

Response to Your health, your care, your say

We welcome the opportunity to respond to the public consultation process currently being undertaken and would like to offer the following general comments.

The Foundation commends the principles set out in the consultation document and your aims of addressing health inequalities, empowering patients and providing choice.

However, the Foundation also believes it is essential that the White Paper addresses integrated health, which brings together the best of conventional and complementary healthcare, to support your aims and respond to growing public demand.

The UK public's use of, and interest in complementary healthcare shows no sign of diminishing. Today, one in five of the population use complementary healthcare¹ and surveys suggest that as many as three-quarters of the population would choose them if they were available on the NHS.²

More people are taking responsibility for their health and are demanding more treatment choices. GPs are responding – nearly half of all GP practices in the UK are providing some kind of access to complementary healthcare³ and 70% of GPs⁴ say they have recommended complementary approaches to their patients. However, people often fail to inform their primary healthcare professional about complementary treatments they have chosen independently⁵. As long as complementary practices remain so separated from conventional healthcare, joined-up care for patients will be harder to achieve.

Demands on healthcare services are shifting significantly towards long-term care, self-care and the need for management, rather than cure, as the rise in long-term and chronic conditions increases. It is estimated that 60% of GP consultations relate to the management of long-term conditions,⁶ such as back pain, migraine or depression.

The recently published Smallwood report⁷ identifies where complementary therapy has evidence of clinical benefit (see table below). Integrated healthcare can therefore play a significant role in filling the acknowledged 'effectiveness gaps' in existing health care provision, particularly the difficulties in meeting the needs of people with long-term conditions, where management is more relevant than cure.

There is wide acknowledgement that the goal of "Health for All" cannot be achieved without traditional medicine⁸ (complementary healthcare). A wider availability of complementary healthcare on the NHS would help ensure greater access for lower income groups, the elderly and people with chronic conditions. This would contribute to addressing the health gap that currently exists and foster the promotion of healthy lifestyles and self-management.

There are approximately 50,000 to 60,000 complementary practitioners in the UK.⁹⁶ Of these, the osteopathic and chiropractic professions have statutory regulation on the same basis as doctors and nurses. Acupuncture and herbal medicine are expected to follow this route in the near future, with many other therapies progressing towards self-regulation. Many of these practitioners already focus on promoting preventative measures, self-care and healthy lifestyles. The Department of Health could harness the developments in integrated healthcare and use these practitioners as allies in order to promote and support their message and offer consumers more choice.

The Foundation therefore believes that the Government cannot afford to ignore the need for an integrated healthcare system, which will provide people with the treatment of their choice: in the knowledge that they will have access to high quality products and well-regulated practitioners.

Complementary therapy	Evidence of clinical benefit
Acupuncture	<ul style="list-style-type: none"> ▪ Musculoskeletal conditions – lower back pain, migraine, stroke rehabilitation, osteoarthritis of the knee ▪ Post-operative & chemotherapy-related nausea ▪ Post-operative pain
Manipulation therapies: Osteopathy & Chiropractic	<ul style="list-style-type: none"> ▪ Lower back pain
Herbal medicine	<ul style="list-style-type: none"> ▪ Musculoskeletal problems including rheumatoid arthritis (<i>phytodolor, devil's claw</i>) ▪ Viral conditions and the common cold (<i>echinacea</i>) ▪ Osteoarthritis (<i>chondroitin</i>) ▪ Depression (<i>St John's Wort</i>) ▪ Alzheimer's disease and dementia (<i>gingko biloba</i>) ▪ Heart problems (<i>hawthorn</i>) ▪ Circulatory problems (<i>horse chestnut</i>) ▪ Benignly enlarge prostate (<i>saw palmetto</i>)

Smallwood, C.
*The Role of Complementary and
 Alternative Medicine in the NHS.*
 October 2005.

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- ¹ Thomas, K & Coleman, P. *Use of complementary or alternative medicine in a general population in Great Britain. Results from the National Omnibus Survey. Journal of Public Health* 2004; 26(2):152-157
 - ² Ernst E, White A. The BBC survey of complementary medicine use in the UK. *Complementary Therapies in Medicine* 2000, (8):32-36
 - ³ Thomas, K & Coleman, P.; *Op cit* 2004
 - ⁴ *Developing Patient Partnerships* Press release 2004, accessed 12/09/2005
www.dpp.org.uk/media.asp?subsection=medpressreleases&prs=prs00076
 - ⁵ Thomas, K & Coleman, P. *Op cit* 2004
 - ⁶ Office of National Statistics, cited in The Partnership on Long-term Conditions. *17 Million Reasons: Improving the lives of people with long-term conditions.* The Partnership on Long-term Conditions, 2005, www.17millionreasons.org
 - ⁷ Smallwood, C. *Op cit* 2005.
 - ⁸ *Consumers International Asia Pacific Consumer.* Traditional and Complementary Medicine. Vol 39 & 40 1&2/2005
 - ⁹ University of Exeter. *Professional Organisation of complementary and alternative medicine in the United Kingdom 2000*, 2000: 54