



Warwickshire North
Clinical Commissioning Group

Complementary and Alternative Therapies Policy



Version Control

Version	2.0
Ratified by	NHS Warwickshire North CCG Governing Body
Date ratified	12 th January 2017
Name of originator/author	Arden Clinical Commissioning Policy Development Group
Responsible committee	Commissioning, Finance and Performance Committee
Date issued	01 April 2017
Review date	01 April 2020

Version History

Date	Version	Comment / Update
01 / 10 / 2013	V1	Approved by CCG CDG
12 / 01 / 2017	V2	Version drafted by Arden Clinical Policy Development Group

Treatment	Complementary and Alternative Therapies
Indication	Various Medical Conditions
Funding Status	Treatment not funded

OPCS Code	Not applicable
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Treatment	<p>This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity in the Clinical Commissioning Group's approach to complementary and alternative therapies.</p> <p>The policy reflects the lack of high quality research data available to support the use of these therapies. Complementary and alternative therapies are not commissioned by the CCG as "stand-alone" treatments due to a paucity of information on clinical effectiveness.</p> <p>In certain circumstances, some of the procedures are commissioned as part of a broader contract with a mainstream provider (for example specialist pain management, oncology, palliative care and musculoskeletal [MSK] services) in a multi-disciplinary approach to symptom control.</p> <p>The alternative and complimentary therapies and alternative disciplines covered by this policy include:</p> <ul style="list-style-type: none"> • Acupuncture • Alexander Technique • Anthroposophical medicine • Aromatherapy • Bach and other flower remedies • Chinese herbal medicine • Chiropractic • Crystal therapy • Dowsing • Eastern medicine • Healing Nutritional medicine • Herbal medicine • Hypnotherapy • Iridology • Kinesiology • Maharishi Ayurvedic medicine • Massage • Meditation • Naturopathy • Neutralising Antigens/clinical ecology/environmental medicine • Osteopathy • Pilates • Radionics • Reflexology
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	<ul style="list-style-type: none"> • Shiatsu • Traditional Chinese medicine • Yoga <p><i>N.B. The alternative and complimentary therapies / disciplines listed above are not exhaustive.</i></p>
Equality Impact	See EIA attached
Quality Impact	See QIA attached

Equality Impact Assessment

Policy	Complementary and Alternative Therapies	Person completing EIA	Suman Ghaiwal, Equality and Human Rights Manager, CSU
Date of EIA	9 October 2016	Accountable CCG Lead	Jenni Northcote, Director of Partnerships and Engagement

Aim of Work	The Public Sector Equality duty requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	Warwickshire North registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Sex	No	Age	No
Race	No	Gender Reassignment	No
Disability	No	Marriage and Civil Partnership	No
Religion / belief	Yes	Pregnancy and Maternity	No
Sexual orientation	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

Complementary and alternative therapies are not routinely commissioned by the CCG due to a paucity of information on clinical effectiveness.

Since CCGs operate within finite budgetary constraints the policy detailed in this document make explicit the need for the CCG to prioritise resources and provide interventions with the greatest proven health gain. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness. The impact of this policy has been considered against all protected groups and human rights principles.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances.

The CCG acknowledges that some religions do not accept certain treatments and may seek alternative treatments instead. However, the CCG will only fund treatments that are evidence-based and show cost-effectiveness. Individuals whose religion prevents them from accessing certain mainstream treatments may choose to self-fund complementary and alternative therapies.

<http://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/complementary-alternative-medicines.aspx>

Quality Impact Assessment

QIA Completed By: Mary Mansfield, Deputy Chief Quality Officer (CCG)				Date: 9 October 2016					
Complementary and Alternative Therapies		OUTCOME ASSESSMENT			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
AREA OF ASSESSMENT									
Duty of Quality Could the scheme impact positively or negatively on any of the following	Effectiveness – clinical outcome			X	The policy has not changed and the treatments are still not funded. By merging different policies into one policy it will be easier for patients and clinicians to understand.				
	Patient experience			X					
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			X					
	Ensuring people have a positive experience of care			X					
	Preventing people from dying prematurely			X					
	Helping people recover from episodes of ill health or following injury			X					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			X					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			X					
	Access to the highest quality urgent and emergency care			X					
	Convenient access for everyone			X					
	Ensuring that citizens are fully included in all aspects of service design and change			X					
	Patient Choice			X					
	Patients are fully empowered in their care			X					
	Wider primary care, provided at scale			X					