Commissioning Policy

NHS
Redditch and Bromsgrove
Clinical Commissioning Group

NHS
South Worcestershire
Clinical Commissioning Group

NHS
Wyre Forest
Clinical Commissioning Group

Alternative/Complementary Treatments and Medicines Commissioning Policy

July 2019

This policy applies to patients for whom the following Clinical Commissioning Groups are responsible:

COMMISSIONING SUMMARY

Worcestershire CCGs do not support the routine NHS funding of complementary/alternative therapies for our patient population due to lack of robust evidence of consistent clinical efficacy across patient groups with similar clinical presentations.

Please refer to Section 6 of this document for further information

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Internal Review Date:	Documents will be reviewed as a minimum every 3 years. However, earlier revisions to the policy may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies. Date to Initiate Review: 22/12/2020
Lead Executive/Director:	Chris Emerson - PMO Specialist Adviser
Name of originator/author:	Helen Bryant – Senior Contracts Manager
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Distribution:	GPs, Secondary Care and Primary Care (Community) Providers, Independent Sector Providers
Equality & Diversity Impact Assessment	1st December 2017

Key individuals involved in developing the document:

Name	Designation	Version Reviewed

Circulated to the following individuals/groups for comments:

Name	Date	Version Reviewed
Clinical Commissioning Policy Collaborative, which includes: GPs, Commissioners, Medicines Commissioning, Public Health, Patient and Public Representatives	12th December 2017	Version 1

Version Control:

Version No	Type of Change	Date	Description of change
1.0	NEW	December 2017	Introduction of new policy statement confirming the local commissioning stance on complementary/alternative treatments taking into account various strands of evidence review undertaken at a national level on these interventions/treatments.

Version No	Type of Change	Date	Description of change
V1.1	Minor	July 2019	Revised Acupuncture treatment listing to bring in-line with Musculoskeletal Surgery and Therapeutic Interventions Policy V1.9.8 (November 2018)

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1. Definitions

1.1 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.

1.2 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patients indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.

1.3 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.

1.4 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

2. Scope of policy

2.1 This policy is part of a suite of locally endorsed Commissioning Policies. Copies of these Commissioning Policies are available on the following website address: http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/

2.2 This policy applies to all patients for whom the Worcestershire CCGs have responsibility including:

- People provided with primary medical services by GP practices which are members of any one of the CCGs and
- People usually resident in any of the areas covered by the CCG's and not provided with primary medical services by any CCG.

2.3 Where a patient's clinical presentation does not clearly meet the requirements for secondary care referral within the context of this policy, and where a GP is uncertain or concerned about the appropriate treatment/management pathway, referral for Advice & Guidance should be considered as an alternative to a referral for clinical assessment.

2.4 There may be occasions when a GP referral is made for specialist assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for treatment and/or surgery or is not considered clinically suitable for treatment and/or surgery. Such patients should be discharged without treatment and/or surgery.

2.5 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.

For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.

3. Background

3.1. The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.

3.2. NHS Redditch & Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.

3.3. This policy addresses a wide range of healthcare services that are often regarded as being outside the scope of conventional medical practice, and are often used alongside or instead of standard treatment. Such therapies tend to be non-invasive and non-pharmaceutical, and they often take a holistic approach to the patient.

3.4. This policy does not address and does not exclude:

- The use of manipulative techniques as a professional tool by medical practitioners and physiotherapists.
- The use of herbally derived medicines that are listed as prescribable in the British National Formulary (e.g. digitalis or opioid derivatives).

3.5. The Commissioning Organisation recognises that a patient may:

- suffer from a condition for which a complementary therapy has been offered.
- wish to have a service provided for their condition,
- be advised that they are clinically suitable for the treatment, and
- be distressed by their condition, and by the fact that that this service is not normally commissioned by this Commissioning Organisation.

3.6. Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

4. Relevant National Guidance and Facts

4.1 NICE has not produced formal guidance on complementary therapies, and there is no other formal systematic assessment of cost effectiveness of complementary therapies. Most reports on effectiveness pay little attention to issues of cost effectiveness, and authoritative commentators suggest that the wisest approach is to target the NHS use of complementary therapies on areas where there is a gap in proven conventional effective treatments including chronic pain, mental disorders and palliative care. However each treatment within each therapy must be considered on its merits and in the light of emerging evidence, and this policy does not exclude or confirm any complementary therapy for NHS commissioning on the basis of cost effectiveness.

5. Evidence Review

5.1 The House of Commons Science and Technology Committee enquiry into the provision of homeopathic services within the NHS in 2009 recommended that homeopathic treatments should not be routinely available within the NHS. The committee report included a robust review of the evidence base for a variety of homeopathic treatments but found no evidence of effectiveness for any condition from published RCTs and systematic reviews.
http://www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/homeopathy-/

5.2 A previous report commissioned by the Association of Directors of Public Health in 2007 and more recent reviews by AETNA 3 are all consistent in confirming the lack of sufficient evidence of effectiveness of homeopathic treatments despite many years of research and hundreds of studies. There is some evidence of clinical benefit for some complementary therapies such as acupuncture (outside of a physiotherapy treatment pathway), osteopathy, biofeedback and hypnotherapy for certain conditions.
AETNA Clinical Policy Bulletin 0388. Complementary and Alternative Medicine. Last review date 13/06/2017
http://www.aetna.com/cpb/medical/data/300_399/0388.html
Association of Public Health Report on the evidence for homeopathy (unpublished commissioned Report on the evidence for Homeopathy)

5.3 Complementary and alternative medicine – NHS Choices 2017.

5.4 NHS England commissioned a review of a range of products, including homeopathic treatments, to determine a common approach to their provision on the NHS. Following a national consultation, the NHS England Board published their "Items which should not be routinely prescribed in primary care" document in November 2017
https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf

This review included a report from the Specialist Pharmacy Service, which can be accessed via the link below
https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-homeopathy.pdf

6. Patient Eligibility

6.1 Worcestershire CCGs do not support the routine NHS funding of complementary/alternative therapies for our patient population due to lack of robust evidence of consistent clinical efficacy across patient groups with similar clinical presentations.

6.2 The following is a list of treatments not supported, please note this list is ***not exhaustive***:

Active release techniques. Acupressure, Acupuncture, Aimspro (hyperimmune goat serum), Alexander Technique, AMMA Therapy, Antineoplastons, Antineoplaston therapy and sodium phenylbutyrate; Apitherapy; Applied kinesiology; Aromatherapy, Art therapy; Autogenic Therapy, Auto urine therapy; Ayurveda;

Bioenergetic therapy; Biofield Cancell (Entelev) cancer therapy; Bioidentical hormones;

Carbon dioxide therapy; Cellular therapy; Chelation therapy for atherosclerosis; Chiropractic Osteopathy, Chung Moo Doe therapy; Coley's toxins; Colonic irrigation; Conceptual mind-body techniques; Craniosacral therapy; Cupping;

Dance/Movement therapy; Digital myography;

Ear Candling; Egoscue method; Electroacupuncture according to Voll (EAV); Equine therapy; Essential and Metabolic Fatty Acids Analysis (EMA); Essiac; Environmental Medicine;

Feldenkrais method of exercise therapy; Flower essence; Fresh cell therapy; Functional intracellular analysis;

Gemstone therapy; Gerson therapy; Glyconutrients; Graston Technique; Greek cancer cure; Guided imagery;

Hair analysis; Hako-Med machine (electromedicicine horizontal therapy); Hellerwork; Herbal Medicines, Homeopathy; Hoxsey therapy; Humor therapy; Hydrazine sulphate; Hypnosis; Hyperoxygen/Hyperbaric Oxygen therapy;

Immuno-augmentative therapy; Infratronic Qi-Gong machine; Insulin potentiation therapy; Inversion therapy; Iridology; Iscador (Mistletoe therapy);

Kelley/Gonzales therapy;

Laetrile (amydgalin or vitamin B17); Live blood cell analysis;

Macrobiotic diet; Magnet therapy; Massage, Meditation/transcendental meditation; Megavitamin therapy; Meridian therapy; Mesotherapy; Mistletoe therapy (Iscador); Moxibustion (except for foetal breech presentation);MTH-68/H vaccine; Music therapy; Myotherapy Neural therapy;

Naturopathy;

Ozone therapy;

Pfrimmer deep muscle therapy; Polarity therapy; (Poon's) Chinese blood cleansing; Primal therapy; Psychodrama; Purging;

Qigong for longevity exercises;

Reams' testing; Reflexology (zone therapy); Reflex Therapy; Reiki; Remedial massage; Revici's guided chemotherapy; Rolfing (structural integration); Rubenfeld synergy method (RSM); 714-X (for cancer);

Sarapin injections; Shark cartilage products; Shiatsu;

Therapeutic Eurythmy-movement therapy; Therapeutic touch; Thought field therapy (TFT) (Callahan Techniques Training); Trager approach;

Visceral manipulation therapy;

Whitcomb technique; Wurn technique/clear passage therapy;

Yoga.

7. Supporting Documents

- Worcestershire CCGs: Operational Policy for Individual Funding Requests
- Worcestershire CCGs: Prioritisation Framework for the Commissioning of Healthcare Services
- NHS England: Ethical Framework for Priority Setting Resource Allocation
- NHS England: Individual Funding Requests
- NHS Constitution, updated 27th July 2015
- House of Commons Science and Technology Committee enquiry into the provision of homeopathic services within the NHS in 2009 http://www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/homeopathy-/
- AETNA Clinical Policy Bulletin 0388. Complementary and Alternative Medicine. Last review date 13/06/2017. http://www.aetna.com/cpb/medical/data/300_399/0388.html
- Complementary and alternative medicine – NHS Choices 2017
- NHS England Board. "Items which should not be routinely prescribed in primary care" document, published November 2017 – https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf
- Specialist Pharmacy Service. "Clinical Evidence for Homeopathy" published October 2017 and included in the evidence review for the NHS England Board paper noted above https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-homeopathy.pdf
- NHS Blackpool & Flyde CCG Commissioning Policy
- NHS Dudley CCG Commissioning Policy

8. Equality Impact Assessment

Organisation	NHS Worcestershire Clinical Commissioning Groups		
Department	Contracting/Elective Care	Name of lead person	Christina Emerson
Piece of work being assessed	Helen Bryant and Fiona Bates		
Aims of this piece of work	To provide a clear and robust commissioning document that will inform patients, GPs and Provider Organisations on the commissioning stance of the CCGs in Worcestershire about complementary/alternative therapies and interventions.		
Date of EIA	01/12/2017	Other partners/stakeholders involved	CCPC
Who will be affected by this piece of work?	Patients wishing to receive NHS funded complementary/alternative therapies. GPs and other healthcare professionals who are approached to request or provide these treatments to Worcestershire patients.		

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
Gender	The National Omnibus Survey noted that approximately 47% of males access alternative or complementary therapies. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on their gender. https://watermark.silverchair.com/fdh139.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc48	No
Race	The National Omnibus Survey noted that similar percentages of CAM use were found for the ethnic category 'white' and all others grouped together.	No

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	Is there likely to be a differential impact? Yes, no, unknown
	However there is no differentiation between an individual's race, as the policy is to not fund these treatment options. https://watermark.silverchair.com/fdh139.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc48	
Disability	There is evidence to confirm that individual's who are experiencing poorer self reported health access CAM. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on whether they do or do not have a disability or between individuals who have different disabilities. http://eprints.ncrm.ac.uk/2925/1/CAM_use_and_efficacy_working_paper0612.pdf	No
Religion/ belief	There is anecdotal evidence that access to CAM may vary between different belief systems. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on their religion or belief system.	No
Sexual orientation	There is no clear evidence that access to CAM varies between individuals with differing sexual orientation. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on their sexual orientation.	No
Age	The National Omnibus Survey noted that the highest use of CAM was recorded against individuals aged 25-54 with 50% of all CAM use recorded. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on their age.	No

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
	https://watermark.silverchair.com/fdh139.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc48	
Social deprivation	The National Omnibus Survey noted that receipt of CAM from a practitioner is positively associated with higher gross income levels, non-manual social class and full-time education after the age of 18. However, adults in all income and social class groups reported some use of complementary therapies. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on their income or level of education/social deprivation. https://watermark.silverchair.com/fdh139.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc48	No
Carers	There is no clear evidence that access to CAM increases if an individual is a carer. However, as the policy is to not fund these treatment options, there is no difference in options available to an individual based on whether they are a carer or not.	No
Human rights	This policy does not seek to impact on an individual's human rights	No

Equality Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead