

**Should NHS Lanarkshire
refer patients to the
Centre for Integrative Care
(*Glasgow Homoeopathic Hospital*)?**

January 2014



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1. Introduction

Whilst homoeopathy services have been provided within the NHS in Scotland for many years, individual Health Boards have begun to question whether or not it is appropriate to continue the services.

NHS Lanarkshire has reviewed the services provided by the Centre for Integrative Care (CIC, formerly known as the Glasgow Homoeopathic Hospital) and this paper outlines the case for:

- ◆ Retaining current services unchanged
- ◆ Ceasing new referrals to the services provided by CIC

We also detail the provisions for patients currently receiving treatments if the services change. In such circumstances, treatment plans would continue for existing patients.

The paper describes how to respond to the consultation question.

This public briefing paper has been produced in partnership with a Stakeholder Reference Group. The membership of the Group is shown at Appendix 1.

In Appendix 2 we provide details of reports and documents referred to throughout the paper for those who wish to read further.

2. What are the Current Services?

The care provided by the CIC is focused on improving health rather than on managing disease and can offer a range of therapeutic inputs including:

- ◆ The prescribing of homoeopathic medicines
- ◆ Mindfulness-based cognitive therapy, which is used to help patients with chronic fatigue syndrome, chronic pain or chronic mood disorders
- ◆ HeartMath which teaches a person how to create a greater degree of coherence in heart rate variability and helps deal with stress
- ◆ Self-management programmes
- ◆ Art therapy
- ◆ Yoga and breathing
- ◆ Music therapy/ movement therapy
- ◆ Acupuncture for patients with musculoskeletal problems causing chronic pain and stiffness
- ◆ Neural therapy which is an injection technique used in the management of pain and neurological conditions such as multiple sclerosis
- ◆ Mistletoe therapy for patients with cancer

All new referrals for Lanarkshire residents are assessed by the CIC clinical team. The team review the referrals and add the patients to the waiting list for an outpatient appointment.

The majority of NHS Lanarkshire patients are seen locally as outpatients in the Buchanan Centre in Coatbridge or in Carluke Community Health Centre. Inpatients and daycases are admitted to the Centre for Integrative Care.

New patients are offered an integrative, holistic assessment as a first consultation.

The table below details the number of referrals and where patients attended for treatment from 2009-2013.

Table 1

| | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|---|----------------|----------------|----------------|----------------|
| New outpatient attendances (Carlisle & Coatbridge) | 236 | 179 | 164 | 148 |
| Inpatients (Glasgow) | 95 | 88 | 85 | 105 |
| Daycases (Glasgow) | | | | 17* |

**The CIC started offering treatments on a daycase basis during 2012/13*

On average, each patient attends an outpatient clinic ten times before being discharged. The most up-to-date information relating to inpatient admissions shows the three most common diagnoses during the period 1 April 2012 to 31 March 2013 were rheumatoid arthritis, post-viral fatigue syndrome and multiple sclerosis.

3. Why this Consultation?

Whilst NHS Lanarkshire has conducted a review of these services, we are keen to gain public feedback.

The NHS Lanarkshire Clinical Effectiveness Group reviewed the service model of homoeopathy in autumn 2010. It took account of the House of Commons Science and Technology Committee (2010) report on homoeopathy.¹ The Clinical Effectiveness Group recommended that NHS Lanarkshire should review homoeopathy services; this was agreed by the Lanarkshire NHS Board in September 2012.

The Homoeopathy Review Group was convened thereafter to review and determine how homoeopathy services for Lanarkshire residents should look in the future. This Group was chaired by the Director of Public Health and included representatives from North Lanarkshire Public Partnership Forum, NHS Greater Glasgow & Clyde, NHS Lanarkshire planning, nursing, communications and staff representatives. General Practitioner (GP) advice was provided by the Medical Director (Primary Care).

The Group gathered a range of evidence on therapies being provided by the CIC including a review of literature (for more details see Section 5) and the Group also asked for the views of users.

All patients who attended the outpatient clinics in NHS Lanarkshire between 1st October and 31st December 2012 were invited to complete a questionnaire.

In total:

- ◆ 153 questionnaires were issued and 107 were returned (70%)
- ◆ The majority of responders were in the 45yrs+ age range (71%)
- ◆ A similar percentage (69%) had a disability or long-term condition that affected their day-to-day activities.
- ◆ 94 responders (88%) indicated that overall the treatment made them feel better
- ◆ 96% of patients who responded received homoeopathic remedies; some also received other interventions.

In addition to prompted responses, 32 patients attending the outpatient clinic at Carluke Community Health Centre sent unprompted letters of support to the Director of Public Health. Eleven e-mails were also received from interested individuals.

GPs refer patients to the service. As such each GP in Lanarkshire was invited to participate in a survey regarding the service. An email with a direct link to an online survey was sent to each GP inviting responses by a specified date and a reminder was sent a week later. Fifty-seven GPs replied out of a total of 370 (15%).

Of those who replied:

- ◆ 19 rated the service of good or great value
- ◆ 26 rated it of no or little value
- ◆ 12 were neutral

When asked which clinical service they would most likely refer to if homoeopathy services were not available, 34 GPs identified existing provision for pain management, counselling, psychology, acupuncture and cognitive behavioural therapy.

The Review Group concluded with a recommendation that there was insufficient evidence of effectiveness to allow NHS Lanarkshire to continue to support referrals to the CIC.

It was recognised that homoeopathic remedies are used within the overall holistic, generalist approach to care which the CIC provides. NHS Highland has tried an arrangement whereby their doctors can refer to the CIC for “integrative assessments” without homoeopathy. This approach is not possible because homoeopathy is an integral part of the care provided by the CIC. Therefore, no middle-option to provide only non-homeopathic treatments is proposed.

Lanarkshire NHS Board now seeks the views of patients, the public and other interested parties as to whether or not the current services should continue.

4. The current services should continue

Dr Bob Leckridge, *Lead Clinician, Centre for Integrative Care*

Introduction

The NHS offers three overlapping approaches to treatment:

- ◆ disease focused
- ◆ therapy focused
- ◆ or patient focused.

4.1 | Disease Focused

The disease focused approach works well in acute situations such as Accident and Emergency Departments. It can also aid better control of a chronic disease in an individual e.g. Diabetic clinics, Asthma clinics etc in Primary and Secondary Care. In situations where individuals have multiple co-morbidities (two or more chronic or long-term conditions), there are additional complexities to address. In particular there may be interactions between disease processes in the individual patient, and issues of interactions between the various treatments the individual is receiving. Furthermore, as all patients are unique, the course and features of any disease and the results of treatments show great variation.

4.2 | Therapy Focused

The therapy focused approach emphasises the actual treatment on offer, be that surgical procedures, the prescription of pharmaceuticals, or even the use of a complementary or alternative (CAM) therapy such as homoeopathy or acupuncture. Whilst a majority of individuals may experience the anticipated benefits of any particular therapy, a significant minority will not. Additionally, a patient's values, beliefs and preferences should be taken into account when offering any individual therapy.

4.3 | Patient Focused

The patient focused (or person-centred) approach is individualised, draws upon a diversity of treatments and places health, not disease, as the main target of the care.

Centre for Integrative Care

The CIC has undergone major service redesign to address the commonly held belief that the service existed for the provision of homoeopathic medications solely, as opposed to the delivery of a range of interventions following a holistic and patient focused assessment. Many people assume patients referred to the CIC come for, and receive, one particular therapy e.g. homoeopathy or acupuncture. Indeed, this NHS Lanarkshire review refers to “homoeopathy services”. The CIC is not a “homoeopathy service” but is, rather, an Integrative Care Service with the distinct characteristics of patient centred-ness, treating of the whole person (holism), and the creation of individualised health-creating care plans.

Brief description of what patients can expect

The CIC is a person centred service for people who live with long term conditions.

The first consultation for any patient begins with the recording of a comprehensive, holistic, case history using empathic and non-judgemental listening. The focus is on the individual’s experience and the phenomena of their illness understood within the overall context of their life story. This also allows an explicit exploration of the patient’s beliefs and values.

The second part of the consultation involves teaching the patient about how the body self-repairs and self-regulates, emphasising how the integrative approach focuses on stimulating and supporting the natural capacities for healing and health. Finally the consultation involves the co-creation of an individualised care plan.

The care plan will involve a number of elements:

- ◆ a common core of health education
- ◆ wellness coaching and the acquisition of new skills and practices
- ◆ plus, if clinically indicated, the delivery of integrative therapies such as homoeopathy, acupuncture, mistletoe therapy, counselling, art, music or dance and movement therapy.

Safety and Quality

The CIC service has a safety record second to none, with no deaths or records of serious harm throughout its existence. This includes the lowest rates of hospital acquired infections and of development of bed sores in the inpatient unit.

The CIC service has unparalleled patient satisfaction rates of 100%, and internal audits repeatedly show that around 70 - 75% of patients report improvements which they rate as having made a difference to their daily lives. Thirty percent reductions in the need for long term medications have been reported and there is anecdotal evidence of reductions in the use of other NHS services including GP visits and referrals to other secondary care services.

Management of Long Term Conditions

The Scottish Government's Action Plan (2009)² to improve the health and wellbeing of people with long term conditions describes a vision where "those with long term conditions and those who support them feel valued, confident and able to enjoy full and positive lives". This Action Plan puts the person at the centre and calls for safe, effective, efficient, equitable and timely care, placing "each person's desired outcomes at the heart of the design and delivery of their care and support".

The CIC service has been developed from these principles and has a unique emphasis on health-making, as opposed to disease management, which seems to be particularly relevant for patients with long term conditions, and, in particular, when they have two or more co-morbidities.³

Conclusions

- ◆ The CIC is not a disease specific service, but exclusively sees patients with long term conditions. Any review of NHS Lanarkshire's use of this service should be considered within the context of overall care provided by NHS Lanarkshire to people with long term conditions.
- ◆ The CIC is not a therapy specific service, so even when referrers specify a request for a particular therapy, each patient will receive individualised care, the core of which will be education about health, illness and lifestyle, wellness coaching, and the teaching of health making practices and skills. In addition to this core, the patient may receive particular integrative therapies, such as homoeopathy, but will not receive any therapy without this core.
- ◆ The CIC is a patient centred service, which means care plans are individualised, intended to maximise self care, self management and health - in particular, resilience and quality of life. Patient centred-ness also means basing the care plan on the patient's values, beliefs and preferences and measuring progress using patient reported outcomes which keeps the service on track to try and achieve the outcomes which are important to the patient.
- ◆ The CIC uses only non-pharmacological and non-surgical interventions which result in both very low cost delivery and a very high safety record.
- ◆ The CIC with its unique emphasis on integrative approaches to health offers an alternative to patients who would choose this because of their values and beliefs.

NHS Lanarkshire provides access to this integrative service for the whole population of Lanarkshire through its current partnership with NHS Greater Glasgow & Clyde. Any decision to discontinue this relationship should show how other developments within Lanarkshire would be better able to meet the needs of this particular patient group more safely and more effectively than can be achieved through the current partnership.

5. The current services should not continue

Dr Harpreet Kohli, *Director of Public Health, NHS Lanarkshire*

Introduction

An audit carried out at the CIC during the month of February 2013 showed that around 80% of patients referred to the CIC received homoeopathy. Consequently although this section covers other treatments used at the CIC, it is important to look at homoeopathy in detail.

Homoeopathy is based on the use of tiny amounts of highly diluted substances, which practitioners say stimulates the body to react and heal itself. It is a type of complementary or alternative medicine (CAM) in which the central principle of the 'treatment' is that 'like cures like' – that a substance that causes certain symptoms can also help to remove those symptoms.

Does it work?

There has been extensive investigation of the effectiveness of homoeopathy. There is no good-quality evidence that homoeopathy is effective as a treatment for any health condition. The 2010 House of Commons Science and Technology Committee report on homoeopathy¹ referred to in Section 3 said that homoeopathic remedies perform no better than placebos, and that the principles on which homoeopathy is based are 'scientifically implausible'. There is no evidence for this idea that substances that can induce certain symptoms can also help to treat them.

There is also no evidence for the idea that diluting and shaking substances in water can turn those substances into medicines. Moreover, many homoeopathic remedies consist of substances that have been diluted so many times in water that there is none or almost none of the original substance left. In cases such as these, homoeopathic remedies consist of nothing but water.

In 2010, in the light of the report, a Lanarkshire Clinical Effectiveness Group considered whether the Health Board should continue to invest in homoeopathy services provided by NHS Greater Glasgow & Clyde at the CIC. In 2012, the Lanarkshire Homoeopathy Review Project Group was set up to consider all aspects of the issue.

Synthesised evidence from 2009 to 2012, including systematic reviews⁴, was sought on a number of therapies offered at the CIC. The reason why systematic reviews are important is because they are regarded as the 'gold standard' in assessing whether treatments are effective. Information was sought, as agreed by the Review Group, on:

1. Homoeopathy

The literature reviewed in relation to homoeopathic care for various conditions including fibromyalgia (coping with pain and depression), prevention and treatment of influenza and influenza-like illness, therapy for preventing or treating the adverse effects of cancer treatment, attention deficit/hyperactivity disorder (ADHD) and insomnia, found insufficient or no evidence to support homoeopathy.⁵⁻¹⁴

2. Mindfulness-based cognitive therapy (MBCT)

Reviews of MBCT for the treatment of various conditions including fibromyalgia, chronic diseases, stress reduction for breast cancer, chronic fatigue syndrome and anxiety and depression concluded that there is some evidence that MBCT improves psychological health in breast cancer patients and improves mental health and symptom management in patients with chronic disease.¹⁵⁻²⁰

3. HeartMath - a form of biofeedback

No systematic reviews or meta-analyses were identified for HeartMath.

4. Mistletoe for adverse effects of cancer treatment

Reviews of mistletoe extracts for cancer patients had differing results – a Cochrane Review concluded that there was insufficient evidence while two other studies concluded that mistletoe extract may be associated with better survival and that there was some evidence to support the effects on quality of life. Limitations of the studies were highlighted however and a caveat added to treat the findings with caution.²¹⁻²³

5. Music and movement therapy

Some reviews of music and movement therapy, while concluding that listening to music may help to reduce anxiety, reduce pain and respiratory rate and have a beneficial effect on the quality of life for people in end-of-life care, did not have strong evidence. The therapy appeared to have benefit for patients with Parkinson's disease but concluded that future studies should include greater numbers of patients.²⁴⁻²⁷

What are the conclusions?

Following full consideration and deliberation, the Review Group concluded that, whilst the subjective evidence from patients expressing benefit from the service was strong, there was clear and unambiguous evidence that homoeopathy and associated services were lacking in terms of therapeutic benefit. In addition there was strength of clinical opinion that homoeopathic treatments should not be provided by the NHS. On that basis, the Review Group agreed that it could not recommend referrals to the CIC.²⁸

Health boards in Scotland have a responsibility to all the people they look after to provide the best quality, most effective healthcare they can. This means that sometimes choices have to be made between different interventions to decide which ones would be the safest, most clinically effective and cost-effective treatments to provide.

While the evidence for clinical effectiveness in homoeopathy is poor, some people believe that they see an improvement in their health. This might be due to a phenomenon known as the placebo effect. While this can have positive aspects, it risks the patient missing out on other potential treatments which may be of more benefit. In addition, providing services such as homoeopathy for which there is no evidence of benefit, means that other services which are beneficial may not be able to be offered.

This is relevant both to users of homoeopathy and other patients as it is important to remember that all choices made for NHS treatments have an alternative – for example, people who use homoeopathy services may be able to benefit from other types of treatment. It is right that NHS resources are used in the most effective way which may mean that some treatments which cannot be shown to work are discontinued in favour of those which do.

6. What could this change mean for me?

Janette Barrie, *Nurse Consultant, Long Term Conditions*

As the population of Lanarkshire continues to grow ²⁹, the number of people with long term conditions may also increase. According to Scottish Health Survey data, 42% of people in Scotland report a long term condition³⁰ and it is thought that almost half the population of Lanarkshire live with a long term condition.

Long term conditions are those that cannot be cured but can be managed and controlled over a long period of time by medication and other therapies. Examples include chronic obstructive pulmonary disease (COPD), epilepsy, multiple sclerosis, diabetes mellitus, myalgic encephalomyelitis and chronic pain.

Many people, especially the older population, may have more than one long term condition, leading to more difficulties with their usual daily activities.

Some patients may struggle to cope with the implications and impact of living with a long term condition and source other approaches and support.

Each year patients may be referred by their GP to the CIC based in Glasgow. Within the changes proposed, **existing users of this service will experience no change to the current service provision** and will continue to access it until they are discharged. However for any new patients, GPs have a number of other referral routes available which include:

- ◆ Self Management groups and programmes
- ◆ Counselling
- ◆ Psychology
- ◆ Psychological therapies
- ◆ Cognitive Behavioural Therapy
- ◆ Acupuncture
- ◆ Pain Management

We know that over time patients may require referral to a number of different services and this will require a degree of coordination from their GP and a person-centred approach to ensure continuity of care.

Self Management

Self management is the successful outcome of the person and all appropriate individuals and services working together to support him or her to deal with the very real implications of living the rest of their life with one or more long term condition. The approach is person centred and designed to promote empowerment and independence where the person takes ownership for the management of their condition ³¹.

There are a number of self management supports within NHS Lanarkshire which range from easy to understand information to 10 week structured group programmes designed to develop the skills and confidence to help individuals manage their long term conditions. These self management supports may be provided by NHS Lanarkshire, local leisure services and voluntary organisations. GPs and other health care professionals can signpost patients to these resources or they may formally refer. Patients can also self refer on many occasions.

Psychology

NHS Lanarkshire has a very well established Department of Psychology which provides clinical and consultation services to people of North and South Lanarkshire. The service consists of around 45 whole time equivalent clinical and counselling psychologists, psychological therapists, specialist practitioners and assistant psychologists, supported by secretarial staff. Psychologists are based in a variety of community and hospital settings. The service is organised geographically into three departments. The adult service has a special interest group in the treatment of complex adult mental health problems.

Pain Management

NHS Lanarkshire has a multidisciplinary chronic pain management service which includes consultants in pain medicine, specialist nurses, specialist physiotherapy and psychology. The service works formally with Pain Association Scotland to ensure self management is integral to patients' management strategies and the overall approach. The chronic pain service offers a range of treatments based on the individual needs of patients.

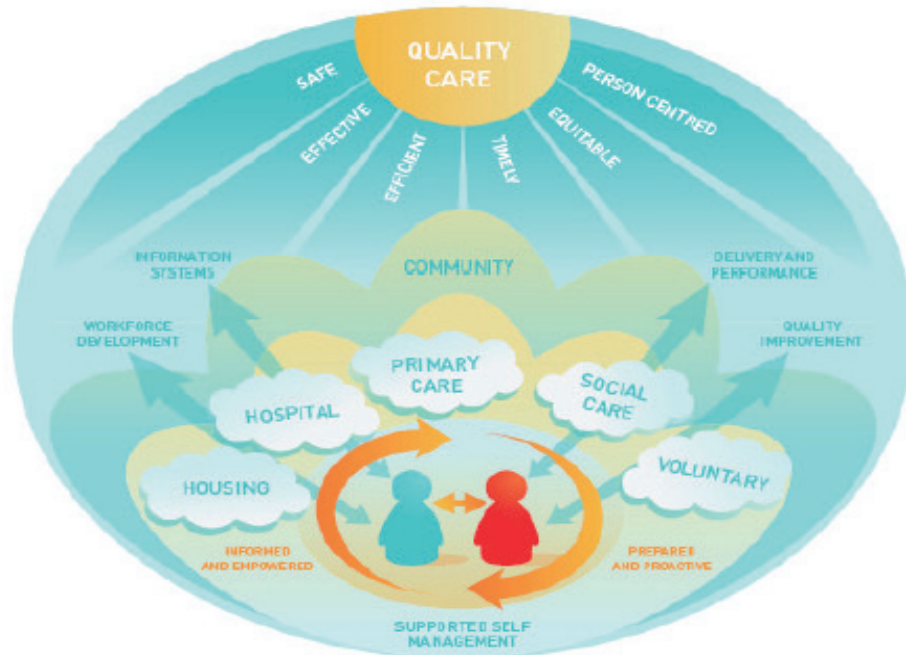
Acupuncture

Acupuncture has been shown to be effective in providing short term pain relief in some conditions and is available from a number of clinicians including some GPs, Physiotherapists and the chronic pain service. All of the services mentioned above provide a person centred approach taking cognisance of the need for longer assessments and consultation times which are essential for this population.

Long Term Conditions Strategy

The approach to long term conditions within Lanarkshire has over the last 5 years undergone major reconfiguration guided by the healthcare needs of the population and national strategies, including NHS Scotland's Quality Strategy (2010). The model implemented is based upon the Health and Social Care Model illustrated in figure 1 below (NHS Scotland 2007), which is based upon the Chronic Care Model developed by the Robert Wood Johnson Foundation in the USA.

Figure 1: NHS Scotland Health and Social Care model for Long Term Conditions



The most common diagnoses on discharge from the CIC include rheumatoid arthritis, post viral fatigue and multiple sclerosis.

Within Lanarkshire, referral pathways exist for most long term conditions including rheumatological conditions and multiple sclerosis, with the pathway for patients with ME-CFS symptoms, including post viral fatigue, currently under development.

What if I am already receiving treatment?

As with other service changes, existing users of this service will continue to receive treatment until their treatment plan has been completed.

7. How do I make my views known?

If you would like to respond to the question “Should NHS Lanarkshire refer patients to the Centre for Integrative Health?” please do so before Friday 11th April 2014.

You can make your views known by:

1. Going to the following link:

<https://www.surveymonkey.com/s/Homoeopathy>

2. If you have a paper copy of this document, fill out the questionnaire below and send these pages to:

NHS Lanarkshire Homoeopathy Consultation
NHS Lanarkshire Headquarters
Kirklands Hospital
Fallside Road
Bothwell G71 8BB

If you would like us to send additional paper copies of this document, or a stamped addressed envelope for its return, please email

homoeopathy@lanarkshire.scot.nhs.uk or telephone **01698 858269**.

Should NHS Lanarkshire refer patients to the Centre for Integrative Care (Glasgow Homoeopathic Hospital)?

Yes No Undecided

Please explain your decision below:

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1: Are you responding as:

- A Lanarkshire resident who is a current/former user of the services provided by the Centre for Integrative Care (Glasgow Homoeopathic Hospital)
- A non-Lanarkshire resident who is a current/former user of the services provided by the Centre for Integrative Care (Glasgow Homoeopathic Hospital)
- A Lanarkshire resident who has never used the services provided by the Centre for Integrative Care (Glasgow Homoeopathic Hospital)
- A non-Lanarkshire resident who has never used the services provided by the Centre for Integrative Care (Glasgow Homoeopathic Hospital)
- An NHS Lanarkshire health professional
- An organisation representing people who use the services provided by the Centre for Integrative Care (Glasgow Homoeopathic Hospital)
- Other stakeholder (please list below)

2: Are you:

- Male Female Prefer not to answer

3: How old are you? years

4: To which of these ethnic groups do you say you belong?

Please tick **ONE** box which best describes your ethnic group.

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Mixed or multiple ethnic groups |
| <input type="checkbox"/> Asian, Asian Scottish or Asian British | <input type="checkbox"/> African, Caribbean or Black |
| <input type="checkbox"/> Other ethnic group | <input type="checkbox"/> Prefer not to answer |

At the end of the consultation a report will be prepared which will describe the review process and will include the responses to this consultation.

This will help to inform a decision by Lanarkshire NHS Board on the future use of these services.

If you would like to receive a copy of this report when it is published please complete the information below. No personally identifiable information will be published in the report or used for any other purpose by NHS Lanarkshire.

Name

Address

..... Post code

Email address

Would you like to receive the report: Electronically By post

Appendix 1

Membership of the Stakeholder Reference Group

| | |
|---------------------|--|
| Janette Barrie | Nurse Consultant, Long Term Conditions, NHS Lanarkshire |
| Eddie Docherty | Communications Officer, NHS Lanarkshire |
| Rachel Dougherty | Service User |
| Robert Foubister | Staff Side Representative |
| Isobel Frize | Planning Manager, NHS Lanarkshire |
| Lorraine Jackson | Service User |
| Helen Jamieson | Service User |
| Dr Harpreet Kohli | Director of Public Health, NHS Lanarkshire (Chair) |
| Colin Lauder | Head of Planning & Development, NHS Lanarkshire |
| Dr Bob Leckridge | Lead Clinician, Centre for Integrative Care, NHS Greater Glasgow & Clyde |
| Julia Little | General Manager, NHS Greater Glasgow & Clyde |
| Dr Al-Waly Majumdar | General Practitioner |
| Ann Muir | North Lanarkshire Public Partnership Forum |
| Jenifer Whyte | South Lanarkshire Public Partnership Forum |
| Tom Wilson | Staff Side Representative |

The Stakeholder Reference Group would like to thank the Health and Social Care Alliance (Scotland) and the Scottish Health Council for the advice given in the preparation of this document.

Appendix 2

References

1. House of Commons, Science and Technology Committee. Evidence Check 2: Homoeopathy Fourth Report of Session 2009–10. <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf> (accessed 24 October 2013)
2. Improving the Health and Wellbeing of People in Scotland: A National Action Plan (<http://www.scotland.gov.uk/Publications/2009/12/03112054/0>)
3. British Medical Journal 2012;344: e3526 “Beyond diagnosis: rising to the multimorbidity challenge”
4. International Network of Agencies for Health Technology Assessment (INAHTA) Glossary - <http://inahta.net/Glossary/> (accessed 11 November 2013)
5. NHS Highland. Clinical Effectiveness Report, NHS Highland Board papers, October 2010.
6. Baranowsky J, Klose P, Musial F, Haeuser W, Dobos G, Langhorst J. Qualitative systemic review of randomized controlled trials on complementary and alternative medicine treatments in fibromyalgia. *Rheumatology International*. 2009; 30:1-21.
7. Perry R, Terry R, Ernst E. A systematic review of homoeopathy for the treatment of fibromyalgia. *Clinical Rheumatology*. 2010; 9: 457-464.
8. De Silva V, El-Metwally A, Ernst E, Lewith G, Macfarlane GJ, Arthritis Research Campaign working group on complementary and alternative medicines. Evidence for the efficacy of complementary and alternative medicines in the management of fibromyalgia: a systematic review. *Rheumatology*, 2010; 49: 1063-8.
9. Mathie RT, Frye J, Fisher P. Homoeopathic Oscillocoquinum® for preventing and treating influenza and influenza-like syndromes. *Cochrane Database of Systematic Reviews* 2012; 12. Art. No.: CD001957. DOI: 1002/14651858.CD001957.pub5.
10. Kassab S. Homoeopathic medicines for adverse effects of cancer treatments. *Cochrane Database of Systematic Reviews* 2012; 8. DOI: 10.1002/14651858.CD004845.pub2.
11. Heirs M, Dean ME. Homoeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder. *Cochrane Database of Systematic Reviews* 2009; 1. DOI: 10.1002/14651858.CD005648.pub2.
12. Ernst E. Homoeopathy for insomnia and sleep-related disorders: a systematic review of randomised controlled trials. *Focus on Alternative and Complementary Therapies*. 2011;16(3):195-199.

13. McCarney RW. Homoeopathy for dementia. *Cochrane Database of Systematic Reviews* 2009; 3. DOI: 10.1002/14651858.CD003803.
14. Peckham EJ Nelson EA, Greenhalgh J, Cooper K, Roberts ER Agrawal A. Homoeopathy for treatment of irritable bowel syndrome. *Cochrane Database of Systematic Reviews* 2012; 3. Art. No.: CD009710. DOI: 1002/14651858.CD009710.
15. Cramer H, Lauche R, Paul A, Dobos G. Mindfulness-based stress reduction for breast cancer – a systematic review and meta-analysis. *Current Oncology*, 2012; 19(5):e343-52. Doi: 10.3747/co.19.1016.
16. Bernardy K, Fuber N, Kollner V, Hauser W. Efficacy of cognitive-behavioural therapies in fibromyalgia syndrome: a systematic review and meta-analysis of randomized controlled trials. *Journal of Rheumatology*, 2010; 37: 1991-2005.
17. Merkes M. Mindfulness-based stress reduction for people with chronic diseases. *Australian Journal of Primary Health*, 2010; 16: 200-10.
18. Bohlmeijer E, Prenger R, Taal E, Cuijpers P. The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *Journal of Psychosomatic Research*, 2009; 68: 539-44.
19. Hoffman SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 2010; 78: 169-83.
20. Chiesa A, Serretti A. Mindfulness-based stress reduction for stress management in healthy people: a review and meta-analysis. *Journal of Alternative and Complementary Medicine*, 2009; 15: 593-600.
21. Horneber M, Bueschel G, Huber R, Linde K, Rostock M. Mistletoe therapy in oncology. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD003297. DOI: 10.1002/14651858.CD003297.pub2.
22. Ostermann T, Raak C, Bussing A. Survival of cancer patients treated with mistletoe (Iscador): a systematic literature review. *BMC Cancer*, 2009; 9: 451.
23. Kienle GS, Glockmann A, Schink M, Kiene H. *Viscum album* L. extracts in breast and gynaecological cancers: a systematic review of clinical and preclinical research. *Journal of Experimental and Clinical Cancer Research*, 2009; 28: 79.
24. Bradt J, Dileo C. Music for stress and anxiety reduction in coronary heart disease patients. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD006577. DOI: 10.1002/14651858.CD006577.pub2.
25. Bradt J, Dileo C. Music therapy for end-of-life care. *Cochrane Database of Systematic Reviews* 2010, Issue 1. Art. No.: CD007169. DOI: 10.1002/14651858.CD007169.pub2.

26. de Dreu MJ, van der Wilk ASD, Poppe E, Kwakkel G, van Weggen EEH. Rehabilitation, exercise therapy and music in patients with Parkinson's disease: a meta-analysis of the effects of music-based movement on walking ability, balance and quality of life. *Parkinsonism and Related Disorders*, 2012;18 (Supplement): S114-9.
27. Bradt J, Goodill SW, Dileo C. Dance/movement therapy for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews* 2011, Issue 10. Art. No.: CD007103. DOI:10.1002/14651858.CD007103.pub2.
28. Homoeopathy Services for Lanarkshire Residents – Report of the Lanarkshire Homoeopathy Review Project Group to the NHS Lanarkshire Modernisation Board, Monday 5 August 2013.
29. Annual Report of the Director of Public Health 2011-12
[NHSL Lanarkshire website - DPH Annual Report 2011/12](#)
30. Scottish Health Survey: Equality Groups
<http://www.scotland.gov.uk/Resource/0040/00406749.pdf>
31. The Self Management Strategy for Long Term Conditions in Scotland
<http://www.scotland.gov.uk/Resource/0042/00422988.pdf>

