



NHS England Statement on Homeopathy

NHS England's decision to end funding of prescriptions for homeopathy is a serious blow to the future of homeopathic provision on the NHS. The Faculty has played a leading role in the campaign to preserve this valuable service and made a detailed submission to NHS England during the public consultation in which we highlighted the major flaws in the rationale on which the decision was being made. As well as maintaining there is a growing evidence base, it was pointed out that patients currently receiving homeopathic medicine will now be prescribed more costly drugs, which is counter to NHS England's objective of reducing prescribing costs.

The consequences for patient care were also highlighted. NHS England has failed to announce alternative treatment pathways for patients, many of whom are elderly and receiving homeopathic treatment because they have failed to respond to conventional drugs or have suffered serious side-effects. Furthermore, it is surprising that a review of individual medicines routinely prescribed in primary care should include homeopathy, which is a clinical discipline quite often only accessible through GP referral to doctors specialising in the therapy.

Sadly, it appears NHS England has ignored the evidential, clinical and economic arguments put to them. But the battle is not lost. The public consultation on this issue was so fraught with procedural flaws and irregularities it is subject to a legal application for judicial review. The legal challenge is being made by the British Homeopathic Association (BHA) with the Faculty being named in court papers as an interested party. We await the court's decision on the BHA's application, but it is disappointing NHS England announced its decision before a judgement on the legality of its consultation has been made.

Although disappointing, this decision was not unexpected. The gradual withdrawal by CCG's of funding for homeopathy has resulted in patients finding it increasingly difficult in recent years to access the therapy through the health service. And while removing homeopathy from NHS prescribing is a blow to morale, its actual impact will be negligible on the majority of Faculty members. This is because most members are in private practice, many of whom report an increase in the number of patients they are seeing. Evidence from various market research surveys support what Faculty members are experiencing, with forecasts showing an increase in sales of homeopathic medicines in the coming years. It could also be argued that the slow demise of NHS homeopathy removes the "waste of



valuable NHS resources” argument frequently used by our opponents. This is not to say that we are abandoning our support for NHS homeopathy, and I can assure all members who work at the Royal London Hospital for Integrated Medicine and the Portland Centre for Integrative Medicine in Bristol, the Faculty remains committed to defending the valuable services they provide.

Nevertheless, it would be remiss of me as chief executive and of the Faculty council if we were not to take a pragmatic view and make plans for a future where possibly homeopathy is no longer available on the NHS. To this end we have already investigated opportunities to work more closely with other organisations promoting the use of complementary therapies as part of an integrative approach to healthcare. Furthermore, while we are beset with challenges here in the UK, homeopathy receives a less hostile reception in other parts of the world. Therefore, the Faculty is looking to build on its enthusiastic international membership, where we hope to see our global influence in matters relating to the training and practice of homeopathy increase.

Throughout its long history the Faculty of Homeopathy has triumphed over adversity many times. And I’m convinced that with the loyal and passionate support of the membership, we will also overcome our current challenges.

Greg White

Chief Executive