

Appendix 1

Additional Information provided by Mr Kapp

Report for Health Overview and Scrutiny Committee, Brighton and Hove, by the Social Enterprise Complementary Therapy (SECT) committee 18.1.10

Written by SECT secretary John Kapp, who is a Local Involvement Network (LINK) member on the steering group of the National Association of LINK Members (NALM) representing Sussex, and former city councillor 1995-9.

The members of the SECT committee are Barbara Bishop (acupuncturist), Lyn Clark (homeopath) Roy Haitzin (acupuncturist) Patricia Holden (hypnotherapist) Carolyn Jikieni (yoga teacher) John Kapp (meditation leader) Chris Kavanagh, (Lightworks) Penny Kinton (addictions therapist) Stuart Macey (IT consultant) Anne Pether (touch therapist) Tom Sydenham (former NHS healthcare practitioner and proprietor of The Pathway Clinic) Shirley Ward (nutritional therapist)

Proposal for ‘Free complementary therapy on the NHS’

Contents

1 Recommendations

2 Our e petition for ‘Free complementary therapy on the NHS’

3 Counter petition: ‘Prevent non-evidence-based treatments being offered via local NHS services’

4 Points on which we disagree with the counter petitioners

5 Points on which we agree with the counter petitioners

6 The evidence base for CAM

7 The evidence base for conventional medicine

8 NHS Brighton and Hove strategic objectives

9 How will these admirable objectives be achieved?

10 Present NHS policy on CAM

11 Document 'Transforming Mental Health (MH) – Commissioning MH Jan 2010- Jan 2013 - Working Age Mental Health Strategy.

12 Conclusions – commission CAM

References

1 Recommendations – integrate CAM into the NHS

We ask you (councillors on the HOSC) to give your support to this project to provide free complementary and alternative therapy (CAM) to the citizens of the city, which was inspired by the Department of Health's Innovations exhibition at the Excel Centre in London on 18-19/6/09 addressed by Lord Darzi.

We ask you to lobby the following people and their departments as outlined in the table below, who have responsibility for the spending of public money on prevention and treatment of illness, hereafter called 'the commissioners', in support these recommendations:

Government department	Responsibility	Director of commissioning
NHS Brighton and Hove	Health care	Dr Geraldine Hoban
Adult Social Care and Housing	Social care	Denise D'Souza
Department of Works and Pensions	Disability allowance	?

We ask you commissioners to include in your strategic commissioning plans the commissioning of CAM treatments in sufficient bulk (estimated to be 2 million vouchers pa by 2014) to enable all those who choose to have them on both a GP referral, and self-referral basis, hereafter called 'participants' within a maximum waiting time of 18 weeks. Participants should include patients, the unemployed on disability benefit who are too sick to work, public sector staff including healthcare staff who are suffering from stress or burnout.

a) Please commission NICE-approved CAM treatments, including

The 8 week Mindfulness Based Cognitive Therapy (MBCT) course for depression.

Acupuncture and Alexander Technique for lower back pain.

Hypnotherapy for Irritable Bowel Syndrome (IBS)

Under the NHS constitution patients have a statutory right to all NICE-approved treatments provided that their doctor says they are appropriate for them. If NICE-approved CAM treatments are not commissioned, the commissioners will be liable to judicial review from dis-affected patients who know that these treatments are available in the private sector, want them, but cannot afford to pay for them. These treatments cost only a few hundred

pounds, unlike Herceptin for breast cancer or anti-TNF for arthritis, which are a hundred times dearer.

b)Commission generic CAM

Integrate CAM into the NHS as Prince Charles’ Foundation for Integrated Health (1) has been campaigning for since 1993. Create a ‘Complementary Care Trust’ like the Primary Care Trust to provide generic CAM for the city to prevent illness and promote wellness with a budget rising to £100mpa (22% of the present health budget of £450 mpa) by 2014, figures from reference (2)

c) Support our grant application

Actively support our SECT committee’s application for a grant of £150,000 from the Social Enterprise Investment Fund (www.seif.org.uk) We have been told that our application will be determined on 15.1.10 and we will be notified by 22.1.10. We intend to use the grant money to set up a company to be a consortium of CAM centres in the city which would provide free CAM at their centres in exchange for £50 CAM vouchers. The company would be an Alternative Provider of Medical Services (APMS) and would negotiate a Service Level Agreement (SLA) contract with the commissioners to provide free CAM in the city in exchange for vouchers given to patients by their GP, as an alternative to prescriptions.

d) Pay public money for CAM vouchers. Public money is presently being paid for CAM as under the counter anomalies, as described in paragraph 10. Vouchers would regularise these anomalies, and make them transparent and accountable. It would also eliminate the present health inequality of most people not having ability to pay for CAM, and make free complementary care available to all, like free primary care from GPs, free secondary care from hospitals, free dental care from dentists, free optical care from opticians, and free prescription drugs from pharmacies.

e) Objective of these recommendations

Our objectives are fully in line with commissioners objectives, which are reproduced below in paragraph 8. Our joint objective is to improve public health in the city. The specific outcome that we want is to make the public health statistics in 2016 (after 3 years of implementation of our proposed CAM prevention strategy) to be twice as good (or half as bad) as they were in 2009, as stated in table 1 below. (2) Suffix ‘n’ is the city’s proportion (1:200) of the national figure; ‘c’ is the figure from (3); ‘g’ is a guess, as no official figures could be found. (We asked the director of public health, Tom Scanlon, to check and correct these figures on 19.12.09, but have had no reply to 2 e mails and one phone call)

TABLE 1 ANNUAL MONITORING TARGETS FOR 2016

Target	Statistical number of people pa affected in	2009	2016
--------	---	------	------

number	city		(50% of 2009)
1	Deaths from all causes pa	3,000n	3,000
2	Iatrogenis (doctor induced) deaths (note 1)	200n	100
3	Hospitalisation from iatrogenesis (a million people pa nationally)	5,000n	2,500
4	Deaths from suicide pa	36c	18
5	Drug users	2,250c	1,125
6	Alcoholics	50,000c	25,000
7	Obese	60,000c	30,000
8	Clinically depressed	15,000c	7,500
9	Smokers	50,000c	25,000
10	Long term conditions	40,000c	20,000
11	Teenage pregnancies	40,000c	20,000
12	On disability benefit (2.5m nationally)	12,500n	6250
13	Hospital admissions	100,000g	50,000
14	GP visits	1,000,000g	500,000
15	Deaths in preferred place (home)	750n	1500
16	No of patients dying with living wills (reference 4)	Hardly any	1500
17	Dementia patients killed by drugs (note 2)	9n	4
18	Staff off sick (note 3)	400n	200

Notes			
1	'40,000 deaths pa' from TV programme Nov 2000 'Why doctors make mistakes'		
2	'1,800 dementia patients killed by anti-psychotic drugs' News bulletin 1.12.09		
3	5% staff sickness on 8,000 staff		

2 Our e petition for 'Free complementary therapy on the NHS'

In order to test public support for our recommendations, we confirm putting the following petition on the council website from 30.11.09 – 16.1.10 which receive 445 signatures:

We the undersigned petition the council to request that the Health & Overview Scrutiny Committee give consideration to the proposal for a new social enterprise company to contract with the NHS commissioners

to provide free complementary and alternative medicine (CAM) vouchers for use in the existing CAM centres in the city, as described in section 9.39 of www.reginaldkapp.org. 'Proposal for a new company to provide free CAM on NHS' and to make a recommendation to the council as to whether or not to declare support for the proposal

Three out of four patients say that they want free CAM on the NHS, and as they pay for the NHS in their taxes they should get their wish. CAM is preventative which only the rich can now afford. Post Darzi, the NHS is supposed to provide prevention and remove health inequalities. The NHS commissioners are about to consult the public on the next 5 year commissioning plan. Please sign the petition to persuade the NHS to put free provision of CAM into their plan.'

3 Counter petition: 'Prevent non-evidence-based treatments being offered via local NHS services

The following counter e petition appeared on Brighton and Hove Council website from 11.1.10 -16.1.10 and received 21 signatures:

'We the undersigned petition the council to request that the local NHS *discount the possible provision of free Complimentary Alternative Medicine (CAM) in Brighton and Hove and put resources into proven medical therapies.*

These treatments have no sound evidence base to support their use. The NHS has a duty to the public to provide treatments that have been proven to work through fair testing in clinical trials. The majority of research into the effectiveness of CAM treatments fails to meet the standards required of fair clinical trials, and therefore the usefulness and effectiveness of many, if not all, CAM treatments remains unknown.

Brighton and Hove's NHS commissioners will soon consult the public on the next five year commissioning plan. Please ensure they do not make the mistake of wasting public money on unproven treatments.

Please sign this ePetition on the Brighton & Hove Council website to ensure the NHS commissioners make evidence-based decisions about how to spend their money.'

4 Points on which we disagree with the counter petitioners, *italicised above and below:*

a) *Discount the possible provision of free Complimentary Alternative Medicine (CAM)*

b) *These CAM treatments have no sound evidence base to support their use.*

c) The majority of research into the effectiveness of CAM treatments fails to meet the standards required of fair clinical trials, and therefore the usefulness and effectiveness of many, if not all, CAM treatments remains unknown.

5 Points on which we agree with the counter petitioners

- a) We agree that the commissioners should only spend public on proven medical therapies.
- b) We agree that treatments should have been proven to work through fair clinical trials.
- c) We agree that commissioners should not make the mistake of wasting public money on unproven treatments.
- d) We agree that the commissioners should make evidence-based decisions about how to spend their money (which is actually our money, as we paid for it in our taxes)

6 The evidence base for CAM

- a) Contrary to the counter petition, many CAM treatments have been through clinical trials which have proved their efficacy, giving them a sound evidence base which justifies the expenditure of public money on them.
- b) We know of 4 CAM treatments which have received approval by the National Institute of Clinical Excellence (NICE) They are: The MBCT course, acupuncture for lower back pain, Alexander Technique for lower back pain, and hypnotherapy for Irritable Bowel Syndrome.

NICE approval is the gold standard of evidence. Under the NHS constitution all patients have a statutory right to all NICE-approved treatments if their doctor says that it is appropriate for them. If the commissioners do not commission these CAM treatments they will be liable to judicial review from disaffected patients.

- c) CAM is continually proving its efficacy in giving good patient experience in the marketplace because people pay their own money for it of their own volition, despite CAM playing uphill against free conventional treatment.

7 The evidence base for conventional medicine

The evidence base for conventional treatments is unsound and unravelling, as the following news bulletins testify:

- a) The government apology (14.1.10) with £20 m compensation to victims of thalidomide 50 years after.

b) The announcement (10.1.10) of a European Parliament public enquiry into swine flu vaccinations, which has left governments with millions of unused doses, wasting £hundreds of millions of public money.

c) The announcement (1.12.09) that 1,800 dementia patients are killed by anti-psychotic drugs each year.

d) The announcement (10.09) that drug giant Pfitzer was fined \$2.3 bn (£1.6 bn) for deceiving the regulators in the USA over the results of clinical trials.

e) The announcement (8.04) of the withdrawal of a licence for Vioxx after 300,000 deaths from heart attacks.

f) The announcement (11.00) in a TV programme 'Why doctors make mistakes' that 40,000 people pa are killed in UK by doctors mistakes. The figure in USA in 1990 was 50,000 (Dr Deepak Chopra 'The New Physics of Healing') and has since risen to 800,000 (Dr Gary Null, 'Death by Medicine www.garynull.com/articles)

8 NHS Brighton and Hove strategic objectives

These are reproduced from the NHS 'Annual Operating Plan 2009/10' dated Oct 2008 revised March 2009 (2)

a) The five Strategic Commissioning Goals are:

Adding years to life

Maximising life chances for children and families

Developing a healthy young city

Promoting independence

Commissioning nationally recognised best practice

b) Be the leading advocate for health and health care in the city

promote healthy living and a healthy city

provide strong leadership to the local NHS

develop effective relationships with social care and other organisations across the city

c) Improve health and reduce health inequalities

deliver measurable improvements in the health of local people

reduce the 'health gap' between different local communities

d) Increase service quality and choice

commission high quality, evidence-based services

use people's experiences to improve the quality of services

offer people a choice of providers where this is realistic

achieve and maintain an "excellent" rating in the annual health check

e) Increase people's confidence in, and engagement with, the NHS

extend public confidence in local health services

give people a stronger voice in the NHS

be an excellent employer

f) Manage resources effectively

deliver a sustainable financial position for NHS Brighton and Hove
help the rest of the local health economy do the same
demonstrate value for money and effective stewardship of public funds

9 How will these admirable objectives be achieved?

We welcome these NHS objectives which are admirable, but their documents do not say how they will be achieved. Their Strategic Commissioning Plan 2009-14 dated Oct 2008 revised Mar 2009 is just the continuation of the same regime of conventional treatment as before, under which public health has been steadily deteriorating. We believe that these admirable objectives can only be achieved by the radical measure of integrating CAM into the NHS, as Prince Charles and the Foundation for Integrated Health (1) has been calling for since 1993.

Our proposal for free CAM on the NHS should be seen as a pilot scheme for the whole nation. Our city is ideally suited to be the location of this CAM pilot, as we have an unusually high proportion of CAM therapists here, encouraged by Brighton's 'avant guard' atmosphere since the Prince Regent. This would indeed enable the city to become a beacon of world class commissioning, meeting all the government's objectives, including moving care into community health centres, preventing illness, increasing patient choice with better safety, quality and experience, removing health inequalities and getting the unemployed fit enough to work.

10 Present NHS policy on CAM

As a patient representative in the NHS since 2000, the writer (John Kapp) has lobbied continuously for the integration of free CAM into the NHS. While he was on the Patient and Public Involvement Forum in 2007 he obtained a copy of the official written policy of the PCT (now NHS Brighton and Hove) commissioners regarding CAM, which was dated 1997 and stated that no public money should be spent on it because there was no evidence that it works. They said in 2007 that this policy was under review, but would not engage with him in drafting a new policy.

There is now robust evidence that CAM works, and the above mentioned CAM therapies (MBCT, acupuncture, Alexander Technique, and hypnotherapy) have received the gold standard of approval by the National Institute for Clinical Excellence (NICE)

Darren Grayson (chief executive) wrote to us on 5.10.09 : 'We currently commission specific complementary therapies as part of a recognised package of care for certain conditions. (We are not aware of any of these specific therapies, and Darren did not say what they are, so we believe that they are of limited extent) Darren went on: 'We are not, however, intending to commission practice based generic alternative therapy provision at this point

in time'. (ie for the next 5 years) This is the policy which our petition and this report seeks to change.

CAM has been a political football. The British Holistic Medical Association (BHMA) was set up in 1983 by holistic doctors, who founded an integrated practice in Marylebone which is still going. The Major government introduced fundholding, which gave GPs the right to offer and pay for CAM. Many GP practices throughout the country followed the Marlebone pilot, and integrated CAM practitioners into their practices, but the Blair government stopped it. We believe that the official NHS policy on CAM is now honoured more in the breach than the observance, as the following anomalies indicate:

a) According to FIIH surveys, (1) more than 50% of GPs presently suggest that their patients should try CAM, but the money does not follow the patient as they have to pay for it.

b) Many doctors have trained as CAM practitioners (such as homeopathy, acupuncture, touch therapies) and prescribe or practice CAM on their patients routinely.

c) Sussex is a CAM backwater compared to other parts of the country. CAM (particularly aromatherapy, reflexology and reiki) is used as a routine treatment for cancer patients in hospitals in London and Walsall.

d) Healthcare staff (eg nurses) receive CAM therapies in NHS premises, such as the Royal Sussex County hospital, where CAM therapists from the charity Active Lightworks treat staff to prevent stress and burnout in exchange for donations.

e) 2 music therapists and 2 art therapists are employed to treat neurologically brain-damaged patients at Swanborough House, Whitehawk, Brighton, which is under the Rafael Medical Centre in Kent (5) The music therapists are registered with the Association of Professional Music Therapists (6) The money to pay the therapists comes from the social services budget of the council.

f) Unemployed people are given free CAM to help them to get fit enough to go back to work. We presume that this comes from the budget of the Department of Work and Pensions.

g) Clients who get direct payments from the Social Services are free to use the money to pay for CAM, and often do.

11 Document 'Transforming Mental Health (MH) – Commissioning MH Jan 2010- Jan 2013 - Working Age Mental Health Strategy.

This document appeared on the e petitions page of the council website next to our e petition, with a link to the above document, which was e mailed to us on 13.1.10. We welcome its contents, but it does not go far enough. It is a statement of aspiration to improve mental health, but no targets are given by

how much by when, and no list is given of which treatments. It says that 4 work streams will decide these issues by the end of March. We hope that the result will be a commissioning plan that is a priced shopping list of treatments, together with the desired outcomes in the form of table 1 above. We would be pleased to engage in the drafting of this plan with the staff of these work streams.

12 Conclusions – commission CAM

We call on commissioners to study the evidence base for both conventional and CAM, and only commission treatments which give good patient experience. These treatments will be safe, effective in curing the illness, will not have side effects, and will give good value for public money. We believe that CAM meets all these objectives, so should be included in the commissioning plans, by integrating CAM into the NHS.

We realise that commissioning CAM requires a paradigm shift in the attitude of the NHS clinicians to CAM from materialism to holism. We also know that there are powerful vested interests led by the drug companies against this integration, because they see their profits reduced by the competition of CAM. Drugs are the most profitable industry in the world. The top 10 of the Fortuna 500 companies are all drug companies, and their combined profits exceed those of the remaining 490 companies, around \$35bnpa (10).

They put out propoganda stating that there is no evidence for CAM, as stated in the counter e petition in paragraph 3. They define 'evidence' narrowly as randomised controlled trials only, and refuse to accept the evidence of the good patient experience that CAM provides. They reject CAM, and have influenced medical schools to adopt the Victorian attitude of reviling CAM as quackery practiced by charlatans. They have unduly influenced medical research establishments, health regulators and governments throughout the western world (10)

This has created an 'iron curtain' between CAM and conventional medicine which is bad for society, with patients frightened to tell their doctor that they are having CAM. As dis-satisfaction with conventional medicine grows, CAM has become a huge and growing industry, said to be the fastest growing industry in the western world. However, only the rich can afford it. This is the biggest health inequality in the world, and is the main reason for the difference in health and life expectancy.

The iron curtain divides not only rich and poor but male and female. The male-dominated left-brained NHS is overwhelmed, and the right-brained, intuitive, female CAM is under-whelmed. Society needs them to get married and lived happily together, instead of next door like neighbours from hell. We believe that this marriage would cure the crisis in the NHS of both staff (Wanless recommended a 50% increase in staff by 2020) and funding, (20% cuts are hinted) because CAM is more cost-effective and safer than conventional treatments. It would also enable the NHS staff sickness rate to be reduced to meet the Boorman targets (11)

We hope that you will support this pilot integration of CAM into the NHS in the city, by acting on our recommendations in paragraph 1. Our committee is representative of many CAM therapies, and we are willing to engage with you in any way that you want, individually or collectively. We can be contacted via our secretary, John Kapp, 22 Saxon Rd Hove BN3 4LE, 01273 417997, johnkapp@btinternet.com. Other relevant papers supporting this proposal are available on other sections of reference 2.

References

1 Foundation for Integrated Health www.fih.org.uk or www.fihealth.org.uk

2 Business Plan for Free CAM on the NHS, see section 9.39 of www.reginaldkapp.org budget part 2.

3 NHS Brighton and Hove website www.bhcpct.nhs.uk

4 Living wills are downloadable from www.compassionindying.org.uk

5 www.rafaelmedicalcentre.co.uk

6 www.apmt.org.uk

7 News bulletin Oct 09.

8 News bulletin 10.1.10 about over-ordered swine flu vaccines

9 Thalidomide apology by the government 14.1.10

10 Book 'The Truth about the Drug Companies' by Dr Maria Angell.

11 The Boorman report was accepted by the government on 1.12.09. It requires the staff sickness rate to be reduced by 1% from 5% to 4%, saving 3.5 million days lost pa.

