

Alternative and Complementary Therapies Commissioning Statement

Commissioning Statement: 11

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| Treatment | Alternative and Complementary Therapies |
| For the treatment of | Various medical conditions |
| Background | <p>From April 2013, NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Vale of York CCG is responsible for commissioning activity in secondary care.</p> <p>This commissioning policy is needed in order to clarify the criteria for the use of alternative and complementary therapies.</p> |
| Commissioning position | <p>This commissioning policy is needed because alternative and complementary therapies are not routinely commissioned by NHS Vale of York CCG due to a paucity of information on clinical effectiveness.</p> <p>All requests for such treatments must be made on the grounds of clinical exceptionality to the NHS Vale of York CCG Individual Funding Request Panel. The therapies covered by this policy include:</p> <ol style="list-style-type: none"> 1. Alternative therapies (professionally organised) <ul style="list-style-type: none"> • Acupuncture • Chiropractic • Herbal medicine • Homeopathy • Osteopathy • Neutralising Antigens 2. Complementary therapies <ul style="list-style-type: none"> • Alexander Technique • Yoga • Pilates • Aromatherapy • Bach and other flower remedies • Massage • Meditation • Reflexology • Shiatsu • Healing Nutritional medicine • Hypnotherapy 3. Alternative disciplines <ul style="list-style-type: none"> • Anthroposophical medicine • Maharishi Ayurvedic medicine • Chinese herbal medicine • Eastern medicine • Naturopathy • Traditional Chinese medicine 4. Other alternative disciplines |

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| | <ul style="list-style-type: none"> • Crystal therapy • Dowsing • Iridology • Kinesiology • Radionics and all other alternative and complementary therapies. <p>N.B. The alternative and complementary therapies/disciplines listed above are not exhaustive.</p> <p>However, in certain circumstances some of the procedures are occasionally 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 multidisciplinary approach to symptom control.</p> <p>On existing available evidence NHS Vale of York CCG would not commission referral outside the NHS for these services.</p> <p>The IFR Panel will only consider cases where exceptionality has been demonstrated and will require robust scientific evidence of clinical and cost effectiveness of the therapy, supported by published, peer-reviewed trials; outcomes of conventional treatments tried; and assurance concerning the training and qualifications of the proposed provider practitioners.</p> |
| Summary of evidence / rationale | <p>While some evidence of effectiveness exists for therapies in Group 1, there is a lack of conclusive evidence for the effectiveness of the majority of these therapies as obtained through properly established scientific trials; and as such NHS Vale of York CCG has to prioritise mainstream treatments for which there is evidence of clinical and cost- effectiveness.</p> <p>Some NHS professionals use a selection of these therapies in their practice and with effective regulatory mechanisms in place for individual professionals and under NHS clinical governance arrangements the use of such therapies is acceptable.</p> |
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