

55. Providing information, choices and alternatives to prescription medicine

The Committee considered this report, presented by Councillors Wayne Crabbe, Julie Wright and Bob Wright, concerning alternative and complementary medicine. The Committee also received a presentation via Skype from Dr David Healy who discussed controlled drug trials, medical publications, and the need to raise awareness of the benefits of a non-conventional approach to treatment.

Councillor Bob Wright highlighted that this report is the outcome of the Working Group set up to investigate the alternatives, and it focusses on the harm that conventional drugs can do. They feel that the availability, equality and opportunity of complementary and alternative medicines (CAMS) should be improved as it is currently a postcode lottery as to whether it is offered to patients. Savings can be achieved by offering CAMS instead of conventional treatments, and it would also relieve pressure on healthcare professionals.

After the presentation of the report, members and health colleagues asked questions and made observations on the following issues:

- It was queried if there is an indication that offering CAMS does relieve pressure on healthcare professionals, and if CAMS would be offered if more funding was available to support them.
- It was noted that a study had been commissioned to look at the CAMS policy of the Clinical Commissioning Group (CCG). The study includes a comprehensive list of all CAMS but the CCG policy is to only fund interventions that are supported by empirical evidence. There is no current evidence to demonstrate that CAMS are cost effective which is why they are not all funded.
- CAMS are offered in certain circumstances, for example with cancer patients and physiotherapy, based on National Institute for Health and Care Excellence (NICE) guidelines, and there is also a list of illnesses that CAMS would be detrimental for.
- It was noted that the Swindon CCG policy on CAMS is consistent with other CCGs in Wiltshire, Gloucester, South Gloucester and Bath and North East Somerset.
- The CCG would offer more CAMS if they were inconsistent with NICE guidelines. The policy on CAMS was last reviewed in 2011 and there has been no change in the national approach since that time.
- It was suggested that limited funding would be better spent on drugs that are known and tested rather than on speculative CAMS.
- Both CAMS and prescription drugs have their base in nature, but prescription drugs can be dangerous. It is more important to achieve what is best for the patient, and it was suggested that funding should be made available for people who wish to choose CAMS for their treatment but cannot afford it themselves.
- It was noted that the Chief Medical Officer for England has stated that she does not believe homeopathy should be made available on the NHS. CAMS

do not always have effective results, and NICE have provided guidelines that should be followed. Public money should be spent on treatments that have an evidence base of success.

- It was suggested that CAMS practitioners have a closer relationship with patients and are more involved with their treatment, leading to a better service of healthcare provided and better results.
- It was queried how much training the physiotherapists receive at the hospital in CAMS, and why chiropractors are not utilised instead since they receive four years of training.
- It was noted that between 10 – 11% of hospital admissions are as a result of the medication they have been prescribed. If CAMS were offered instead of prescribed medicine then this could be a potential saving.
- It was noted that Swindon has an award winning psychology service. Healthcare professionals are not averse to prescribing CAMS but it will not proceed further until NICE are convinced of the benefits.

Resolved – By 7 votes in favour, 1 against and 3 abstentions, to pass this report and the Committee's comments to the Cabinet Member for Health and Adult Social Care and the Health and Wellbeing Board, to promote the access to information on alternative and complementary medicine with the Swindon Clinical Commissioning Group.