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Our Ref: 100707 GMMMGS Homeopathy policy
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Date: Friday, 23 July 2010
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To all GM PCT and Acute Trust CEOs, PCT Directors of Commissioning, Heads of Medicines Management, for action and distribution within your organisation

Prescribing or recommendation of Homeopathy in the NHS

Dear Colleague,

The Greater Manchester Medicines Management Group, at its meeting on the 7th July 2010 considered the use of homeopathic preparations within the NHS. While homeopathy is not considered a 'medicine' the medicines management group was considered the most appropriate forum to agree guidance on its use within the NHS.

The committee agreed there was a lack of evidence to support use beyond a placebo effect. The committee considered the work of the Commons Science and Technology Committee report on homeopathy¹ and the commissioning review work undertaken by West Kent PCT².

The GMMMGS has decided that the prescribing, referral or recommendation of Homeopathy is a low priority for the NHS and cannot be supported.

It is suggested that all GM Commissioning Organisations should introduce local policy, if not already in place, to define that homeopathy is NOT part of the NHS offer in Greater Manchester. Example policies from Bolton and Stockport were considered by the meeting and are shared in the appendices as good practice which could be adopted.

Yours sincerely,



Tim Evans
Chair, GMMMGS
Chief Executive, NHS Bolton

References:

1. Commons Science and Technology Committee, Homeopathy report: accessed on 08/07/10 at: http://www.parliament.uk/parliamentary_committees/science_technology/s_t_homeopathy_inquiry.cfm
2. West Kent PCT commissioning review and decision: PCT Board Meeting 24/07/08 <http://www.westkentpct.nhs.uk/download.php?id=883>

Appendix 1 – NHS Bolton policy

Prescribing Commissioning Policy No.3

Prescribing or recommendation of Homeopathic preparations

NHS Bolton has agreed that the use of all homeopathic preparations are low priority treatments and should not be prescribed, or recommended by clinicians*. NHS patients should not be referred to Homeopaths.

Evidence to support this decision

Commons Science and Technology Committee, Homeopathy report: accessed on 25.02.10 at: http://www.parliament.uk/parliamentary_committees/science_technology/s_t_homeopathy_inquiry.cfm

Concluded the following:

The Science and Technology Committee concludes that the NHS should cease funding homeopathy. It also concludes that the Medicines and Healthcare products Regulatory Agency (MHRA) should not allow homeopathic product labels to make medical claims without evidence of efficacy. As they are not medicines, homeopathic products should no longer be licensed by the MHRA.

The Committee carried out an evidence check to test if the Government's policies on homeopathy were based on sound evidence. The Committee found a mismatch between the evidence and policy. While the Government acknowledges there is no evidence that homeopathy works beyond the placebo effect (where a patient gets better because of their belief in the treatment), it does not intend to change or review its policies on NHS funding of homeopathy.

The Committee concurred with the Government that the evidence base shows that homeopathy is not efficacious (that is, it does not work beyond the placebo effect) and that explanations for why homeopathy would work are scientifically implausible.

The Committee concluded-given that the existing scientific literature showed no good evidence of efficacy-that further clinical trials of homeopathy could not be justified.

In the Committee's view, homeopathy is a placebo treatment and the Government should have a policy on prescribing placebos. The Government is reluctant to address the appropriateness and ethics of prescribing placebos to patients, which usually relies on some degree of patient deception. Prescribing of placebos is not consistent with informed patient choice-which the Government claims is very important-as it means patients do not have all the information needed to make choice meaningful.

Beyond ethical issues and the integrity of the doctor-patient relationship, prescribing pure placebos is bad medicine. Their effect is unreliable and unpredictable and cannot form the sole basis of any treatment on the NHS.

Implementation

This decision applies to all services contracted by or delivered by NHS Bolton.

This would apply to: GPs, Acute Hospitals, PCT providers, Out Patient clinics, and independent providers.

This policy should be implemented within 3 months of issue.

This policy was approved by:
Clinical Standards Board
18th March 2010

Appendix 2 - NHS Stockport policy (extracted from wider priorities document)

Alternative / Complementary therapies

Therapies included in this section are considered **LOW PRIORITY**. Included in this section is: Acupuncture, Alexander Technique, Applied Kinesiology, Aromatherapy, Autogenic Training, Ayurveda, Chiropractic, Environmental Medicine, Osteopathy, Healing, Herbal Medicine, Hypnosis, Homeopathy, Massage, Meditation, Naturopathy, Nutritional Therapy, Reflexology, Reiki, Shiatsu, Other alternative therapies

Complementary medicine/alternative therapies are not funded as stand alone services. Certain therapies are available within a palliative care pathway and acupuncture is available within some musculoskeletal care pathways. Hypnotherapy is approved for the treatment of congenital dystonia.