



**Warwickshire North**  
Clinical Commissioning Group

# Homeopathy Policy

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## VERSION CONTROL

<b>Version:</b>	4.0
<b>Ratified by:</b>	Governing Body Meetings in Common
<b>Date ratified:</b>	26 September 2019
<b>Name of originator/author:</b>	Joint CCG Clinical Commissioning Policy Development Group
<b>Name of responsible committees:</b>	Clinical Quality and Governance
<b>Date issued:</b>	September 2019
<b>Review date:</b>	September 2022

## VERSION HISTORY

<b>Date</b>	<b>Version</b>	<b>Comment / Update</b>
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	Amended and approved in August 2015
26/09/19	4.0	Approved by Governing Body Meetings in Common (Evidence review - no changes to policy recommended).

## Commissioning Policy: Warwickshire North CCG (WNCCG)

<b>1. Policy Statement</b>	<p>1.1 NHS Warwickshire North Clinical Commissioning Group do not commission or fund homeopathic treatments or services.</p>
<b>2. Introduction</b>	<p>2.1 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).</p> <p>2.2 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).</p> <p>2.3 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).</p> <p>2.4 The British Homeopathic Association states that homeopathic treatments can be used for a wide number of indications both self-limiting and diagnosed (1).</p>
<b>3. Key Points</b>	<p>3.1 The most up-to-date evidence for homeopathy was used in the development of this policy.</p> <p>3.2 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.</p> <p>3.3 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).</p> <p>3.4 NICE refers to the improvement in health conditions following use of homeopathic treatment as the 'placebo effect' (3).</p> <p>3.5 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).</p> <p>3.6 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.</p> <p>3.7 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.</p>

<p><b>4. Scope of the policy</b></p>	<p>4.1 This policy applies to NHS Warwickshire North Clinical Commissioning Group patient population.</p> <p>4.2 This policy consolidates and updates the previous policies for homeopathy.</p>						
<p><b>5. Evidence Summary</b></p>	<p>5.1 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.</p> <p>5.2 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).</p> <p>5.3 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).</p> <p>5.4 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).</p> <p>5.5 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).</p> <p>5.6 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).</p>						
<p><b>6. Development and consultation process</b></p>	<p>This policy was reviewed (previous policy dated August 2015) following support from the Clinical Commissioning Groups (CCGs) across NHS South Warwickshire, NHS Coventry and Rugby and NHS Warwickshire North. The following are individuals/groups that have been involved in the development if this policy or are key stakeholders:</p> <table border="1" data-bbox="423 1740 1365 1850"> <thead> <tr> <th data-bbox="423 1740 997 1776">Name of Group</th> <th data-bbox="997 1740 1365 1776">Representing</th> </tr> </thead> <tbody> <tr> <td data-bbox="423 1776 997 1812">Policy Development Group</td> <td data-bbox="997 1776 1365 1812">CCGs/GPs/commissioners</td> </tr> <tr> <td data-bbox="423 1812 997 1850">Public Health Department</td> <td data-bbox="997 1812 1365 1850">Public Health</td> </tr> </tbody> </table>	Name of Group	Representing	Policy Development Group	CCGs/GPs/commissioners	Public Health Department	Public Health
Name of Group	Representing						
Policy Development Group	CCGs/GPs/commissioners						
Public Health Department	Public Health						
<p><b>7. Conclusion</b></p>	<p>7.1 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</p>						

	<p>conditions or to merit significant changes in the current provision of homeopathy.</p> <p>7.2 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).</p> <p>7.3 In 2017 the NHS Clinical Commissioners (NHSCC) reviewed whether a range of medicines and products should be routinely available for prescription on the NHS. A review of evidence for and against homeopathy was commissioned from the Specialist Pharmacy Service (SPS) by NHS England. SPS review found there was no clear or robust evidence base to support the use of homeopathy in the NHS. Therefore the advice to CCGs that prescribers in primary care should not initiate homeopathic items for any new patient continues. No changes to recommendation were made and no routine exceptions were identified (11).</p>
<p><b>8. References</b></p>	<ol style="list-style-type: none"> <li>1. British Homeopathic Association. <i>What is homeopathy?</i> Available from; <a href="http://www.britishhomeopathic.org/">http://www.britishhomeopathic.org/</a></li> <li>2. Royal Pharmaceutical Society. Homeopathic and Herbal remedies; A Quick Reference Guide, 2010. Available from; <a href="http://www.rpharms.com/unsecure-support-resources/homeopathic-and-herbal-products-quick-reference.asp">http://www.rpharms.com/unsecure-support-resources/homeopathic-and-herbal-products-quick-reference.asp</a></li> <li>3. National Institute for Health and Care Excellence – NICE. 2010 Evidence Update on Homeopathy. NICE Evidence Summaries. Available from; <a href="https://www.evidence.nhs.uk/Search?q=annual+evidence+on+homeopathy">https://www.evidence.nhs.uk/Search?q=annual+evidence+on+homeopathy</a></li> <li>4. Medicines and Healthcare products Regulatory Agency. Medicines, medical devices and blood regulation and safety - guidance; Herbal and Homeopathic Medicines; <i>Register a homeopathic medicine or remedy</i>. Available from; <a href="https://www.gov.uk/register-a-homeopathic-medicine-or-remedy">https://www.gov.uk/register-a-homeopathic-medicine-or-remedy</a></li> <li>5. McCarney R.W., Linde K, Lasserson T.J. Homeopathy for chronic asthma. <i>Cochrane Database of Systematic Reviews 2004</i>, Issue 1.</li> <li>6. Peckham E.J., Nelson E.A., Greenhalgh J, Cooper K, Roberts E.R., Agrawal A. Homeopathy for treatment of irritable bowel syndrome. <i>Cochrane Database of Systematic Reviews 2013</i>, Issue 11.</li> <li>7. Heirs M, Dean M.E. Homeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder. <i>Cochrane Database of Systematic Reviews 2007</i>, Issue 4.</li> <li>8. Mathie R.T., Frye J, Fisher P. Homeopathic Oscillococtinum® for preventing and treating influenza and influenza-like illness. <i>Cochrane Database of Systematic Reviews 2015</i>, Issue 1.</li> <li>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. <i>The Lancet</i>. 2005; 366:726-732</li> <li>10. National Health and Medical Research Council, Australian Government; Statement on Homeopathy. Available from; <a href="http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/cam02_nhmrc_statement_homeopathy.pdf">http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/cam02_nhmrc_statement_homeopathy.pdf</a></li> <li>11. NHS England - Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS Clinical Commissioners (NHSCC) Available at: <a href="https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/supporting_documents/Consultation%20Items%20not%20routin">https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/supporting_documents/Consultation%20Items%20not%20routin</a></li> </ol>

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### Quality and Equality Impact Assessment

<b>Scheme Title:</b>	Homeopathy Commissioning Policy		
<b>Project Lead:</b>	Clive Campton, IFR Manager Kate Cogman, Contracts Manager	<b>Senior Responsible Officer:</b>	Steve Allen, Clinical Director
		<b>Quality Sign Off:</b>	Mary Mansfield Deputy Director Nursing and Quality
<b>Intended impact of scheme:</b>	The Homeopathy Commissioning policy supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within CCG budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.		
<b>How will it be achieved:</b>	The Governing Body adopts the policy.		

<b>Name of person completing assessment:</b>	<b>Clive Campton</b> <b>Kate Cogman</b>
<b>Position:</b>	<b>IFR Manager</b> <b>Contracts Manager</b>
<b>Date of Assessment:</b>	<b>12/06/19</b>

<b>Quality Review by:</b>	<b>Mary Mansfield</b>
<b>Position:</b>	<b>Deputy Director Nursing and Quality</b>
<b>Date of Review:</b>	<b>17 July 2019</b>

## Stage 1a: High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy based on the most up to date evidence for homeopathy. It is considered that there is a lack of evidence around the clinical effectiveness of homeopathy.				
	Patient experience			✓	Adopting the policy will not have an impact,				
	Patient safety			✓	Policy identifies that patients may put their health at risk if they reject or delay standard treatments for which there is good evidence for safety and efficacy, however policy is based on the most up to date evidence.				
	Parity of esteem			✓	Adopting the policy will not have an impact.				
	Safeguarding children or adults			✓	Adopting the policy will not have an impact.				
<b>NHS Outcomes Framework</b> Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			✓	Adopting the policy will not have an impact.				
	Ensuring people have a positive experience of care			✓	Adopting the policy will not have an impact.				
	Preventing people from dying prematurely			✓	Adopting the policy will not have an impact.				
	Helping people recover from episodes of ill health or following injury			✓	Adopting the policy will not have an impact.				



	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓	Adopting the policy will not have an impact.				
<b>Patient services</b> Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓	Adopting the policy will not have an impact.				
	Access to the highest quality urgent and emergency care			✓	Adopting the policy will not have an impact.				
	Convenient access for everyone			✓	Adopting the policy will not have an impact.				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	Adopting the policy will not have an impact.				
	Patient Choice			✓	Adopting the policy will not have an impact.				
	Patients are fully empowered in their own care			✓	Adopting the policy will not have an impact.				
	Wider primary care, provided at scale			✓	Adopting the policy will not have an impact.				
<b>Access</b> Could the proposal impact positively or negatively on any of the following:	Patient choice			✓	Adopting the policy will not have an impact.				
	Access			✓	Adopting the policy will not have an impact.				
	Integration			✓	Adopting the policy will not have an impact.				
<b>Compliance with NHS Constitution</b>	Quality of care and environment			✓	Adopting the policy will not have an impact.				
	Nationally approved treatment/drugs	✓			A review of evidence commissioned by the Specialist Pharmacy Service				

					for NHSE found no robust evidence base to support homeopathy. Advice to primary care prescribers is they should not prescribe homeopathic items.				
	Respect, consent and confidentiality			✓	Adopting the policy will not have an impact.				
	Informed choice and involvement			✓	Adopting the policy will not have an impact.				
	Complain and redress			✓	Adopting the policy will not have an impact.				

\*Risk score definitions are provided in the next section.

### Risk rating score definition

Likelihood	Impact
1 – Rare	1 – Negligible
2 – Unlikely	2 – Minor
3 – Moderate	3 – Moderate
4 – Likely	4 – Major
5 – Almost certain	5 – Catastrophic

Consequence	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	X-1	2	3	4	5

How will a successful implementation of quality indicators be measured?

Quality Outcome	Measured By
Positive Health Outcome	Triangulation of Incident, Complaints and Patient Experience trends

## Stage 1b: Equality Questions

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Other partners/stakeholders involved in scheme:

N/A

Who will be affected by this piece of work?

CCG registered patients

PROTECTED GROUP	Is there likely to be a differential impact? (Please tick one)			Evidence/Comments for answers.  Where available please share any baseline data and research on the population that this piece of work will affect. Include any consultations with service users that have been carried out.
	YES	NO	UNKNOWN	
<b>Gender</b>		✓		There is limited evidence suggesting that females favour the use of Complementary and Alternative Medicines as a whole. The evidence is not sufficient to support the use of homeopathy in any individual so therefore will not impact on outcomes.
<b>Race</b>		✓		Adopting the policy will not have an impact.
<b>Disability</b> (including mental impairment, learning difficulty)		✓		Adopting the policy will not have an impact.
<b>Religion/belief</b>		✓		Adopting the policy will not have an impact.
<b>Sexual orientation</b>		✓		Adopting the policy will not have an impact.
<b>Age</b>		✓		Adopting the policy will not have an impact.
<b>Social deprivation</b>		✓		Adopting the policy will not have an impact.
<b>Carers</b>		✓		Adopting the policy will not have an impact.
<b>Human rights</b>		✓		Adopting the policy will not have an impact.
<b>Pregnancy and Maternity</b>		✓		Adopting the policy will not have an impact.

### 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/>

