

# **NHS Central Lancashire**

## **Policies for the Commissioning of Health and Healthcare**

### **Policy for Complementary and Alternative Therapies**

#### **1 Introduction**

- 1.1 This document is part of a suite of policies adopted by the Commissioning Organisation 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.
- 1.2 This framework describes the policy for commissioning complementary and alternative therapies.

#### **2 Definition**

- 2.1 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. This policy specifically refers to homeopathy, herbal medicine, acupuncture; Alexander technique, aromatherapy, reflexology, chiropractic, osteopathy and hypnotherapy but its principles may be applies to other therapies with similar characteristics.
- 2.2 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).
- 2.3 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 Primary Care Trust.

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

#### **3. Appropriate Healthcare**

- 3.1 The principles behind this suite of policies recognise that the criterion of appropriateness for Category 1 commissioning<sup>1</sup> will be satisfied by services that preserve life, prevent or relieve significant distress or disability, or maintain dignity at the time of death. In some cases, including services intended to relieve musculoskeletal pain and disability, and services delivered to improve wellbeing as apart of a package of palliative care, complementary therapies will satisfy that criterion. As the number of complimentary therapies is large, and each can address a wide range of conditions, the appropriateness of each treatment must be considered on its merits when cases for exceptionality are considered.

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<sup>1</sup> Lancashire Principles for Commissioning Health and healthcare document 161210

- 3.2 Similarly some complementary therapies will satisfy the criterion of appropriate under Category 1. Others will not satisfy the appropriateness criterion.
- 3.3 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 our 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.
- 3.4 Many complementary therapies seek to achieve the same aims as conventional therapies. Services such as physiotherapy, clinical psychology and dietetics are traditionally regarded as conventional therapies and are outside the scope of this policy. If the purpose of treatment can be addressed by such conventional therapists, and those therapists are qualified and registered practitioners carrying out evidence based work in conjunction with clinical audit, then referral to those therapists is appropriate and referral to complementary therapists is not. In some circumstances those conventional therapists may rely partly on similar or identical techniques to complementary therapists, including manipulation, acupuncture and hypnotherapy. Provided that they do so in accordance with their professional judgement, this policy will not restrict their clinical freedom in that respect.

#### **4 Effective healthcare**

- 4.1 If a research trial produces results that a positive outcome was more likely in treated patients than in untreated patients, then those results will need statistical analysis. Statisticians can calculate the probability of such a positive result occurring by chance if the treatment actually had no effect. If that probability is low we then have to decide whether we accept the hypothesis that the treatment did indeed make a difference, or whether we reject it. That decision is likely to be based on that actual statistical result – if the treatment appeared to have a very big effect we are likely to consider that the results reflect a genuine benefit. However our decision will also depend on the plausibility that the treatment would have an effect – for example whether we would expect a drug with a particular chemical structure to make a difference to a particular physiological function. If the plausibility is weak, then we are less likely to be persuaded that the treatment has a genuine effect. In the extreme situation, if there is no plausible reason at all to believe that the treatment could have a biological effect, then we would almost certainly reject the research findings as simply being a chance finding, however strong the statistical evidence may have been. In such cases it is not possible to evaluate the effectiveness of treatments by research trials. It is difficult to attribute plausibility to homeopathy, and to a large extent to acupuncture (although some acupuncturists use an understanding of neurophysiology and anatomy to explain the effects of acupuncture).
- 4.2 For some alternative therapies it is plausible that the treatment could be beneficial. For example osteopaths and chiropractors manipulate the very structures that are causing the problem and it is plausible that that manipulation could be beneficial; Herbal medicines may contain active chemical ingredients that could have a pharmacological effect, and many drugs 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 drugs (by the active substance or by other chemical ingredients in the preparation) may be unpredictable. 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). With such a level of plausibility, these therapies can be evaluated by research programmes, and if those programmes demonstrate that they are effective and free from overriding side effects, they can be considered effective.

- 4.3 Those complimentary therapies where the benefit is holistic rather than a specific healthcare outcome are in the Category 2 (interventions which fall within the overall definition of “appropriate” but for which the intended outcome or purpose is other than those in category 1.) However if the PCT does become in a position to raise them to the immediate commissioning category, it will need to consider the effectiveness of producing such holistic outcomes. Formal evaluation of that sort of outcome is difficult through conventional research and a pragmatic approach in individual therapies may need to be taken.

## **5 Cost effective healthcare**

- 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 complimentary 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.

## **6 Ethical healthcare**

- 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 or cost effectiveness in delivering that purpose. The PCT 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. However if a particular patient can demonstrate that they have an absolute religious, cultural or philosophical objection to a particular conventional therapy, and that an alternative therapy for the same purpose is available with sound evidence that it is effective and within the current threshold of cost effectiveness (even if it is not as cost effective as the conventional therapy), then the PCT may regard that patient as an exception and commission the service as an alternative to the conventional therapy.
- 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.

- 6.3 Otherwise the Commissioning Organisation recognises that complementary and alternative therapies satisfy the criteria within the Ethical Component of Principles for the Commissioning of Health and Healthcare document.

## **7 Policy**

- 7.1 The Commissioning Organisation may commission Complementary Therapies in the following circumstances:

- In the case of hypnotherapy, when the service is delivered as part of the management of a patient by a medical practitioner or clinical psychologist who holds the Hypnotherapy Practitioner Diploma or equivalent (for hypnotherapy).
- In the case of aromatherapy, reflexology and the Alexander technique, when the service is delivered as one of several components of a comprehensive package of palliative care from a single service provider
- In the case of acupuncture, when the service is delivered as one of several components of a comprehensive package of pain management from a single service provider
- In the case of acupuncture, aromatherapy, chiropractic, osteopathy, hypnotherapy, reflexology and the Alexander technique when the service is provided by suitably qualified existing members of the primary healthcare team with which the patient is registered.
- When for musculoskeletal disorders, the patient and referring NHS health professional agree that a chiropractic or osteopathic referral may be more suitable than a physiotherapy referral. In this case the complementary therapy should be regarded as an alternative to, and not an addition to the physiotherapy that would otherwise have been offered.

- 7.2 The Commissioning Organisation will not otherwise normally commission Complementary Therapies

## **8 Exceptions**

- 8.1 The Commissioning Organisation will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient. Specifically a request to be considered as an exception for:

- Homeopathy and acupuncture will need to demonstrate that the purpose of the treatment would place it in the appropriate for immediate commissioning category, AND demonstrate that the treatment in question has both a plausible mechanism for its action, and high quality research evidence to demonstrate that is effective and safe.
- Herbal medicine will need to demonstrate that the purpose of the treatment would place it in the appropriate for immediate commissioning category, AND demonstrate that the treatment in question is of proven effectiveness and safety, and that its production ensures a consistent dose of active ingredients, without contamination by other substances that may produce side effects, interactions or altered pharmacological availability..
- Hypnotherapy, Aromatherapy, reflexology and the Alexander technique will need to be demonstrate that the purpose of the

treatment would place it in the appropriate for immediate commissioning category, and that it would be effective and cost effective in meeting its objectives.

- Chiropractic and osteopathy will need to demonstrate that they are effective and cost effective, and if the treatment is for a condition other than a musculoskeletal disorder, they will need to demonstrate that there is a plausible mechanism for its action.

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. 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 cost of the conventional therapy to be recovered.

## 9 Force

9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

*Date of adoption: 1 June 2011*

*Date of review: 31 May 2015*

## Notes and References

Para 2.1: Definitions of complementary therapies rely on [www.therapiesguide.co.uk/](http://www.therapiesguide.co.uk/)

Para 4.1: For acupuncture see the journal “**Acupuncture in Medicine**” produced by BMJ Publishing Group Ltd and the British Medical Acupuncture Society and available at <http://aim.bmj.com/>

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

Para 6.2: In a report published on 22 February 2010, the House of Commons Science and Technology Committee concluded that the NHS should cease funding homeopathy and found that there is no evidence that homeopathy works beyond the placebo effect

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

Para 7.1: See Thompson T, Feder G *ibid*