NHS Liverpool CCG Homeopathy Consultation

Independent analysis and report

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Final report - June 2016
EXECUTIVE SUMMARY

BACKGROUND

NHS Liverpool Clinical Commissioning Group (CCG) has conducted a consultation on whether to continue to fund homeopathy services that are currently offered through a contract with Liverpool Medical Homeopathy Service. In November 2015, NHS Liverpool CCG Governing Body stated a preference to decommission the homeopathy service and commenced the consultation exercise with the intent to ascertain how the public and patients felt with regard to a variety of funding options. The funding options are outlined in section 1.3 of this report. This consultation aims to inform the final decision making in 2016.

This report was written by the Centre for Public Health, Liverpool John Moores University, and includes independent analysis of the consultation activities.

CONSULTATION ACTIVITIES

The consultation ran from 13th November – 22nd December 2015. The two main methods of engagement were:

- A survey - available online and in paper format. The survey was completed by 743 individual respondents and, of those who provided a valid postcode, 68% (323 individuals) lived within the Liverpool CCG area. This survey was hosted on the CCG website.
- A small consultation event held on 4th December 2015 was facilitated by Liverpool John Moores University. The event was attended by 29 individuals, the majority of whom were patients and staff from the Liverpool Medical Homeopathic Service. Eighteen of the participants at this event resided in Liverpool.

Section 2 of this report details the methodology and findings from the survey and section 3 presents the methodology and findings from the consultation event.

KEY FINDINGS

EXPERIENCE OF HOMEOPATHY SERVICES

Two thirds of survey respondents (66%; 380 respondents) said they would never use homeopathy services in the future. The reasons for this included the lack of evidence and scientific basis of homeopathy; negative personal experiences of homeopathy; and believing it was an inappropriate use of NHS funding. Those who would be likely to use it in the future (28%) felt they wanted to be able to choose an alternative to conventional medicine; felt it was value for money for the NHS; appreciated the time, care and holistic consultation; and discussed their own positive experiences.

Sixty six per cent of survey respondents (111) who had used homeopathy in the past reported an excellent or good experience. Those who reported a positive experience (66%) felt that homeopathy had improved their health where conventional medicine had not, and participants valued that the homoeopathic practitioner had treated their emotional as well as their physical needs. Those who reported a below average or poor experience (31%) felt homeopathy had not improved their medical condition and some felt they had been misled and had not been told the remedy contained no active ingredients.

At the consultation event, the majority of the 29 participants were homeopathy service users and they described a positive experience of homeopathy and the ability to choose ‘holistic’
and non-pharmaceutical treatment. Participants also questioned what services they could use if they were unable to access homeopathy on the NHS and were concerned and angry about the service potentially being decommissioned. A small number of participants at this event agreed with the view that there is a lack of evidence regarding efficacy and felt it was an inappropriate use of NHS funds that would be better spent on other, more effective services.

**PREFERENCE FOR FUNDING OF HOMEOPATHY IN LIVERPOOL**

Of the survey respondents, 73% (541 individuals) chose the option to stop funding all homeopathy services; when including only Liverpool residents in the analysis this decreased to 64%. Twenty three per cent of survey respondents (170 individuals) wanted to continue to fund homeopathy services in Liverpool (either at current levels or to increase the budget); when only including Liverpool residents this proportion increased slightly to 30%.

At the end of the consultation event the participants in the room (29 individuals) were asked to vote on their preferred funding option; twenty two participants (76%) wanted to continue the service and increase the maximum funding limit; three participants (14%) wanted to stay with the current situation and three participants (10%) wanted to stop funding the service.

**UNDERSTANDING OF HOW EVIDENCE IS USED IN THE NHS AND MEDICAL CARE**

There was some tension in what those in the consultation saw as acceptable and appropriate evidence about the effectiveness of homeopathy. Many participants in the survey and at the event reported their positive experience or anecdotal evidence as “proof” that homeopathy is effective. There was a low understanding about how scientific research is conducted or evaluated. The NHS try to base funding decisions on rigorous, high-quality, unbiased, peer-reviewed research, however, the CCG is required to account of all evidence, including patient experience, when funding or discontinuing services.

**CONFUSION OVER WHAT IS CLASSED AS HOMEOPATHY**

Across the survey and the consultation event there was some confusion about what types of treatment come under the heading of “homeopathy”, with participants making reference to a range of herbal remedies and supplements. Iscador (a mistletoe extract) may be, in some cases, provided as a complementary treatment for patients with cancer, however, this is not a homeopathic remedy. There was also discussion (in the event and in the survey responses) about other herbal remedies and supplements. This consultation focuses only on homeopathic remedies as defined in section 1.1.
ACKNOWLEDGMENTS

We would like to thank Sarah Dewar, Helen Wilkie, Kelly Jones, Monica Khurajiam, Carole Hill and Sarbjit Heer at NHS Liverpool CCG for their support with all elements of the consultation. Thank you to Gill Gandy, Collette Venturas, Ellie McCoy, Jane Harris, Rebecca Harrison, Sapanha Bista and Lorna Porcellato for their support with facilitating the consultation event and editing this report.

Finally thanks to all the participants who completed the survey and attended the event for taking time to provide their thoughts and talk about their experiences.
1. INTRODUCTION

The text for sections 1.1 and 1.2 has been provided by NHS Liverpool CCG.

1.1 BACKGROUND TO THE CONSULTATION

By “Homeopathy services” we refer to “the system of medicine which is based on the principle that you can treat ‘like with like’, that is, a substance which causes symptoms when taken in large doses, can be used in small amounts to treat similar symptoms” (The Society of Homeopaths, 2015). Creating homeopathic medicines usually involves treating a person with highly diluted substances, given mainly in tablet form, with the aim of triggering the body’s natural system of healing.

Liverpool Primary Care Trust (PCT) went out to competitive tender for a homeopathy service in 2011. Two providers were commissioned, with the service commencing in November 2011. The total contract value for both providers was £43,500. On 1st April 2013 the contracts passed to Liverpool CCG.

In March 2014 one of the providers retired leaving one provider with a maximum contract value of £29,000 per year, equating to 100 new patients and 400 follow-ups.

Historically local PCTS jointly agreed a Commissioning Policy known as Cheshire and Merseyside Prior Approval Scheme. This incorporated the Procedures of Limited Clinical Value (2011) and a policy on Infertility (2006 – 2009).

In 2014 it was agreed that the policy would be reviewed by Cheshire & Merseyside Commissioning Support Unit on behalf of the 12 CCG in Cheshire & Merseyside. Complementary therapies including homeopathy were included in the review.

The main areas for the policy review were:

- Updating the guidance based on new evidence
- Adding new services/treatments/procedures
- Removing procedures that are now the responsibility of NHS England

An evidence review took place, with the involvement of Public Health. A 90 day public consultation period was completed across the twelve Cheshire & Merseyside CCGs. Two provider events were held by CSU.

The intention of the joint review was to have one Commissioning Policy across Cheshire and Merseyside, although it was recognised that some CCG may not agree with all sections in the draft policy. Across Cheshire and Merseyside only NHS Wirral CCG and Liverpool CCG commission a homeopathy service.

Very little comment was made by the public regarding complimentary therapies or, more specifically, homoeopathy. Patient comments are included in appendix 1.

Of the 11 Liverpool GPs that commented on the draft policy only one referred to complimentary therapies, stating that they should not be NHS funded.

The revised Cheshire and Merseyside Commissioning Policy recommended that complementary therapies should not be routinely commissioned unless recommended by NICE guidance. The NHS Choices website states that:

“Currently, NICE recommends the use of a complementary and alternative treatment in a limited number of instances, including:

- Alexander Technique for Parkinson’s disease
- ginger and acupressure for reducing morning sickness
• acupuncture and manual therapy, including spinal manipulation, spinal mobilisation and massage for persistent low back pain” (www.nhs.uk/conditions/Homeopathy)

A paper was submitted to the CCG Governing Body on 9th December 2014. The minutes stated: “Complementary Therapies: NICE Guidance recommends Alexander Technique for Parkinson’s disease, ginger and acupressure for reducing morning sickness and acupuncture and manual therapy for persistent low back pain. Liverpool CCG commissions Homoeopathy, acupuncture and remedial massage which was different to other CCGs. Patient feedback was positive. As such this would be retained.”

In February 2015 Liverpool CCG received a Judicial Review Pre-Action letter from Bindmans LLP sent on behalf of The Good Thinking Society, challenging the decision to continue to commission a homeopathy service. Following legal advice and further correspondence with The Good Thinking Society the CCG has agreed to bring forward a review of the service and to seek patient and public opinion as to whether the homeopathy service should continue to be commissioned.

At present NHS Liverpool Clinical Commissioning Group commissions homeopathy services to the contract value of up to £30,000 per year. This service is used by a very small number of patients in the city per year who choose to access NHS homeopathy services. Between April 2014 – April 2015, the service saw 121 new patients and held 447 follow up appointments with existing patients (table 1).

**Table 1: Patient activity for the Homeopathy service from April 2014 – April 2015**

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of 1st patient appointments</th>
<th>No. of follow up appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-14</td>
<td>10</td>
<td>34</td>
</tr>
<tr>
<td>May-14</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Jun-14</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Jul-14</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>Aug-14</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Sep-14</td>
<td>11</td>
<td>39</td>
</tr>
<tr>
<td>Oct-14</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Nov-14</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td>Dec-14</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Jan-15</td>
<td>6</td>
<td>45</td>
</tr>
<tr>
<td>Feb-15</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Mar-15</td>
<td>12</td>
<td>55</td>
</tr>
<tr>
<td>Apr-15</td>
<td>8</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>447</td>
</tr>
</tbody>
</table>

Forty one Liverpool practices used the service; of those 13 referred only once in the year, 19 referred 2-3 times; 6 referred 4-5 times; 2 referred 6 times and 1 referred 9 times. Sixty two patients failed to attend appointments

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1 Data provided by NHS Liverpool CCG
The service is commissioned through one provider, The Liverpool Medical Homeopathy Service CIC, hosted at Old Swan Health Centre, St Oswald’s Street, Liverpool, L13 2GA and provides treatments for the following conditions:

- Headaches and neurological diseases
- Asthma, hay fever and catarrh
- Recurrent chest infections
- Hypertension
- Angina and palpitations
- Irritable bowel syndrome, Crohn’s disease and ulcerative colitis
- Recurrent urinary tract infections
- Benign prostatic hypertrophy
- Problems with the menstrual cycle, including painful irregular periods, premenstrual tension, infertility and the menopause
- Skins diseases – eczema, psoriasis, acne
- Arthritis and chronic back pain
- Allergies
- Chronic fatigue syndrome
- Depression and anxiety

Patients are referred into the service directly by their GP and are offered an initial assessment with a homeopath for the referred condition(s) and the opportunity to have up to four further follow up appointments.

The main reasons for referral were skin diseases (14); arthritis/osteoarthritis (12); menopause (10); depression (9); anxiety (5); and chronic back pain (5). A full list of the conditions referred to the service is in appendix 2.

Patient surveys and Measure Yourself Medical Outcome Profile scores (MYMOPs) submitted by the providers in 2013/14 showed positive responses, many referring to advice given resulting in lifestyle benefits including improved diet, increased exercise and improvement in mood.

1.1.1 EVIDENCE REVIEW

The NHS Choices website has a section on Complementary therapies including homeopathy. The website states:

“Homeopathy is a ‘treatment’ based on the use of highly diluted substances, which practitioners claim can cause the body to heal itself.

A 2010 House of Commons Science and Technology Committee report on homeopathy said that homeopathic remedies perform no better than placebos, and that the principles on which homeopathy is based are “scientifically implausible”. This is also the view of the Chief Medical Officer, Professor Dame Sally Davies.” (www.nhs.uk/conditions/Homeopathy).

The report by the Government Science and Technology Committee reviewed evidence for and against homeopathy and concluded that the NHS should cease funding homeopathy\(^2\). It also concluded 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

\(^2\) The full report can be found at: www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/homeopathy-
the MHRA. The indications being that any beneficial outcomes of homoeopathy treatment are due to a placebo effect.

The Government responded as follows:

“We agree with many of the Committee’s conclusions and recommendations. However, our continued position on the use of homoeopathy within the NHS is that the local NHS and clinicians, rather than Whitehall, are best placed to make decisions on what treatment is appropriate for their patients - including complementary or alternative treatments such as homeopathy - and provide accordingly for those treatments.

There naturally will be an assumption that if the NHS is offering homeopathic treatments then they will be efficacious, whereas the overriding reason for NHS provision is that homeopathy is available to provide patient choice. The Government Chief Scientific Advisor’s position remains that the evidence of efficacy and the scientific basis of homeopathy is highly questionable.”

The NHS Choices Website further comments on several individual pages that homeopathy is not recommended – see www.nhs.uk/conditions/Homeopathy

### 1.1.2 NICE GUIDANCE

NICE Guidance does not state anywhere that homeopathy is a recommended treatment. There is little reference to homeopathy in NICE Guidance other than:

- CG70 July 2008 - Healthcare professionals should inform women that the available evidence does not support homoeopathy for induction of labour
- CG98 May 2010 - Do not use homeopathy to treat hyperbilirubinaemia
- CG60 Feb 2008 - Homeopathy is not recommended for the management of otitis media with effusion
- CG 97 May 2010 - Do not offer homeopathy for treating LUTS symptoms in men
- CG57 December 2007 - Children with atopic eczema and their parents or carers should be informed that the effectiveness and safety of complementary therapies such as homeopathy, herbal medicine, massage and food supplements for the management of atopic eczema have not yet been adequately assessed in clinical studies

A more extensive evidence search carried out by North West Commissioning Support Unit is available in appendix 3.

### 1.2 OPTIONS FOR FUTURE FUNDING OF HOMEOPATHY SERVICES IN LIVERPOOL

The text for sections 1.1 and 1.2 has been provided by NHS Liverpool CCG.

The commissioning of homeopathy services is controversial. Supporters of the therapy will produce evidence showing it works, in the same way that reports can be found to show that it does not work, or at best acts as a placebo (see sections 1.1.1 and 1.1.2).

Patients who feel benefit from their treatment, often mention factors they value such as having time with someone to discuss their illnesses and the additional advice provided on diet and exercise. How much of what they value is due to other factors is hard to quantify.

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The CCG is required to carry out a public consultation on whether to continue to commission homeopathy and this report describes the feedback received during that consultation exercise that took place November/December 2015.

The CCG determined that it should include in the consultation a position statement as to its preferred option. The options considered were:

1. The CCG continues to fund homeopathy services at the current level which equates to 100 first appointments, 400 follow ups (£29,000 p.a.).

2. The CCG funds homeopathy services with no upper limit. This option could increase current spending on this service. Agreement would need to be reached with the current provider as to whether this was feasible or if additional providers would need to be sought.

3. The CCG continues to fund homeopathy services but reduces the upper limit. This option could result in patients not being seen as there would be insufficient funds available.

4. The CCG continues to fund the service only on an exceptional basis i.e. via Individual Funding Requests which would mean that the referrer would have to prove exceptionality. The definition of exceptionality in the Commissioning Policy being “The patient has a clinical picture that is significantly different to the general population of patients with that condition and as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition.”

   This option could result in an additional financial burden on the CCG which funds IFR requests.

5. The CCG decommissions the homeopathy service. The current provider contract requires 1 month notice of termination.

NHS Liverpool CCG Governing Body stated a preference for option 5 in November 2015 and commenced the consultation exercise with the intent to ascertain how the public and patients felt with regard to these options in order to inform final decision making in 2016.

1.3 ROLE OF LIVERPOOL JOHN MOORES UNIVERSITY

The Centre for Public Health at Liverpool John Moores University has been funded to independently analyse and present findings from the consultation. This report has been written (unless indicated otherwise in the section) by researchers from LJMU. The majority of the methodology was developed by the CCG, where LJMU supported this has been made clear in the methodology.

1.4 OVERVIEW OF THE CONSULTATION

This consultation consisted of two main methodologies; a survey (online and paper on request) and a consultation event. The survey aimed to gather a wide variety of responses from as many patients and members of the public as possible (see section 2.1 for methodology). The public consultation event, held in December 2015, aimed to gather more in depth opinions and experiences from key stakeholders (see section 3.1 for methodology).
For transparency and to ensure the authors are clear on meaning it is helpful to provide a definition of some key terms that are used in this report.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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</table>
| **Blind trials** | Blinding is used in experimental studies to minimise potential bias from the placebo effect.  
In a single-blinded trial the participants do not know if they are receiving the treatment or the placebo.  
In a double-blinded trial, neither the participants nor the investigators know who is receiving the active treatment (Merrill, 2013). |
| **Complementary and alternative medicines** | Complementary and alternative medicines (CAMs) are treatments that fall outside of mainstream healthcare. These medicines and treatments range from acupuncture and homeopathy, to aromatherapy, meditation and colonic irrigation (NHS Choices). |
| **Evidence based medicine** | Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research (Sackett, et al, 1996). |
| **Homeopathy** | The system of medicine which is based on the principle that you can treat ‘like with like’, that is, a substance which causes symptoms when taken in large doses, can be used in small amounts to treat similar symptoms (The Society of Homeopaths). |
| **Placebo** | A substance containing no medication or treatment, given to satisfy a patient’s expectation to get well (Merrill, 2013). |
| **Placebo Effect** | The effect on patient outcomes (improved or worsened) that may occur because of the expectation of the patient (or provider) that a particularly intervention will have an effect (Merrill, 2013). |
| **Randomised Control Trial** | The randomised controlled trial (RCT) is considered the ‘gold standard’ of clinical and biomedical research for its ability to eradicate and control for biases that might impact on the research outcomes. An RCT design is used to assess the effectiveness of treatments and interventions (Foster, 2011). |
2. SURVEY

2.1 SURVEY METHODOLOGY

2.1.1 SURVEY DISTRIBUTION AND PROMOTION

The survey was circulated widely to stakeholders, those who had previously contacted NHS Liverpool CCG regarding homeopathy and via social media and media releases. The stakeholder matrix is included in appendix 4 and a copy of the survey is included in the appendix 5. The survey respondents were self-selecting and a variety of organisations who have an interest in homeopathy (both pro and against) promoted the survey within their networks. Therefore, it is possible that those who completed the online survey had a vested interest in the issue.

2.1.2 ANALYSIS

The majority of surveys were completed online at www.liverpooltalkshealth.info. Twenty four surveys were completed on paper and entered manually by the CCG, 719 surveys were completed online. The full raw, anonymised data set was then passed to LJMU and cleaned. LJMU then conducted independent analysis on the data.

A valid full postcode that fell within North-West England was provided by 477 respondents. Full postcodes were mapped to CCG area. Any postcodes from outside the region were not allocated to a CCG. Incomplete Liverpool postcodes (i.e. L8) were allocated to a CCG area if all of that postcode fell within the CCG. For postcodes that crossed boundaries (i.e. L9 is split between South Sefton and Liverpool CCGs) these were not allocated a CCG.

In the figures and graphs percentages are presented as a proportion of those who answered the question; those who provided no response to a particular question are excluded from the analysis of that question.

Illustrative quotes from the open text questions are presented alongside the discussion. These quotes are presented as typed by respondents and have not been edited to correct any spelling or grammatical errors.

2.2 SURVEY FINDINGS

The survey was completed by 743 individuals. Demographic information relating to those who responded to the survey and the findings of the survey are presented in this section.

2.2.1 RESPONDENT INFORMATION

The survey was completed by 743 individual respondents. A valid postcode that fell within a North-West CCG area was provided by 477 respondents (64%). Of those that provided a valid North-West postcode, 68% (323 individuals) lived within NHS Liverpool CCG area. High numbers of respondents also lived within other Merseyside CCG areas (e.g., NHS Wirral and NHS South Sefton) and smaller numbers from across Greater Manchester, Cheshire and Lancashire (table 2).
Table 2: CCG of residence for survey respondents

<table>
<thead>
<tr>
<th>Clinical Commissioning Group</th>
<th>Frequency</th>
<th>Per cent of those who answered the question</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Liverpool</td>
<td>323</td>
<td>67.7</td>
</tr>
<tr>
<td>NHS Wirral</td>
<td>48</td>
<td>10.1</td>
</tr>
<tr>
<td>NHS South Sefton</td>
<td>28</td>
<td>5.9</td>
</tr>
<tr>
<td>NHS Knowsley</td>
<td>13</td>
<td>2.7</td>
</tr>
<tr>
<td>NHS Southport and Formby</td>
<td>12</td>
<td>2.5</td>
</tr>
<tr>
<td>NHS West Cheshire</td>
<td>12</td>
<td>2.5</td>
</tr>
<tr>
<td>NHS Wirral</td>
<td>7</td>
<td>1.5</td>
</tr>
<tr>
<td>NHS Eastern Cheshire</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>NHS St Helens</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>NHS West Lancashire</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>NHS Blackburn with Darwen</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>NHS Halton</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>NHS Stockport</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>NHS Trafford</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>NHS Chorley and South Ribble</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>NHS Greater Preston</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>NHS South Cheshire</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>NHS Central Manchester</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>NHS East Lancashire</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>NHS North Manchester</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>NHS Wigan Borough</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Total number of respondents who were allocated a CCG</strong></td>
<td><strong>477</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

To get an indication of who was responding to the survey respondents were asked “So we can understand your perspective in responding to this consultation please tick which of the following options best apply to you”. Respondents then chose one of seven answers or could leave the question unanswered. It may be that respondents fell into more than one category but they could only choose one option.

Sixty four per cent of respondents (480 individuals) answered this question, with 263 respondents providing no answer (table 3). Two thirds (66%) of those who answered this question indicated that they were residents of Liverpool and 22% were either current or previous users of homeopathy services in Liverpool. It should be noted that respondents were not asked whether they were users of Liverpool Medical Homeopathic Service or of CCG funded homeopathy services, but users of any homeopathic services in the city.

4 Includes two individuals who provided a part postcode that fell wholly within Liverpool CCG area, for example L8 or L17.
Table 3: Type of respondent to survey

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Frequency</th>
<th>Per cent of those who answered the question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liverpool resident</td>
<td>318</td>
<td>66.3</td>
</tr>
<tr>
<td>Previous user of homeopathy services in Liverpool</td>
<td>66</td>
<td>13.8</td>
</tr>
<tr>
<td>Current user of homeopathy services in Liverpool</td>
<td>41</td>
<td>8.5</td>
</tr>
<tr>
<td>Potential referrer to Homeopathy in Liverpool</td>
<td>37</td>
<td>7.7</td>
</tr>
<tr>
<td>Potential provider of Homeopathy services in Liverpool</td>
<td>10</td>
<td>2.1</td>
</tr>
<tr>
<td>Current provider of Homeopathy services in Liverpool</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Current referrer to Homeopathy in Liverpool (e.g. GP)</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>No answer</td>
<td>263</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>743</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

Over half of respondents were male (55%; figure 1). One hundred and eighty three (25%) of respondents did not answer the question about gender.

*Figure 1: Gender of respondents*

The question about ethnicity was answered by 73% of respondents (543 individuals). Of those who answered the question, 80% indicated they were white English, Welsh, Scottish, Northern Irish or British (table 4).
Table 4: Ethnicity of survey respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Per cent of those who answered the question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Asian British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Indian</td>
<td>5</td>
<td>0.9%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other Asian Background</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mixed Ethnic Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
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<tr>
<td>Other Ethnic Group</td>
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<td>Any other Ethnic background</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>English, Welsh, Scottish, Northern Irish or British</td>
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<tr>
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<td>2.4%</td>
</tr>
<tr>
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<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>743</td>
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Respondents were asked to indicate if they had considered themselves to have a disability, this question was answered by 519 respondents. The majority of respondents (81%) who answered the question did not consider themselves to have a disability (figure 2). Sixty seven people indicated they had a disability and all provided details (table 5). The most common conditions were physical disabilities or long-term illnesses that affected their daily activities. Twenty four respondents reported having two or more disabilities.

Figure 2: Proportion of respondents who consider themselves to have a disability

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5 Categories combined as survey had separate options for British, English, Northern Irish, Scottish and Welsh.
Table 5: Type of disability reported by respondents

| Type of disability                                                | Frequency
|------------------------------------------------------------------|-----------
| Physical disability                                              | 30        
| Long-term illness that affects your daily activity                | 29        
| Mental illness / distress                                        | 15        
| Learning disability                                              | 13        
| Hearing impairment / deaf                                        | 8         
| Visual impairment                                                | 5         
| Other                                                            | 5         

2.2.2 SURVEY OUTCOMES

2.2.2.1 EXPERIENCE OF HOMEOPATHY SERVICES IN LIVERPOOL

Respondents were asked “If you are a current or previous user of homeopathy services, please tell us what condition(s) you were seeking support for in homeopathy?” and to tick all conditions that applied. One hundred and seventy seven respondents provided information. The most common condition was asthma, hayfever and catarrh (45 individuals), with many also seeking treatment for depression and anxiety (37 individuals) and skin conditions (31 individuals). Many participants indicated they had a used homeopathy for many different conditions; 81 respondents reported using homeopathy for two or more conditions.

Table 6: Conditions previous or current users of homeopathy services sought help for

| Condition                                                | Frequency
|-----------------------------------------------------------|-----------
| Allergies                                                 | 19        
| Angina and palpitations                                   | 3         
| Arthritis and chronic back pain                           | 27        
| Asthma, hayfever and catarrh                              | 45        
| Benign prostatic hypertrophy (enlarged prostate)           | 2         
| Chronic fatigue syndrome                                  | 15        
| Depression and anxiety                                    | 37        
| Headaches and neurological diseases                        | 26        
| Hypertension (high blood pressure)                        | 9         
| Irritable bowel syndrome, Crohn’s disease and ulcerativecolitis | 15
| Problems with the menstrual cycle, inc. irregular periods, premenstrual tension, infertility and the menopause | 24
| Recurrent chest infections                                 | 13        
| Recurrent urinary tract infections.                       | 9         
| Skin diseases –eczema, psoriasis, acne                    | 31        
| Other                                                     | 63        

The four respondents who referred patients to homeopathy services in Liverpool (e.g. GPs) provided their experience of referring patients; two indicated the service was Excellent, has helped my patients significantly and two indicated Neutral, has not been a noticeable help for my patients.

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6 Column cannot be totalled as some people reported more than one type of disability.
7 Column cannot be totalled as some people reported using homeopathy for more than one condition.
All respondents were asked “If you are a current or previous user of homeopathy services—how would you rate your experience of the service?” This question was answered by 168 individuals; this is more than previously indicated they used or previously used, a homeopathy service in Liverpool (figure 3).

More than half of those responding to this question rated their experience as excellent (57%; 95 individuals); two thirds (66%) had a positive experience (excellent or good) and almost one third (31%; 52 individuals) indicated their experience had been poor or below average (figure 3). Almost two thirds (64%) of those who stated an experience of homeopathy were female.

Of those who stated their experience of homeopathy almost half (48%) were resident in Liverpool. Those who were resident in Liverpool were more likely to state their experience had been positive, and those who lived outside of Liverpool (or did not provide a postcode) were more likely to state their experience had been negative (figure 4).

Figure 3: Experience of previous homeopathy service

Figure 4: Experience of homeopathy services, by area of residence

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8 This refers to experience of any homeopathy services - respondents were not asked specifically about LMHS. “Non-Liverpool resident” includes those who did not provide a postcode and those who reside outside of Liverpool.
Respondents who had used a homeopathy service were asked “Please tell us why you have chosen this answer, including what impact the treatment had on your health.” Comments were provided by 146 respondents.

**Excellent experience of homeopathy (84 comments)**

Participants who rated their experiences of homeopathy as excellent attributed this to feeling that homeopathy had helped them where conventional medicine had not. Some mentioned that their conditions could not be treated by evidence based medicine, or that they had seen no improvement in their condition when using them.

- “Medical treatments of pharma meds have failed me. The only help I get with my health is from homeopathy and it has no detrimental side effects only positive effects.”
- “5 years of the conventional route (including hospital referral) NO improvement. Two visits to homeopath in Old Swan no cure BUT a control.”
- “My homeopathic consultant has been brilliant - informed, knowledgeable and invaluable to me over the past year. I would be lost without this service and I don’t want to be pumped full of mainstream drugs!”

Homeopathy was felt to have helped participants both physically but also emotionally. This was due to the homeopathy practitioner treating them holistically and supporting their treatment with healthy lifestyle advice.

- “The treatment was effective and the time spent with the doctor invaluable to enable to discuss fully all concerns about my health in a holistic and considered way which enabled me to understand my body and its needs, time which my own gp does not have.”
- “I have found that homeopathy has helped on all levels emotionally physically and spiritually alongside the providers excellent empathic manner and good sound advice around health and wellbeing made a huge difference to how i responded to my own health.”

**Good experience of homeopathy (13 comments)**

Those who rated the service as good commented upon service provision and the service providers themselves. They described consultants as empathetic and believed that the service was well run and that homeopathy benefitted them personally.

- “The homeopathic treatment I have gives me confidence to enjoy my life and feel safe. It is assisting my immune system”
- “I have received good service from the Homeopathy service at Old Swan [LMHS], as not only have they considered the causes of my ailments, but they have been thorough and re-evaluated the feedback to develop more incisive treatment of my symptoms.”
- “The regularity of consultations has meant that my conditions can be managed successfully by homeopathic remedies”
- “My consultant was very empathetic and the long-time speaking about my ailments made me feel very comforted”

It was highlighted, however, that there were areas of the service that could be improved due to limited consultations being available and participants not being convinced that the homeopathy treatment had actually helped their problem.
Average experience of homeopathy (2 comments)

Only two participants who reported an average experience of homeopathy provided comments. Both reported negative experiences.

“Was looking for alternative and/or natural treatment but not sure I felt any different after. Also did not connect with the Homeopath and as treatment is meant to be holistic believed for it to be truly holistic I needed to connect with the Homeopath.”

“Didn’t really have any benefit and the Dr was quite cold.”

Poor (41 comments) and below average (5 comments) experience of homeopathy

These categories have been combined as the themes were the same from both groups of respondents.

The most common reason for survey participants rating the service as poor or below average was feeling that homeopathy had no effect and did not work for them. They either did not see any improvement in symptoms or for some their condition worsened.

“It didn’t work: and had no impact at all I later discovered it is unproven, unscientific and not actually medicine.”

“It’s water mixed with sugar given as a pill ... it doesn’t work. I was given it for psoriasis. Waste of time.”

“I’m not convinced it helped. It made me think I was feeling better but actually the infection got worse.”

“Made no difference so didn’t help me at all with illnesses and complete waste of time and effort travelling by bus to see homeopathist. Depressing for me and made my anxiety worse.”

In some cases participants mentioned that using homeopathy led to a delay in them seeking evidence based medicine.

“I was prescribed a course for a skin condition and it did nothing, just delayed treatment.”

“Did not work, delayed me seeking actual medical help which did work”

A number of respondents who reported a poor or below average experience of homeopathy stated feelings of being misled when they realised that the treatment did not contain ingredients which were known to improve conditions.

“Felt mislead by being given a treatment that later turned out to contain no active ingredients.”

“I was recommended homeopathy by a friend, when I was suffering from recurring sinus pain. The homeopathic remedy did not appear to help. Then I read up on what it was I was taking and was astounded to learn it was just a sugar pill!”

2.2.2.2 FUTURE USE OF HOMEOPATHY SERVICES

All respondents were asked “As a Liverpool resident, whether you have used homeopathy in the past or not, how likely would you be to consider homeopathy as a treatment in the future?” It is important to note, however, that this question was not restricted to only those who had answered that they were a Liverpool residents; all responses are included.

Two thirds (66%, 380 individuals) of respondents said they would never use homeopathy services in the future and 28% (166 individuals) of respondents said they were either likely or very likely to use them (figure 5). These figures were similar when including only those
respondents who provided a valid Liverpool postcode (28% likely or very likely to use homeopathy services in the future).

**Figure 5: Likelihood of using homeopathy services in the future - all respondents**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
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<td>Very likely</td>
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<tr>
<td>Likely</td>
<td>7%</td>
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<tr>
<td>Unlikely</td>
<td>6%</td>
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<tr>
<td>Never</td>
<td>66%</td>
</tr>
</tbody>
</table>

**Figure 6: Likelihood of using homeopathy services in the future – Liverpool respondents only**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>24%</td>
</tr>
<tr>
<td>Likely</td>
<td>9%</td>
</tr>
<tr>
<td>Unlikely</td>
<td>8%</td>
</tr>
<tr>
<td>Never</td>
<td>59%</td>
</tr>
</tbody>
</table>

Those who would never consider homeopathy (361 comments)

Those who stated they would never use homeopathy in the future gave a number of different responses that fell into four broad categories.

**No evidence or scientific basis**
The most common reason given for never using homeopathy was the lack of evidence and scientific basis for the treatment. Respondents felt that in the absence of evidence, taking homeopathic remedies would be a waste of time and money, with some also mentioning that it may prevent people from taking evidence based medication that would actually help to treat a condition.

“It’s a joke and there is no clinical evidence that it works. If it is being used for a serious condition, then the patient’s life is at risk because they may decide not to take a medication that works which would help the condition.”
“I would never consider homeopathy as a treatment for any ailment, great or small, because there is no valid explanation or supporting evidence to suggest that it performs any better than a placebo. As a tax-payer in Liverpool, I don’t want to be contributing to any treatments, homeopathic or otherwise, that are not evidence-based.”

The placebo effect and homeopathy
Others who stated that they would never consider homeopathy in the future suggested this was because there was no real benefit to homeopathy. These respondents stated that homeopathic treatments contain no active ingredients and that any effects which were felt were due to the placebo effect (see definition in section 1.5). It was felt that for these reasons using homeopathy could be dangerous as it would stop patients from using other evidence-based and effective treatments.

“Numerous rigorous systematic reviews have shown that homeopathy is no better than placebo. Giving placebo to patients with conditions that are treatable may seriously affect patient health.”

“Homeopathy makes use of no actual active ingredient as it is diluted to such levels as to be entirely negligible.”

“Because homeopathy is not a medicine, it has been proven during blind trials to provide nothing more than a placebo effect. This could prove very harmful if for example it prevented a patient from seeking proper treatment.”

Negative personal experience
A number of participants referred to their own experiences of homeopathy when explaining why they would never use homeopathy. Some respondents had taken homeopathic treatments in the past and had not understood what they were. When their health did not improve they had researched homeopathy and found it was not evidence based medicine. After finding out more about homeopathy, some participants mentioned feeling mislead and deceived and as if the doctors encouraged them to try homeopathy as a way to get rid of them.

“I tried it and it did not work. I then researched it and found out that not only is there no good evidence it does work, there’s also no reason to think it should and no way it can work.”

“It was a waste of time and I feel conned. I feel my doctor just wanted shot of me and knew this wouldn’t work”

“Many years after my unsuccessful treatment, I discovered that homeopathy is widely known as a non-scientific medical practice. Until recently I didn’t know non-scientific medicine was a legal practice. If the NHS provides support for homeopathy, people like me may never know it is not scientific.”

Funding/waste of money
Some survey respondents were of the opinion that homeopathy was a waste of money and funding. They believed that the NHS should not fund treatments that are not supported by scientific or medical evidence.

“the NHS funding itself can lend undeserved legitimacy to homeopathic providers and supporters - after all, if it is funded by the NHS then “it must work”...”

“There is no scientific evidence that homeopathy works as a clinical method of treatment. It is a waste of a patient’s time and a huge waste of NHS money that could be spent elsewhere.”
“It has not been proven to work. NICE have stated that it is not effective for the amount of money spent on it.”

“It is pseudoscience at best. The NHS is on a tight budget as is, and while I understand that the placebo effect can be powerful, I think it’s insulting to ask the NHS to subsidise it. Massage and acupuncture have substantial evidence showing their beneficial side-effects and there is some scientific grounding behind how they work…”

Those who were unlikely to consider homeopathy (30 comments)

Similar to those who said that they would never consider using homeopathy, those who stated that they were unlikely to consider using it referred to the lack of robust evidence on the effectiveness of homeopathy and also felt that homeopathy has not been fully investigated and tested. Respondents stated they were more likely to consider treatments which were scientifically proven to be effective at treating conditions.

“I understand some people may opt for homeopathic treatment for reasons other than scientific evidence, but the NHS should adhere to a principle of evidence-based medicine and those wanting to pursue alternative therapies should do so at their own cost.”

“The evidence is pretty categorical that it is entirely ineffective so the only reason I would consider using homeopathy is if this evidentiary balance were reversed.”

Within this, a number of survey respondents did, however, highlight the value of the placebo effect and were open to potentially using homeopathic medicines alongside other evidence based treatments or as a last resort.

“While I believe the mind is a powerful thing, I don’t think I could persuade myself that Homeopathy is working. I don’t believe Homeopathic remedies have any real medicinal value and are purely based on the power of suggestion.”

“I know that there is no active ingredient in homeopathic medicines, that it was devised by a non-scientist and is pure hocus pocus. However, I can imagine being so desperate for myself or my children that I would try ANYTHING, simply for the placebo effect.”

“I’m not sure that the health benefits are proven. I would not expect to receive this on the NHS, it might be something a GP recommends as an alternative medicine or in addition to other treatment, but I wouldn’t expect it to be funded.”

“I would consider more evidence based treatments if I were ill, but if these were not effective or had significant side effects, I would consider trying homeopathy”

Those who were likely to consider homeopathy (122 comments)

The impact of illness upon decision making

Of those who stated that they would be likely to consider homeopathy, a number of participants felt that if they were ill, they would consider any treatment that might help their condition; and also anything that was recommended to them. Participants mentioned that it might be something that they would consider for conditions where there are currently no known treatments.

“If I was unwell I would consider anything that was recommended.”

“Today I heard one of the homeopathy doctors speaking on the radio and judged it to be a valid option, one which, should I feel the need of, I would be glad to try. It is possible it may be helpful to Post Polio Syndrome for which there is no current treatment.”
The use of homeopathy as an alternative to conventional medicines

Other survey respondents stated that they were likely to consider using homeopathy as a treatment because they did not use, or would not want to use conventional evidence based medicine. It was felt that using treatments such as homeopathy would help to avoid the side effects that may be experienced when taking evidence based medicine.

“I would possibly consider homeopathy for treatment for my rheumatoid arthritis- I am reluctant to use conventional therapy such as methotrexate due to its toxicity. Homeopathy along with other alternative therapies may help with symptoms without the side effects- I recognise this may be purely a placebo effect.”

“Because I prefer to use non-invasive, animal-free, harsh toxin-free methods of treatment, and avoid antibiotics if possible in order that if we need them they will still work.”

Although some participants stated that their reasons for being likely to consider homeopathy were due to not wanting to use evidence based medicine, others mentioned that they saw homeopathy as a treatment that could be used in combination with evidence based medicine. Homeopathy was seen to compliment evidence based medicines and enhance clinical interventions.

“Homeopathic remedies are not likely to harm me if they are used sensibly. They are a useful alternative to and addition to modern medicines”

“Homeopathy is an alternative complimentary treatment with wider benefits which can enhance and/or compliment existing clinical interventions, depending on the patient and the condition. It provides choice and encourages non-medical, self help type interventions.”

Others who were likely to consider homeopathy mentioned that they would consider using homeopathy for certain conditions, for example long term conditions that build up a resistance to evidence based medicine. They felt patients should have a range of options, and should be given a choice of what they would like to be treated with.

“With several long term conditions that become drug resistant or are caused by drugs for another condition, I see immense value in this approach. I have also used it on a private basis.”

“There must always be different approaches to our health and well being and homeopathy should be one of the choices to patients.”

Positive experiences

Previous positive experiences contributed to the reasons why some participants would be likely to consider homeopathy as a treatment. Participants were also influenced by the positive experiences of others who had used homeopathy.

“I have over many years self-medicated with many different homeopathy remedies, understanding and treating my conditions, that has effected my health, in my experience I have had positive results and will continue to use as my mind and body are harmonized by the positive choices of herbal treatments.”

“I have heard very good reports from people who have used this service.”

Those who were very likely to consider homeopathy (122 comments)

Previous positive experiences

A number of participants stated they were very likely to consider homeopathy due to positive past experiences of treatment. Participants felt that homeopathy had helped to improve their conditions without any side effects – this was also compared to the use of conventional
medicine and the side effects that might be experienced. In addition other positive benefits such as improved sleep were reported. Although respondents were asked to keep their comments to 250 words some respondents wrote very detailed descriptions of their personal experience of homeopathy. It is not possible to include these long accounts here but some short extracts are included below to illustrate the experiences.

“It works! I have M.E and homeopathic treatment has most definitely helped in lessening my symptoms. Homeopathy has also helped with various other complaints over the years. All with no horrible side effects either, as with conventional treatment.”

“I think homeopathy for me has worked when conventional treatments have not…Firstly the attitude towards me and my condition [shown by the homeopathic practitioner] was different, kinder and warmer. The questions asked were more thorough and after taking the homeopathy pills I was truly amazed that my condition got better… Also a conventional treatment may suit one person but then not the next. As a lot of medicines have side effects and so therefore require more medications I think this costs the NHS more money…”

“I feel that homeopathy has given me a brighter outlook and better quality of life. It has helped me to sleep better and diminished my pain and low mood to a more manageable level”

“Homeopathy offers a holistic approach to health problems, my experience has been that I am able to cut down on conventional medication which must be a saving to the NHS budget which should help to cover some of my homeopathy treatment”

“Without homeopathy I would be forced to look to my G.P for medication which I am most reluctant to do, due to the side effects and the effect on my wellbeing. It has worked for me for many years without having to resort to prescription medicines. I am totally panicking at the thought of the service being removed.”

Value for money
A number of respondents felt that homeopathy was good value for money, especially when compared to the cost of conventional medicines. The homeopathic service was felt to save the NHS money as it stopped patients using other health services and pharmaceuticals.

“…By using homeopathic preparations over many years with great success I have saved the NHS thousands of pounds in health care and prescription costs. Scrapping homeopathy will COST money, not save money for the CCG.”

“This in my view is a positive and economical use of NHS funds as it provides for the patients who benefit from homeopathy as opposed to wasting money on other medication which is not working for them for one reason or another.”

Time, care and holistic consultations
The nature of homeopathic consultations was highlighted as a reason why respondents would be very likely to use homeopathy in the future. Respondents felt that they involved more time and care than traditional NHS appointments; and treated the patient as a whole rather than just treating the symptoms.

“Because the illness[s] I have suffered from in the past and the conditions I live with now were beyond my GP’s remit of treatments. I was told in 2004 by my GP that I would never work again, one of the measures that got me back on my feet was seeing the Homeopath. I was given time, care, medication all of which I would seek again should my condition worsen. I now work as a Tai Chi Teacher and my health is stable.”
“Homeopathy treats the whole person, not just one specific problem and time is allowed to explore various aspects of the patient’s problems, not just one problem in isolation. This is both useful to the Homeopathic practitioner and the patient as it can highlight all/any underlying problems which exist.”

2.2.2.3 OPTIONS FOR FUTURE HOMEOPATHY FUNDING BY NHS LIVERPOOL CCG

Respondents were provided with the information on the five options under consideration by the CCG (see section 1.2) and asked to indicate the option they would support. This question was answered by all but three respondents.

Almost three quarters of survey respondents (73%) indicated that they would prefer NHS Liverpool CCG to stop funding the homeopathy service; 12% wanted the service to be funded with a removal of the maximum spending limit; and 11% wanted to stay with the current funding arrangements (figure 7). Few respondents wanted to reduce the maximum spending limit or only fund the service if a GP can demonstrate exceptional circumstances.

The responses from only Liverpool residents (those who had provided a valid postcode that fell within NHS Liverpool CCG area) were also analysed to understand support for the various options within the city. Three respondents from Liverpool did not answer this question so the total number of responses was 322. Almost two thirds of Liverpool respondents (64%) indicated they supported the option to stop funding homeopathy service in Liverpool. This is a smaller proportion in favour of ceasing funding compared to the whole wider group of respondents from all areas; 73% of all respondents (Liverpool and non-Liverpool residents) were in favour of stopping funding the service. Of the Liverpool residents 30% were in favour of keeping the service provision the same or increasing the funding to the service; compared to 23% of the whole sample (Liverpool and non-Liverpool residents).

*Figure 7: Preferred funding option – all respondents*
2.2.2.4 OTHER COMMENTS ON HOMEOPATHY SERVICES IN LIVERPOOL

All respondents were asked “Do you have any other comments you would like to make regarding homeopathy services?” Four hundred and twenty nine respondents added additional comments. These comments were similar to those provided in response to the previously detailed questions and therefore similar themes are presented in the information below.

Funding – removal of funding where there is no evidence-base

An important issue for many respondents was that they did not feel that the NHS should fund something that is not supported by evidence. Many participants felt that while funds are limited and services are being reduced, the money that is currently spent on homeopathy would be best allocated to other areas. Some felt that this was an ethical issue, as the money being spent on homeopathy was taking resources from treatments that have been proven to be effective and where funding is already limited. It was also felt that if individuals want to use homeopathy they should pay for the treatment themselves.

“As an alternative therapy with no firm evidence of its sucess. I dont feel the NHS should be paying for it at all. I paid for it for my son and would pay for it for myself if I felt it would be a good add on to my traditional medical treatment.”

“People have to pay privately for really useful services like Osteopathy. Which does have profoundly positive effects for people with sciatica, back pain and mobility issues. I would rather NHS budgets be spent on useful, tangible services like these from the private sector, instead of homeopathy. “

“Nearly all of the conditions which homeopathy is currently treating have evidence-based treatments (i.e. depression and anxiety), many of which remain seriously underfunded. From the description of homeopathy given prior to the survey advice such as “diet, exercise and lifestyle changes” should be obtainable from the GP, or indeed through a practice nurse to whom patients could also be referred, I suspect at a vastly reduced cost than for homeopathic treatments.”

Figure 8: Preferred funding option – Liverpool residents only
“If people wish to use this, then they can pay for it themselves. There is no good reason that this should be made available and paid for by the NHS. There is a funding crisis at present and as a worker “on the front line” as it were, I feel aggrieved that precious resources that could be used to secure much needed staff and treatments for my patients are being frittered away to provide an ineffective, unproven ‘treatment’. You want it, pay for it yourself.”

NHS support for homeopathy viewed as unethical and dangerous

Some respondents were of the opinion that funding a treatment with no scientific evidence base had a negative effect on the NHS’ reputation. Some respondents suggested that providing homeopathy on the NHS gave the treatment credibility which implied it was a suitable alternative to conventional, evidence based medicine. This was thought to be unethical and dangerous as it may stop people seeking conventional and effective treatment for serious conditions.

“As an NHS GP I think it is completely inappropriate to fund a treatment that has no benefit beyond placebo. Actually I think it is harmful to fund this treatment as it can stop people accessing evidence based treatments……”

“The funding of any other medicine that was proven ineffective would not be entertained. The funding and presentation of homeopathy as a genuine alternative is damaging to Liverpool health services reputation and undermines my confidence in them.”

“Allowing some limited funding, because that somehow might feel like the path of least resistance, or because it is perhaps, in some people’s opinion, innocuous, is both unethical and it misleads patients. When NHS fund something dubious, it does more than just placate some people that want it, it implies to the large number of people who have not yet considered it and do not understand it, that it is effective…If you fund a treatment, whether you like it or not, you are saying to patients that it works. Patients need choice, but only choice between real treatments that have passed the required standards that the NHS is entrusted to create and then live by. Someone I know who uses homeopathy and has no idea about the pseudoscience behind it said to me, "The NHS is hardly likely to fund something that doesn't work." That is your problem.

“The NHS should be purely based around therapies that have strong evidence to support their benefits - anything else is a waste of limited resources. Homeopathy is dangerous to people who need medical treatment and should not be thought of as a medical resource - including homeopathic hospitals funded by the NHS.”

“I was offended to find a leaflet advertising homeopathic services as I waited for cancer treatment in the Royal Liverpool hospital. The leaflet did not contain any facts about what homeopathy actually IS (i.e. substances so diluted they are barely detectable, presented in a sugar pill because pills must = MEDICINE). Much fewer people would support homeopathy services if they actually understood the processes behind it, which are so risible. So if you must continue to offer homeopathy services, it MUST be accompanied by a clear explanation of the “science” behind it, so that people can make an INFORMED choice.”

Patient choice and holistic care

Others who left comments thought the homeopathy services should be funded in order to provide patients with choice. It was recognised that evidence based medicines do not always help and therefore individuals should have the choice of alternative treatments such as homeopathy. Some felt that homeopathy was a good option as it is a holistic treatment which treats the whole person as well as the specific condition which they may have.
“For some hard to treat or/ or lingering conditions homeopathy has worked well for me and for other people I know. Sometimes when conventional treatments fail homeopathy has the answer. In addition the diagnostic techniques used by homeopaths though often rather unconventional actual see the individual as whole person and therefore treatment is very specific to that person”

“It should be patient choice to receive this treatment and not be a treatment only for people who can afford to pay. There has been a Homeopathy service in Liverpool for over a century and it would be a great loss to the people of Liverpool to loose such a great service just on the whim of some jumped up sceptic who earns more a year than it cost to run this service.”

“We all pay for the NHS and we should be able to choose the medicine we wish to use. After all choice is a part of the NHS charter. The NHS costs over £100bn a year to run, homeopathy in the NHS is said to cost only £4m, yet estimates suggest that GP prescriptions account for only £110,000 per year. Homeopathy helps 40,000 people on the NHS that is just £2.75 each. Where would those patients go if they did not have homeopathy and how much would that cost?”

Understanding “evidence”

A number of survey participants who thought that homeopathy should still be funded argued that lack of evidence and limited understanding of how homeopathy works does not mean that it is ineffective in treating and benefitting those individuals who use it. Some respondents felt that personal evidence and patient experience should be enough to prove the effectiveness of homeopathy. Other survey participants argued that there was already scientific evidence that homeopathy does work and that the CCG needs to re-examine the evidence base before making a decision.

“I feel really strongly that there is pressure being brought to bear by certain scientific factions who are unable to countenance any intervention they do not understand - simply because we do not understand how homeopathy works doesn’t mean it doesn’t work.”

“Lack of evidence and understanding of homeopathy does not mean it is ineffective...just because there isn’t evidence/ don’t understand how it works doesn’t mean that it doesn’t work”

“Don’t let ignorant people take away valuable services which are cheap and effective just because they don’t understand how it works, educate them instead, give them a consultation.”

“I can only say that I know as manager of a HIV well being service our homeopathy clinic was very busy and well received. I wonder if there is any possibility of broadening the discussion to groups such as ours who are dealing with long term illness and people often presenting with co-morbidities and complexity of care needs who have used and then lost service, how they valued the service and what it gave to them.”

“I practice modern medicine, the medications I prescribe has side effects and at times worse than original symptoms. I am aware, it does not work for all. For those it works, it has transformed their lives. CCG could limit service for conditions we know it works e.g. rheumatological and skin conditions.”

“The evidence for SSRIs [selective serotonin reuptake inhibitors, a type of antidepressant] is very poor, but the NHS spends millions on these every year. Nearly half the treatments on the NHS have no known effectiveness.”
The potential cost benefits of homeopathy to the NHS

A number of participants who were in favour of homeopathy commented on how the NHS can benefit from providing homeopathy. They believed that the cost of the tablets used in homeopathy were less than that of evidence based medicine.

“Surely the cost of the actual homeopathic remedy is far less than the various expensive drugs of today? And homeopathic remedies do not have any side effects (often the case with conventional drugs-with people taking one lot of tablets to counteract the side effects of whatever other drugs they are taking- surley more expensive?)”

“The patients who get benefit from this service will probably be less expensive to the NHS as a whole, making this a cost effective alternative”

“Homeopathy is safe and effective, in my experiences, and much cheaper than drugs. The NHS could save huge amounts of money if it offered homeopathy as an alternative form of treatment on a much greater scale. In any case, people should have the right to choose from a full range of treatment options.”

Some participants also commented on how homeopathy services help to reduce the burden for GPs as it reduced the amount of visits that patients make to their GP.

“My patients in the homeopathy clinic truly benefit from the service. These patients have complex medical conditions where conventional medicine does not have all the answers to be able to help them. Homeopathy helps them. Patients regularly report improvement in their condition, reduction in allopathic medication and less need to see their GP. A potential massive saving to the NHS. We are such a cheap service to run compared to any other doctor led service and very effective.”

“Homeopathy wouldn’t be needed at all if GPs made the time to talk to patients about their general health and life-pressures rather than a single symptom per visit.”
3. PUBLIC CONSULTATION EVENT

3.1 METHODOLOGY

A public consultation event was held on 4th December 2015 in the Quaker Meeting House in Liverpool City Centre and was attended by twenty nine people.

3.1.1 AIMS OF THE EVENT

NHS Liverpool CCG commissioned Centre for Public Health (CPH) at Liverpool John Moores University to facilitate the event. CPH were responsible for introducing and chairing the overall event, facilitating the group discussions and taking notes, collating and analysing all the information recorded and producing this independent consultation report.

The aim of event was to provide an opportunity for key stakeholders to have face-to-face conversations about the issues in order to inform the consultation. We presume that many of those who attended the consultation event also completed the survey.

3.1.2 PARTICIPANTS

Stakeholders were invited to the meeting, which was originally intended to be for those known stakeholders. LMHS were included as a stakeholder and subsequently forwarded the invite to their patients. NHS Liverpool CCG then opened up the event to the wider public and took bookings from all who expressed an interest.

All participants were asked to sign in and provide their name, a postcode and email address. Twenty nine people attended the event with 18 of these were resident in Liverpool. These 29 comprised:

- Two homeopaths and GPs who work at the LMHS
- A representative from North West Friends of Homeopathy (NWFH)
- A member of support staff from LMHS
- A representative of The Good Thinking Society and member of Merseyside Skeptics Society
- Two members of the Merseyside Skeptics Society
- A Political advisor to a Welsh MP and Manager of the Parliamentary Group for Integrated Healthcare.
- A variety of patients of LMHS
- A small number of other members of the public or general supporters of homeopathy

The very nature of consultation events mean those who feel passionately about the issue are most likely to attend. Therefore those who had an average experience of LMHS may be unlikely to attend and those who had a negative experience may not have been aware of the event as they are no longer patients at LMHS.

3.1.3 FORMAT OF THE EVENT

Hannah Madden, Health and Wellbeing Researcher from CPH introduced the event and speakers and facilitated the discussion with the participants. The overview of homeopathy and the current Liverpool provision was provided by Dr Monica Khuraijam, GP & Governing Body Lead, NHS Liverpool CCG. Carole Hill, Healthy Liverpool Programme Director, NHS Liverpool CCG then presented a brief overview of the evidence review conducted by the North West Commissioning Support Unit (NWCSU). Sarah Dewar, Social Value, Third Sector
and Sustainability Lead covered the consultation process and the options being considered. The event then passed back to Hannah Madden to introduce the group discussions with the participants.

In the first section of the event (presentations from CCG and immediate open forum discussion), it was evident that many participants were passionate about the issue of homeopathy, emotions were high reflecting the strength of feeling participants had about the issue.

After the presentations from the CCG the event was originally designed to then move to small group discussions allowing all participants to express their views and to gather information from as many people as possible. There four topics for discussion in each group we intended to be;

1. What are your thoughts about the evidence that has been presented?
2. If you have used homeopathy services in Liverpool could you tell us about your experience?
3. Are you likely to use homeopathy services in the future?
4. Any comments or thoughts about the CCG’s preferred option to end the contract for Homeopathy services in Liverpool?

However, after the CCG presentations some participants at the event requested the format be changed to an open debate with the whole room rather than small discussions. The two doctors who are employed at LMHS, the representative from the NWFH and some of the patients strongly felt the LMHS doctors should be able to present their experience of delivering homeopathy services and the positive impact it has had on the health and lives of their patients. They wanted to do this in front of all participants. After some debate a compromise was reached and participants were given the opportunity to address the whole audience.

Two LMHS doctors delivered prepared speeches disputing the evidence provided and discussing their experience of the positive impact on patients. The representatives from the Good Thinking Society and Merseyside Skeptics Society were offered the opportunity to present their thoughts, as a counter argument. The representative from the Merseyside Skeptics Society and the Good Thinking Society talked for a couple of minutes about the importance of evidence based medicine, the lack of evidence to support the effectiveness of homeopathy and the concerns about NHS funding for homeopathy.

The second part of the event involved smaller round table discussions. Participants were asked to move around so there was a mixture of people on each table, the staff from LMHS sat across three tables and the representatives from Merseyside Skeptics Society sat across two tables. The discussions around the smaller tables were originally designed to last 40 minutes, however, this was cut down to 20 minutes due to the agenda change. There were five tables each with a LJMU researcher facilitating conversations and a CCG or LJMU staff member taking notes. Participants were also advised they could record any additional thoughts on post-it notes and stick these to the flipchart paper on each table.

At the end of the session the room came together for a review of the options and then to use small voting keypads (similar to “Who Wants to be a Millionaire?” audience voting). These voting pads run on TurningPoint software and each attendee is given a keypad. They are then presented with a number of options on the screen and asked to press the corresponding number on their keypad for the answer they choose. The results of the vote are then shown on the screen in a graph. Participants were asked to vote for which of the five funding options they would like the CCG to choose (see section 1.2 for the options).
3.1.4 ANALYSIS

Originally there were four discussion questions for the tables, however due to the change in the format there was not time to cover these and most tables had more general discussions. Below is a summary of the discussions covering five themes: views of the evidence presented by the CCG; views of the CCG consultation process; arguments in favour of the LMHS; arguments given against funding LMHS; and a synopsis of the opinions of the options proposed by the CCG. These have been developed from the notes taken on the day by LJMU facilitators and CCG note-takers and from the post-it notes written by participants.

The quotes included in section 3.2 are either text that participants wrote on post-it notes on the day or are notes that were written down as a direct quote. Most of the other text below is a summary of the discussions with notes taken by CCG and LJMU staff in attendance. The discussions were not audio recorded so there are only a limited number of direct quotes available.

3.2 FINDINGS FROM THE CONSULTATION EVENT

3.2.1 VIEWS OF THE EVIDENCE

Many participants were of the opinion that the evidence provided by the CCG regarding the efficacy of homeopathy was flawed. It was felt to be too brief, over reliant on a few sources and biased. Many participants felt that the evidence from the House of Commons Science and Technology Committee was a flawed document that had been rejected by many MPs and should not be used as the primary source of evidence for the CCG decision. It was proposed that some evidence had been missed out of the review done by the North West Commissioning Support Unit (NWCSU), for example some meta-analyses and RCTs and some animal studies.

“How can animal's health improve from homeopathy if it has a placebo effect?”

Some participants requested that they would have liked to be able to access more information on the evidence and read the full documents not just the summary provided by NWCSU. Some participants felt that the evidence provided was patronising and unclear.

Two doctors from the LMHS service discussed alternative evidence that had not been included in the House of Commons Science and Technology Committee report. This included other scientific and peer-reviewed evidence that they felt supported the effectiveness of homeopathy. Professor Sir Michael Rawlins, the former chair of NICE, was quoted as saying that RCTs are not the only evidence that should be used. However, following the event Professor Rawlins contacted the CCG to inform them that he was misquoted, the quote was taken out of context and he is not in favour of homeopathy.

During the smaller discussions many of the participants discussed how they were impressed by the information presented by the doctors from LMHS and felt this was a more accurate description of the evidence base.

Some participants felt that the evidence used by the CCG needs to look at the experience of patients in Liverpool, and needs to be based on what the people of Liverpool want, not based on the evidence from House of Commons Science and Technology Committee.

“Evidence based solution is a false premise. The evidence needs to be about what the people of Liverpool want.”

“They say there is no scientific evidence for homeopathy. May be the science has not yet been discovered. As the hadron collider demonstrates science is still evolving.”
Representatives from the Merseyside Skeptics Society and the Good Thinking Society felt that the evidence presented by the CCG was an accurate representation of the evidence base for homeopathy and throughout the discussions that followed referred to the lack of evidence (see below). During the small group discussions it was stated that the Good Thinking Society sponsors the All Trials initiative, seeking to publish all clinical trials not just the successful ones, this initiative was supported by the LMHS doctor involved in this small table discussion.

3.2.2 DISCUSSION IN FAVOUR OF FUNDING A HOMEOPATHY SERVICE

The presentations by the two GPs who practice homeopathy at LMHS outlined many reasons for why they felt their service needs to be continued. Rather than discuss these separately their thoughts have been combined with the information from the open forum discussion and the smaller group discussions. All are incorporated into the themes below.

**Homeopathy provides a holistic, whole-person approach**

Many participants felt that the main strength of the homeopathic service was the holistic approach to illness and treatment. They felt that homeopathy treats the whole person not just the symptoms and that it is not possible to get this kind of care within other NHS services; GP appointments are too rushed and conventional medicine is too focused on treating symptoms not the root cause of problems

“Also nice to have the time with homeopathist and not feeling rushed with GP”

Staff at the LMHS discussed how they have a patient centred approach and have high levels of patient satisfaction, they believed this was because homeopathy can get to the root of the problem.

**Right to choose a combination of treatments**

Many participants thought choice was a fundamental issue in this consultation. Many patients wanted the right to choose which medication they take as many reported that conventional medicine had unpleasant side effects. The lack of side effects of homeopathy was one of the most important elements for some people, and there was discussion of the cost of side-effects to the NHS.

“Homeopathy does not have an adverse effect, Conventional medicine does, and I am proof of that. I want the choice of a service that does not adversely affect me”

“The GP wanted to prescribe Prozac and then more to deal with side effects, I felt like I was being experimented on. I asked for homeopathy. I have a complex life. I feel that homeopathy is the Cinderella service of the NHS. If we lose the service I will have to deal with the side effects of conventional medicine. I believe both types of medicine can work alongside each other and I still take conventional medicine. I like to have the choice.”

Some participants discussed how conventional medicine had not been effective for their conditions and homeopathy had been the only treatment that worked.

“Choice is my human right, I need natural remedy medicine – my body does not respond to medication prescribed by GP happily. It has so many side effects that have made me ill. It delayed my healing.”

Some participants reported distrust and scepticism of conventional medicine and especially of the pharmaceutical industry. Many patients worried about the chemicals included in conventional medicine and would avoid conventional medicine if possible.

“I want to choose what I want to put in my body.”
Many participants discussed the importance of being able to choose to combine homeopathic remedies with conventional medicine and did not feel it was an “either/or” issue.

“Homeopathy is complementary not alternative.”

“NHS is about choice. HOMEOPATHY is complimentary we are advocating for freedom of choice.”

Some patients felt that the use of homeopathy was a right for patients; they fund the NHS so they should have a say in what services are available.

“N.H.S. belongs to people – if they want a service it should be provided.”

Personal experiences of benefits of homeopathy

Many patients discussed their personal positive experience of homeopathy and how it had improved their health. All patients who attended the consultation event expressed a positive experience, no patients with a negative experience of homeopathy were in attendance. It is not possible to include details of all the patient’s experiences here so we have included a variety of experiences to demonstrate the impact on patients. Some examples below are direct quotes and some are summaries of what patients said:

- One patient required a tonsillectomy but was not keen on surgery. They attended their GP and were referred to Mosley Hill Hospital (the former home of LMHS) for homeopathy treatment. They received treatment for one year and treatment was successful. When they returned to the original NHS hospital the consultant confirmed that there was no need to operate.

- Another patient who had a good experience using homeopathy said:
  
  “Using homeopathy has been life changing. I have suffered from a slipped disc/arthritis/insomnia due to associated pain. I was crying most of the time. I was referred to Homeopathy by my GP because conventional medicine was making my symptoms worse and giving me other symptoms due to the side effects of the medication. Now I see the GP twice a year, I have taken up volunteering and Yoga. I have reduced the amount of conventional medicine I use and my quality of life and lifestyle has changed.”

- One patient discussed that they had suffered from a urinary tract infection (UTI) and conventional medicine did not help. They felt the homeopathy cured the UTI and this patient continues to use homeopathy to manage other health issues.

- One GP discussed his use of homeopathy for most of his own health problems and stated it had cured him of shock and pain.

- Another patient of LMHS described himself as sceptical about homeopathy but when he had attended LMHS the treatment had worked for him and improved his health.

- Another patient gave the example of treating their child with homeopathy and it reducing their temperature.

  “How can sceptics (The Good Thinking Society) insist homeopathy does not work when a baby positively reacts when given homeopathy to bring temperature down with Belladonna >as given to my daughter at 8 months old with no other drugs given.”

- A patient discussed how LMHS was helping to treat their chronic fatigue and depression
I have used The Homeopathy Service and my experience (once I was eventually referred by a prevaricating and a very reluctant GP) was fantastic. This service provides me with optimism for my recovery from chronic fatigue and depression.

Homeopathy saves money for the NHS
Another point discussed by participants at the consultation event was that homeopathy saves money in other parts of the NHS. The LMHS doctors stated that their patients reported a reduction in visits to their GP. Participants felt it was only a small part of the CCG budget and it would cost more to provide conventional medical treatment to those who are currently accessing homeopathy.

“It would be cheaper to let people carry on with what works than go back to GP to find a cure again.”

Some patients reported they attend their GP less often since they have been using homeopathic medicine.

Some participants asked what the £30,000 of CCG money used to fund the LMHS would be used for if the LMHS service is decommissioned. Some participants asked what impact it will have on patients and what other services they will be able to access if the homeopathy service is not funded. One doctor from the LMHS felt it was important to ask what support current patients will need and suggested the decision should be delayed whilst the CCG investigates this.

Requests to extend the homeopathy service
Some participants (including patients and staff at LMHS) were dissatisfied because the homeopathy service is not advertised and it is not available to everyone in Liverpool. Some patients felt that people were barred from accessing the service as their GP would not refer them and that GPs need to be educated about the use of homeopathy; however it was thought that GPs may feel threatened by Pharmaceutical companies so will not refer.

“Some surgeries refuse to recommend patients to homeopathy clinic.”

“Some GP surgeries will not refer even when requested.”

Participants felt that the funding should be increased and access improved to allow more patients to use the service, participants discussed friends who wanted to use LMHS but could not. Some participants felt that five appointments was not enough time and more funding to the service was required.

Patients could not afford to pay for homeopathy
A minority of patients who currently use the LMHS discussed that they would not be able to pay for the homeopathy treatment privately if the CCG funding was withdrawn.
The representative from Merseyside Skeptics and the Good Thinking Society was given opportunity to speak during the initial open forum section of the event. However, the representative had contacted the CCG prior to the event and requested time to present their views but was informed this was not possible in the agenda. Therefore they had not prepared a speech or presentation. There were only three participants who were vocal about being in favour of discontinuing the homeopathy service so there was much less time given over to the counter arguments.

Lack of evidence
The main focus of the discussion for those who were in favour of discontinuing funding for homeopathy services in Liverpool referred to the lack of evidence. They discussed how the overwhelming amount of high quality, peer-reviewed and robust evidence shows that homeopathy is no better than a placebo (see definitions in section 1.5). These participants felt there was a very large body of evidence and that the better quality the study the more likely it was to show that homeopathy is not effective. The participant from Merseyside Skeptics Society and the Good Thinking Society discussed the importance of robust double-blind studies and how evidence that promotes homeopathy is not of sufficient quality to pass scrutiny. He discussed that research has shown there are no active ingredients in the pills or solutions of homeopathic medicine and that the placebo effect you get is from the intervention and consultation, not the pills.

“If a Pharmacia trial drug had the trial record of homeopathy it would not be funded. We should only fund after there is evidence, not before.”

Money could be used to fund other, more effective health services
Another argument that was provided for discontinuing funding homeopathy services was the concern that the NHS is struggling to fund other vital health services. Some participants asked what else the funding could be used for and suggested that £30,000 would fund a smoking cessation course which would improve health and reduce other costs for the NHS. It was suggested that money should be used for treatments and interventions for which there is evidence of effectiveness.

Homeopathy can be dangerous and unethical
A minority of participants felt that homeopathy can be dangerous and it is unethical to provide it on the NHS. Funding homeopathy gives it credibility and implies that homeopathic treatments (sugar pills or water) contain active ingredients that will cure illness. They feared that patients will take homeopathic medicines as an alternative to evidence based contemporary medicines and that this will lead to harm. Two examples were provided:

- One participant described his friend’s mother who attended a homeopathic clinic for breast cancer. He felt that by seeking this treatment she died prematurely; she had died within two years but they were told that if she had taken conventional treatment she would have lived for ten years.

- Another participant talked about how his mother had used homeopathy in the past and how he were given homeopathy as a child. His mother currently has stage 4 cancer. He did not believe homeopathy should be funded by the NHS. During this conversation one of the doctors from LMHS suggested that it was important that this patient came to LMHS because she could be treated with homeopathy.
Importance of Choice

A minority of participants felt that although it is important for patients to have a choice of treatments, they believed that the NHS should only offer treatments that are proven to be effective and evidence based. They stated that they would not want a choice of untested or ineffective pharmaceutical treatments to be available on the NHS either.

“Patient choice has to be an informed choice. It has to be based on evidence people need accurate information.”

These participants felt that even if you removed NHS funding for homeopathy there are still complimentary options available such as Chinese medicine or homeopathy through other services. They did not feel that if the CCG stopped funding homeopathy services in Liverpool all patients would cease to use the services.

3.2.4 OPTIONS FOR FUNDING IN THE FUTURE

Participants were asked to discuss their opinions of the five options provided by the CCG (see section 1.2 for full detail of the options).

At the end of the session all participants were asked to use a voting pad to choose the option they would like to see.

Over three quarters (76%) of the people attending the consultation event wanted the CCG to continue to fund the homeopathy service and to remove the maximum spending limit. Fourteen per cent of participants wanted the funding situation to stay the same, and only 10% wanted the CCG to stop funding the service.

Figure 9: Preferred funding option as voted by participants at the consultation event
4. OTHER CONTRIBUTIONS TO THE CONSULTATION

Responses to the consultation were also submitted via email and post from a number of other stakeholders and interested parties. The overarching theme of these submissions were similar to the concerns expressed during the survey and the consultation event, therefore they are only covered in brief.

4.1 GOOD THINKING SOCIETY

As the representative from the Good Thinking Society had been advised not to prepare a speech for the consultation event, and the staff from the LMHS had presented their view points, he later provided a written document providing the position and concerns of the Good Thinking Society. The document focused on supporting the NWCSU review findings that the overwhelming majority of evidence finds that homeopathic remedies perform no better than placebo in any fair and unbiased test. They support the House of Commons Science and Technology Select Committee report. They also raised concerns about the tacit endorsement of homeopathy through NHS funding and the severe budgetary pressures on the NHS. They also drew attention to the trend to cease funding to homeopathy across the UK.

“The money saved from spending on homeopathy could be put, for example, to public health programs to tackle alcohol addiction, obesity or smoking, where they could help prevent much more ill health and associated healthcare costs in the future.” (Good Thinking Society)

“Patients do not expect to be offered ineffective treatments by the NHS; the understandable assumption will be that if the NHS funds it, it must work. At best, this is misleading; at worst, it fatally undermines the notion of informed consent, which is one of the very foundations of modern medicine.” (Good Thinking Society)

4.2 BRITISH HOMEOPATHY SOCIETY

An additional paper was provided for consideration and as agreed at the meeting NHS Liverpool CCG reviewed the evidence within this and added some additional references to the evidence presented on the consultation website.

4.3 THE NIGHTINGALE COLLABORATION

The Nightingale Collaboration describe themselves as an organisation who “challenges questionable claims made to the public by healthcare practitioners on their websites, in adverts and in their promotional and sales materials by bringing these to the attention of the appropriate regulatory bodies. The vast majority of these claims are made by practitioners of alternative therapies. We also strive to ensure that organisations representing healthcare practitioners have robust codes of conduct for their members that protect the public and that these are enforced.”

In their submission they focused on the evidence of ineffectiveness of homeopathy:

“The argument is sometimes used that instead of homeopathy being an alternative and a replacement to conventional treatments, it can integrated alongside conventional treatments. We would argue that if homeopathy were to be used alongside conventional, then compelling evidence that it improved outcomes when used with specific conventional treatments would have to be provided.” (The Nightingale Collaboration)
5. OTHER ISSUES FROM ACROSS THE CONSULTATION

A number of other issues came up across all consultation activities that is it important to discuss and acknowledge. These were cross-cutting issues that do not easily fit into the arguments for and against NHS Liverpool funding homeopathy. Therefore they will be discussed here separately.

5.1 CONFUSION ABOUT WHAT IS CLASSED AS HOMEOPATHY

Across the survey and the consultation event there was confusion about what types of treatment come under the heading of “homeopathy”. A number of patients discussed Iscador and the benefits of this mistletoe extract at boosting the immune system in cancer patients. Iscador is not a homeopathic remedy, although it is provided by Liverpool Medical Homeopathy Service, it is complementary therapy and not based on homeopathic principles.

Some respondents in the event and the survey talked about homeopathic remedies interchangeably with other complementary and alternative remedies such as herbal extracts, local honey and vitamin supplements.

5.2 UNDERSTANDING HOW EVIDENCE IS USED IN THE NHS AND MEDICAL CARE

There was a lot of tension in what people saw as acceptable and appropriate evidence about the effectiveness of homeopathy. Many patients who used homeopathy discussed their own experience as “evidence” that it is effective.

“Science is but empiricism backed by data! Like with Christianity, unbelievers demand ‘proof’. I am a living proof of both - several times, I should have been dead! I know that and I owe my life to Homeopathic remedies. Abandon it and you will hurt many.”
(Survey respondent)

The NHS and National Institute for Health and Care Excellence (NICE) base decisions, where possible, on rigorous, high-quality unbiased, peer-reviewed research. Many of those in favour of homeopathy cited their own personal experience, anecdotal evidence, research from homeopathy organisations or less robust research as “proof”. A number of participants in favour of homeopathy quoted the use by the royal family as evidence of the importance of homeopathy. There was also a lot of misunderstanding about how scientific research is conducted and evaluated. However, a small number of participants commented that they felt it is important for the CCG to take account of all evidence, including patient experience, when funding or discontinuing services.

“I am an experienced doctor with specialist training in homeopathy. There is evidence that homeopathy works. The efficacy of a treatment as we all know should not be measured only based on RCTs but clinical and patient outcomes. There is good evidence from all 3 that homeopathy can be of benefit with a fantastic safety record. Do not only listen to a group of sceptics who have no idea about homeopathy, never studied or used it but listen to the patients who have had experience of this treatment.” (Survey respondent)

“The CCG have failed to acknowledge a) the evidence of patient experience in Liverpool and elsewhere, notably the Bristol Patient Outcome Study Bristol patient outcome study - one of the most comprehensive patient outcome surveys was an analysis of over 23,000 outpatient consultations at the Bristol Homeopathic Hospital from November 1997 to October 2003. This represented over 6,500 individual patients
whose outcome was recorded at follow-up. More than 70% of these follow-up patients recorded clinical improvement following homeopathic treatment.” (Survey respondent)

5.3 DISSATISFACTION WITH THE PROCESS OF CONSULTATION

There was some discussion at the consultation event about the validity and appropriateness of the consultation process. There was a lot of dissatisfaction in the room at the start of the event as some patients and staff from LMHS were unhappy about the format of the small table discussions and wanted the whole event to be run as an open forum. However, some participants rejected this idea and felt only a few voices would be heard if it was all open forum as some people are not confident enough to speak in front of the room.

Some participants felt that the CCG had already decided on the option and that the consultation process was not genuine. Amendments were made to the agenda to try to ensure the meeting could include those expressing dissatisfaction.

Some post-it notes reflected the feelings of lack of neutrality from the CCG and the frustration from feeling that the CCG has already decided to cancel the service.

“I would love to be able to access homeopathy in the future. Unfortunately I feel the CCG has a far from neutral view of homeopathy.” (Post-it note)

“Does the CCG really have a commitment to neutrality? Behaviour thus far does suggest no as LMHS were not consulted re evidence base for this re-evaluation” (Post-it note)

Some post-it notes also reflected on the event and the attitude and behaviour of some participants.

“Very disappointed that the meeting was so aggressively disrupted by the homeopathic doctors.” (Post-it note)

“Unfortunately the room is incredibly biased. This affects everyone, as the funds could be spent elsewhere, but others will never interact with this consultation. They are the vast silent majority.” (Post-it note)

“The NHS staffs here today have the patience of saints, I’m so sorry to see them virtually assaulted by several aggressive homeopaths in this room. This should be polite and open, not mob handed.” (Post-it note)

Respondents to the survey also expressed dissatisfaction at the consultation process and felt that the CCG was biased in their approach to evidence.

“The CCG supposed to be the guardian of the NHS for patients. It is clear there is overwhelming support for the continuation of funding of homeopathy. The documents allied to this exercise have been blatantly one-sided, as was pointed out at the recent open session organised by the CCG.... I would suggest the CCG defers a final decision so that a proper, independent and thorough study can be carried out, with interviews with patients and families. The meeting at the Friends Meeting House was also a farce and an insult to the intelligence of people supporting homeopathy. Hiring such a small room and controlling participants smacks to me of merely going through the motions so that the already recommended Option 5 decision can be implemented.” (Survey respondent)

Some participants also criticised the format of the survey and felt it was leading and biased, although both for and against continued funding of the homeopathy service.
“I am not from Liverpool but I assume and hope that does not make my views irrelevant since this raises questions that go far beyond Merseyside to the heart of NHS ethics. I have survey expertise and this survey is badly biased to provide pro-homeopathy responses. It is fatally flawed by its failure to ensure a representative range of respondents and by appealing to providers and users of homeopathy it will inevitably be skewed towards retaking homeopathic services. It would be better to have no research than such self-serving and scientifically poor research.” (Survey respondent)

“It is outrageous that you state in a questionnaire - which should be objective - that "there is a lack of evidence about patient benefits of homeopathy" - just before asking respondents to state whether homeopathy services should be supported. I would point out that the evidence base for homeopathy continues to grow. I imagine you have extensively and rigorously examined this evidence which organisations such as HRI are attempting to communicate.” (Survey respondent)
6. KEY FINDINGS

6.1 EXPERIENCE OF HOMEOPATHY SERVICES

Two thirds of survey respondents (66%; 380 respondents) said they would never use homeopathy services in the future. The reasons for this included the lack of evidence and scientific basis of homeopathy; negative personal experiences of homeopathy; and believing it was an inappropriate use of NHS funding. Those who would be likely to use it in the future (28%) felt they wanted to be able to choose an alternative to conventional medicine; felt it was value for money for the NHS; appreciated the time, care and holistic consultation; and discussed their own positive experiences.

Sixty six per cent (111) of survey respondents who had used homeopathy in the past reported an excellent or good experience. Those who reported a positive experience (66%) felt that homeopathy had improved their health where conventional medicine had not, and participants valued that the homeopathic practitioner had treated their emotional as well as their physical needs. Those who reported a below average or poor experience (31%) felt homeopathy had not improved their medical condition and some felt they had been misled and had not been told the remedy contained no active ingredients.

The majority of participants at the consultation event reported a very positive experience of homeopathy with many patients and practitioners giving examples of the beneficial effects of homeopathy on health. Many patients valued the holistic approach of practitioners, were suspicious of pharmaceuticals and wanted the right to choose the treatment they receive. Participants also questioned what services they could use if they were unable to access homeopathy on the NHS and were concerned and angry about the service potentially being decommissioned. A small number of participants at this event agreed with the view that there is a lack of evidence regarding efficacy and felt it was an inappropriate use of NHS funds that would be better spent on other, more effective services.

6.2 PREFERENCE FOR FUNDING OF HOMEOPATHY IN LIVERPOOL

Of the survey respondents, 73% (541 individuals) chose the option to stop funding all homeopathy services; when including only Liverpool residents in the analysis this decreased to 64%. Twenty three per cent of survey respondents (170 individuals) wanted to continue to fund homeopathy services in Liverpool (either at current levels or to increase the budget); when only including Liverpool residents this proportion increased slightly to 30%.

At the end of the consultation event the participants in the room were asked to vote on their preferred funding option; twenty two participants (76%) wanted to continue the service and increase the maximum funding limit; three participants (14%) wanted to stay with the current situation and three participants (10%) wanted to stop funding the service.

6.3 UNDERSTANDING OF HOW EVIDENCE IS USED IN THE NHS AND MEDICAL CARE

There was some tension in what those in the consultation saw as acceptable and appropriate evidence about the effectiveness of homeopathy. Many participants in the survey and at the event reported their positive experience or anecdotal evidence as “proof” that homeopathy is effective. There was a low understanding about how scientific research is conducted or evaluated. The NHS try to base funding decisions on rigorous, high-quality, unbiased, peer-reviewed research, however, the CCG is required to account of all evidence, including patient experience, when funding or discontinuing services.
Across the survey and the consultation event there was some confusion about what types of treatment come under the heading of “homeopathy”. Iscador (a mistletoe extract) is provided as a complementary treatment for patients with cancer, however, this is not a homeopathic remedy. There was also discussion (in the event and in the survey responses) about other herbal remedies and supplements. This consultation focuses only on homeopathic remedies as defined in section 1.1.
7. REFERENCES


8. APPENDICES

The appendices to this report are in a separate document and are available from the CCG.