

Letter from Glasgow

THE PUBLIC PETITIONS COMMITTEE AND HOMOEOPATHY

It is not often I get to say this but for readers who wish to see what I look like (nothing much to write home about I can assure you), or sound like (I have a Scottish accent), then you are in luck! Or it may just be that some other readers may wish evidence that I exist and I am not writing under a pseudonym. Well both groups of readers can be rewarded with the opportunity to see me appearing before the Scottish Parliament's Public Petitions Committee (PPC) on Tuesday, 9 February 2016.¹ It was a bit of a grilling if you care to watch the proceedings (go about one hour into the 9 February proceedings to see me) but I hope I answered the questions of the committee to the best of my ability.

The present Scottish Parliament was set up in 1999 within the UK and has control of 40% of spending in Scotland.² Importantly, the two main areas of expenditure, and hence interest, are health (overseen and delivered by 14 territorial health boards) and education (overseen and delivered by 32 local authorities). The Scottish Parliament is unicameral (one chamber) and as part of the

Parliament's scrutiny function, it has a number of committees including the PPC.³

The PPC reviews public petitions addressed to the Scottish Parliament and its remit is then 'to consider and report on whether a public petition is admissible; and what action is to be taken upon the petition'. Examples of current petitions before the PPC include: shared space schemes; In Care Survivors Service Scotland; *Mycoplasma fermentans* in regressive autism; on adult consensual incest (ACI); Group B Strep information and testing; and the Fans Against Criminalization with respect to the Offensive Behaviour at Football and Threatening Communications (Scotland) Act. As you can see this is wide range of topics but health topics feature on the list. The following Members of the Scottish Parliament (MSPs) are currently on the PPC: Michael McMahon (Convener), David Torrance (Deputy Convener), Angus MacDonald, Hanzala Malik, Jackson Carlaw, John Wilson and Kenny MacAskill. The MSPs are from the Labour, Conservative, Liberal Democrat and Scottish National parties and an independent. However, with a Scottish election due in May, the committee's membership will change.

I was asked to appear before the PPC to answer questions about a decision taken by Lanarkshire NHS Board, of which I am an executive board member. The decision related to services provided by the Centre for Integrative Care (CIC, formerly the Homoeopathic Hospital) in Glasgow. The CIC provides, within the NHS, i.e. funded by taxation and free at the point of use, homoeopathy and some other therapies.

In 2010, the UK Parliamentary Review of Homoeopathy by the House of Commons Science and Technology Committee (2010) recommended stopping of funding for homoeopathy.⁴ It was agreed that in Lanarkshire there would be a review of whether we should continue to refer patients to the CIC. The culmination of this detailed and lengthy process was that in December 2014 Lanarkshire NHS Board decided not to refer new patients to the CIC as of 1 April 2015.⁵

Of course our patients continue to access other services in Lanarkshire including pain management, psychological services, the addictions psychology service using a range of psycho-therapeutic approaches, e.g. cognitive behavioural therapy and solution-focused therapies, the psychological service for older people over 65 years of age, and self-management programmes.

As part of the review, evidence was sought about the effectiveness for homoeopathy, mindfulness-based cognitive therapy (MBCT), HeartMath (a form of biofeedback), mistletoe for cancer symptoms and music and movement therapy. For all the interventions provided by the CIC, there was insufficient or no evidence to support them. With regard to homoeopathy, the systematic review by the Australia National Health and Medical Research Council (NHMRC) in 2015 elegantly summarized the evidence on homoeopathy.⁶ It concluded 'there is no good quality evidence to support the claim that homoeopathy is effective in treating health conditions'.

Given the widespread use of homoeopathy in India, I suspect some readers may feel otherwise about homoeopathic therapies. However, the key issue is about the evidence of the effectiveness (and cost-effectiveness) for homoeopathy and other treatments described. We need to have the same criteria for assessing homoeopathy and other 'alternative' health as for assessing health interventions such as drugs, surgical techniques, clinical tests and investigations, and programmes of care.

As a public health doctor I know that stopping a service or taking away a service, even if the intervention is ineffective, is not popular. Saying 'no' in healthcare is not easy but I have always believed that you should try and do the right thing. This was a difficult decision for our board members to take because these interventions are popular and there was support from patients and the public to continue referrals to the CIC. However, just because

something has popular support does not mean it is effective. Whether a health intervention is effective can only be decided by appropriate studies and a rigorous assessment of the evidence. This is the scientific approach to how we assess health interventions. As the aphorism goes: 'The thing about the science is, whether you believe it or not, it is true.'

Finally, appearing in front of the PPC provided a useful opportunity for me to learn. This included:

- Being prepared by reviewing all relevant timelines and papers and related to the decision we made.
- Reading up about the PPC and reviewing its membership and remit.
- Working out my key messages—what was it I wanted to communicate by appearing before the PPC?
- Reviewing the video on the SG website to assess my performance.

Personally I do not like to see myself on video and this appearance was no different. But I hope you enjoy watching my grilling more than I did!

REFERENCES

- 1 Scottish Parliament TV Archive – Public Petitions Committee 9 February 2016. Available at www.scottishparliament.tv/Archive/Index/f147ad07-6580-4546-a4ad-5d0c20f3aa4e?categoryId=189715c0-0c90-4d28-8959-671c38febcc6&parentCategoryClicked=False&pageNumber=0&orderByField=ScheduledStart&queryOrder=DESC (accessed on 18 Mar 2016).
- 2 Scottish Parliament website. Available at www.scottish.parliament.uk/EducationandCommunityPartnershipsresources/TimelineEnglishSept_2013.pdf (accessed on 18 Mar 2016).
- 3 Scottish Parliament website—Public Petitions Committee. Available at www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/29869.aspx (accessed on 18 Mar 2016).
- 4 House of Commons Science and Technology Committee. Evidence Check 2: Homeopathy. Fourth Report of Session 2009–10. Available at www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf (accessed on 18 Mar 2016).
- 5 Glasgow Herald. Glasgow, Wednesday 10 February 2016. Available at www.heraldscotland.com/news/health/14264714.NHS_managers_accused_of_ignoring_patient_views_about_homoeopathic_hospital/?ref=rss (accessed on 18 Mar 2016).
- 6 Australian Government National Health and Medical Research Council (NHMRC). Homeopathy Review. NMHRC, March 2015. Available at www.nhmrc.gov.au/health-topics/complementary-medicines/homeopathy-review (accessed 18 Mar 2016).

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