



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Complementary Medicines and Therapies

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

COMPLEMENTARY MEDICINES AND THERAPIES CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This document describes the exclusions and access criteria for complementary medicines and therapies. It is applied in accordance with the Policy for Individual Patient Treatment.
- 1.2 Complementary medicines and therapies are natural and holistic therapies that are considered outside of those normal professional practice and which seek to complement current nursing, therapy, and medical practice.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Criteria Based Access Protocols are underpinned by recognised evidence or evidence based practice. Despite extensive searches no referenced high quality evidence is available upon which to base support for complementary medicines and therapies.
- 3.2 In the absence of high quality research data available to support their use, complementary medicines and therapies are therefore not commissioned by the CCG.
- 3.3 Complementary therapies include those in the following list, which is not exhaustive:
 - Acupuncture;
 - Alexander Technique;
 - Anthroposophical Medicine;
 - Aromatherapy;
 - Auricular Acupuncture;
 - Bach and other flower remedies;
 - Chinese Herbal Medicine;
 - Chiropractic;
 - Crystal Therapy;

- Dowsing;
- Eastern Medicine;
- Herbal Medicine;
- Homeopathy;
- Hypnotherapy;
- Iridology;
- Kinesiology;
- Maharishi Ayurvedic Medicine;
- Massage;
- Meditation;
- Mistletoe Therapy;
- Naturopathy;
- Neutralising Antigens/Clinical Ecology/Environmental Medicine;
- Nutritional Therapy;
- Osteopathy;
- Pilates;
- Radionics;
- Reflexology;
- Shiatsu;
- Therapeutic Massage;
- Traditional Chinese Medicine;
- Yoga.

4. EXCLUSIONS

- 4.1 In certain circumstances, some therapies or procedures will be supported where they constitute part of a commissioned treatment pathway (for example in specialist pain management, palliative care and musculoskeletal services) and as an element of a multi-disciplinary approach to symptom control.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 As complementary therapies are not routinely commissioned, support will only be considered when a request has been submitted on an Individual Patient Treatment basis. The Policy for Individual Patient Treatment (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when there may be good clinical reasons for individual patients being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for the individual patient being considered as an exception in respect of an intervention which is not routinely commissioned.
- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to www.dorsetccg.nhs.uk/aboutus/clinical-policies.htm which provides guidance on submitting individual patient treatment requests.

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal implantation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

A		DOCUMENT DETAILS
Procedural Document Number	To be completed by the Patient Safety and Risk team	
Author (Name and Job Title)	Michael Cross, Senior Commissioner Individual Patient Treatments	
Clinical Delivery Group (recommending group)	Individual Patient Treatment Panel	
Date of recommendation by Group	October 2017	
Date of approval by Group	November 2017	
Version	3.0	
Review frequency	3 Years	
Review date	November 2020	

B				CONSULTATION PROCESS
Version No	Review Date	Author and Job Title	Level of Consultation	
3.0	November 2017	Michael Cross Senior Commissioner IPT	Reviewed and recommended previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation.	

C						VERSION CONTROL
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee	
September 2012	1.0	October 2013	New protocol	September 2012	Joint PCT Technologies Committee	
October 2013	2.0	January 2017	Review and adoption of PCT protocol. Minor amendments to reflect that no new evidence of effectiveness.	January 2014	Clinical Commissioning Committee	

November 2017	3.0	November 2020	Further clarification included in respect of the type of interventions covered by the Protocol	November 2017	Clinical Commissioning Committee
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D	ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> • Policy for Individual Patient Treatment, NHS Dorset Clinical Commissioning Group • Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)		Date

G	DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders	
✓	✓	✓	✓	