

Report of a Pilot Survey of PCTs and Their Provision of Homeopathy

The information for this pilot study was gathered by a number of supporters, and processed by William Alderson LLSCH RSHom.

Sample Size

26 Primary Care Trusts (PCTs) (7%) have been contacted of 373 PCT's, Local Health Boards and Local Health & Social Care Groups in the UK.

Selection of Sample

The PCTs contacted were selected by individuals acting on their own initiative using a template letter available from the H:MC21 websites. One of these PCTs was contacted by more than one person, and the data from the two contacts has been combined. Two of these PCTs were contacted by the same person more than once, during which time the policy of one of them had changed. The answers based on the initial policy position (providing homeopathy) have not been included, and only the current policy position (not providing homeopathy) is used in this report.

14 of the PCTs (53.8%) were contacted by a single individual. These were all in northwest England, and the distribution of their policies between provision and lack of provision of homeopathy was broadly similar to the overall average, given the small numbers involved:

- 3 (21.4%) providing homeopathy
- 10 (71.4%) not providing homeopathy
- 1 (7.1%) unclear whether providing homeopathy or not (see below).

The Questions

PCTs were asked whether or not they provide homeopathy. If they do provide homeopathy, they were asked to answer an additional set of four questions (A to D). If they do not provide homeopathy, they were asked an additional set of six questions (1 to 6). In fact, all but 6 PCTs provided information about access to treatment, and so this information has been incorporated into the results for Question A.

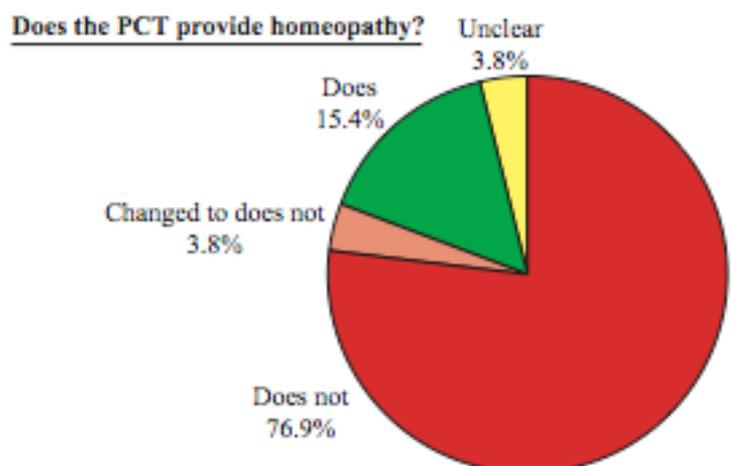
Results

Provision of homeopathy

Of the 26 PCTs contacted:

- 4 PCTs (15.4%) stated that they provide homeopathy
- 21 (80.8%) do not routinely provide homeopathy
- 1 (3.8%) is unclear, in that the respondent stated that the PCT does not provide homeopathy, but also stated that homeopathy may be provided by GPs themselves

However, the availability of homeopathy is greater than this suggests. GPs can prescribe homeopathic treatment in an additional 3 PCTs (11.5%), so prescribing or referral occurs in a total of 7 PCTs (26.9%) (see responses to Question A)

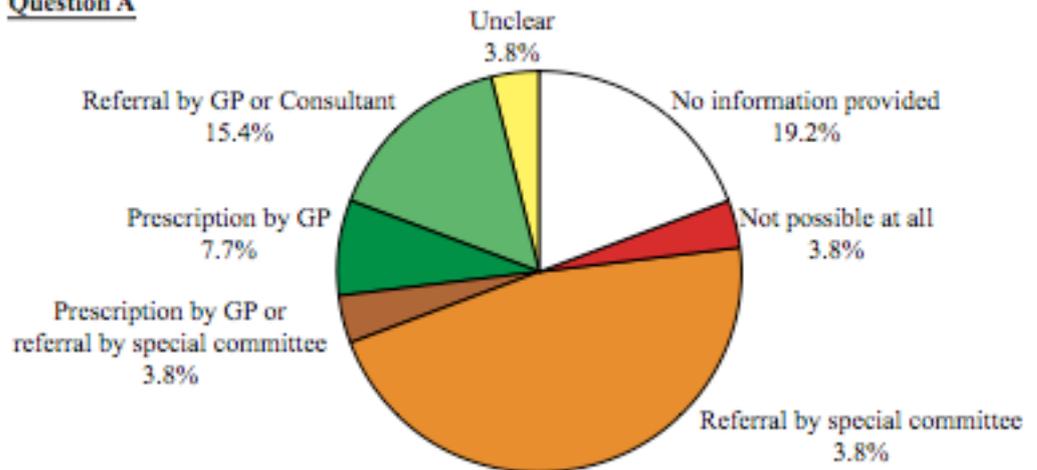


Question A: How can a patient access such treatment?

Of the 4 PCTs which provide homeopathy, all provide access through GPs or Consultants. However, some of those PCTs stating that they do not provide homeopathy also stated that it was available from GPs themselves or through a committee assessing individual cases. Taking into account the information about access from all the PCTs surveyed

- 7 PCTs (26.9%) actually provide homeopathy, of which:
 - 4 through referrals (15.4%)
 - 3 through direct prescription by GPs (11.5%)
- 12 PCTs (46.2%) provide homeopathy only through a special committee assessing individual cases.
- 1 PCT (3.8%) does not appear to provide homeopathy in any circumstances
- 5 PCTs (19.2%) provided no information about access.

Question A



Question B: If access is controlled by the patient's GP, what procedures exist to make sure that GPs are competent to take this decision?

Taking into account all 7 PCTs which provide homeopathy through direct prescription or referral:

- In 6 PCTs (85.7%) practitioners monitor their own competence
- In 1 PCT (14.3%) no information was provided about monitoring

Question C: What guidelines are provided to enable GPs who do not meet this level of competence to make informed decisions about homeopathic treatment?

Taking into account all 7 PCTs which provide homeopathy through direct prescription or referral:

- 2 PCTs (28.6%) provide guidelines
- 2 PCTs (28.6%) provide no guidelines
- 1 PCT (14.3%) stated that the question was "not applicable"
- 2 PCTs provide no information

Question D: What procedures exist to compare outcomes and costs of homeopathic treatment with other forms of treatment?

Taking into account all 7 PCTs which provide homeopathy through direct prescription or referral:

- 6 PCTs (85.7%) do not monitor clinical or cost effectiveness
- 1 PCT (14.3%) provided no information about monitoring.

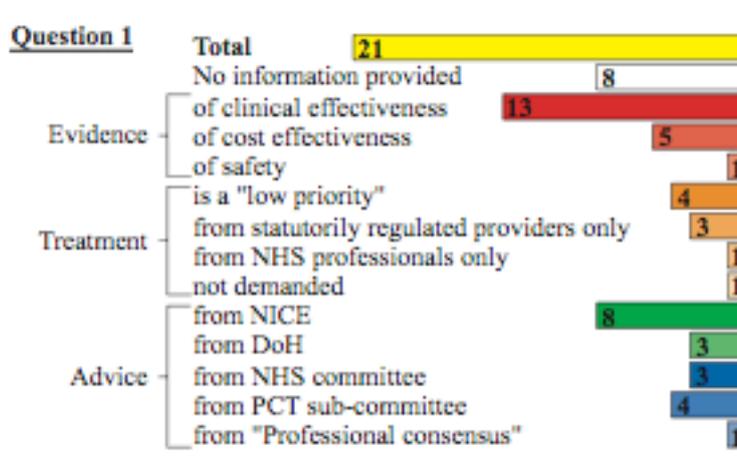
Question 1: What criteria are used by the Board and any relevant advisory committees or individuals to assess homeopathic treatment when deciding not to provide the option of this treatment?

Of the 21 PCTs which stated that they do not provide homeopathy:

- 8 PCTs (38.1%) provided no information about these criteria

Otherwise various criteria were involved (some PCTs taking more than one factor into account):

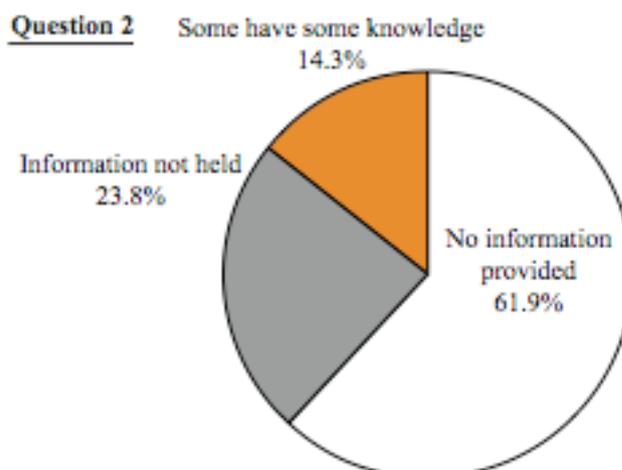
- 13 PCTs (61.9%) took evidence of clinical effectiveness into account
- 5 PCTs (23.8%) took cost effectiveness into account
- 1 PCT (4.8%) took safety into account
- 4 PCTs (19.0%) took the position that homeopathy was a “low priority” treatment.
- 3 PCTs (14.3%) only allowed treatment by members of statutorily regulated bodies
- 1 PCT (4.8%) only allowed treatment by NHS professionals
- 1 PCT (4.8%) maintained that there was no demand for homeopathic treatment
- 11 PCTs (52.4%) took advice from other bodies, including
 - 7 PCTs (33.3%) from NICE
 - 2 PCTs (9.5%) from DoH
 - 2 PCTs (9.5%) from sub-committees of the PCT Board
 - 4 PCTs (19.0%) from other NHS committees
 - 1 PCT (4.8%) maintained that “There is a substantial professional consensus that homeopathy is ineffective”



Question 2: How many members of the Board of the PCT and of those advisory committees and individuals have professional knowledge of the principles and practice of homeopathy?

Of the 21 PCTs which have decided not to provide homeopathy:

- 13 PCTs (61.9%) provided no information about the professional knowledge of the principles and practice of homeopathy among those making the decision about the provision of treatment.
- 5 PCTs (23.8%) did not hold such information or have no record of the decision-makers having such knowledge
- 3 PCTs (14.3%) stated that some decision-makers had some knowledge.



Question 3: What is the total number of members of the Board and of those advisory committees and individuals?

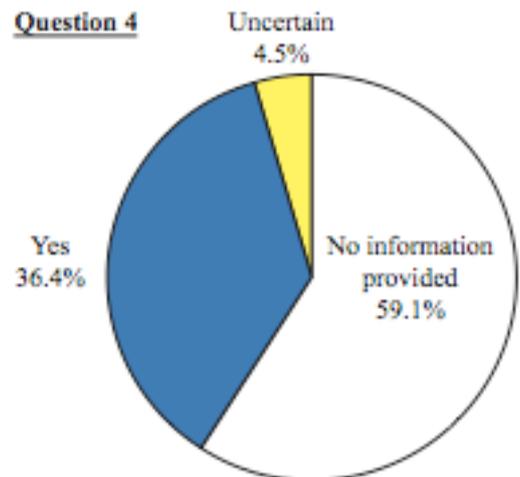
Of the 21 PCTs which have decided not to provide homeopathy:

- 13 PCTs (61.9%) provided no information about committee numbers
- 8 PCTs (38.1%) provided information about PCT Board numbers
- 4 PCTs (19.0%) provided information about PCT Board sub-committee numbers
- 1 PCT (4.8%) provided information about other NHS committee numbers.

Question 4: Are exactly the same criteria used when assessing all treatments provided by the PCT?

Of the 21 PCTs which have decided not to provide homeopathy:

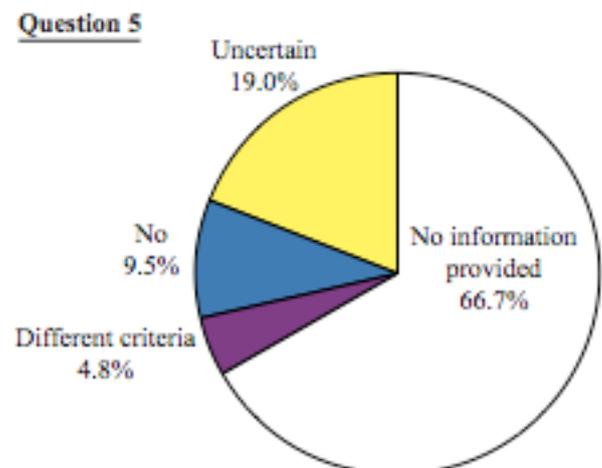
- 12 PCTs (59.1%) provided no information about whether the criteria are used consistently
- 8 PCTs (36.4%) stated that the same criteria are used
- 1 PCT (4.5%) was uncertain, stating that "we try to review all our practices to ensure that this is the case".



Question 5: Are there any other treatments which do not meet these criteria but which are provided by the PCT anyway, and which criteria do they meet?

Of the 21 PCTs which have decided not to provide homeopathy:

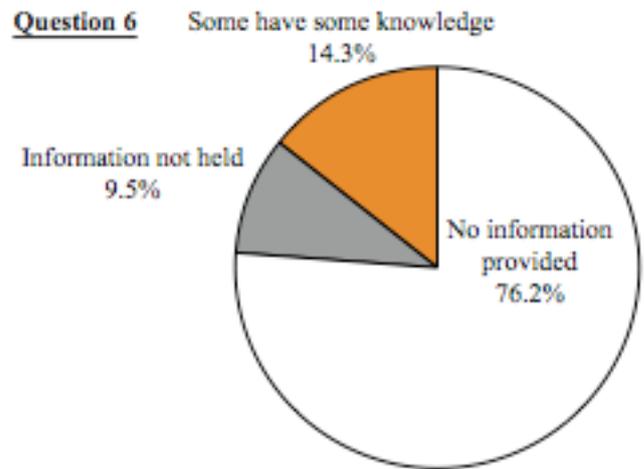
- 14 PCTs (66.7%) provided no information about other treatments
- 4 PCTs (19.0%) were unsure about whether the PCT provided treatments which did not meet these criteria
- 2 PCTs (9.5%) stated that no treatments are provided which do not meet these criteria
- 1 PCT (4.8%) stated that other treatments may take into account "other agreed guidance".



Question 6: How many members of the Board of the PCT and of these advisory committees and individuals have professional knowledge of the principles and practice on which these other treatments are based?

Of the 21 PCTs which have decided not to provide homeopathy:

- 16 PCTs (76.2%) provided no information about the professional knowledge of the principles and practice on which other treatments are based among those making the decision about the provision of those treatments
- 2 PCTs (9.5%) did not collect such information or considered it “not applicable”
- 3 PCTs (14.3%) stated that several decision-makers had some knowledge.



Analysis

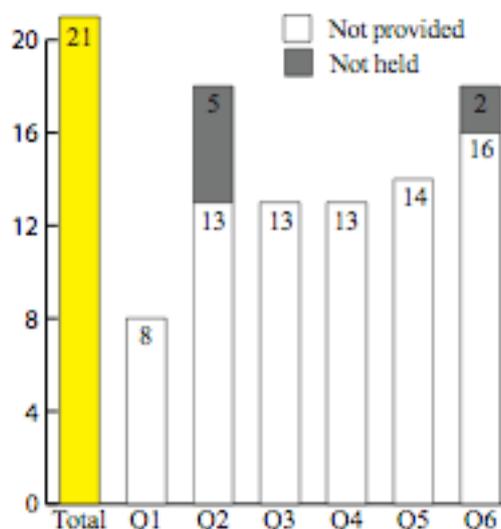
The Decision-making Process

The most important point to emerge from this study is that there appears to be very little information available about the decision-makers and the decision-making process which excludes homeopathy from NHS treatments in many areas.

Of the 21 PCTs which do not offer homeopathy, between 38.1% and 85.7% either did not or could not supply information in response to the questions:

- *Question 1:* 8 PCTs (38.1%) provided no information about the criteria on which decisions about homeopathy are based;
- *Question 2:* 13 PCTs (61.9%) provided no information about the professional knowledge of decision-makers in respect of homeopathy and 5 PCTs ((23.8%) held no information, a total of 18 (85.7%);
- *Question 3:* 13 PCTs (61.9%) provided no information about how many people are involved in the decision on treatments;
- *Question 4:* 13 PCTs (61.9%) provided no information whether the same criteria are used for all treatments;
- *Question 5:* 14 PCTs (66.7%) provided no information about whether some treatments offered by the PCT might not meet the criteria;
- *Question 6:* 16 PCTs (76.2%) provided no information about the professional knowledge of decision makers in respect of other treatments and 2 PCTs ((9.5%) held no information, a total of 18 (85.7%)

Information not provided or not held

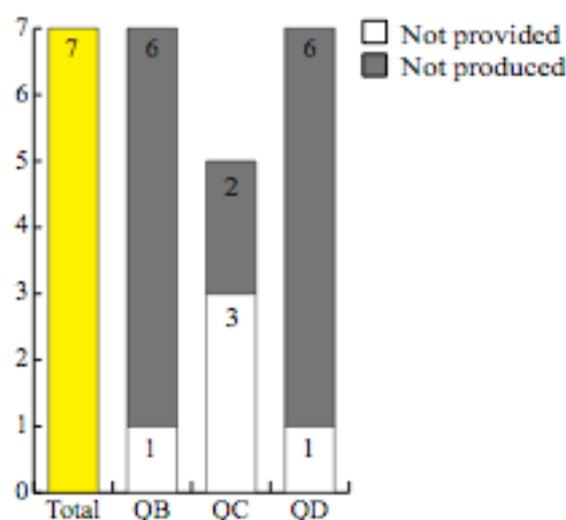


It is particularly significant that the questions about the professional knowledge of the decision-makers (questions 2 and 6) were the ones given the least satisfactory responses.

Similarly, of the 7 PCTs which offer homeopathic treatment prescribed by GPs or through referral, between 14.3% and 100% either did not supply information in response to the questions, or stated that they do not gather or produce the relevant information:

- *Question B:* 1 PCT (14.3%) provided no information about procedures to check competence, while the other 6 relied on practitioners own monitoring of competence;
- *Question C:* 3 PCTs (42.9%) provided no information about guidelines to aid GPs in making informed decisions about homeopathic treatment, and 2 PCTs (28.6%) produce none;
- *Question D:* 1 PCT (14.3%) provided no information about monitoring of clinical or cost effectiveness, while the other 6 PCTs (85.7%) did not monitor effectiveness.

Information not provided or not produced



Discrepancies

Not only is there little information available, but what is provided is in some cases contradictory. 8 PCTs responded to question 4 by stating that the same criteria were used when assessing all treatments. Of these 8 PCTs, 4 (50%) responded to question 5 by indicating that they were unsure whether all the treatments provided by the PCT met the criteria, using the following expressions: *"Not knowingly"*, *"Not specifically funded"*, *"None that we are aware of"*, *"Not usually"*. Another of these 8 PCTs (12.5%) even went so far as to present an additional criterion for assessing other treatments, offering the following responses to the questions about criteria (our emphasis):

Question 1 (homeopathy): "The PCT Board and its advisory bodies would consult NICE Guidance and current evidence based practice research."

Question 4 (all treatments): "The PCT would use guidance from NICE and current evidence-based research."

Question 5 (treatments actually provided): "The PCT and its advisory boards would consult NICE Guidance, current evidence based research and other agreed guidance, depending on the nature of the application."

This suggests that in some PCTs the decision-making process may not be based on applying criteria in a consistent way, and this is consistent with the findings of *BMJ Clinical Evidence*, which identified that of 2,500 "commonly used treatments" 87% are of doubtful benefit. (1)

As such, there is a risk that decision-makers' prejudices may be affecting their decisions, and if decision-makers do not have the professional knowledge to make properly informed assessments of homeopathy, it is even more likely that they would be affected by prejudice when deciding whether or not to provide this therapy.

Professional Knowledge

This risk of prejudice is compounded by the evidence that PCTs do not seem to take seriously the issue of decision-makers professional knowledge of the principles and practice of homeopathy. Indeed one PCT remarked that:

"Your questions 2 and 6 seem to suggest that you think it is not possible to assess the effectiveness of homeopathy unless you are a homeopath. I do not agree with that position and therefore think that those questions are not relevant to judge whether [the] PCT makes informed decisions."

As we have pointed out in *Halloween Science* (2), there are at least eleven factors which can affect the validity of a randomised clinical trial (RCT) of homeopathy and which can easily be overlooked by someone who does not understand their importance. If there is a failure to make sure that decision-makers are competent, then there is a strong likelihood that inappropriate decisions will be made.

In this context the criteria used by decision makers are also of particular interest. Evidence suggesting that such mistakes may be being made is seen in the comment of another PCT about a large meta-analysis:

"The results are not compatible with the hypothesis that the clinical effects of homeopathy are completely due to the placebo. However, we found insufficient evidence from these studies that homeopathy is clearly efficacious for any single condition."

The reference to efficacy “for any single condition” indicates that a key principle of homeopathy is not being taken into account, namely that homeopathy treats the symptoms of a patient as a whole, not the selected symptoms of a named illness. At the same time the statement implies that individualisation is not being taken into account either, despite the fact that this a key aspect of homeopathy and a recognised area of weakness for RCTs. (3,4)

Criteria Used to Assess Homeopathy

All the PCTs which provided information about the criteria they use included evidence of clinical effectiveness. One stated that:

“There is some evidence that [homeopathy] offers benefits in terms of outcomes and costs (probably due to the therapeutic nature of the consultation rather than the therapeutic intervention).”

No explanation was offered for presenting this opinion, and the PCT in question did not provide any information about how many decision-makers had professional knowledge of the principles and practice of homeopathy. Some PCTs were explicit about the fact that they considered the evidence of clinical effectiveness of homeopathy insufficient.

In contrast, one PCT which provides homeopathy actually gave references to evidence of both clinical and cost effectiveness of homeopathy. This suggests that the ability to reach informed decisions about homeopathy may depend on decision-makers having the necessary specialist knowledge if they are to understand the information available to them.

Conclusion

This pilot study was based on responses from 7% of PCTs, and it has clearly exposed weaknesses in the approach to decision-making about the provision of homeopathy in the NHS. It is alarming that over 76% of those PCTs which do not provide homeopathy failed to provide information requested under the *Freedom of Information Act*. It is even more alarming that the information provided was on occasions contradictory, an acknowledgement of ignorance, or accompanied by unsupported negative opinions about homeopathy.

Despite the inclusion of homeopathy as a treatment in the founding charter of the NHS, and despite the promises of access to this therapy made at the time of the foundation of the NHS, it would appear that there is a widespread failure to provide homeopathy in the NHS. This failure appears to be attributable to prejudice rather than to informed decision-making. If this is truly the case, then many PCT Boards are failing to meet their obligations as trustees of the public interest by allowing their decisions to be influenced by vested interests.

References

- (1) *BMJ Clinical Evidence* at <<http://clinicalevidence.bmj.com/cweb/about/knowledge.jsp>>, accessed 23 February 2009.
- (2) William Alderson, *Halloween Science* (Stoke Ferry: Homeopathy: Medicine for the 21st Century, 2009), pp. 58-61, available at <<http://www.homeopathyworkedforme.org/#/halloween-science/4533482584>>.
- (3) Simon Singh and Edzard Ernst, *Trick or Treatment? Alternative medicine on trial* (London: Bantam Press, 2008), p. 23.
- (4) David L Sackett, William M C Rosenberg, J A Muir Gray, R Brian Haynes, W Scott Richardson, ‘Evidence based medicine: what it is and what it isn’t’, *BMJ*, 312 (1996), 71-72 (13 January), at <<http://www.bmj.com/cgi/content/full/312/7023/71>>, accessed 6 December 2008.