

Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	Diagnosis and Management of Chronic Fatigue Syndrome (CFS) and Myalgic Encephalomyelitis (ME)
Indication	Chronic Fatigue Syndrome and Myalgic Encephalomyelitis
Criteria	<p>The assessment and management of chronic fatigue syndrome (CFS) and myalgic encephalomyelitis (ME) at out of area specialist inpatient or outpatient units is not commissioned or funded by the CCG.</p> <p>The assessment and treatment of chronic fatigue syndrome (CFS) and myalgic encephalomyelitis (ME) should usually be managed by primary care, in the community, in line with assessment and treatment recommendations given in NICE guidance¹. This may include referral to commissioned local secondary care specialist services for diagnosis and management advice, if required.</p> <p>Ref: ¹ National Institute for Health and Clinical Excellence (NICE) August 2007 Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management (Available on line from: https://www.nice.org.uk/Guidance/cg53)</p>
Equality Impact Assessment	See attached

Version Control:

Version	1.0
Ratified by	Governing Body
Date ratified	14/09/17
Name of Originator/Author	Policy Development Group
Name of Responsible Committee	
Date Issued	14/09/17
Review Date	September 2020

Equality Impact Assessment (EIA)

Policy/Service	Diagnosis and Management of Chronic Fatigue Syndrome (CFS) and Myalgic Encephalomyelitis (ME)	Person completing EIA	Kay Holland
Date of EIA	7 th June 2017	Accountable CCG Lead	Andrea Green NHS Warwickshire North Clinical Commissioning Group

Aim of Work	The Public Sector Equality Duty (PSED) 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	

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Age	No	Race	No
Disability	No	Religion or belief	No
Gender reassignment	No	Sex	No
Marriage and civil partnership	No	Sexual orientation	No
Pregnancy and maternity	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.
<p>This is a harmonised policy across three Clinical Commissioning Groups – Coventry and Rugby CCG; South Warwickshire CCG and Warwickshire North CCG.</p> <p>The impact of this policy has been discussed at length by the Policy Development group and all protected characteristics and Human Rights values given due regard and only patient demographic issues that could impact on individual risk and/or clinical effectiveness were taken into account when reaching a decision.</p> <p>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.</p> <p>Chronic Fatigue Syndrome (CFS), also known as Myalgic Encephalomyelitis (ME), is a condition characterised by fatigue,</p>

which is often debilitating, it is not relieved by rest or sleep, it is exacerbated by minimal exertion and is associated with a constellation of other symptoms, the severity of which tends to vary with the severity of the fatigue. An individual's symptoms may vary in severity and there is a variation between patients; although some patients improve over time, others do not.

CFS/ME falls under the category of Medically Unexplained Symptoms (MUS) which account for 30-50% of all consultations in primary care and 35-50% of all new medical outpatients. The World Health Organisation classifies CFS/ME as a neurological illness.

CFS/ME has an incidence and prevalence in the general population ranging from 0.4-1% based on geographical variation, with high incidence in urban populations. It is more common in women, and in Caucasians, although recent increase in the recognition and correct diagnosis of the condition may influence the prevalence.

Many different interventions for CFS/ME have been investigated in clinical trials of varying quality. There is currently insufficient evidence to support many interventions in terms of clinical or cost effectiveness.

There is currently no evidence to support the use of in-patient or residential settings to deliver effective interventions for CFS/ME. There is currently no evidence to suggest that any group or sub-group of patients with CFS/ME will benefit particularly from any specific intervention or that patients who have failed to improve on one intervention may do better on another.

Please summarise where further action is required and when the projects/decision will be reviewed.

The policy will be reviewed as and when new evidence or guidance is published and by no longer than three years after ratification by Governing Body.