

# Policies for the Commissioning of Healthcare

## Policy for Complementary and Alternative Therapies

**Date of ratification:** 12<sup>th</sup> January 2018

**Date due for review:** 12<sup>th</sup> January 2021

**Date of adoption:** 1<sup>st</sup> July 2022

This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.

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January 2018	V1	Ratified policy.
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

## 1. Policy Criteria

- 1.1 The ICB will only commission complementary and alternative therapies where there is clear evidence of effectiveness and when they are carried out by an agreed NHS provider as part of an existing NHS pathway of care (e.g. as part of a package of end-of-life care or pain management) or when exceptionality has been demonstrated in accordance with section 8 below.
- 1.2 The ICB will not commission complementary and alternative therapies as “stand alone” treatments either within or outside of the NHS.

## 2. Scope and definitions

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 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.
- 2.3 The scope of this policy includes requests for:
  - Homeopathy
  - Herbal Medicine
  - Acupuncture
  - Alexander Technique
  - Aromatherapy
  - Reflexology
  - Chiropractic
  - Osteopathy
  - Hypnotherapy
- 2.4 This policy's principles may be applied to other therapies with similar characteristics that are considered 'alternative' or 'complementary'.
- 2.5 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).
- 2.6 The ICB 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

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- be advised that they are clinically suitable for the treatment, and be distressed by their condition, and by the fact that this service is not normally commissioned by this ICB.

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

2.8 Terms used in this policy are explained and defined in Appendix 1. Throughout this policy any terms are used with the meaning described in that appendix.

### 3. Appropriate Healthcare

3.1 Some complementary therapists, including many practitioners of reflexology, aromatherapy, and the Alexander technique, may regard the purpose of their treatment in terms such as to help restore and maintain the body's natural equilibrium; to relax the mind and body and counteracting stress; to help patients to cope on a physical, mental and emotional level; to heal and maintain health in all areas of their lives. While those purposes may be important in terms of the overall wellbeing of the person, they are not purposes that place those therapies within the appropriate category for NHS commissioning.

3.2 Many complementary therapies seek to achieve the same aim as conventional therapies. In some circumstances conventional therapists may rely partly on similar or identical techniques to complementary therapists, including manipulation, acupuncture and hypnotherapy to achieve their aim. If the purpose of the proposed complementary therapy can be addressed by conventional therapists and those therapists are qualified and registered practitioner carrying out evidence-based work in conjunction with clinical audit, then referral to those therapists is appropriate and referral to complementary therapists is not.

3.3 In some cases, including services intended to relieve musculoskeletal pain and disability, and services delivered to improve wellbeing as a part of a package of palliative care, complementary therapies will satisfy that criterion. As the number of complementary therapies is large, and each can address a wide range of conditions, the appropriateness of each treatment must be considered on its merits.

3.4 If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

### 4. Effective Healthcare

4.1 This policy relies on the criterion of effectiveness as:

- 4.1.1 **Homeopathy** - There has been extensive investigation of the effectiveness of homeopathy. There is no good-quality evidence that homeopathy is effective as a treatment for any health condition.

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- 4.1.2 **Herbal medicine** - Evidence for the effectiveness of herbal medicine is generally very limited. Although some people find them helpful, in many cases their use tends to be based on traditional use rather than scientific research. This is therefore not funded on the NHS.
- 4.1.3 **Acupuncture** - Currently, the National Institute for Health and Care Excellence (NICE) only recommends considering acupuncture as a treatment option for chronic tension-type headaches and migraine, with or without aura (a course of up to 10 sessions of acupuncture over 5–8 weeks). NICE makes these recommendations on the basis of scientific evidence. NICE no longer recommend acupuncture for treating low back pain. There is also some evidence that acupuncture works for a small number of other problems, including neck pain and post-chemotherapy nausea and vomiting. For further evidence of effectiveness see <http://aim.bmj.com/>. Acupuncture is sometimes used for a variety of other conditions as well, but the evidence is not conclusive for many of these uses.
- 4.1.4 **Alexander Technique** - There is evidence suggesting the Alexander technique can help people with:
- long-term back pain – lessons in the technique may lead to reduced back pain-associated disability and reduce how often you feel pain for up to a year or more
  - long-term neck pain – lessons in the technique may lead to reduced neck pain and associated disability for up to a year or more
  - Parkinson's disease – lessons in the technique may help you carry out everyday tasks more easily and improve how you feel about your condition

Some research has also suggested the Alexander technique may improve general long-term pain, stammering and balance skills in elderly people to help them avoid falls but the evidence in these areas is limited and more studies are needed. There is currently little evidence to suggest the Alexander technique can help improve other health conditions, including asthma, headaches, osteoarthritis, difficulty sleeping (insomnia) and stress.

- 4.1.5 **Aromatherapy** - Studies show varied outcomes with the use of essential oils.
- 4.1.6 **Reflexology** - The poor quality of the existing studies prevents definitive judgements about the value of reflexology.
- 4.1.7 **Chiropractic** - There is good evidence that manual therapy which may include spinal manipulation (as practised by chiropractors) can be an effective treatment for persistent lower back pain. Conventional treatments for persistent lower back pain include painkillers, exercise and physiotherapy. There is some, mostly poor-quality, evidence that spinal manipulation is an effective treatment for some other musculoskeletal conditions involving the bones, joints and soft tissue. The evidence of manual therapy, including spinal manipulation, is not strong enough in these cases to form the basis of a recommendation to use the treatment. There is no evidence that treatments offered by chiropractors are effective for other conditions.

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4.1.8 **Osteopathy** - There is good evidence that osteopathy is effective in treating persistent or recurrent low back pain. NICE recommends osteopathy as a treatment for this condition. There is limited evidence to suggest it may be effective for some types of neck, shoulder or lower limb pain and recovery after hip or knee operations. There is currently no good evidence that osteopathy is effective as a treatment for health conditions unrelated to the musculoskeletal system (bones and muscles).

4.1.9 **Hypnotherapy** - Research studies have been conducted considering hypnosis as a treatment for various long-term conditions and for breaking certain habits, these include: Irritable bowel syndrome, losing weight, smoking cessation, skin conditions and anxiety. Overall, the evidence supporting the use of hypnotherapy as a treatment in these situations is not strong enough to make any recommendations for clinical practice.  
<http://www.nhs.uk/Conditions/hypnotherapy/Pages/Introduction.aspx>

4.2 For further information on all of the alternative therapies see:  
[www.therapiesguide.co.uk/](http://www.therapiesguide.co.uk/)

4.3 Complementary and alternative therapies which have a holistic benefit rather than a specific healthcare outcome will not be commissioned.

4.4 If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.

## 5. Cost Effectiveness

5.1 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. 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.

5.2 If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be cost effective in this patient before confirming a decision to provide funding.

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## 6. Ethics

- 6.1 Certain alternative therapies have their roots in cultures that, in a UK context, are of a minority nature. Members of those cultures may be particularly keen to use such therapies. However, the fact that a particular therapy may be preferred by a particular cultural group does not change the appropriateness of the purpose of that therapy, nor its effectiveness, cost effectiveness or affordability in delivering that purpose. The ICB therefore considers that the principles of ethical healthcare do not require it to make special provision for members of such cultural groups, and indeed it may be inequitable to do so.
- 6.2 It is widely recognised that many healthcare techniques can achieve some benefit or perceived benefit as a result of the patient believing that they are being given an effective treatment. This placebo effect needs to be taken into account in evaluating new treatments. Many alternative therapies may deliver genuine and possibly measurable benefits through this placebo effect. However, it is inappropriate and probably unethical and disrespectful to patients to offer a treatment simply to achieve a placebo effect and services where the expected benefit is entirely of this nature will not be commissioned. Otherwise the ICB recognises that complementary and alternative therapies satisfy the criteria within the “Ethics” section of the Statement of Principles document.
- 6.3 If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

## 7. Affordability

- 7.1 The ICB reserves the right to consider affordability above cost-effectiveness given the need for the ICB to prioritise the use of resources in accordance with the other principles set out in the Statement of Principles document.
- 7.2 If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

## 8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 All requests to be considered as an exception to this policy will also need to demonstrate good reasons why this service should be commissioned as an alternative to a conventional therapy and the ICB will need to further consider affordability. If the case is based on cost effectiveness, the commissioning body may reject the request on the grounds that the contractual arrangements do not enable the opportunity of the cost of the conventional therapy to be recovered.

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- 8.3 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

## 9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
  - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However until it adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

## 10. References

Para 4.1 Para 4.2 Para 4.4 Para 4.7 Para 4.8 <http://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/complementary-alternative-medicines.aspx>

Para 4.5 Aromatherapy and Essential Oils (PDQ®) Health Professional Version PDQ Integrative, Alternative, and Complementary Therapies Editorial Board. Published online: April 21, 2016. <https://www.ncbi.nlm.nih.gov/books/NBK65874/>

Para 4.6 Is reflexology an effective intervention? A systematic review of randomised controlled trials. The Medical Journal of Australia 2009; 191 (5): Pp. 263-266. <https://www.mja.com.au/journal/2009/191/5/reflexology-effective-intervention-systematic-review-randomised-controlled-trials>

Para 4.10 Definitions of complementary therapies [www.therapiesguide.co.uk/](http://www.therapiesguide.co.uk/)

Para 4.3 Headaches in over 12s: diagnosis and management <https://www.nice.org.uk/guidance/cg150>

Para 4.3 Acupuncture Society and available at Acupuncture in medicine <http://aim.bmj.com/>

Para 5.1 Thompson, T. Feder, G. (2005) Complementary therapies and the NHS BMJ.331:Pp. 856–7

Para 6.2 <http://www.parliament.uk/business/committees/committees-archive/science-technology/s-t-homeopathy-inquiry/>

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Para 4.7 Para 4.8 Low back in adults: early management NICE guidelines [CG88]  
Published May 2009 <https://www.nice.org.uk/guidance/cg88/chapter/Introduction>

Para 4.9 <http://www.nhs.uk/Conditions/hypnotherapy/Pages/Introduction.aspx>

## 11. Associated procedure and diagnosis codes

Procedure code	Diagnosis code
X611, X612, X613, X614, X618, X619, Y331	Any

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## Appendix 1: Definitions

**Homeopathy** - A central principle of the "treatment" is that "like cures like" – that a substance that causes certain symptoms can also help to remove those symptoms. A second central principle is based around a process of dilution and shaking, called succussion.

**Herbal medicine** – also known as Herbalism. Herbal medicines are those with active ingredients made from plant parts, such as leaves, roots or flowers. Herbal medicines may contain active chemical ingredients that could have a pharmacological effect, and many medicines now used in conventional medicine were originally discovered as naturally occurring substances in plants. However the amount of active ingredient may vary between different preparations, and the side effects and interactions with other medicines (by the active substance or by other chemical ingredients in the preparation) may be unpredictable.

**Acupuncture** - Acupuncture is a treatment derived from ancient Chinese medicine in which fine needles are inserted at certain sites in the body for therapeutic or preventative purposes.

**Alexander technique** - The Alexander technique teaches improved posture and movement, which is believed to help reduce and prevent problems caused by unhelpful habits. During a number of lessons you are taught to be more aware of your body, how to improve poor posture and move more efficiently.

**Aromatherapy** - Aromatherapy is the use of oils extracted from plants (known as essential oils) for medicinal purposes. These essential oils can be applied in a variety of ways: massage, compresses, baths or controlled inhalation.

**Reflexology** - Reflexology is based on the theory that different points on the feet, lower leg, hands, face or ears correspond with different areas of the body. Reflexologists work holistically to promote better health for their clients.

**Chiropractic** – Chiropractic is a form of alternative medicine concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. Chiropractors use their hands to treat disorders of the bones, muscles and joints. Treatments that involve using the hands in this way are called "manual therapies".

**Osteopathy** – Osteopathy is a way of detecting, treating and preventing health problems by moving, stretching and massaging a person's muscles and joints. Osteopathy is based on the principle that the wellbeing of an individual depends on their bones, muscles, ligaments and connective tissue functioning smoothly together.

Osteopaths use physical manipulation, stretching and massage, with the aim of:

- increasing the mobility of joints
- relieving muscle tension
- enhancing the blood supply to tissues
- helping the body to heal

**Hypnotherapy** - Hypnotherapy uses the power of suggestion, which can be a very strong force in the development of certain symptoms (e.g. irritable bowel syndrome) and can assist with promoting healthy behaviour (this differs from the placebo effect as the hypnotherapy patient is aware that the power of suggestion is being used).

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