

Written evidence from The College of Medicine, London

WRITTEN EVIDENCE SUBMITTED BY:

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ON BEHALF OF:

The College of Medicine, London.

A PROPOSED KEY ACTION AND PRIORITY FOR THE GOVERNMENT'S NEXT AMR STRATEGY (due to be published at the end of 2018)

1. EXECUTIVE SUMMARY

Evidence indicates that reliance on antibiotics is reduced when *Complementary and Alternative Medicine* (CAM) is prescribed to encourage a patient's natural healing processes. The application of CAM, including as part of an *Integrated Medicine* (IM) treatment plan, should secure a saving of NHS and Social Care resources and also empower the patient.

The *Health and Social Care Committee* is asked to investigate and, having regard to available evidence, to recommend the increased use of IM, being, in this context, the best of conventional and complementary medicine, within the NHS and Social Care sectors with the aim of reducing the prescribing and use of antibiotics.

2. ABOUT THE COLLEGE OF MEDICINE

The College of Medicine, a registered charity, describes its objectives as follows:

Our Vision

Our vision is to put health in the hands of local patients and communities and the clinicians who care for them.

Our Purpose

Our purpose is to inspire and educate commissioners, providers and users with innovative ideas and practical ways of extending care and improving health.

Also to encourage the funders, providers and service users of health services to work together to create better health.

Our Beliefs

- We believe that a sustainable health service and society can only be established through co-creation with patients and communities as assets in their own health and care.
- We believe that the physical, mental and spiritual health of individuals and communities should be a priority that is fundamental to progress and prosperity.
- We believe good health is more than simply avoiding illness.

Our Principles

How we create health:

- Health creation extends beyond health services and needs to be integrated with initiatives in all health related areas such as schools, housing and local business.
- We must go beyond conventional practice and embrace a wider range of potential treatments and health initiatives, which may improve quality of life and health outcomes. We will create this as a social mission with an equal partnership between health practitioners and patients.

Our Mission

We work with health organisations, practitioners and patients to:

- Foster a spirit of equal partnership in health creation
- Champion health creation and health creators today
- Share evidence and experience that inspires future health creation.

3. REDUCING THE PRESCRIBING AND USE OF ANTIBIOTICS

It is submitted that there is evidence *Complementary and Alternative Medicine* (CAM) can be delivered as a part of an *Integrated Medicine* (IM) treatment plan and that this reduces the use and prescribing of antibiotics. In this context, IM comprises the best of conventional and complementary medicine that are together safe, appropriate and evidence based.

NHS England, Clinical Commissioning Groups, General Medical practitioners (GPs), Hospital Consultants and health and social care stakeholders need to engage now with CAM, its practitioners and their professional organisations and regulators, including those accredited by the *Professional Standards Authority*. CAM practitioners provide a professionally qualified, regulated and insured but 'untapped' workforce that is available to the NHS and social care sectors.

On 12th March 2015, the *Professional Standards Authority* issued a *press release* that included the following statement:

*“Having confidence in Accredited Registers covering health sciences, talking therapies, physical therapies and **a range of complementary therapies** means that we no longer have to depend solely on doctors and nurses but **can create broader multidisciplinary teams**. We must invest in prevention and wellbeing to deliver healthcare for the 21st century, and that means taking a wider view of the health and care workforce.”*

[**Note:** bolding of the text has been added]

With regard to IM and the use and prescribing of antibiotics, there is evidence that:

4. GPs ALSO TRAINED IN COMPLEMENTARY MEDICINE ARE LESS LIKELY TO PRESCRIBE ANTIBIOTICS

The *BMJ Open* blog posted by Emma Gray on 19.03.18 and titled *Surgeries employing GPs with additional training in complementary medicine appear less likely to prescribe antibiotics* referred to the outcome of research by UK, German and Dutch researchers, led by the University of Bristol, using prescribing data from 7,274 GP surgeries and comparing the differences in the prescribing of antibiotics between conventional GP surgeries and those with GPs trained in integrative medicine (IM).

Another research abstract titled *Management of upper respiratory tract infections by different medical practices, including homeopathy, and consumption of antibiotics in primary care: the EP13 cohort study in France 2007-2008* concludes, in part, as follows:

‘...Patients who chose to consult GPs certified in homeopathy used less antibiotics and antipyretic/anti-inflammatory drugs for URTI than those seen by GPs prescribing conventional medications...’

The analysis revealed that GP practices employing doctors with additional training in IM had significantly lower antibiotic prescribing rates than those with conventional GPs.

The reduction of antibiotic prescribing is an outcome which is in line with current national guidance aimed at reducing antibiotic usage and antimicrobial resistance.

The study confirms that accessibility to IM/CAM within NHS England primary care is limited and that one reason for this is the lack of consultation data. Accordingly, it is suggested that the Committee call for the statistical analysis and research of the extent to which the use of CAM/IM in the UK can reduce the use and prescribing of

antibiotics, such analysis could be undertaken by *NHS Digital* and leading UK universities.

For more detail refer to the *BMJ Open* research paper: *Do NHS GP surgeries employing GPs additionally trained in integrative or complementary medicine have lower antibiotic prescribing rates? Retrospective cross-sectional analysis of national primary care prescribing data in England in 2016* (Esther T van der Werf, Lorna J Duncan, Paschen von Flotow, Erik W Baars; *BMJ* Volume 8, Issue 3)

[weblinkhttp://bmjopen.bmj.com/content/8/3/e020488?utm_source=TrendMD&utm_medium=cpc&utm_campaign=BMJOp_TrendMD-0].

See also the Times Online newspaper article posted on 24.03.18 under the caption *Doctors turn to herbal cures when the drugs don't work*.

A research paper published in *Cambridge Core* (May 2015, Volume 16, Issue 3, pp. 246-253) titled *General practitioners' beliefs about the clinical utility of complementary and alternative medicine* confirms that the researched GPs see a role for CAM within clinical practice, notwithstanding a perceived lack of evidence.

5. PATIENTS CALL FOR CAM SERVICES

It has *been estimated* that at least one in ten of the population use CAM for which they are either willing to pay or are able to receive from practitioners who are working, often on a voluntary basis, within the NHS and other public or third sector (i.e. charitable) organisations. Other (in 2003) ‘...stringent estimates of use suggested that between 6.6% and 20% of the population has utilised CAM in the previous 12 months...’ (*Tremendous Growth in Consumer Choice for Complementary and Alternative Medicine: BMJ 2003; 326; 348*).

For many years research has ‘...found that people who use CAM therapies are more likely to express a sense of greater control over their lives as a result of being given guidance on how to help themselves, and described great satisfaction in this new self-reliance...’ (Source: *Complementary and Alternative Medicine and patient choice in primary care; Barnett. H, 2007 and Sharma U. Complementary Medicine Today: practitioners and patients. London; Routledge, 1992*).

Failing to acknowledge this, patient preference has been found to be regarded as “insignificant” in the decisions of (some) management and clinicians, as revealed by the research paper *Patient choice and evidence based decisions: The case for complementary therapies (2009)*, which concluded:

'...In the case of NHS complementary therapy service provision, patient preference may be largely insignificant in clinician and PCT managerial decisions, with decisions based mainly on 'evidence rhetoric' devised from collectively agreed, unchallenged, tacit perceptions of research literature. If a patient-led NHS is to become a reality, NHS professionals need to cede the power that they wield with evidence rhetoric and acknowledge the legitimacy of patient preferences, views and alternative sources of evidence...'

Current NHS policy is to enable the 'voice' of patients to be heard. This submission proposes that such 'voice' should also be heard in relation to the use and prescribing of antibiotics.

6. A KEY ACTION AND PRIORITY FOR THE GOVERNMENT'S NEXT AMR STRATEGY: PROPOSED BY THE COLLEGE OF MEDICINE, LONDON

Following the above submission and having regard to existing research, the *Health and Social Care Committee* is requested to further investigate and to recommend the use of Integrated Medicine (IM) [being the best of conventional and complementary medicine that are together safe, appropriate and evidence based] within the NHS and Social Care sectors with the aim of reducing the prescribing and use of antibiotics.

For further information about CAM/IM refer to the 'Complementary' page of the website of The College of Medicine.

The College of Medicine is a registered charity in England and Wales (1145676).
Company number: 07081491.

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