopathy-the-evidence/>

having supportive holistic consultations. NHS England commissioned a compilation of systematic reviews of research about homeopathy. The review concluded that *“the available evidence is not compelling and fails to demonstrate that homeopathy is an effective treatment for any of the reported clinical conditions in humans.”*<sup>2</sup>

- Evidence does not suggest that homeopathy consultations or preparations are unsafe, but a significant number of studies conclude that there is no clinical benefit over and above what a placebo would provide.
- Traditional hierarchies of evidence tend to view systematic reviews and randomised controlled trials as being more robust than other forms of research. The CCG and the Public Health team reviewed this type of research and drew on a review by NHS England. Most studies reviewed did not provide strong evidence for benefits of homeopathy beyond a placebo effect. However, people who support homeopathy sometimes argue that this type of research is not the best way to study the impacts of homeopathy and that observational cohort studies have found benefits from this approach.

The CCG did not attempt to make a definitive decision about whether homeopathy is effective based on research evidence. The CCG acknowledges that this is a complex issue and research is available to support different perspectives. However, **the mixed nature of the evidence is one reason why the CCG reviewed how widely access should be granted to NHS-funded homeopathy.**

#### National guidance

The CCG wants to ensure that it is responsive to the needs of local people, whilst also offering a degree of consistency with services and care available across the wider NHS. Where possible, the CCG seeks to avoid having a ‘postcode lottery’ whereby people have access to different services depending where they live. For this reason, the CCG looked closely at the extent to which other areas offered NHS-funded homeopathy.

After weighing up the evidence and undertaking a national consultation, in 2017 NHS England recommended that homeopathy should not be routinely prescribed in primary care and that homeopathy should be referred to the Department of Health to be formally considered for a medicines blacklist.<sup>3</sup> This guidance was not universally accepted. The British Homeopathic Association contested the NHS England guidance process via a Judicial Review. In June 2018 a judgement dismissed all elements of the challenge.

NICE, the National Institute for Health and Care Excellence, does not recommend homeopathy for any clinical condition. NICE recommends against using homeopathy for treating some conditions such as otitis media with effusion, induction of labour and lower urinary tract symptoms in men.<sup>4</sup>

Bristol, North Somerset and South Gloucestershire CCG is the only CCG now routinely offering access to homeopathy and the CCG therefore wanted to review its position to ensure it was consistent with other CCGs, if appropriate, and national guidance.

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2 <https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-homeopathy.pdf>

3 <https://www.england.nhs.uk/2017/11/prescription-curbs-to-free-up-hundreds-of-millions-of-pounds-for-frontline-care/>

4 <https://www.nice.org.uk/search?q=homeopathy&s=relevance>



### Financial implications

The CCG's vision is to improve the health of the local population, reduce health inequalities and ensure NHS services are fit for the long-term. The 2017/18 NHS budget for Bristol, North Somerset and South Gloucestershire was £1.15 billion to serve a population of close to one million people. In recent years, local health spending has exceeded the budget by around £90 million per annum. In order to protect NHS services for the future, the CCG has to stay within budget and make the best use of public money. The CCG commitment to making best use of its resources was one reason for reviewing homeopathy, alongside a number of other services, to ensure that funds are used for the most effective and cost-effective care.

The NHS spent about £250,000 per annum on homeopathy locally before the prior approval process came into effect near the end of the 2014/15 financial year. Since then, the average expenditure per annum has reduced steadily. In 2017/18, the CCG(s) spent £109,476 on homeopathy consultations for 41 people from Bristol, North Somerset and South Gloucestershire. This equates to about £2,670 per person per year. This does not include the costs of homeopathy prescriptions or primary care prescribing of homeopathy of about £50,000 per annum.

This is a relatively small proportion of the CCG's overall budget, but it also benefits a small number of people. In the three full financial years since the prior approval policy was implemented, fewer than 130 unique individuals have received NHS-funded homeopathy locally.

The CCG is committed to using every pound of its budget wisely. Funding homeopathy routinely means that a group of people benefit, but there are fewer resources available for other services and treatments. For instance, the average annual cost of homeopathy is equivalent to the CCG being able to fund 22 further hip replacement surgeries or 170 simple cataract procedures per year. These examples show that whilst the funds involved are relatively small, there are opportunity costs in using them for homeopathy rather than other things. This was the third key reason why the CCG wanted to review the extent to which homeopathy is routinely funded.

## 2. Consultation and communication

### 2.1 Pre-consultation / engagement process

The CCG has followed guidelines and good practice relating to considering service change, whilst preserving the principles of autonomy that underpin the Health and Social Care Act 2012.

The CCG began its review of NHS-funded homeopathy services in 2017/18 by reviewing data about the number and type of people accessing the service, published research evidence, NICE and NHS England guidance and the policies and procedures of other CCGs. The CCG spoke to the provider organisation and other key stakeholders from across health, third and social care sector from the outset to understand perceived benefits and challenges (see Appendix 2).

It was important to involve people using services and the public whilst any options were at a formative stage. Therefore, in summer 2017, the CCG(s) asked local communities for feedback to help shape next steps, with more than 2,000 people and organisations providing ideas as part of a broader engagement and consultation process that also considered other services. In total, 2,126 people answered a question in an online survey asking: “do you agree that homeopathy on the NHS should be decommissioned?” 1,103 of these people lived in the CCG area. 77% of those living in the CCG area and 64% of those outside the area agreed.

During 2017, the CCG identified that there was mixed evidence about the benefits of homeopathy (see Appendix 1), that people using local services valued them, that members of the public generally did not support routinely funding homeopathy (as evidenced by the survey results above) and that national guidance did not recommend routinely funding homeopathy.

The Governing Body deferred a decision about homeopathy services into the 2018/19 year to allow more engagement with the service provider and service users and to allow evidence from a NHS England review and national consultation to be fully considered. The provider organisation and others suggested that the CCG should do more to directly engage with the provider organisation, to consult meaningfully with service users and to be clear that no decision had been made without taking into account feedback from the consultation process. All of this feedback was taken on board when planning a formal public consultation.

### 2.2 Options under consideration

Following consideration of views from the 2017 engagement and consultation process, national guidance and work with the provider organisation to plan meaningful consultation, the CCG formally consulted about three options for homeopathy services:

- Option 1: The homeopathy service would continue as currently, with the NHS funding homeopathy for anyone referred by their GP who meets agreed criteria. The ‘prior approval’ policy grants NHS funding for one outpatient appointment and up to four follow-up appointments if the patient meets published CCG criteria. It is estimated that this would be associated with a cost of about £100,000 per year, serving 40-50 people.

- Option 2: The criteria for homeopathy would change to provide homeopathy in a more targeted manner. This may include restricting the eligibility criteria, reducing the number of appointments routinely funded or extending the time before people are eligible for re-referral. Based on reviewing current usage information as identified from funding approval requests and extrapolating to alternatives, it is estimated that this would be associated with a cost of about £60,000 per year, serving 20-30 people. The estimated cost includes the cost of people currently using homeopathy services who may require alternative support through other NHS-funded services.
- Option 3: Homeopathy would not be routinely funded by the CCG, only in exceptional situations. This would require an application by a clinician to the CCG's Individual Funding Request Panel setting out why the patient is clinically exceptional compared to all other patients. Based on reviewing current usage information as identified from funding approval requests and extrapolating to alternatives, it is estimated that this would be associated with a cost of about £40,000 per year, serving up to 10 people. The estimated cost includes the cost of people currently using homeopathy services who may require alternative support through other NHS-funded services.

In all three of these options homeopathy would continue to be available via the NHS, whether routinely available to many people or targeted for a smaller number of cases or exceptional circumstances. The CCG did not consider completely removing access to homeopathy because this would be against NHS principles and the CCG wanted to respect feedback from people using services about the potential benefits they gained.

## 2.3 Public consultation process

During the 12 weeks between 22 January and 15 April 2018, the CCG formally consulted with members of the public, people using homeopathy services, the provider and other stakeholders about access to homeopathy services. Appendix 3 describes the consultation process and feedback in more detail. A summary is provided here.

The consultation process included a mix of being open to wide public and staff feedback as well as targeting the views of those who use, work in or may be affected by any decisions about homeopathy services. The consultation was wholly public in that the consultation was promoted via local media and social media, material was available via the CCG website(s), an online survey was open to anyone who wished to share their views (in both the 2017 and 2018 engagement and consultation processes), email and postal responses were accepted from any interested party and information was circulated through GP Forums, the provider organisation and other consultation routes.

In addition, the CCG worked with the service provider to plan appropriate ways to consult people currently using services and staff. Three meetings were organised for people using homeopathy services and staff and facilitated with support from the provider organisation so that targeted feedback about options could be gained from those most immediately likely to be affected. The CCG advertised that it was open to holding additional meetings or including members of the public or other interested parties in any consultation meetings as well.



During the engagement and consultation processes, Health Overview and Scrutiny Committees were engaged and asked for advice. In July 2017, CCG representatives met with the South Gloucestershire Health Overview and Scrutiny Committee and the Bristol Health Overview and Scrutiny Committee. In August 2017 the CCG met with North Somerset Health Overview and Scrutiny Committee to discuss homeopathy services. Further information was provided to all three Health Overview and Scrutiny Committees in writing in December 2017, outlining plans for a formal consultation about options for homeopathy services. In January 2018, all three Health Overview and Scrutiny Committees received in-person briefings about the consultation options and processes and were invited to share their feedback. No questions or comments were received indicating that they were content with the proposals.

NHS England's 'Planning and delivering service changes for patients' (2013) sets out a broad framework for how commissioners should consider variations to services and work with providers, local authorities, patients and the public.<sup>5</sup> This was used as good practice guidance in planning the CCG consultation process. Table 2 sets out key aspects of the consultation process as assurance that the CCG is meeting its statutory requirements.

Table 2: Key elements of CCG consultation process in fulfilment of requirements

<b>Good practice</b>	<b>Homeopathy engagement and consultation process</b>
Align with commissioning principles and plans	The review of homeopathy services was undertaken under the auspices of the CCG vision for safe, high quality, cost-effective care that is sustainable and meets the needs of local people. Reviewing homeopathy and other services is part of the commissioning intentions.
Work in partnership	The CCG sought to keep the provider informed about review plans. The provider worked closely in partnership with the CCG to develop an appropriate consultation process which mixed public participation plus targeted feedback from service users and staff.
Consider evidence	The CCG considered evidence about the impact of each option on quality, safety, effectiveness of care, as well as the extent to which proposals were clinically sustainable within available resources. Evidence was sourced from research, consultation responses, stakeholders including the provider organisation, routinely collected financial and usage data and national sources. Evidence was one of the formal decision-making criteria used to consider a recommended option.
Engage with local authority via overview and scrutiny committees	The Health Overview and Scrutiny Committees in Bristol, North Somerset and South Gloucestershire were advised in person and in writing of the CCG's review plans and the engagement and consultation processes in 2017 and 2018. The committees were invited to provide advice or request further information to ensure appropriate scrutiny of the process.  NHS England was engaged through the assurance process.
Proportionality in applying Department of	The homeopathy service is used by a small number of people (41 people in 2017/18) and is a relatively small proportion of the CCG budget (less than £110,000 in 2017/18). The CCG took into account the principle of

5 [www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf)

Good practice	Homeopathy engagement and consultation process
Health's four key tests of change	<p>proportionality when planning pre-consultation, consultation and post-consultation activities.</p> <p><u>Test 1: Strong public and patient engagement</u> In total, there were 3,072 responses across the engagement and consultation periods (2,126 in 2017 and 946 in 2018). Multiple methods were used to invite people to give feedback including meetings, emails and letters and an online survey. The consultation was advertised via the media and social media and the CCG worked with the provider to directly invite current and past service users and their families to take part.</p> <p><u>Test 2: Consistency with current and prospective need for patient choice</u> All three of the options safeguard patient choice by providing access to NHS-funded homeopathy to varying degrees. If the CCG decides not to routinely fund homeopathy, a list of alternative services including mental health services and self-funding options will be issued to people using services and clinicians. Whichever option is selected, homeopathy will continue to be available through self-funding.</p> <p><u>Test 3: Clear clinical evidence base</u> The CCG acknowledges that there is mixed evidence about the benefit of homeopathy. The CCG has been mindful of the evidence base when considering decisions, including evidence that supports and evidence that challenges homeopathy. Evidence was sourced from the provider, consultation responses, other key organisational stakeholders, NICE, NHS England and published research. The CCG drew on an evidence review undertaken independently for NHS England as part of a national review and considered the evidence used by other CCGs in making decisions for their areas.</p> <p><u>Test 4: Support for proposals from clinical commissioners</u> The consultation included meetings with the provider and GP Forums. The Commissioning Executive, which includes clinical commissioners, used independently sourced decision support criteria to recommend a preferred option to Governing Body.</p>

## 2.4 Public consultation feedback

There were 946 responses to the consultation in 2018, including notes from meetings with service users, the provider organisation and GPs; emails and posted correspondence and online survey forms. About half of the people and organisations responding to the consultation were based in the CCG area (51%) and half were located elsewhere.

Appendix 2 summarises the consultation feedback. The CCG was supported by an independent organisation to draw out key themes from consultation responses. The independent organisation was not involved in the consultation process or the questions asked and had no vested interest in

the outcome of the consultation. This team read the responses with a fresh pair of eyes to help the CCG use the feedback in decision-making. This is in addition to the CCG team reading and considering every response.

Consultation is not a referendum. The CCG wanted to understand what was important to people using services and other local people and to take all feedback into account when making decisions about next steps. Of the 475 people and organisations from within the CCG area that provided feedback,

- 44% supported continuing routine NHS funding of homeopathy as currently in place (Option 1). Many of the people who had this view said they were people who had benefitted from services themselves or had family who had, as well as some health and care professionals.
- 30% supported changing the CCG Prior Approval criteria to make NHS-funded homeopathy available in a more targeted manner (Option 2). Many of the people who had this view appeared to be general members of the public.
- 38% supported making NHS-funded homeopathy available for rare cases, following individual review of an application submitted by a clinician (Option 3). Many of the people with this view appeared to be general members of the public, as well as some health and care professionals.

People could support more than one option so the proportions add to more than 100%.

Based on the number of people providing feedback, there was no statistically significant difference in the support for Options 1 and 3. This means that variations could have happened by chance (95% level of confidence). Option 2 was favoured by statistically significantly fewer people than Option 1.

People and organisations from outside the CCG area were more likely to favour continuing NHS funding of homeopathy as currently stands. Their responses are summarised in Appendix 3.

Two additional options were proposed by people responding to the consultation. About 10% of all responses suggested that homeopathy should be more widely available on the NHS (thereby expanding the current criteria). This suggestion was most likely to come from people who used homeopathy currently or previously or organisations championing or providing homeopathy.

About 10% of all responses said the NHS should not fund any homeopathy treatment (even in exceptional cases). This suggestion was most likely to come from general members of the public living in the CCG area.

These options were not formally consulted on so it is not possible to estimate the number of people who may have supported them if people were explicitly asked to comment on them.

Regardless of where people who responded to the consultation lived, those that wanted the CCG to continue routinely funding homeopathy suggested that:

- homeopathy is effective, based on personal experience or research evidence (43% of responses providing an open-ended comment)

- offering homeopathy is in line with the principle of patient choice (10%)
- homeopathy can save the NHS money by reducing reliance on other medications and services (9%)
- homeopathy is inexpensive (7%)
- the evidence cited about a lack of effectiveness is flawed (4%)
- homeopathy is holistic, not solely about medications (2%)
- people may not understand homeopathy well (2%)
- no good alternatives are available (2%)
- reducing access to homeopathy may create health inequalities (<1%)

At consultation meetings and in written feedback, people using the homeopathy service passionately described the benefits they perceived for their own health and lives. The psychological support provided by the homeopathy service was particularly valued. Those who had accessed psychological support through other NHS services felt that the homeopathy service was superior to alternatives. Some people participating in consultation meetings also described how they had improved quality of life, reduced use of medications, reduced symptoms and better than predicted health status or survival, which they attributed to the homeopathy service. People attending meetings emphasised that they saw homeopathy as an addition to or working alongside other types of medicine, rather than a substitute.

Those that wanted the CCG to limit NHS funding of homeopathy suggested:

- homeopathy is not evidence-based (30% of responses providing an open-ended comment)
- the NHS cannot afford unproven treatments (13%)
- national guidance recommends against funding homeopathy (2%)
- funding homeopathy may legitimise it, encouraging people to use it more (<1%)
- alternatives are available (<1%)
- homeopathy may cause harm if people rely on it instead of alternatives (<1%)

Further details about people's rationale for supporting various options are provided in Appendix 3.

## 2.5 Process for reviewing evidence and feedback

The CCG Commissioning Executive is a group of 26 people who meet monthly to develop the CCG's Commissioning Strategy and make commissioning recommendations to the Governing Body. 62% of the Commissioning Executive are clinicians and the rest are senior managers from the CCG and Public Health representation from the Local Authorities.

The Commissioning Executive was asked to undertake a review of the evidence and consultation feedback in order to weigh up the options based on the following criteria:

- clinical evidence about the safety and effectiveness of each option
- feedback from local people, organisations and staff
- the impact of options on diverse groups, population health and health inequalities
- the extent to which each option is in line with good practice guidance
- the cost of each option
- the alternatives and opportunity costs

The decision-support criteria were sourced independently based on good practice guidance and decision-criteria used by other organisations.

After careful consideration, the Commissioning Executive decided not to formally consider banning access to homeopathy as it was felt that this was against the NHS ethos to allow for patient choice (test 2) and case law is clear that the NHS cannot operate a blanket ban. The Commissioning Executive also noted that the views of people using services and their families must be taken into account, and many consultation responses suggested that people benefitted from homeopathy so disallowing access completely may be challenging.

The Commissioning Executive scored the three options in the formal consultation against each of the decision-support criteria using a three point scale (where 1 = low / negative, 2 = medium / mixed, 3 = high / good evidence in support of a particular option). The exact numerical result was less important than the overall trend, helping to build a consensus rating the three options from most to least preferred. Table 3 summarises the provisional scoring of each option based on Commissioning Executive feedback and Chairs Approval refinements.

Table 3: Commissioning Executive scoring of decision-support criteria for homeopathy options

Decision-support criteria	Option 1: Homeopathy available to anyone who meets criteria	Option 2: Homeopathy available to fewer who meet revised criteria	Option 3: Homeopathy available in rare cases after individual review
Evidence about safety	<b>Score 2:</b> Limited evidence that wide access to homeopathy is safe or unsafe. Research does not generally suggest that homeopathy is unsafe and there have been no known local cases of safety incidents related to the homeopathy service. Commissioning Executive thought using homeopathic treatments might divert people from treatments with a stronger clinical basis, but research was not identified to support this.	<b>Score 2:</b> Limited evidence that restricting access or changing eligibility criteria for homeopathy improves or reduces safety.	<b>Score 2:</b> There is limited evidence that restricting access to homeopathy improves or reduces safety. It is important to note that this score is not about the safety or otherwise of homeopathy, it is about the safety of Option 3: offering homeopathy only after individual case review. A low score indicates that the CCG has not compiled evidence about the safety of using such reviews to restrict access, particularly for people who may be currently using the service.
Evidence about effectiveness (see Appendix 1)	<b>Score 2:</b> There is mixed research evidence about the effectiveness of homeopathy. Some studies find benefits, others do not. Studies which suggest benefits tend to be lower in	<b>Score 1:</b> There is limited research available about the effectiveness of further restricting the criteria for access to homeopathy.	<b>Score 2:</b> There is mixed research evidence about the effectiveness of homeopathy and this may be one reason to allow access only in rare cases. However there is limited research available about the



Decision-support criteria	<b>Option 1: Homeopathy available to anyone who meets criteria</b>	<b>Option 2: Homeopathy available to fewer who meet revised criteria</b>	<b>Option 3: Homeopathy available in rare cases after individual review</b>
	traditional hierarchies of evidence. Commissioning Executive suggested that some studies showing clinical benefit may be funded by homeopathic treatment centres.		effectiveness of restricting access based on individual review, particularly the impacts on people currently receiving care. This is about evidence for Option 3, not homeopathy per se.



Decision-support criteria	<b>Option 1: Homeopathy available to anyone who meets criteria</b>	<b>Option 2: Homeopathy available to fewer who meet revised criteria</b>	<b>Option 3: Homeopathy available in rare cases after individual review</b>
Engagement and consultation feedback (see Appendix 3)	<b>Score 2:</b> People currently benefitting from the service, the provider and some people from outside the area felt strongly that homeopathy should be routinely funded. Views of people living in the CCG area were mixed but 44% of people supported continuing routine funding.	<b>Score 1:</b> There was least support for this option in consultation feedback (30% supported).	<b>Score 2:</b> About two fifths of people responding to the consultation supported making homeopathy available based on individual case review (38%). There was no statistically significant difference from Option 1. In the 2017 engagement period, three quarters of people surveyed did not support continuing NHS funding of homeopathy.
Equalities impact assessment (see Appendix 4)	<b>Score 2:</b> This service may provide support for people with comorbidities or complex conditions where other treatments may not have worked.	<b>Score 2:</b> Impact assessment suggests that altering criteria may be unlikely to impact negatively on protected groups.	<b>Score 2:</b> Impact assessment suggests that altering access may be unlikely to impact negatively on protected groups.
Consistency with good practice guidance	<b>Score 1:</b> NHS England guidance suggests homeopathy should not be routinely funded and NICE does not recommend homeopathy for any condition.	<b>Score 1:</b> NHS England guidance suggests homeopathy should not be routinely funded by the NHS.	<b>Score 3:</b> Adheres to national guidance about not routinely funding homeopathy whilst also allowing reviewing individual cases for exceptions (Department of Health tests of change).
Financial considerations	<b>Score 2:</b> Costs about £109,000 per year or £2,670 per person. Relatively small cost compared to other treatments.	<b>Score 2:</b> Unlikely to release a lot of funds and may be untenable for provider to continue service with fewer patients.	<b>Score 2:</b> Some funds released but people currently receiving homeopathy may require alternative support, which has cost implications.
Alternatives and opportunity costs	<b>Score 1:</b> There are opportunity costs from funding homeopathy. Funds could be used for services with a stronger evidence base.	<b>Score 1:</b> Criteria yet to be determined but this option has the potential to free about 40% of current costs for alternative use. Cost estimates are based on calculations from current usage figures.	<b>Score 2:</b> May release about 60% of costs for other services, but not 100% as current service users may need other forms of support. Cost estimates are based on calculations from current usage figures.
Total score	12 out of 21 maximum	10 out of 21 maximum	15 out of 21 maximum

Note: Each criteria has been scored on a scale from 1 to 3 where 1 = low / negative, 2 = medium / mixed, 3 = high / good evidence in support of a particular option.

Based on this structured process which took into account consultation feedback, clinical evidence and the four Department of Health tests of change, **the Commissioning Executive recommends that Governing Body approve Option 3: offering access to NHS-funded homeopathy in exceptional cases, following Individual Funding Request Panel review.**

The Commissioning Executive noted that each option had pros and cons. The main points of differentiation between the options were consistency with good practice and potential financial savings and opportunity costs.

#### Safety, effectiveness and good practice

The Commissioning Executive noted that there were mixed research findings about the effectiveness of homeopathy. Members noted that much of the evidence supporting homeopathy was drawn from observational studies rather than randomised controlled trials but recognised the some groups did not think that trials were the most appropriate approach for assessing the value of homeopathy. Members believed that evidence supporting homeopathy may be more likely to be funded or undertaken by those who support it so there were questions about potential bias. On the other hand, there was very limited research available about the effectiveness of restricting access to homeopathy as proposed in Options 2 and 3. Assessing the evidence in support of Options 2 or 3 is not the same as assessing evidence supporting or challenging homeopathy. Commissioning Executive gave Options 2 and 3 relatively low scores regarding evidence for safety and effectiveness. This was not a comment about evidence for or against homeopathy, but rather the lack of evidence about the specific options being proposed that would restrict access. The CCG did not present evidence about the potential safety and effectiveness of individual case review.

An area where there was clear differentiation between the options involved good practice guidelines. NHS England recommends that homeopathy is not routinely prescribed by the NHS in primary care and NICE does not recommend homeopathy for any condition.

#### Local views

The Commissioning Executive acknowledged that some people felt strongly that the NHS should routinely fund homeopathy and others felt equally as strongly that homeopathy should not be routinely available via the NHS. Clinicians responding to the consultation also expressed similar mixed views. The Commissioning Executive respected all of these opinions and took into account the personal stories of people using services and their families when rating Options 1 and 3 equally in terms of public support.

#### Impact on equalities and population health

The options were not differentiated in terms of the impact they may have on groups with protected characteristics. It was suggested that releasing funds for other services may allow a greater range of people to benefit and that those who currently use homeopathy may be more likely to be white and middle class, however the data is not available to confirm or refute that suggestion. Appendix 3 contains an Equality Impact Assessment that helped influence the scoring.

#### Financial considerations

Commissioning Executive noted that every option had costs associated with it and that if Option 2 or 3 were implemented there may be additional costs incurred in providing other services for those currently benefitting from homeopathy. However, on balance it was suggested that releasing costs for services that may benefit a wider range or larger number of people may be worthwhile and in line with the CCG mission.

### 3. Financial resource implications

If homeopathy continues to be routinely funded as it is currently (Option 1), it is estimated that this will cost the CCG about £100,000 per year for the foreseeable future. No major changes are expected to the number of people using the service or the cost of treatment.

If homeopathy continues to be routinely funded, but with more targeted eligibility criteria (Option 2), it is estimated that this will cost the CCG about £60,000 per year, including costs for the service and alternatives for those not able to access the service. This represents a net saving of 40% of the total current annual spend.

If homeopathy is funded following individual case review (Option 3), it is estimated that this will cost the CCG about £40,000 per year including costs for the service and alternatives for those not able to access the service. This represents a net saving of 60% of the total current annual spend.

These figures have been calculated based on current usage figures. Some patients would access other NHS-funded services as an alternative and some patients receiving NHS prescriptions for homeopathy may need to transfer to 'on formulary' prescriptions.

### 4. Legal implications

The Health and Social Care Act 2012 requires CCGs to involve people in planning and decisions about service provision, whilst maintaining the autonomy of local areas. Both the Department of Health and NHS England recognise the importance of proportionality in adhering to the law. The CCG has engaged and consulted with members of the public, people using services, the service provider and other stakeholders, in line with legal requirements.

Other organisations considering decisions about access to NHS-funded homeopathy have been challenged about the legality of their processes. Judicial Reviews or other challenges can be made on the basis of the process followed, not on the substance of the decisions themselves. For example, in 2017 NHS England issued guidance recommending that homeopathy should not be prescribed in primary care. The British Homeopathic Society challenged this via a Judicial Review which was ultimately rejected by the High Court following a hearing.

Governing Body needs to assure itself that the CCG has followed good practice processes before confirming any decisions about next steps.

### 5. Risk implications

Table 4 notes potential risks and how they can be minimised if the CCG chooses to vary current access to homeopathy services, selecting Option 2 or Option 3.

Table 4: Potential risks and mitigations of implementing Options 2 or 3

Potential risk	Potential mitigation
<p><u>Harm to those unable to access NHS-funded homeopathy services:</u> People receiving homeopathy may have complex or long-term conditions and may feel that there are no alternatives available for them.</p>	<p>If Option 2 or 3 is selected, guidance will be produced to signpost people to other services available through the NHS, the third sector and through self-funding routes. A staged approach will be taken to discharging people currently receiving NHS-funded treatment so they and their clinicians have time to identify alternatives. Homeopathy will continue to be available privately.</p>
<p><u>Increased cost for the NHS:</u> Consultation feedback suggested that people currently receiving homeopathy may require greater support from the NHS if this service is not available, which has cost implications.</p>	<p>Two areas that have recently stopped routinely funding homeopathy (Liverpool and West Kent) have not reported increased use of NHS resources as a result. If Option 2 or 3 is selected, the CCG will monitor the situation and is committed to helping patients find alternatives. Any funding released from homeopathy services will be reinvested into local services to support a wide range of patients.</p>
<p><u>Increased health inequalities:</u> People who would not be able to self-fund homeopathy may be disadvantaged.</p>	<p>If Option 2 or 3 is selected, the CCG will produce guidance to signpost to other services offered by the NHS, the third sector and through self-funding routes. An Equality Impact Assessment suggested that Option 2 or 3 would not have a negative effect on any protected characteristics including based on people's age, disability, ethnicity or gender (see Appendix 3).</p>
<p><u>Legal challenge:</u> The decision-making of other commissioning organisations has been challenged legally so any CCG decision to vary services may also be subject to challenge.</p>	<p>The CCG has followed a good practice process for decision-making. This includes engaging with service users and the service provider, undertaking formal consultation consistent in scale with the number of people affected and service cost, reviewing evidence and feedback, making recommendations via a committee of local clinicians and using a formal decision scoring process. Feedback from the public consultation was considered in detail when weighing up the pros and cons of different options, alongside other evidence.</p> <p>Some responders were concerned that a decision had been taken prior to consultation. This is not the case. The Governing Body will make a decision about the extent to which homeopathy is funded in summer 2018 based on evidence from research, national guidance, consultation feedback, impact equality assessment, recommendations from clinicians and the CCG Commissioning Executive group.</p> <p>Case law notes that the NHS cannot operate a blanket ban on treatments requested by patients and the CCG does not propose such a ban. The CCG operates an Individual Funding Request Panel whereby a clinician can apply for funding for a patient on the basis of exceptionality and this is one of the options being considered for homeopathy.</p>

## 6. Implications for health inequalities





An Equality Impact Assessment is summarised in Appendix 3. The assessment did not predict that selecting any option over another would significantly impact on health inequalities.

## **7. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

An Equality Impact Assessment is summarised in Appendix 3. The assessment did not predict that selecting any option over another would significantly impact on groups with protected characteristics. It was suggested that releasing funds for other services may allow a greater range of people to benefit and that those who currently use homeopathy may be more likely to be from non-protected groups.

## **8. Consultation and Communication including Public Involvement**

Section 2 sets out the consultation and public involvement process that helped inform Commissioning Executive recommendations about next steps. Following a decision by Governing Body, further communication activities are planned as set out in Appendix 4.

## **9. Recommendations**

### **9.1 Decision required from Governing Body**

To summarise,

- Bristol, North Somerset and South Gloucestershire CCG is the only commissioner in England routinely funding homeopathy treatment. Governing Body needs to make a decision about whether to continue this in light of national guidance, public and clinician feedback, population needs, evidence of safety and effectiveness and financial considerations and opportunity costs.
- There is mixed evidence about the effectiveness of homeopathy, but people using local homeopathy services regard them well. NICE does not recommend using homeopathy for any clinical condition and NHS England has recommended blacklisting homeopathic prescribing on the NHS.
- However the engagement and consultation processes highlighted that there is support for continuing NHS-funded homeopathy amongst some local people and groups. There is also support for reducing or ceasing routinely funded treatment. About two fifths of people from the local area who submitted a consultation response suggested that homeopathy services should continue to be routinely funded and two fifths thought funding should be offered in rare cases only. There was no statistically significant difference in the proportion who supported these options. Those from outside the area were more likely to support continuing as currently.

- The Commissioning Executive used a structured decision-support tool to consider each of the options and make a consensus recommendation to Governing Body to adopt Option 3: to make access to NHS-funded homeopathy available on an individual case basis, following Individual Funding Panel Review.

**Governing Body is asked to:**

- **Assure itself that a robust process has been followed**
- **Consider the evidence and public consultation feedback, then approve the Commissioning Executive recommendation to move forward with Option 3**
- **Note that the decision is to take immediate effect, following normal contract notification periods**

## 9.2 Timetable

Regardless of the option selected, following the Governing Body decision, the provider and service users will be informed and the decision will be advertised via the CCG website, social media and GP Forums. Appendix 4 provides a preliminary outline of planned communication steps.

If Governing Body decides to proceed with Option 1, continuing funding homeopathy as presently, no further additional actions are planned.

If Governing Body decides to proceed with Option 2 or Option 3, changing the eligibility criteria or funding in exceptional circumstances, in addition to advertising the decision the CCG will implement an action plan to support and current service users and the provider (see Appendix 4 for a draft) and advertise new criteria or policy. Appendix 5 contains a draft policy for use if Option 3 is selected.

If the CCG decides to change whether homeopathy is routinely available via the NHS, people already receiving treatment will have an opportunity to complete their current cycle of care. It is proposed that if Option 2 or 3 is selected, any patient currently being treated under the prior approval policy should continue their treatment for a maximum of six months after the implementation of any new commissioning policy or until they have completed their allowance of up to five appointments, whichever is sooner. It is proposed that anyone receiving NHS-funded treatment not meeting the prior approval criteria receives up to one further follow-up appointment within six months of implementation of any new commissioning policy.

## Appendix 1: Summary of research evidence about homeopathy

This appendix presents a brief summary of evidence about the effectiveness of homeopathy. It is based on CCG compilation of evidence as well as material submitted during the public consultation process. This summary does not seek to make a judgement about the totality of evidence, but rather to show that there is a range of research of different types available. The quality of evidence supporting homeopathy and challenging homeopathy has been questioned as has the extent to which vested interests may influence the outcomes of studies.

Underlined references in the footnotes signal hyperlinks to abstracts or full text articles.

### Evidence supporting homeopathy

#### Mechanism of action

Some scientific scepticism about homeopathy is based on its use of diluted remedies but a review of research about highly dilute homeopathic treatments described in a consultation submission reportedly found that over 70% of replications were positive in 98 experiments.<sup>6</sup> Other research has suggested the stimulatory or beneficial effects of low doses of toxins (outside the field of homeopathy).<sup>7,8</sup>

#### Usage

Surveys about use of homeopathy have been conducted a number of countries.<sup>9</sup> For instance, in the UK it is estimated that between 3% and 10% of adults may use homeopathy per year. Usage figures are also reportedly high in France and the US.<sup>10</sup> In many western countries, people who use homeopathy tend to be female, well-educated and live healthy lifestyles.<sup>11</sup>

#### Clinical benefits

A number of studies and narrative reviews suggest that homeopathy can positively impact on people's symptoms and satisfaction with care. More than 1,000 clinical trials of homeopathy have been published<sup>12</sup> as well as several systematic reviews which have suggested benefits.<sup>13,14,15</sup>

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- 6 Endler PC, Bellavite P, Bonamin L, Jäger T, Mazon S (2015). Replications of fundamental research models in ultra high dilutions 1994 and 2015. Homeopathy. 104;234-245.
  - 7 Calabrese EJ (2016). Preconditioning is hormesis part I: Documentation, dose-response features and mechanistic foundations. Pharmacol Res. 2016 110:242-264.
  - 8 Calabrese V, Giordano J, Signorile A, Laura Ontario M, Castorina S, De Pasquale C, Eckert G, Calabrese EJ (2016). Major pathogenic mechanisms in vascular dementia: Roles of cellular stress response and hormesis in neuroprotection. J Neurosci Res. 94(12):1588-1603.
  - 9 Relton, C, Cooper, K, Viksveen, P, Fibert, P, Thomas, K. Prevalence of homeopathy use by the general population worldwide: a systematic review. Homeopathy. 2017; 106: 69–78
  - 10 Dossett, M, Davis, R.B, Kaptchuk, T.J, Yeh, G.Y. Homeopathy Use by US Adults: Results of a National Survey. American J Public Health. 2016; 106: 743–745
  - 11 Lert F, Grimaldi-Bensouda L, Rouillon F et al. Characteristics of patients consulting their regular primary care physician according to their prescribing preferences for homeopathy and complementary medicine. Homeopathy (2014);103: 51-57
  - 12 <http://archiv.carstens-stiftung.de/core-hom>
  - 13 Kleijnen J, Knipschild P, ter Riet G (1991). Clinical trials of homoeopathy. *British Medical Journal*, **302**:316–323.
  - 14 Linde K, Clausius N, Ramirez G et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. Lancet 2005; 366:2081–2082.
  - 15 Shang A, Huwiler-Muntener K, Nartey L, et al. (2005). Are the clinical effects of homeopathy placebo effects? Comparative study of placebo-controlled trials of homeopathy and allopathy. *Lancet*, 366:726–732.

In individualised homeopathy, the practitioner matches all the person's symptoms to a single homeopathic medicine rather than treating the person for a particular health condition using one or more homeopathic medicines. This type of homeopathy typically involves a detailed consultation between the practitioner and the patient. A systematic review of 32 trials of individualised homeopathy covering 24 medical conditions found that homeopathy was associated with improved clinical outcomes. However the authors found that 29 of the 32 trials had unclear or high risk of bias and concluded that the finding should be interpreted with caution.<sup>16</sup>

Systematic reviews of randomised controlled trials of homeopathy for specific clinical situations have also suggested benefits for people with allergies and upper respiratory tract infections,<sup>17,18</sup> knee surgery,<sup>19</sup> childhood diarrhea,<sup>20</sup> post-operative ileus,<sup>21</sup> rheumatic diseases,<sup>22</sup> hay fever,<sup>23,24</sup> and vertigo.<sup>25</sup>

In addition to these trials and reviews, many studies of homeopathy involve comparative effectiveness research which examines the effectiveness of treatments in real-world situations, rather than the artificial conditions sometimes used in randomised controlled trials. Some argue that these studies are of lower quality and generalisability than randomised trials whereas others suggest that they are more realistic.

A multinational study in four countries, including the UK, found that people with acute respiratory problems treated with homeopathy showed prompter response than conventional treatment and lower rates of adverse events. The study has been replicated.<sup>26,27</sup>

Another study compared homeopathic versus conventional GPs treating long-term conditions in adults and children. The researchers concluded that people who sought homeopathic treatment had better outcomes at similar cost.<sup>28,29</sup>

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- 16 Mathie RT, Lloyd SM, Legg LA et al 2014. Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis. *Systematic Reviews*, 3:142.
  - 17 Bergemann SM, Bornhöft, Bloch D, Vogt-Frank C, Righetti M, Thurneysen A. Clinical Studies on the Effectiveness of Homeopathy for URTI/A (Upper Respiratory Tract Infections and Allergic Reactions). In Bornhöft G, Matthiessen PF (eds), *Homeopathy in Healthcare – Effectiveness, Appropriateness, Safety, Costs*. Springer, Berlin 2011.
  - 18 Bellavite P, Ortolani R, Pontarollo F, et al. Immunology and homeopathy. 4. Clinical studies – Part 1. Evidence-based Complementary and Alternative Medicine: eCAM, 2006; 3: 293–301.
  - 19 Brinkhaus B, Wilkens JM, Lütke R, et al. Homeopathic arnica therapy in patients receiving knee surgery: Results of three randomized double-blind trials. *Complementary Therapies in Medicine*, 2006; 14: 237–246.
  - 20 Jacobs J, Jonas WB, Jimenez-Perez M, Crothers D. Homeopathy for childhood diarrhea: combined results and metaanalysis from three randomized, controlled clinical trials. *Pediatric Infectious Disease Journal*, 2003; 22: 229–234.
  - 21 Barnes J, Resch K-L, Ernst E. Homeopathy for postoperative ileus? A meta-analysis. *Journal of Clinical Gastroenterology*, 1997; 25: 628–633.
  - 22 Jonas WB, Linde K, Ramirez G. Homeopathy and rheumatic disease. *Rheumatic Disease Clinics of North America*, 2000; 26: 117–123.
  - 23 Taylor MA, Reilly D, Llewellyn-Jones RH, et al. Randomized controlled trials of homoeopathy versus placebo in perennial allergic rhinitis with overview of four trial series. *British Medical Journal*, 2000; 321: 471–476.
  - 24 Bellavite P, Ortolani R, Pontarollo F, et al. Immunology and homeopathy. 4. Clinical studies – Part 2. Evidence-based Complementary and Alternative Medicine: eCAM, 2006; 3: 397–409.
  - 25 Schneider B, Klein P, Weiser M. Treatment of vertigo with a homeopathic complex remedy compared with usual treatments: a meta-analysis of clinical trials. *Arzneimittelforschung*, 2005; 55: 23–29.
  - 26 Riley D, Fischer M, Singh B, et al. (2001). Homeopathy and Conventional Medicine: An Outcomes Study Comparing Effectiveness in a Primary Care Setting. *Journal of Alternative and Complementary Medicine*, 7:149–159.
  - 27 Haidvogel M, Riley D, Heger M et al. Homeopathic and conventional treatment for acute respiratory and ear complaints: A comparative study on outcome in the primary care setting. *BMC Complementary Altern Med*. 2007; 7: 7.
  - 28 Witt C, Keil T, Selim D, et al. (2005). Outcome and costs of homeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders. *Complementary Therapies in Medicine*, 13:79-86.
  - 29 Witt CM, Lütke R, Baur R, Willich SN (2005). Homeopathic medical practice: long-term results of a cohort study with 3,981 patients. *BMC Public Health*, 5:115.

Research has also been conducted in children. A study compared homeopathy versus antibiotics for recurrent acute rhino-pharyngitis in children aged between 18 months and 4 years. Homeopathy was associated with improved clinical effectiveness, reduced complications and improved quality of life amongst parents.<sup>30,31</sup>

### Safety

A systematic review of the safety of homeopathy concluded that homeopathy was largely safe. The reviewers noted that homeopathic medicines may provoke adverse effects, but these are generally mild and transient.<sup>32</sup> A meta-analysis of data from 39 clinical trials found that homeopathy was not associated with more adverse effects than placebo or conventional medicine.<sup>33</sup>

### Avoiding harm

Some suggest that homeopathy can help to avoid harm from polypharmacy (the use of multiple drugs) or medication adverse effects, particularly in older people. A large comparative effectiveness study with 6,379 patients from 804 medical practices in France compared treatment outcomes for people visiting conventional, homeopathic and mixed practice GPs for musculoskeletal conditions, upper respiratory tract infection, sleep disorders, anxiety and depression. Although people in the homeopathy group had more long-term illness and similar clinical progression to other groups, they took about half the amount of non-steroidal anti-inflammatory drugs compared to conventionally-treated patients and had fewer drug-related adverse events.<sup>34</sup> This research team also found that people who consulted GPs certified in homeopathy used significantly less antibiotics and antipyretic/anti-inflammatory drugs for upper respiratory tract infections, with similar outcomes.<sup>35</sup>

### Cost-effectiveness

In one large study in France, overall health expenditure was 20% less for people consulting homeopathic GPs compared to conventional GPs. The lower cost of prescriptions for homeopathic doctors was partially offset by higher consultation costs.<sup>36</sup>

Many other examples are available of research supporting aspects of homeopathy. The examples presented here aim to provide a flavour and to acknowledge the types of examples submitted as part of consultation responses. Much of the evidence described in this section was extracted from a summary prepared by a Consultant Physician at the Royal London Hospital for Integrated Medicine and material available through the British Homeopathic Association.<sup>37</sup>

30 Trichard M, Chaufferin G Nicoloyannis N (2005). Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children. *Homeopathy*, 94:3–9.

31 Trichard M, Chaufferin G (2004). Effectiveness, quality of life, and cost of caring for children in France with recurrent acute rhinopharyngitis managed by homeopathic or non-homeopathic General Practitioners. *Disease Management and Health Outcomes*, 12:419–427.

32 Dantas F, Rampes H (2000). Do homeopathic medicines provoke adverse effects? A systematic review. *Br Homeopath J*. 89:S35–38.

33 Stub T, Musial F, Kristoffersen A et al 2016. Adverse effects of homeopathy, what do we know? A systematic review and meta-analysis of randomized controlled trials *Complementary Therapies in Medicine* 26;146–163.

34 Rossignol M, Begaud B, Engel P, et al. Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. *Pharmacopepidemiol. Drug Saf.* 2012, 21:1093-101.

35 Grimaldi-Bensouda L, Begaud B, Rossignol M, Avouac B, Lert F, et al. (2014) Management of Upper Respiratory Tract Infections by Different Medical Practices, Including Homeopathy, and Consumption of Antibiotics in Primary Care: The EPI3 Cohort Study in France 2007–2008. *PLoS ONE* 9(3): e89990

36 Colas A, Danno K, Tabar C, Ehreth J, Duru G. Economic Impact of Homeopathic Practice in General Medicine In France. *Health Economics Review* (2015) 5:18.

37 <https://facultyofhomeopathy.org/homeopathy-the-evidence/>



## Evidence challenging homeopathy

### Clinical benefits

Research evidence challenging homeopathy tends to include systematic reviews of research and randomised controlled trials. These types of research are sometimes regarded highly in the hierarchy of evidence but critics suggest that they lack real-world validity. Fewer examples are presented here than in the proceeding section because the reviews below include a combined analysis of many tens of studies whereas the proceeding section includes a larger number of individual studies.

In 2015, the Australian National Health and Medical Research Council conducted a systematic review summarising the findings from systematic reviews of the effectiveness of homeopathy as a treatment for clinical conditions in humans. The review included 57 systematic reviews covering a total of 68 clinical conditions. This review of reviews concluded that the available evidence did not support homeopathy as an effective treatment. An update to this review conducted in the UK in 2017 included a further nine systematic reviews and drew the same conclusion.<sup>38</sup> The systematic reviews included were of moderate to good quality when scored using a standardised tool, but the quality of the trials included within most of the reviews varied widely.

Examples of systematic reviews are provided here. A Cochrane review of a homeopathic remedy for the prevention or treatment of influenza and influenza-like illness found that the overall standard of trial reporting was poor. The authors concluded that there was insufficient good evidence to enable robust conclusions. There was no evidence of efficacy in the prevention of influenza or influenza-like illness.<sup>39</sup>

A review and meta-analysis of four prospective, double-blind, randomised trials of individualised homeopathy in people with headache and migraine found no significant difference between homeopathy and placebo.<sup>40</sup>

A systematic review and meta-analysis of data from 54 randomised controlled trials compared non-individualised homeopathy to placebo. There was a small effect size in favour of homeopathy, but when only high quality studies were analysed there was no benefit from homeopathy.<sup>41</sup>

A systematic review examined 12 trials of homeopathy for people with attention deficit hyperactivity disorder (ADHD), autism, dyslexia, and speech and social development in people with cerebral palsy. The findings were mixed. The reviewers concluded that there is conflicting evidence about homeopathy for treatment of ADHD and that there is no evidence to support the use of homeopathy for autism or speech difficulties.<sup>42</sup>

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38 <https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-homeopathy.pdf>

39 Mathie RT, Frye J, Fisher P 2015. Homeopathic Oscillocochinum® for preventing and treating influenza and influenza-like illness. Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD001957.

40 Saha S, Koley M 2013. Homeopathic treatment of headaches & migraine: a meta-analysis of the randomized controlled trials. Asian Journal of Pharmaceutical and Clinical Research. 6(suppl 3):194-199.

41 Mathie RT, Ramparsad N, Legg LA, Clausen J, Moss S, Davidson JR, Messow CM, McConnachie A 2017. Randomised, double-blind, placebo-controlled trials of non-individualised homeopathic treatment: systematic review and meta-analysis. Syst Rev;6(1):63.

42 Shaddel F, Ghazirad M, Bryant M 2014. What is the best available evidence for using homeopathy in patients with intellectual disabilities? Iran J Pediatr. 24(4):339-44.

Many other examples are available of research challenging aspects of homeopathy. The examples presented here aim to provide a flavour and to acknowledge the types of examples submitted as part of consultation responses. Much of the evidence described in this section was extracted from a summary prepared the Specialist Pharmacy Service on behalf of NHS England in 2017.<sup>43</sup>

## National guidance

### NICE guidance

There does not appear to be any NICE guidance recommending the use of homeopathy for any clinical condition. NICE specifically recommend against the use of homeopathy for the treatment of otitis media with effusion in children under 12,<sup>44</sup> jaundice in newborn babies,<sup>45</sup> induction of labour<sup>46</sup> and treatment of lower urinary tract symptoms (LUTS) in men.<sup>47</sup> NICE also recommends that children with atopic eczema and their parents or carers should be informed that the effectiveness and safety of complementary therapies such as homeopathy for the management of atopic eczema have not yet been adequately assessed in clinical studies.<sup>48</sup>

### NHS England

NHS England recommended in 2017 that homeopathy should no longer be routinely prescribed in primary care. In addition it recommended that homeopathy medications should be referred to the Department of Health to be formally considered for the medicines blacklist.<sup>49</sup>

### UK Science and Technology Select Committee

A UK Science and Technology Committee report about homeopathy in 2010 concluded that the systematic reviews and meta-analyses had found that homeopathic products performed no better than placebos. They suggested that by if the NHS funds homeopathy this may endorse it as an efficacious system of medicine. The government response to the Select Committee recommendation noted that there remains controversy over the evidence and that the use of homeopathy within the NHS is a decision for local NHS commissioners and clinicians.

### Guidance from other countries

Following a review of 57 systematic reviews, the Australian National Health and Medical Research Council concluded that homeopathy should not be used to treat health conditions that are chronic, serious or that could become serious. They suggested that people who choose homeopathy may put their health at risk if they reject or delay other treatments for which there is good evidence of safety and effectiveness.

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43 <https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-homeopathy.pdf>

44 <https://www.nice.org.uk/guidance/CG60/chapter/1-Guidance#non-surgical-interventions>

45 <https://www.nice.org.uk/guidance/cg98>

46 <https://www.nice.org.uk/guidance/cg70/chapter/1-Guidance>

47 <https://www.nice.org.uk/guidance/cg97/chapter/1-Recommendations#alternative-and-complementary-therapies>

48 <https://www.nice.org.uk/guidance/CG57/chapter/1-Guidance#treatment>

49 <https://www.england.nhs.uk/2017/11/prescription-curbs-to-free-up-hundreds-of-millions-of-pounds-for-frontline-care/>

## Appendix 2: Summary of consultation feedback

### Consultation process

The CCG(s) undertook engagement and consultation to contribute to decisions about next steps. The engagement and consultation processes were proportionate to the number of people receiving homeopathy and the amount of funds spent on it. The focus was on seeking the views of those using the service, the service provider and other interested parties, including members of the public and interest groups. NHS England good practice guidance was followed in planning the consultation approach.

A two stage process was used. In summer 2017, the CCG undertook engagement to test the case for change and understand the needs and perspectives of people using services and the wider public. 2,126 people provided feedback through meetings and surveys. Feedback is summarised in the main body of the paper.

After taking on board feedback received during this phase, including feedback from the provider and interest groups, between 22 January and 15 April 2018, the CCG facilitated a formal consultation about three potential options. People were invited to share their views by post, email, online survey or at small meetings, arranged with the support of the service provider.

The CCG worked with the service provider to plan appropriate ways to engage with service users, staff and others who might be affected as well as ensuring that the consultation was publicly accessible. Key components of the consultation process included:

- identifying key stakeholders and directly inviting them to contribute via three letters (12/12/2017 providing notification of the consultation starting in January 2018; 15/01/2018 reminder about consultation start, 22/03/2018 reminder after eight weeks)
- media release to cover start of consultation to local and trade media on 16/01/2018
- media coverage including South Gloucestershire Gazette 18/01/18, BBC Radio Bristol interview 22/01/2018, Bristol Post 22/01/2018
- Twitter posts occurred from December 2017 to April 2018 to coincide with reminders to stakeholders and at regular intervals
- featuring in the CCG's Hero Spot, The Voice and The Hub internal communications
- three meetings with service users spread across the CCG area
- engagement with women's breast cancer support groups who we consulted with over the Breast Reconstruction Post Cancer commissioning policy as women with cancer are strongly represented in homeopathy service users
- posting a briefing paper and link to an online survey on the CCG website(s)
- presentations at GP Forums in North Somerset and South Gloucestershire and circulating written information via the Bristol GP Forum
- written information and briefings to the three Health and Social Care Oversight Groups (HOSC)
- coverage in the local media inviting people to share their views

Stakeholders explicitly contacted included, in no particular order, The Portland Centre, specific patient groups identified by The Portland Centre, Helios Medical Centre, Humanist UK, Good Thinking Society, The Nightingale Collaboration, The British Homeopathic Society, Homeopathy Research Institute, GP practices, Friends of the Portland Centre, Penny Brohn Centre, North Bristol Trust, local authority HOSC representatives and chairs from all three areas, Local authority Health and Wellbeing Boards, BNSSG executive leaders (Health & Social Care), lead councillors (Health & Social Care), West of England Metro Mayor, local MPs, Protect our NHS, HealthWatch in all three areas, The Care Forum, VANS, Age UK, Bristol Aging Better, Care UK, Voscur, Brisdoc, One Care Consortium, Carers Support Centre, University Hospitals Bristol, Bristol Parent Carers, Weston Area Health Trust, Bristol Community Health, North Somerset Community Partnership, Sirona, South Gloucestershire Mental Health Service User and Carer Forum, South Gloucestershire Equality Forum, South Gloucestershire Parents and Carers, equality stakeholders, Avon Local Medical Committee, Patient Participation Groups, CCG Lay Members, NHS England, Swindon CCG, BANES CCG, Somerset CCG, Gloucestershire CCG, Wiltshire CCG, Public Health department, all GP locality forums in the CCG area.

The consultation process was all undertaken in public, aiming to provide a mix of widely accessible routes to provide feedback (advertising via local media, CCG websites, GP Forums, online survey, inviting responses via post, email and online survey) coupled with targeted feedback mechanisms to encourage participation from those who may be most affected by any decisions (feedback meetings for current and past service users and staff, promoted through letters, posters and direct contact from the provider).

Large public meetings were not held because the CCG wanted to focus meetings on having meaningful dialogue with those using and providing the services, in addition to being open to hear the views of wider audiences. The CCG worked with the service provider to invite past and present service users to meetings at Batch Community Centre, Warmley, South Gloucestershire (0 participants), South Plaza, Bristol (6 participants and 1 provider staff) and Clevedon Village Hall, North Somerset (5 participants and three provider staff). The meetings were facilitated by a senior clinician from the provider organisation, a presentation was provided by a senior CCG member and notes were kept of key themes raised. Members of the public were welcome to attend.

## Consultation responses

In total, there were 946 responses to the consultation, including notes from meetings with people using services and staff and written comments, predominantly through an online survey. 51% of people who provided feedback lived within the CCG area (475 people). The consultation questionnaire did not ask people to state whether they had currently or previously used homeopathy services, though in their written feedback around 40% of people indicated they had used homeopathy locally or elsewhere, whether privately or via the NHS.

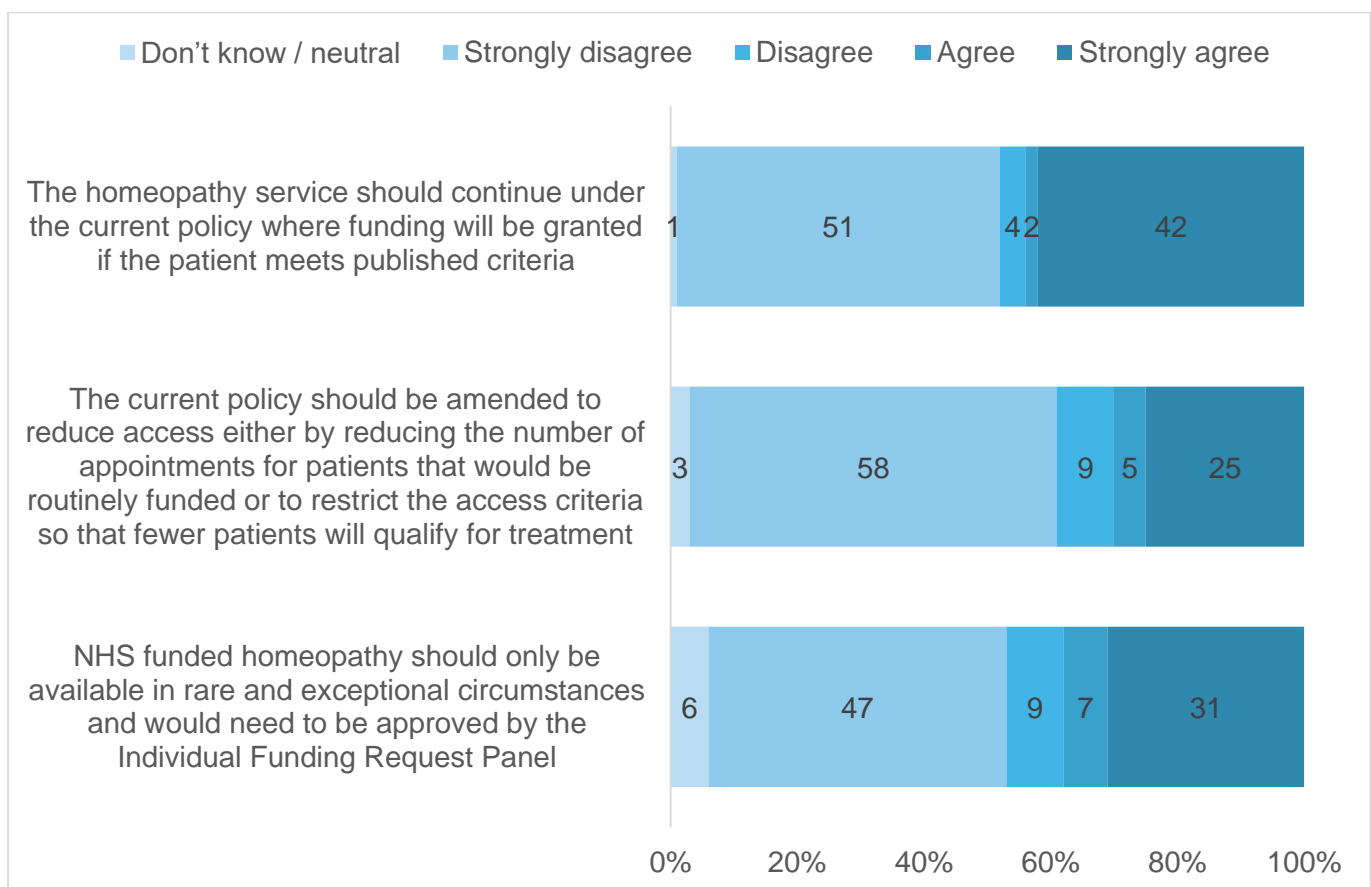
## Consultation feedback

People responding to the consultation were asked about the extent to which they supported each of three options for access to NHS-funded homeopathy. People were able to support more than one option.

- 44% of people within the CCG area and 71% of others who responded supported continuing NHS-funded homeopathy as currently (Option 1)
- 30% of people within the CCG area and 19% of others supported changing the criteria to make NHS-funded homeopathy available to fewer people or to make fewer appointments available (Option 2)
- 38% of people within the CCG area and 22% of others supported making NHS-funded homeopathy available for rare cases, based upon individual review (Option 3)

People could support more than one option. There was no statistically significant difference between the proportion of people living in the CCG area who supported Option 1 or Option 3.

Figure 1: Extent to which people living in the CCG area supported each option



Note: Based on responses from 475 people who provided a local postcode.



About 10% of people providing open-ended comments suggested that access to NHS-funded homeopathy should increase, rather than staying the same or reducing.

About 10% of people providing open-ended comments said that they did not believe that homeopathy should be funded by the NHS at all, even on an exception / individual case basis. Some of these people said they had disagreed with Option 3 because they thought the NHS should not fund homeopathy in any situation.

*“I cannot imagine any circumstances, even rare or exceptional, where a treatment with no evidence for efficacy, or even plausibility, would be an appropriate use of limited NHS funding or resources. In terms of cost effectiveness this treatment is entirely cost, with no effectiveness, so a fourth option whereby NHS-funded homeopathy is \*never\* available would be my preferred choice.”*

Whether they lived in the CCG area or not, 673 people provided comments to support or challenge NHS funding of homeopathy.

In written responses and at consultation meetings, some people provided personal testimonials about how homeopathy had helped them.

*“Homeopathy through the NHS in Bristol helped me through a very difficult time when I was suffering from chronic fatigue syndrome and my GP did not know what else she could offer me. I went to the homeopathic hospital and saw [doctor], who completely changed my life and enabled me to be able to work full time again, have a life again and all this was through homeopathy. I am now an avid user and can say that it works. To lose this service on the NHS would be an absolute travesty.”*

*“I would like homeopathy to be much easier to access. I strongly disagree with your proposals to further exclude poor people from homeopathic treatment. I had mental health problems diagnosed 50 years ago. It is currently too hard to access the treatment I need - I am now finding it too difficult to complete the required paperwork for a referral from my GP. In the past homeopathy has helped me to work, pay taxes, study, take part in exercise and social activities and be an effective member of the community supporting friends and family.”*

*“My appointments were with a highly skilled doctor that understood and was trained both as a general practitioner and in homoeopathy. She gave me the time and encouragement to carry on to be listened to and be heard. Remedies were found that resonated with me as a human being holistically.”*

Those that wanted the CCG to continue routinely funding homeopathy suggested that:

- Homeopathy is effective (43% of open-ended comments): some argued that homeopathy can help people who have not benefitted from other treatments and that the effects are over and above those of a placebo. They cited examples of where treatments were reportedly found to be helpful in children and animals, calling into question a placebo effect. Examples were provided of homeopathy helping people recover and flourish from debilitating conditions. Examples were provided based on personal experience and research evidence.
- Offering homeopathy supports patient choice (10%): some felt that it was important to offer homeopathy on the NHS so patients had a choice of treatments and support available to them.
- Homeopathy can save the NHS money (9%): some believed that homeopathy can save the NHS money because it may be less costly than other treatments, because it can help reduce patient use of other costly treatments and because people currently receiving homeopathy may need more expensive treatments if homeopathy was not available to them.
- Homeopathy is inexpensive (7%): some suggested that homeopathy costs less than other treatments or that the overall amount spent on homeopathy is small.
- The evidence used to suggest a lack of effectiveness is flawed (4%): some said that the clinical research approaches used to test the effectiveness of homeopathy were flawed or that they did not take into account people's perceptions. Others said that the evidence the CCG cited challenging homeopathy, such as the 2010 Science and Technology Select Committee report, was flawed and had been discredited or not widely accepted.
- There are no feasible alternatives to homeopathy (2%): another argument was that people who used homeopathy may have found that other options did not meet their needs or that there were few feasible alternatives available to homeopathy.
- Homeopathy is not solely about medications (2%): some argued that homeopathy involves a holistic consultation process which includes both physical and psychological support and that the support offered through this service is superior or more effective than that offered elsewhere.
- People don't understand homeopathy well (2%): some believed that there were misunderstandings about what homeopathy is and that people who oppose it may have no medical training or contact with people using it or may have vested interests in pharmaceuticals or other alternatives.
- Reducing access may create inequalities (<1%): it was suggested that homeopathy caters for those with complex needs so limiting access to this service may create further health inequalities.

Those that supported continuing routine NHS funding of homeopathy included people currently or previously using homeopathy services, the service provider, some national groups and some local clinicians.

The service provider's submission provided examples of evidence about the effectiveness of homeopathy and suggested that homeopathy could be a key part of supporting self-care, in line with the CCG's priorities.

*"The main message I would like to convey is that the health service is in crisis. It has been running an intervention model which is costly and has the potential to do harm. I believe the only direction of travel is toward a self-care and prevention model. For me Integrative Medicine offers that model combining conventional, lifestyle and holistic approaches and homeopathy sits well within that framework. Although homoeopathy is disliked by many doctors because they believe the evidence base is negative, homoeopathy and other CAM approaches are popular with the public and supports that self-care model. Because the therapeutic consultation lies at the heart of homoeopathy we are also able to manage complex chronic problems in ways that a lot of services cannot. I realise that to make a decision to keep a small amount of funding would be running against national guidance but the whole social prescribing network and move towards prescribing activities and gentler approaches rather than high impact high-cost intervention is really taking off in Bristol."*

The Faculty of Homeopathy's submission noted that:

*"any robust service review should be conducted by properly qualified persons and weigh all forms of evidence: scientific trials alongside real world evidence from clinical experience, patient reported outcomes, equality and diversity implications and unintended consequences for the public purse from supressing homeopathic treatment options in favour of polypharmacy (the use of multiple drugs)."*

Those that wanted the NHS to limit funding for homeopathy suggested:

- Homeopathy is not evidence-based (30% of open-ended comments): some suggested that there is evidence from clinical research and systematic reviews that homeopathy does not work above a placebo effect.
- The NHS cannot afford unproven treatments (13%): some said that if a treatment cannot be proven to have clinical value, the NHS cannot justify spending money on it even if the amounts involved are relatively small. In this view, people who wanted to use homeopathy should self-fund.
- National guidance recommends against funding homeopathy (2%): the 2010 Science and Technology Select Committee and the 2017 guidance from NHS England recommend against homeopathy prescriptions. Some argued that it was important the CCG aligned its policies with national guidance.
- Funding homeopathy may legitimise it (<1%): some suggested that if the NHS routinely funded homeopathy, this may encourage people to use homeopathy for serious illnesses or convince people that homeopathy has more than a placebo effect.
- Homeopathy may be harmful (<1%): some argued that if homeopathy had limited benefit it may harm people who placed their faith in it rather than seeking other treatments.

- There are alternatives available (<1%): some believed that there are a range of treatments and therapies available to support those who may use homeopathy and that some of these alternatives have a better evidence base.

Those who wanted to limit NHS funding for homeopathy included members of the public, national groups and some local clinicians. For instance, the Good Thinking Society's response stated:

*"In evidence submitted to the House of Commons' Science and Technology Committee's 2010 Evidence Check on homeopathy, the point was made by homeopaths that efficacy is not the be-all and end-all when it comes to treatment modalities such as homeopathy. We agree: patient choice and cost-effectiveness are also clear and important factors in deciding whether or not to fund any particular treatment. However, cost-effectiveness and patient choice in isolation cannot provide a solid base for the provision of a certain treatment. Fundamentally, as a baseline, it is vital that any proposed treatment actually works. Without proof that a treatment works, cost-effectiveness becomes a moot point. After all, how cost-effective can a clinically-ineffective treatment be? Supporters of homeopathy argue that ending prescriptions for homeopathy would be a restriction of patient choice. However, without reliable evidence that a treatment can actually work, the notion of patient choice is nonsensical. It is absurd to offer patients the choice of an intervention which is known not to effectively treat any condition. That homeopathy is even available as a publicly-funded option constitutes an implicit endorsement of it as an intervention."*

Other examples of comments from those who did not support routinely funding homeopathy included:

*"In spending public money the NHS has a responsibility to ensure that treatments are efficacious and safe to use. Beyond a placebo effect there is no evidence that homeopathic treatment provide any beneficial effects."*

*"I am outraged that homeopathy is used by NHS. I thought this hoax practice had now been assigned to the bin. It's a waste of desperate funds and money should be directed at other areas of the NHS."*

## Consultation feedback summary

About two fifths of people responding to the consultation from within the CCG area supported continuing NHS-funded homeopathy as is and two fifths supported limiting NHS funding to rare cases following individual approval. There was no statistically significant difference between these proportions. Those responding from outside the area were more likely to support the funding policy remaining as is. The consultation was not a referendum, but the CCG committed to considering all feedback carefully, alongside other evidence, when making decisions about next steps.

Table 5 summarises some of the key issues expressed during the consultation and initial thoughts about how the CCG may respond if Governing Body decides to alter access to NHS-funded homeopathy. This will form the basis of a 'you said, we did' document to be released once a decision has been made about next steps.

Table 5: Summary of key issues raised during the consultation and CCG responses

Issue Raised	CCG Response
Homeopathy has had personal benefits	The CCG recognises that some people gain personal benefit from homeopathy. The CCG is weighing up the options carefully and taking into account both clinical evidence and feedback. If a decision is made to limit routinely funding homeopathy, all current patients will have an opportunity to complete their treatment cycle and guidance will be issued for patients and clinicians about alternatives available through the NHS and other parties.
Changing access to homeopathy may create health inequalities	The CCG undertook an equalities impact assessment to explore the potential impact of each option. The assessment did not highlight any major risks of inequality, but suggested that releasing funds for use by a wider range of people may be beneficial. The potential impact on health inequalities will be considered as part of the decision-making process.
No good alternatives are available / changing access may reduce patient choice	If a decision is made to limit routine funding of homeopathy, all current patients will have an opportunity to complete their treatment cycle and guidance will be issued for patients and clinicians about alternatives available through the NHS and other parties.
Homeopathy is about more than medications	The CCG acknowledges the good practice undertaken in many homeopathy consultations, including a holistic approach and time spent listening by a caring clinician. The CCG would wish to build holistic person-centred approaches and enhanced consultation skills into all the services it commissions to ensure a wider range of people can benefit.
CCG decisions should be based on clinical evidence and national guidance	The decision-making criteria that the CCG used to weigh up the options took into account clinical evidence; national guidance; consultation feedback from patients, staff and members of the public; population health and potential health inequalities; financial factors and alternatives and opportunity costs.
CCG decisions should be based on weighing up costs and benefits for the population	The decision-making criteria that the CCG used to weigh up the options took into account clinical evidence; national guidance; consultation feedback from patients, staff and members of the public; population health and potential health inequalities; financial factors and alternatives and opportunity costs.

Note: The “Our Response” element will be refined once decisions are made about next steps.



### Appendix 3: Summary of Equalities Impact Assessment

<p>What are the main aims, purpose and outcomes of the proposal?</p>	<p>Review provision of all homeopathic treatments and services available on the NHS to consider whether these are appropriate for the NHS to fund going forward based on the efficacy of treatments.</p>
<p>Does this proposal relate to a new or existing programme, project, policy or service?</p>	<p>Existing</p>
<p>If existing, please provide more detail</p>	<p>Currently secondary care homeopathy services are provided in BNSSG by the Portland Centre for Integrated Medicine on a prior approval basis. Patients who qualify for treatment are able to access one new outpatient appointment and four follow-up appointments.</p> <p>Currently patients are able to access limited homeopathy advice through the Portland Centre for Integrated Medicine by receiving prior approval from the CCG Individual Funding Request team. This approval is only available where patients meet the criteria for accessing treatment but this proposal will decommission routine provision of such treatments and make it available on where exceptionality can be demonstrated. The policy is available on the BNSSG CCG website here: <a href="https://bnssgccg.nhs.uk/individual-funding-requests-ifr/individual-funding-requests-directory/homeopathy/">https://bnssgccg.nhs.uk/individual-funding-requests-ifr/individual-funding-requests-directory/homeopathy/</a></p>
<p>Outline the key decision that will be informed by this EIA</p>	<p>Three options are being considered for access to homeopathy services:</p> <ul style="list-style-type: none"> <li>• Continue as is (Option 1)</li> <li>• Change eligibility criteria to be more targeted (Option 2)</li> <li>• Make NHS-funded homeopathy available only after Individual Funding Request Panel review (Option 3)</li> </ul>
<p>Does this proposal affect service users, employees and/or the wider community?</p>	<p>The proposal affects all categories. The current service provider is a social enterprise. If a decision was made to limit NHS funding, service users could refer themselves to the service and fund their own treatments. Employees are employed by Portland Centre for Integrated Medicine, subcontracted from University Hospitals Bristol.</p>

Could the proposal impact in relation to different characteristics	It is not expected that the three proposals would impact differently on people with protected characteristics.			
	Characteristics	Option 1	Option 2	Option 3
	Age	Neutral	Neutral	Neutral
	Disability	Neutral	Neutral	Neutral
	Gender reassignment	Neutral	Neutral	Neutral
	Race	Neutral	Neutral	Neutral
	Religion or belief	Neutral	Neutral	Neutral
	Sex	Neutral	Neutral	Neutral
	Sexual orientation	Neutral	Neutral	Neutral
	Pregnancy and maternity	Neutral	Neutral	Neutral
Marriage or civil partnership	Neutral	Neutral	Neutral	
Age	Neutral			
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to age. All patients are able to apply for NHS funding and will be considered on an equal basis. Currently older people are more likely to seek access to this treatment.			
Disability	Neutral			
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to disability. All patients are able to apply for NHS funding and will be considered on an equal basis. Currently people with long-term conditions are more likely to seek access to this treatment.			
Gender reassignment	Neutral			
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to gender transition. All patients are able to apply for NHS funding and will be considered on an equal basis.			
Race	Neutral			
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to race or ethnicity. All patients are able to apply for NHS funding and will be considered on an equal basis.			
Religion or belief	Neutral			
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to religion or belief. All patients are able to apply for NHS funding and will be considered on an equal basis.			
Sex	Neutral			
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to sex or gender. All patients are able to apply for NHS funding and will be considered on an equal basis. Women are currently more likely to seek access to this treatment.			
Sexual orientation	Neutral			

Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to sexual orientation. All patients are able to apply for NHS funding and will be considered on an equal basis.
Pregnancy and maternity	Neutral
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to pregnancy or maternity. All patients are able to apply for NHS funding and will be considered on an equal basis.
Marriage and civil partnership	Neutral
Please provide reasons for your answer and any mitigation required	No policy under any of the options makes reference to marriage or civil partnership. All patients are able to apply for NHS funding and will be considered on an equal basis.
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.	No
Advance equality of opportunity between people who share a protected characteristic and those who do not	No
Foster good relations between people who share a protected characteristic and those who do not.	Yes
Please provide reasons for your selection(s)	Under options 2 and 3, funding currently used for a small group may be released for treatments where clinical efficacy is more certain or which may benefit a wider range of patients.
Does the proposal relate to an area with known health inequalities?	No

<p>If yes, please provide more details</p>	<p>The options being considered have a neutral impact but other pre-existing inequalities in the NHS may have a negative effect, such as access to primary care for the travelling community and homeless individuals.</p> <p>No option has specific implications for a protected group and therefore a neutral impact is predicted. All patients who meet the criteria will have access to the intervention, whichever option is selected.</p> <p>Whichever option is selected, the policy and criteria will be available in different languages and formats on request.</p> <p>Inequality within the application process may exist when a patient receives a request for evidence surrounding how their symptoms affect their day to day life (via a patient statement form). These inequalities may be driven by age, educational level, race or disabilities. The CCG cannot eradicate this negative impact but has tried to minimise this by providing patients with the details of local health advocacy services, details of the local Patient Advice and Liaison Service and by offering the form in alternative formats and languages.</p>
<p>On the basis of this screening assessment do you consider this proposal to be relevant to the General Duty or to any particular protected characteristic?</p>	<p>No</p>
<p>If no, then explain your reasons and evidence</p>	<p>Regardless of which option is selected, all patients who wish to seek treatment and advice from a homeopathic service will be able to self-fund or seek NHS funding (dependent on meeting criteria or on the basis of exceptionality). Most patients choosing to access the homeopathy service are female, but the options relate to all patients wishing to access this treatment.</p>
<p>Proceed to full EIA?</p>	<p>No</p>
<p>Please explain your reasons</p>	<p>The summary EIA does not suggest any negative impact based on protected characteristics.</p>
<p>Name of EIA Approver</p>	<p>David Harris</p>
<p>Comments from Equality Lead</p>	
<p>Date approved</p>	<p>15/12/2017</p>
<p>EIA status</p>	<p>Existing</p>
<p>What aspects of the project are particularly relevant to equality?</p>	<p>All patients will be assessed against criteria or exceptionality on the basis of clinical need without reference to protected characteristics. This is not a change from the current position.</p>

What evidence is already available that will help in the development of both the project and the EIA?	Activity data. This includes an optional equality monitoring return from patients who have had funding applied for on their behalf.
Do you require further information to gauge the probability and / or extent of any adverse impact on protected groups?	No
Which communities and groups have been or will need to be consulted or involved in the development /review of the project/service?	We have undertaken a 12 week public consultation including:  Statutory bodies such as local authority partners The service provider - Portland Centre For Integrated Medicine Service user groups - from users of the Portland Centre The GP membership of BNSSG. Women's support groups - we have noted from funding applications that a significant majority are for female patients General members of the public and interest groups
Statement of actions which have already been taken to remove or minimise the potential for adverse outcomes/impacts and to maximise positive outcomes/ impacts	Any change in policy is anticipated to have a neutral impact overall.
Assessment of the legality of the proposal	The proposal has been assessed as legally sound in terms of equality.
No major change	No
Adjust the project proposals/plan	No
Continue the project	Yes
The EIA identified actual or potential unlawful discrimination	No
Provide details of how the actual impact of the project will be monitored?	Funding applications and activity data will be monitored. This EIA will be reviewed in light of this data to ensure that this is relevant.
Provide an outline of the decisions made relating to this proposal	In summer 2018, the Governing Body will make a decision about the options for funding homeopathy based on research evidence, funding, consultation feedback and other decision criteria.
How was this Equality Impact Assessment referred to in the final decision?	This EIA was shared with decision making groups and it was noted that a neutral impact was identified.
Date the decision was made	11/06/2018



## Appendix 4: Timeline of potential next steps

Date	Action	Responsible
Within one week of Governing Body decision	Issue Contract Variation Notice to Acute Trusts (Note: Acute Trusts require one month notice of contract change)	Individual Funding Request team and Contracts team
	Update website to reflect outcome of consultation	Individual Funding Request team
	Produce letter for distribution to patients currently receiving NHS-funded homeopathy.	Individual Funding Request team
	Inform Health Overview Scrutiny Committees of outcome and planned next steps, and seek advice	Individual Funding Request team
Within one month of Governing Body decision	Publicise decision to public, patients and primary care across BNSSG, via website, Twitter and Facebook, GP Forums, CCG newsletters and other communications routes	Individual Funding Request team and Communications team
	Meet to brief Health Overview and Scrutiny Committees	Communications team
	If Option 2 or 3 is selected, devise an approach to management feedback and complaints	Individual Funding Request team and Customer Service
	If Option 2 or 3 is selected, produce document to signpost to alternatives to circulate to patients and clinicians	Individual Funding Request team, with contributions from current provider
One month post contract notice	Implement contract revision	Individual Funding Request team and Contracts team
Within six months of Governing Body decision	If Option 2 or 3 is selected, people currently receiving NHS-homeopathy to complete their current treatment cycle.	Provider

## **Appendix 5: Draft Complementary Medicine including Homeopathy and Alternative Treatments Policy**

THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND INDIVIDUAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO REFERRAL THIS POLICY RELATES TO ALL PATIENTS

### **General principles**

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by primary care prior to referring patients for assessment. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for treatment, but inappropriately raises the patient's expectation of treatment.
2. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with treatment. Treatment will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
3. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.
4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation etc. and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

## Homeopathy policy

Homeopathy is a complementary or alternative medicine based on the use of highly diluted substances, which practitioners claim can help the body to heal itself. The National Institute of Health and Care Excellence (NICE) advises the NHS on proper use of treatments and does not recommend that homeopathy should be used in the treatment of any health condition.

### **Policy – Criteria to Access Treatment – INDIVIDUAL FUNDING PANEL APPROVAL REQUIRED**

Complementary Medicine including Homeopathy and Alternative treatment is not routinely commissioned.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the CCG's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on 0800 073 0907 or 0117 947 4477.

## **Appendix 6: Glossary of terms and abbreviations**

No initials, technical terms or abbreviations are used in this report. Where terms such as 'homeopathy' are used, their meaning is described in the text in the first instance they are mentioned.