

The Rt Hon Jeremy Hunt MP, Minister of State for Health and Social Care.

Dear Mr Hunt,

14th April 2018

- 1) Our **FOI request of 26th Jan 2018** (your Ref: DE – 1117 037) asked **which of over 50% of treatments most commonly used in the NHS in 2009, found then to be ineffective, are still in use todayⁱ [1]**. Ms Jane Spencer in reply (26th Jan) ignored that this was a FOI, indeed ignored the question altogether and gave instead a totally irrelevant answer, which I understand to be illegal on both counts.

In the absence of evidence to the contrary, it must be assumed that you do not know the answer, and that a wastage of perhaps half a trillion pounds over the past twenty years therefore continues today. Would you therefore please personally send as a matter of urgency a reply to the FOI question asked: ‘which of the 3,000 most commonly used treatments identified as ineffective in 2009 are still in use’?

- 2) Our FOI of 13th February 2018ⁱⁱ [2] asked for the evidence that permitted your Department to issue ‘advice and guidelines’ which stated: **‘the NHS pays close attention to the latest scientific research into clinical effectiveness, and the evidence states that homeopathic remedies perform no better than placebos’**. The reply from Ms Dorothy Crowe (12 March 2018, your ref. 111 9893), drew attention to the Specialist Pharmacy Service (SPS) paper commissioned by NHS Englandⁱⁱⁱ [3] which states that the BHA submitted significant amounts of ‘the wrong type of evidence’, but does not explain or justify this claim. The NHS England Board Paper^{iv} [4] (Para 38) states: ‘scientific review of the evidence should be preferred to the anecdotal evidence from patients’.

The NHS Charter commits to ‘providing best value for taxpayers’ money’. Which naturally requires you to indeed pay close attention to clinical effectiveness. But the SPS report has ignored all of the BHA’s evidence of clinical effectiveness as ‘the wrong type’, and is concerned not at all with clinical or cost effectiveness: only with pre-clinical meta analyses of Randomized Control Trials (RCTs), i.e. efficacy, from which you have made conjectures of cost saving on assumptions that the evidence does not permit.

As David Sackett stated in the BMJ 1996;312:71, evidence based medicine encompasses ‘clinically relevant research, often from the basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens..... **Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough.**”

In the light of all of the above, and as a Freedom of Information request:

- i) What is the evidence that permits you to accept the SPS’s declaration of clinical research to be ‘the wrong type’ in assessing clinical or cost effectiveness, and what is your evidence that permits you to claim that meta-analyses alone can do so, in contradiction of Dr Sackett’s dictum?
- ii) Do you plan to cease nearly all surgery and dentistry on the NHS? We hope not, but your own terms of reference would seem to compel you to do so, there being

almost no RCTs or meta analyses in either. How do you explain this contradiction?

- 3) Antimicrobial resistance (AMR) is already reported to be annually claiming 5,000 lives and costing the economy billions of pounds. Researchers have now demonstrated not only antibiotics to be the cause of AMR, but statins, hay fever pills and many more to be causing AMR also. “We actually see drugs from all therapeutic classes impacting gut microbes. The most prominent from them are antipsychotics, antihypertensives, anti-cancer drugs, proton-pump inhibitors, antihistamines, painkillers and contraceptives. This is scary” said Dr Nassos Typas^v [5].

Dr Typas would appear to be unaware of any effective solution to AMR within conventional medicine, otherwise he would not be scared. Various proposals have come forward, each one described first as ‘promising’, but evidently then coming to naught: e.g. matching all prescriptions to DNA, teixobactins.

As a **Freedom of Information request**, please supply details of all meta analyses, or RCTs at the least, of treatments that have been scientifically proven to be effective in counteracting antimicrobial resistance.

Yours sincerely,

Paul Burnett, Lead Team Communication, Homeopathy International.

REPLY TO FOI of 14th April 2018

No information held by Department of Health to any of these questions

FOOTNOTES

ⁱ **Full text:** Mr Chris Philp MP has sent me an apparently standard Department of Health reply to letters concerning homeopathy, which states that ‘I believe that the Government has a duty to make sure that NHS funds are spent on the most effective treatments.’

NHS data from 2009 (published in The Lancet) stated that there was no evidence for the effectiveness of over half of the 3,000 most commonly used treatments in the NHS. Recent FOI requests have revealed that over one trillion pounds has been spent by the NHS over the past twenty years, indicating expenditure of over half a trillion pounds on ineffective treatments. Please list for me the treatments identified as ineffective in 2009, and tell me which of these treatments are still in use now.

REPLY: Dear Mr Burnett,

Thank you for your correspondence of 26 January about complementary or alternative medicine (CAM) treatments. I have been asked to reply.

I would like to confirm that the Department of Health and Social Care does not maintain a position on any particular CAM treatments, including homeopathy. It is the responsibility of local NHS organisations to make decisions on the commissioning and funding of any healthcare treatments for NHS patients, such as homeopathy, taking account of issues to do with safety, clinical and cost-effectiveness and the availability of suitably qualified and regulated practitioners.

As you will be aware, last year, NHS England launched a three-month consultation on the draft guidance on low-value prescription items, which was based on the latest clinical evidence, including that from the National Institute for Health and Care Excellence.

On 30 November, NHS England published its guidance, and further information can be found on its website at [1]<https://www.england.nhs.uk/2017/11/presc...>
I hope this reply is helpful.

Yours sincerely, Jane Spencer
Ministerial Correspondence and Public Enquiries, Department of Health and Social Care

ⁱⁱ Mr Chris Philp MP has sent me your Government's standard reply to letters concerning homeopathy, which says: 'the NHS pays close attention to the latest scientific research into clinical effectiveness, and the evidence states that homeopathic remedies perform no better than placebos'.

Given a welter of scientific research to the contrary, and even the German Pharmaceutical Industry verifying the importance of Homeopathy in combating antimicrobial resistance (according to some authorities a threat to humanity equal to terrorism), I want to know please what is this 'evidence' that 'homeopathic remedies perform no better than placebos', and what is the reason for omitting the mass of evidence to the contrary, e.g. the Swiss Health Technology Assessment which found homeopathy to be safe, effective and cost-effective?

REPLY: Dear Mr Burnett
Please find attached the Department of Health and Social Care's response to your recent FOI request (our ref:1119893)

Yours sincerely, Dorothy Crowe

Freedom of Information team, Department of Health and Social Care

Attachment reads:

DHSC does not hold information relevant to your request.

Information in relation to scientific evidence (including from the National Institute for Health and Care Excellence (NICE)) is available at the following link on the NHS Choices website:
<https://www.nhs.uk/conditions/homeopathy/> I would like to confirm that the DHSC does not maintain a position on any particular complementary or alternative medicine (CAM) treatments,

including homeopathy. It is the responsibility of local NHS organisations to make decisions on the commissioning and funding of any healthcare treatments for NHS patients, such as homeopathy, taking account of issues to do with safety, clinical and cost-effectiveness and the availability of suitably qualified and regulated practitioners.

iii <https://www.england.nhs.uk/wp-content/uploads/2017/11/05-pb-30-11-2017-items-which-should-not-be-routinely-prescribed-in-primary-care.pdf> - Annex C, 'Clinical Evidence for Homeopathy'.

iv Paper PB.30,11,2017/05

v Report published in *Nature* **volume 555**, pages 623–628. 29th March 2018