Outcome of the Scoping for an Health Technology Assessment in Homeopathy

20 April 2006
Glossary of terms

CAM  Complementary and alternative medicine
GHH  Glasgow Homeopathic Hospital
HTA  Health technology assessment
MP   Practitioner trained in medical or allied health profession
NHS  National Health Service
QIS  NHS Quality Improvement Scotland
RCT  Randomised controlled trial
Executive summary

1. In NHSScotland treatment is available at the Glasgow Homeopathic Hospital, and at out-patient clinics in Ayrshire, Edinburgh and Dundee. There are long waiting lists at each of these clinics. Additionally some GPs practise homeopathy within their regular surgeries. The majority of homeopathy in Scotland is provided by private homeopaths and their clinics tend to be located in cities. There are inequalities in access to homeopathy across Scotland and a lack of information on when its use is appropriate.

2. The cost of out-patient treatment is comprised almost entirely of the consultation time for a homeopath.

3. The evidence for the clinical and economic effectiveness of homeopathy has been reviewed recently and it is likely that only marginal gains would be made by carrying out an HTA of homeopathy as a general system of treatment. However, whilst there is a lack of clear evidence for the clinical effectiveness of homeopathy, other features which may be important in the homeopathic approach (and relevant to other aspects of health care) such as “integrative care” have not been researched.

4. The current paucity of evidence clearly highlights the need for more research in the area of homeopathy; a view shared by several consultees and a common recommendation of existing reviews published in homeopathy.

5. The cost effectiveness of the integrative approach could be studied using data available within Scottish National Datasets for patients with chronic conditions (i.e. conditions that have lasted for more than a year) who have attended GHH.

6. NHS Quality Improvement Scotland will not undertake an HTA at this time as there is little benefit to be gained.
1. Introduction

Homeopathy has been available within the National Health Service (NHS) since its inception but most of mainstream medical care still sees it as a ‘complementary’ therapy. The ‘Faculty of Homeopathy Act’ passed in 1950 states that the public has access to homeopathy under the NHS so long as patients demand it and doctors are trained to provide it, however there are no clear guidelines specifying where it is appropriate or how it should be made available.

The use of homeopathy has been growing in popularity in the UK (1) and in Scotland there has been debate about the retention of inpatient beds in Glasgow Homeopathic Hospital (GHH). Given the discussions about homeopathy in Scotland and the lack of information on its use, it was decided to scope the topic as a potential health technology assessment (HTA). The purpose of this exercise was to identify potential questions for an HTA based on the evidence available, the current provision of homeopathy in Scotland and on national priorities.

This report summarises the outcomes of consultations with homeopaths and other healthcare professionals, giving general information on homeopathy, its delivery, the evidence base and recommendations. However, it should be noted that this document reflects the opinions of those consulted and is not intended to represent the collective opinion of NHSScotland or a collective patient opinion.

2. Homeopathic treatment

Homeopathy has two aspects to be considered: the medicines commonly employed, and secondly, the model of care and engagement with the patient.

2.1 Definition of a homeopathic remedy

Homeopathic remedies can be manufactured from a large variety of substances (eg extracts from plants, animals, minerals or chemicals), however about 50 substances are most commonly used. Homeopathic remedies are prepared by repeatedly diluting substances with intercurrent high energy disruptions to the solution (succession), to very low levels. Often a series of 1 in 100 (C) or sometimes 1 in 10 (X) dilutions are used. This process is called ‘potentisation’. Typically 6, 30, 200, 1,000 or 10,000 dilutions are used and higher numbers of dilutions denote higher potencies.

The most potent remedies are unlikely to contain any molecules of the original substance and this has given rise to scientific controversy about the treatment. The strength of feeling within parts of the medical profession is illustrated in responses to a recent article in the British Medical Journal (2).

2.2 Mode of action

Homeopathic drug treatment is based on the premise that if a substance can cause a range of symptoms in a healthy person, then a homeopathic potency of the substance has the
potential to provoke a useful healing response in ill people with these symptoms. This is akin to conventional allergen desensitization (which was first introduced by homoeopathy). This is the central tenet of the approach and separate from the later developed second principle of potentised preparations.

Various suggestions have been made for the mode of action of homeopathy. One is that water is capable of storing information within its structure relating to substances with which it has previously been in contact (3,4). Another theory suggests that residual molecular clusters of the original substance can survive in dilute solutions (5).

Regardless of the mode of action, evidence has been published from laboratory experiments that homeopathy has an effect on living organisms (6,7). However, the possibility of publication bias should be borne in mind as laboratory studies showing no effect may have been carried out but remain unpublished.

2.3 Regulatory requirements

Homeopathic remedies have not undergone the rigorous safety and efficacy testing required for conventional drugs, and patients are not required to give consent to receive a remedy. However, adverse reactions are not expected due to the negligible quantities of active substance used in the remedies. The Department of Health plans to publish draft legislation on the statutory regulation of herbal medicine for consultation in Autumn 2005, however this will not apply to homeopathic remedies which currently remain unregulated. The safety of homeopathic remedies is considered further in Section 4.3 and regulation for homeopaths is considered in Section 3.2.

2.4 The consultation and therapeutic process, and the choice of remedy

A remedy is usually chosen following a consultation involving a detailed assessment of a patient’s signs and symptoms. As well as a medical history, this will include information about the patient’s personality and less usual aspects of their condition (eg whether it is worsened by the weather). Typically a first consultation will last up to an hour and a half and subsequent consultations for half an hour. Thus choosing a treatment is a lengthy process and highly dependent on the skill of the homeopath, more so than in conventional medicine where the choice of treatment relates more to the condition than the individual patient. These encounters have been shown to be therapeutic in their own right, generating high levels of experienced empathy in the patient and correlated high empowerment and subsequent health gain (8). The remedy is either prescribed in a single dosage or to be taken regularly for a specified period and patients are usually asked not to eat or drink for a short period before and after taking the remedy. Alternatively sometimes there is only a short consultation based on physical symptoms to decide between a few standard remedies suitable for a condition, and occasionally a remedy is prescribed for a particular physical condition without a consultation, for example arnica is often prescribed for bruising. Homeopathic treatment sometimes involves several appointments at which the remedy and/or potency may be changed as the patient’s condition changes.
2.5 Which conditions can be treated?

Homeopathy is believed to be suitable for treating a wide range of conditions. Treatment is often sought when a condition has become chronic and conventional treatments have failed. However, homeopathy is considered by proponents of homeopathy to be equally appropriate for acute conditions or early in the treatment of a condition.

Homeopathy is expected to be most beneficial for conditions that can be reversed since it is believed by homeopaths to work by aiding the body’s own recuperative powers. Thus less success is expected with genetic disorders or with extreme physical disabilities. A report on clinical governance for complementary and alternative medicines (9) suggests ‘effectiveness gaps’ occur particularly in the areas of chronic illness, conditions mediated partly by stress and in painful conditions.

3. Delivery of homeopathy

3.1 Who practises homeopathy?

Homeopathy is practised within the NHS and privately. All homeopaths within the NHS are trained in a medical or allied health profession (eg medicine, nursing, dentistry), whereas private practitioners may not be trained in a medical profession but will often have undergone a longer course of training in homeopathy.

In Scotland, around 20% of GPs are estimated to have been trained to prescribe homeopathy (10). However it is expected that only a proportion of these GPs practise it, for example one paper found that 78% of GPs were still integrating elements of homoeopathy into general practice two years after foundation training (11,12). There are varying views on the level and type of training required within the profession. Some medically trained homeopaths believe homeopathy should only be given by a professional trained in a medical or allied health profession (MP), while some private practitioners believed MPs sometimes lacked specialist knowledge and experience with homeopathy.

3.2 Training and regulation of homeopaths

Within the NHS, training is provided by academic teaching centres accredited by the Faculty of Homeopathy, the Homeopathic Trust and occasionally within medical school courses. The Faculty represents and regulates health professionals in the NHS who practice homeopathy and provides qualifications: FFHom and MFHom represent full training and LFHom(Med) follows a shorter course qualifying practitioners to treat simple conditions.

There are many non-NHS organisations providing training and accreditation (13). Typically such organisations will offer a part-time course taken over several years and require a minimum of ‘A’ levels/Highers along with good communications skills for entry. The largest and most respected organisation is the Society of Homeopaths. Associations within Scotland are the Scottish Association for Professional Homeopaths,
the Scottish College for Classical Homeopathy, the College of Homeopathy and the Scottish Society of Homeopaths.

The homeopathic profession is currently unregulated and there are no restrictions on who can practise it. Most homeopaths, however, are regulated by their accrediting bodies (e.g., the Faculty of Homeopathy or the Society of Homeopaths) and a new organisation, the Council of Organisations Registering Homeopaths (CORH) has recently been formed to establish a single recognised accreditation process for homeopaths without a medical qualification. Additionally, all qualified health professionals are regulated by their own discipline mechanisms. A report on CAMs made to the House of Lords (14) suggests that while homeopathy is considered a safe form of CAM, benefits would still be gained from the introduction of statutory regulation.

3.3 Where is treatment available?

In Scotland, full homeopathy is available through the NHS at the GHH and at out-patient clinics Grampian, Ayrshire, Edinburgh and Dundee. The NHS Board areas are linked in a regional network to GHH. The GHH has both in-patient and out-patients facilities and treats about 350 patients per year as in-patients and 1350 patients as out-patients. In August 2005 there were 21 patients waiting to be admitted as in-patients and 358 waiting for as out-patient appointments. GPs prescribe homeopathy but usually only for straightforward conditions suitable for a short consultation within their regular surgeries. Little evidence was found of homeopathy being used within hospitals. An informal email survey carried out within this scoping exercise indicated that CAMs including homeopathy are sometimes provided by allied health professionals.

Very occasionally in NHSScotland the services of private homeopaths are funded by primary care organisations (there is an example in NHS Grampian). However, this is more common in England. For example, a survey of primary care organisations in the London region found that 66% were accessing CAM services via primary care and that there were initiatives to encourage more practices to provide CAMs (9). Provision of CAMs within primary care is recommended by the Prince of Wales Foundation of Integrated Health (15) and the most recent report on clinical governance for CAMs in primary care (16) suggests that the new GP contract and the NHS Modernisation agenda could support new ways of including CAM services.

A significant proportion of homeopathy in Scotland is provided by private homeopaths and their clinics tend to be located in cities. Homeopathy is also available over-the-counter and many patients self-prescribe.

3.4 Referral mechanism

Referrals for homeopathy within the NHS are made to clinics by GPs or hospital consultants. At the GHH, approximately 80% of referrals are made from GPs and 20% from hospital consultants with the majority of referrals coming from the Glasgow area. Surveys have shown that most referrals are patient initiated and that GPs are willing to refer patients for homeopathy even if they have no understanding of its mode of action.
(10). This is further illustrated by the observation that every GP practice within Lothian had made a referral to the Lothian homeopathic clinic within 8 months of its opening.

3.5 Demand for treatment

The demand for homeopathy and other CAMs has increased significantly in recent years and a survey suggests that 17% of British adults had used homeopathy during the last year (1). In Scotland, there is a high demand for appointments and it is understood that all homeopathic clinics and the GHH have long waiting lists. GHH has a priority system for referrals, currently more urgent cases are seen within 6 weeks and the expected wait for routine cases is about 18 weeks.

3.6 Cost of treatment and funding arrangements

The cost of private treatment is comprised almost entirely of the consultation time for a homeopath. A session with a private homeopath will typically last up to an hour and a half for a first session and half an hour for subsequent sessions with charges of £20–£40 per half hour.

Within NHSScotland, costs relate to the rates for a GP or other health professional, however consultations are often shorter than with private homeopaths. NHS homeopathic services are currently funded by NHS Boards with patients referred from other areas funded by block contracts between Health Boards. GP homeopaths receive no additional funding for prescribing homeopathy. As mentioned above, the services of homeopathic practitioners are occasionally funded by primary care organisations, however at present this is uncommon in Scotland.

Homeopathic remedies typically cost about £5 for a course of tablets and can be prescribed on the NHS by any GP on the usual prescription pad. In private practice remedies are usually supplied by the homeopath at no additional charge to patients. However, an exception may occasionally arise if a patient needs a longer course of treatment and may then be required to purchase their own tablets.
4. Evidence base

4.1 Clinical effectiveness: reviews and randomised controlled trials

The reviews demonstrated that there is some evidence that homeopathy may be an effective treatment as a general approach but there was insufficient evidence for individual conditions. A report by the NHS Centre for Reviews and Dissemination (1) provides a thorough appraisal of the evidence based mainly on systematic reviews published up to 2001 and involves 200 randomised controlled trials (RCTs) of homeopathy. These compared homeopathy to either placebo, no treatment or to another therapy. Here the findings of this report are summarised, however readers are referred to the full report for more detail, particularly on individual conditions. Two further reviews of homeopathy has also been published recently (17,18) but do not alter the conclusions drawn by (1). The evidence is presented below under the three categories considered in (1).

General scope

Four reviews were included which considered homeopathy as a general system and aimed to determine whether there was any overall evidence for its effectiveness. A mixture of conditions and types of homeopathy were included within each review. Table 1(a) summarises the results reported. In this table the overall effectiveness from each review is given in terms of a meta analysis result if available, or, if not, by the number of trials showing significant results in favour of homeopathy. All reviews showed some evidence for the effectiveness of homeopathy, although sometimes studies were of poor methodological quality or were less easy to interpret because clinically heterogeneous data were pooled. In summary the reviews demonstrated that homeopathy can be an effective treatment but gave no clear evidence for individual conditions.

Individualised homeopathy

Two reviews were included and considered the effectiveness of prescribing remedies specific to patients following a full homeopathic consultation. Studies covered patients with a variety of conditions. The first review (19) reported a significant pooled rate of success in favour of homeopathy. The second (20) reported serious flaws with all studies and the authors suggested that no conclusions should be drawn. Four other studies were considered in addition to the reviews and three of these showed positive results. As with the ‘general scope’ category, the reviews demonstrated that homeopathy can be an effective treatment but gave no clear evidence for individual conditions.
Table 1: Summary of reviews included in ‘Homeopathy. Effective Health Care Bulletin, NHS Centre for Reviews and Dissemination’ (1)

(Methodological quality abbreviations: 1 – selection criteria, 2 – search strategy, 3 – validity assessment of primary studies, 4 – presentation of detail of primary studies, 5 – data synthesis)

<table>
<thead>
<tr>
<th>Author (reference)</th>
<th>Year</th>
<th>Number of studies with useable results</th>
<th>Percentage of studies showing effect or pooled result</th>
<th>Methodological quality of studies</th>
<th>Methodological quality of review</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Reviews with a general scope</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hill (21) 1990</td>
<td>40</td>
<td>50% (20)</td>
<td></td>
<td>1.Fair/Poor 2. Fair 3. Fair 4. Fair 5. Fair</td>
<td></td>
</tr>
<tr>
<td>Linde (23) 1997</td>
<td>89</td>
<td>OR 2.45 (95% CI 2.05-2.93)</td>
<td></td>
<td>1.Fair 2.Good 3. Good 4. Fair 5. Poor</td>
<td></td>
</tr>
<tr>
<td>(b) Reviews and other studies of individualised homeopathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ernst (20) 1999</td>
<td>6</td>
<td>33% (2)</td>
<td>Serious flaws in all studies</td>
<td>1.Fair 2.Fair 3. Fair/Poor 4. Fair/Poor 5. Fair</td>
<td></td>
</tr>
<tr>
<td>Other studies</td>
<td>4</td>
<td>75% (3)</td>
<td>All reasonable</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>(c) Reviews of a specific condition or homeopathic remedy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-operative ileus Barnes (26) 1997</td>
<td>6</td>
<td>p&lt;0.05</td>
<td></td>
<td>1.Fair 2.Fair 3. Fair 4. Fair 5. Fair</td>
<td></td>
</tr>
<tr>
<td>Delayed onset muscle soreness Ernst (27) 1998</td>
<td>3</td>
<td>0% (0)</td>
<td>Little information</td>
<td>1.Fair 2.Fair 3. Fair 4. Poor 5. Fair</td>
<td></td>
</tr>
</tbody>
</table>
Homeopathy for specific conditions

These reviews concentrated either on a specific condition or group of conditions or a particular homeopathic remedy. All conditions for which a review had been conducted were included. Reviews of delayed-onset muscle soreness (DOMS), post-operative ileus, trauma, stroke, arthritis and other musculoskeletal disorders, migraine and headaches, asthma, induction of labour, the use of Oscillococcinum for influenza, and the use of arnica for bruising, were included. Results are summarised in Table 1(c). On the basis of either a significant meta analysis result or more than 50% of the individual studies in the review showing a significant result, there was some evidence of effectiveness in post-operative ileus, arthritis and other musculoskeletal disorders, osteoarthritis, asthma, induction of labour and the use of Oscillococcinum for influenza. However, often the reviews had included studies of poor methodological quality and the main report (1) concluded that there was insufficient evidence to recommend homeopathy for the use in any particular condition.

Clinical effectiveness in chronic conditions

A literature search was carried out to assess the extent of the current evidence base relating specifically to chronic conditions. Table 3 summarises the evidence base and highlights in bold two reviews which have become available since the NHS Centre for Reviews and Dissemination report (1). Both these reviews report insufficient evidence to determine whether homeopathy is effective in treating asthma (34) and dementia (35).
Table 2. Summary of evidence for chronic conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Reviews (years)</th>
<th>RCTs</th>
<th>Other trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pain</td>
<td>1997</td>
<td></td>
<td></td>
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<tr>
<td>Asthma</td>
<td>2001, 2004</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Dementia</td>
<td>2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>1993 (all CAMs)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rheumatic disease</td>
<td>1991, 2000</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Arthritis/muscular skeletal pain</td>
<td>2000, 2001</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Migraine/headaches</td>
<td>1996, 1999(4)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Attention deficit disorder</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Alcohol withdrawal</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Menopausal symptoms</td>
<td>1998</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eczema</td>
<td></td>
<td>2</td>
<td></td>
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</table>

Comments on the clinical evidence

The possibility of publication bias, caused by negative trials remaining unreported, should be borne in mind when assessing the clinical evidence. Some of the reviews considered have examined whether publication bias is likely to have occurred, for example by comparing meta analyses including and excluding smaller trials.

The different reports summarising the evidence (1, 9, 10 and 14) varied in their interpretations of the evidence base. The Effective Health Care Bulletin report (1) stated ‘There is currently insufficient evidence of effectiveness either to recommend homeopathy as a treatment for any specific condition, or warrant significant changes in the current provision of homeopathy’. Whilst this scoping report is not a systematic review of the evidence on clinical effectiveness of homeopathy, the conclusions of the Effective Health Care Bulletin report are still valid. However, it should be borne in mind that lack of evidence does not imply evidence of lack of effect.

4.2 Clinical effectiveness: observational studies

To make a full assessment of any intervention it is important to have RCTs, outcome studies and other information, e.g. registry data, to assess efficacy and effectiveness. It is believed by proponents of homeopathy that it is intended to improve quality of life and reduce the number of exacerbations and drug requirements, whereas conventional treatment is usually targeted at specific symptoms. A report by the Faculty of Homeopathy (36) provides a list of the conditions for which there is some evidence from randomised controlled trials (RCTs) of the effectiveness of homeopathy, but also suggests that ‘While the RCT may be considered the 'gold standard' of clinical research, outcome studies are a useful way to assess the effectiveness of homeopathy in a 'real world' clinical setting, and their findings should be included in evidence-based decisions on which conditions are most likely to respond positively to homeopathic treatment.’ An outcome study carried out at the Bristol Homeopathic Hospital found that 70% of patients
reported an improvement in their clinic condition (37). A similar study at the GHH considered a group of patients where 81% had failed to respond to conventional treatment and reported that 73% had shown improvements when treated with homeopathy (38).

4.3 Safety

Adverse events are not expected from homeopathy due to its mode of provoking body self-regulation, and the negligible quantities of active substance in a remedy. A review of safety considered publications during the period 1970–1995 for reports of aggravations of a condition due to homeopathy (39). Temporary aggravations of symptoms or other transient symptoms were reported (eg headaches, skin eruptions, dizziness and diarrhoea), however the authors pointed out that these events can occur with placebo too. Another review specifically considered adverse events due to homeopathy (40). A Cochrane Review expressed the view that there may be indirect risks relating to homeopathic treatment since a homeopath without medical training may prescribe homeopathy when an orthodox treatment is more appropriate. However, this risk can be controlled by ensuring that patients are treated under the overall care of a GP.

4.4 Cost effectiveness

It has been suggested that homeopathy may lead to a saving to society but not for the healthcare purchaser (1). However, there is some evidence that homeopathy leads to savings by reducing drug costs and demands for NHS services. Controlled studies in homeopathy have shown that the purchase costs for allopathic drugs fall after the introduction of homeopathy (41-45), however most of these studies were limited in their scope and often only considered one clinical condition and omitted non-drug-related costs. A recent report (18) also suggests that there is potential for large savings if homeopathic treatments are used in primary care. An outcome study carried out at the Royal London Homeopathic Hospitals found that 61% of patients reported a decrease in their need for allopathic drugs after homeopathic treatment, 33% reported no change and 6% an increase (46). Similar results were reported in an outcome study at the GHH (47). The economic evidence available for CAMs is considered in a systematic review (48). This concludes there is a general paucity of economic evidence in the area of CAMs. There is a need for more high quality investigations of the costs and benefits of homeopathy.

5. Emerging aspects of homeopathy

During the consultations the following aspects of homeopathy emerged, which may be worth considering within an HTA. Short literature searches were conducted to assess the evidence available in each of these areas.

5.1 Service delivery

Consultations revealed that there were likely to be differences in access to homeopathy depending on proximity of NHS homeopathic clinics and the particular leanings of NHS practitioners. Also, as noted earlier, patient initiated requests played a strong part in the
referral process. No guidelines were available to indicate when a homeopathic referral was appropriate. Although literature was available describing how homeopathic services were delivered and how this could be improved, there was little evidence available to suggest which delivery approaches were most effective.

5.2 Effect of consultation and its length

There have been suggestions that the effects of homeopathy may arise from the lengthy homeopathic consultation. Evidence was available demonstrating that homeopathy can be effective without a consultation (49). However, no studies were found considering specifically the effect of providing a consultation (i.e., whether individualised homeopathy is more effective than giving a fixed remedy for a condition without a consultation), or considering the effect of the length of consultation.

5.3 Prescribing procedure

There was variation in prescribing procedures practised by homeopaths. For example, some practitioners asked patients not to eat or drink within a specified period before and after taking homeopathy, some prescribed a ‘single’ dose whereas others prescribed repeated doses over a period, and some prescribed remedies of increasing potency to be taken in sequence. There appeared to be no uniformly accepted guidance on how potency should be determined and little evidence was found to suggest that any particular prescribing approach led to greater effectiveness.

5.4 Requirement for medical training

Some NHS homeopaths believed homeopathy should only be provided by MPs and were concerned that private homeopaths may have no medical training or training in an allied health profession. However, this was not a universal view as several primary care organisations in London funded treatments by CAM therapists with no medical training while under the care of a GP (8). No literature was found to assess specifically the effect of a homeopath being medically qualified.

5.5 Chronic conditions

Although homeopathy is suitable for treating a wide range of conditions, it is often used for chronic conditions where conventional medicine cannot offer a cure. Chronic conditions affect a substantial proportion of the UK population. A Department of Health publication (50) states that 1 in 3 people within the UK have a debilitating life-long illness and 45% of those with a chronic condition have more than one condition; for those over 65 this rises to 70%. The cost of conventional treatment for patients suffering from chronic conditions is high (51, 52). Appendix 1 lists chronic conditions ranked by the average cost of care patients from an American study of veterans aged over 65 (52). Thus there is large potential ‘market’ for homeopathic treatment of patients with chronic conditions. Results reported in Section 4 have indicated clinical effectiveness in some chronic conditions, but little information is available on its cost effectiveness.
5.6 Other CAMs

It was apparent that similar issues arose for other CAMs as those in homeopathy, ie a perceived lack of regulation and lack of evidence of effectiveness. Thus an HTA or guideline could also be considered for other CAMs.

5.7 Integrative care

A few clinics gave CAMs as part of a programme of integrative care. Integrative care is a patient-centred approach to care which has been defined by David Reilly (Director of GHH) as “care which produces more coherence within a person and their care”. This may involve patients having access to several CAMs in addition conventional treatments and their overall medical care is overseen and co-ordinated by one person or clinic. It was pointed out that, without access to integrative care, some patients effectively organised their own care by using a range of CAMs privately. However, these patients lacked an overall management of their care and assistance with selecting CAMs. Also many patients may not have the health or financial means to pursue this route of care. There were indications that some CAM practitioners to some extent took an integrative approach and either had training in several CAMs or could recommend other CAMs within their clinic. However, few private practitioners could take overall responsibility for all aspects of a patient’s care and, for example, offer access to in-patient services and 24-hour call-outs. Integrative care is recommended by the Prince of Wales’ Foundation for Integrated Health (15), however there are at present few NHS clinics offering this approach. In Scotland, integrative care is practised at GHH. Integrative care has been assessed by ongoing audits of patients at the GHH (46), however in general there is a lack of published evidence on its effectiveness.

6 Recommendations

The recommendations in this section are based on the Business Plan and objectives of NHS QIS.

6.1 Further work by NHS QIS

The evidence for the clinical and economic effectiveness of homeopathy has been reviewed recently and it is likely that only marginal gains would be made by carrying out an HTA of homeopathy as a general system of treatment. The reviews demonstrated that there is some evidence that homeopathy may be an effective treatment as a general approach but there was insufficient evidence for individual conditions.

NHS QIS will not progress with such an HTA at this time as it is considered that there is little benefit to be gained.
6.2 Other potential areas for consideration

Other aspects of the homeopathic approach

Other features of the homeopathic approach may be important such as the consultation or the ‘integrative care’ approach. This may be particularly so for the management of chronic or complex conditions.

The cost effectiveness of this approach could be studied using data available within Scottish National Datasets for patients with chronic conditions (i.e., conditions that have lasted for more than a year) who have attended GHH.

Service delivery

There were indications of variations in access to care. Potential aspects for consideration fall into two areas: with regard to the location of homeopathic services, the referral mechanism from GP surgeries and hospitals, and secondly funding mechanisms to allow GP homeopaths to provide longer consultations and for funding private homeopaths within the NHS. These aspects apply also to other CAMs.

Further research

As recommended by other reports reviewing the evidence for homeopathy, there is a need for further well designed studies to study its effectiveness. This is also the case for other CAMs and for integrative care.
## Acknowledgements

NHS QIS would like to thank the following people for their contribution to this report:

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Appendix 1: Chronic diseases ranked by cost of care

1 Spinal cord injury
2 Renal failure
3 Lung cancer
4 Dementia
5 Alzheimer’s disease
6 AIDS/HIV
7 Cancer, not otherwise listed
8 Cerebrovascular disease/stroke
9 Colorectal cancer
10 Congestive heart failure
11 Alcoholism
12 Multiple sclerosis
13 Parkinson’s disease
14 Peripheral vascular disease
15 Psychoses
16 Hepatitis C
17 Prostate cancer
18 Depression
19 Chronic obstructive pulmonary disease
20 Acid-related disorders
21 Asthma
22 Headache
23 Ischemic heart disease
24 Diabetes mellitus
25 Lower back pain
26 Arthritis
27 Substance abuse
28 Benign prostatic hyperplasia
29 Hypertension

From 'The Relationships Among Age, Chronic Conditions, and Healthcare Costs' (46)