

PE1568/F

**To: The Public Petitions Committee
Room T3.40
The Scottish Parliament
Edinburgh
EH99 1SP**

***Concerning:
Hearing of the Public Petitions Committee,
Scottish Parliament, 9th June 2015***

***On the subject of:
PE1568 by Catherine Hughes on funding, access and promotion of the NHS
Centre for Integrative Care, Glasgow***

Submission of relevant information from:
The British Homeopathic Association
15th July 2015

Patient-reported outcomes from homeopathic treatment in the NHS Centres for Integrative Care

Summary of data from national clinical data collection study, March 2007

Data from the Centre for Integrative Care (CIC), Glasgow, contributed to a five-hospital cross-sectional study that took place in the UK during the month of March 2007. The findings from that four-week period of data collection were reported in a peer-reviewed journal in 2008.¹ The number of first and follow-up (FU) patient appointments, and the contributing number of practitioners, were recorded for each hospital. The study's design meant that the Glasgow CIC's outcomes data were not presented separately, but we as authors of the study are aware that the data from Glasgow CIC were consistent with those from the five hospitals collectively.

Here we present the essence of the published paper, with focus, where possible, on relevant data from Glasgow CIC. At the time of its publication, each of the centres was primarily termed 'Homeopathic Hospital' (HH).

Introduction: We report findings from a pilot data collection study within a programme of quality assurance, improvement and development across all five HHs in the UK National Health Service (NHS) at the time: Bristol, Glasgow, Liverpool, London, Tunbridge Wells.

Aims: (1) To pilot the collection of clinical data in the HH outpatient setting, recording patient-reported outcome since first appointment; (2) to sample the range of medical complaints that secondary-care doctors treat using homeopathy, and thus identify the nature and complexity of complaints most frequently treated nationally; (3) to present a cross section of outcome scores by appointment number, including that for the most frequently treated medical complaints.

Methods: A total of 51 medical practitioners (including 11 from Glasgow CIC) took part in the national data collection over a four-week period. Consecutive patient appointments were recorded under the headings: (1) date of first appointment in the current series; (2) appointment number; (3) age of patient; (4) sex of patient; (5) main medical complaint being treated; (6) whether suffering other main medical complaint(s); (7) patient-reported change in health, using Outcome Related to Impact on Daily Living (ORIDL) and its derivative, the ORIDL Profile Score (ORIDL-PS; range, -4 to +4). An ORIDL-PS score of at least +2 indicated the patient perceived a beneficial effect on the quality of his/her daily living. ORIDL was developed and validated at the CIC, Glasgow.²

Results: The distribution of patient age nationally showed a main peak at 49 years and a secondary peak at 6 years. The male:female ratio was 1:3.5. Data were recorded on a total of 1,797 individual patients, including 365 at Glasgow CIC: 195 first appointments (30 at Glasgow CIC) and 1,602 FUs (335 at Glasgow CIC).

A total of 235 different medical complaints were reported nationally. The most commonly treated complaints were (in decreasing order of frequency): eczema; chronic fatigue syndrome (CFS); menopausal disorder; osteoarthritis; depression;

rheumatoid arthritis; asthma; anxiety; irritable bowel syndrome; multiple sclerosis; psoriasis; allergy (unspecified); fibromyalgia; migraine; premenstrual syndrome; chronic rhinitis; headache; vitiligo; seasonal allergic rhinitis; chronic intractable pain; insomnia.

A considerable proportion of patients possessed important co-morbidity, which was higher in those seen after visit 6 (56.9%) compared with those seen up to and including visit 6 (40.7%).

The proportion of FU patients reporting ORIDL-PS of at least +2 (improvement affecting daily living) increased overall with appointment number: 34.5% of patients at visit 2; 59.3% of patients at visit 6. The proportion of patients that reported ORIDL-PS of at least +2 after visit 6 varied between 59.3% (CFS) and 73.3% (menopausal disorder).

Outcomes data from Glasgow CIC were in line with the national picture overall.

Summary/Conclusions: During the month of March 2007, nearly 1800 patients attended the HHs nationally; 365 of these attended Glasgow CIC. Assuming March to be representative of the monthly data for that year, the approximate annual appointments rate was 21,500 nationally (4,300 from Glasgow CIC).

We successfully piloted national clinical data collection using patient-reported outcomes for HH outpatients, identifying a wide range and complexity of medical complaints treated in that setting. After a series of homeopathy appointments, a substantial proportion of patients – often representing ‘effectiveness gaps’ for medical conditions treated ineffectively by conventional medicine – reported improvement in health affecting their daily living.

Allied to the fact that there is some evidence, from a recent meta-analysis of randomised controlled trials, that individualised homeopathic prescriptions have a small treatment effect that is statistically significantly greater than that of placebos,³ our data collection findings question those whose contemporary medical opinion disputes the model of care represented at the NHS Centres for Integrative Care.

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References (full papers attached)

1. Thompson EA, Mathie RT, Baitson ES, *et al.* Towards standard setting for patient-reported outcomes in the NHS homeopathic hospitals. *Homeopathy* 2008; **97**: 114–121.
2. Reilly D, Mercer SW, Bikker AP, Harrison T. Outcome related to impact on daily living: preliminary validation of the ORIDL instrument. *BMC Health Serv Res* 2007; **7**: 139.
3. Mathie RT, Lloyd SM, Legg LA, *et al.* Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis. *Syst Rev* 2014; **3**: 142.