

Commissioning Policy for:

Homeopathy

01 April 2016



VERSION CONTROL

Version	3.0
Ratified by	NHS Warwickshire North CCG Governing Body
Date ratified	24 March 2016
Name of originator/author	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committee	Commissioning, Finance and Performance Committee
Date issued and policy effective from	01 April 2016
Review date	01 January 2019

VERSION HISTORY

Date	Version	Comment/Update
May 2012	1.0	Version 1 for PCT, May 2012
April 2013	2.0	Version 2.0 amended for CCG and approved on 4 April 2013
August 2015	3.0	Version 3.0 amended for CCG

1 Policy Statement

NHS Warwickshire North Clinical Commissioning Group does not commission or fund homeopathic treatments or services.

2 Introduction

Homeopathy is a holistic complementary and alternative therapy based on the stated principle of 'like cures like', in which it is suggested that a substance taken in small quantities can cure the same symptoms caused if the same substances were taken in large quantities (1).

Homeopathic medicines are manufactured using a step-wise process combining serial dilution and vigorous shaking (succussion) of the original substance, mainly plants and minerals, in water and alcohol. Each step involves diluting 1 part substance to 99 parts alcohol or water (1).

Due to the progression of the serial dilution and succussion stages, the more dilute the preparation, the higher the potency of the active substance achieved (1).

The British Homeopathic Association states that homeopathic treatments can be used for a wide number of indications both self-limiting and diagnosed (1).

3 Key Points

The most up-to-date evidence for homeopathy was used in the development of this policy.

A large proportion of the systematic reviews and randomised controlled trials investigating the use of homeopathic treatments for specific medical conditions had insufficient reliable evidence available to determine its efficacy, and noted small sample sizes and bias present.

The Royal Pharmaceutical Society states that homeopathy should only be used for the treatment of self-limiting conditions and never for serious medical conditions (2).

NICE refers to the improvement in health conditions following use of homeopathic treatment as the 'placebo effect' (3).

The MHRA currently allows homeopathic products to be licensed through the National Rules Scheme (where there is no restriction of the first dilution to be authorised and therefore the safety of the product) or Simplified Registration Scheme (where data must be submitted on the quality and to show that it is dilute enough to guarantee safety) (4).

NHS Warwickshire North Clinical Commissioning Group consider that there is a lack of evidence for both clinical and cost-effective of homeopathic treatment. Consequently,

homeopathic treatments are considered as a low priority and therefore will not be routinely commissioned or funded.

Where it is felt that a particular patient may have exceptional clinical circumstances which might make them an exception to the policy set out above, individual funding may be sought through the Individual Funding Request (IFR) process.

4 Scope of the Policy

This policy applies to NHS Warwickshire North Clinical Commissioning Group patient population. This policy consolidates and updates the previous policies for homeopathy.

5 Evidence Summary

The findings of reviews of studies currently available on the Cochrane database show that homeopathic treatments do not have significant effects beyond those of the placebo.

The current evidence available to reliably assess the efficacy of homeopathy for the treatment of asthma in addition to existing treatment compared to placebo is insufficient due to the varying quality of the trials, preventing application to the general population. Consequently, both randomised trials and observational data are needed to document how patients respond to homeopathic treatment (5).

A comprehensive search conducted by the Cochrane review team found that there is limited evidence for the clinical effectiveness of homeopathy for treating Irritable Bowel Syndrome. The outcomes from this review should be used in caution due to the low quality of reporting, small sample sizes and therefore a high risk of bias. As a result, no conclusions could be drawn from this evidence and further, high quality randomised controlled trials are needed to assess the efficacy of individualised homeopathic treatment (6).

A vast search conducted by Cochrane review team found that the forms of homeopathy evaluated do not suggest significant treatment of outcomes such as anxiety in Attention Deficit Hyperactivity Disorder (ADHD) or of the related symptoms such as inattention, hyperactivity or impulsivity. Future development of optimal treatment protocols are recommended prior to further randomised controlled trials being undertaken (7).

The extent of reliable, high quality evidence available for the use of individual homeopathic treatment for the treatment of minor ailments such as influenza in adults and children is insufficient to enable robust conclusions to be made (8).

There are biases present in placebo-controlled trials of both homeopathy and conventional medicines. When these biases are accounted for, there is weak evidence for a specific effect of homeopathic therapies but strong evidence for specific effects of conventional medicines. This finding is compatible with the concept that clinical effects of homeopathy are likely to be placebo effects (9).

6 Development and Consultation Process

This policy was reviewed (previous policy dated April 2013) following support from the Clinical Commissioning Groups (CCGs) across NHS Warwickshire and NHS Coventry. The following are individuals/groups that have been involved in the development of this policy:

Name of Group	Representing
Policy Development Group	CCGs/GPs/commissioners
Commissioning Support Unit (CSU)	Pharmaceutical commissioning support
Public Health Department	Public Health

7 Conclusion

Currently, the evidence available on the efficacy of homeopathic treatment is of limited quantity, quality and reliability in order to recommend the use in specific conditions or to merit significant changes in the current provision of homeopathy.

Due to the lack of reliable evidence available, patients may put their health at risk if they reject or delay standard treatments for which there is good evidence for safety and efficacy (10).

References

1. British Homeopathic Association. *What is homeopathy?* Available from; <http://www.britishhomeopathic.org/>
2. Royal Pharmaceutical Society. Homeopathic and Herbal remedies; A Quick Reference Guide, 2010. Available from; <http://www.rpharms.com/unsecure-support-resources/homeopathic-and-herbal-products-quick-reference.asp>
3. National Institute for Health and Care Excellence – NICE. 2010 Evidence Update on Homeopathy. NICE Evidence Summaries. Available from; <https://www.evidence.nhs.uk/Search?q=annual+evidence+on+homeopathy>
4. Medicines and Healthcare products Regulatory Agency. Medicines, medical devices and blood regulation and safety - guidance; Herbal and Homeopathic Medicines; *Register a homeopathic medicine or remedy*. Available from; <https://www.gov.uk/register-a-homeopathic-medicine-or-remedy>
5. McCarney R.W., Linde K, Lasserson T.J. Homeopathy for chronic asthma. *Cochrane Database of Systematic Reviews 2004*, Issue 1.
6. Peckham E.J., Nelson E.A., Greenhalgh J, Cooper K, Roberts E.R., Agrawal A. Homeopathy for treatment of irritable bowel syndrome. *Cochrane Database of Systematic Reviews 2013*, Issue 11.
7. Heirs M, Dean M.E. Homeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder. *Cochrane Database of Systematic Reviews 2007*, Issue 4.
8. Mathie R.T., Frye J, Fisher P. Homeopathic Oscillocochinum® for preventing and treating influenza and influenza-like illness. *Cochrane Database of Systematic Reviews 2015*, Issue 1.
9. Shang A, Huwiler-Muntener K, Nartey L, Juni P, Dorig S, Sterne J.A.C., Pewsner D, Egger M. Are the clinical effects of homeopathy placebo effects? Comparative study of placebo-controlled trials of homeopathy and allopathy. *The Lancet*. 2005; 366:726-732
10. National Health and Medical Research Council, Australian Government; Statement on Homeopathy. Available from; http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/cam02_nhmrc_statement_homeopathy.pdf

Equality Impact Assessment

Department	Medicines Optimisation Arden & GEM CSU	Name of person completing EIA	Imun Madar Beverley Bazant-Hegemark
Date of EIA	11/09/15	Accountable CCG Lead	Patricia Barnett, Director of Strategy and Primary Care Development
		CCG Sign off and date	24 March 2016
Piece of work being assessed	Homeopathy Commissioning Policy		
Aims of this piece of work	To assess the impact of the policy on all of the protected groups		
Other partners/stakeholders involved	NHS Warwickshire North CCG (WNCCG)		
Who will be affected by this piece of work?	WNCCG patients		

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
Gender	Limited evidence suggests that females favour the use of Complementary and Alternative Medicines as a whole (1)	YES
Race	There is insufficient evidence that an individual's race would affect the need for homeopathic treatments.	NO
Disability	There is insufficient evidence that an individual's disability would affect the need for	NO

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
	homeopathic treatments.	
Religion/ belief	There is insufficient evidence that an individual's religion would affect the need for homeopathic treatments.	NO
Sexual orientation	There is insufficient evidence that an individual's sexual orientation would affect the need for homeopathic treatments.	NO
Age	There is insufficient evidence than an individual's age would affect the need for homeopathic treatments.	NO
Social deprivation	There is insufficient evidence than an individual's social status would affect the need for homeopathic treatments.	NO
Carers	There is insufficient evidence that an individual's role as a carer would affect the need for homeopathic treatments.	NO
Human rights	Will this piece of work affect anyone's human rights?	NO

Equality Impact Assessment Action Plan

			← CCG →		
Strand	Issue	Suggested action(s)	How will you measure the outcome/impact	Timescale	Lead
Gender	Limited evidence suggests that females favour the use of Complementary and Alternative Medicines as a whole (1)	None: evidence is not sufficient to support the use of homeopathy in any individual so will not impact on outcomes	N/A	N/A	N/A

References

1. Hunt K.J, Coelho H.F, Wider B., Perry R., Hung S.K., Terry R., Ernst E. Complementary and Alternative Medicine Use in England: Results from a National Survey. *International Journal of Clinical Practice*. 2010; 64 (11): 1496-1502. Available from: <http://onlinelibrary.wiley.com/enhanced/doi/10.1111/j.1742-1241.2010.02484.x/>