

**Excluded: Procedure not routinely funded**

**Policy Statement 17: Acupuncture**

**Date of Issue: January 2001 (Berkshire Priorities Committee)**

**Ratified and adopted: April 2013**

Acupuncture means treatment with needles. There are many different variations in practice and it has been used to treat a wide variety of conditions. The Berkshire Health Authority has considered acupuncture a **Procedure Not Routinely Funded\*** since 1995.

The Berkshire Priorities Committee reviewed this policy in the light of new evidence and the ethical and effectiveness framework. Evidence from the Cochrane Database, the British Medical Acupuncture Society, AMED, Bandolier and Medline searches have produced systematic reviews and over 400 Randomised Controlled Trials (RCTs) for a variety of different conditions.

Acupuncture has not been proven by independently RCTs to be efficacious beyond the placebo for the following conditions:

- Addiction treatment (alcohol, opiates, cocaine)
- Asthma
- Back and Neck Pain
- Joint Pain
- Smoking Cessation
- Stroke Rehabilitation
- Weight Loss

Until this evidence is available, the Berkshire Priorities Committee recommends the following:

1. **That acupuncture for the above treatments should remain a Procedure Not Routinely Funded<sup>1</sup> treatment due to the limited evidence for clinical effectiveness.**
2. There is limited evidence of effectiveness for the treatment of hyperemesis when acupuncture is not administered under anaesthesia. The trials included pregnant women and patients undergoing chemotherapy.
3. There is limited evidence of the effectiveness of acupuncture treatment on large joints
4. Future referrals for acupuncture should be within the NHS only and referrals for private treatment should only be considered in exceptional circumstances.

5. The Thames Valley Priorities Committee will review further the evidence for the treatment of stroke rehabilitation against the ethical framework.

REFERENCES:

1. Berman et al., A Randomized Trial of Acupuncture as an Adjunctive Therapy to Osteoarthritis of the Knee. *Rheumatology (Oxford)* 1999 Apr; 38 (4): 346-54.
2. Cochrane Library, Issue 4, 2000 Oxford.
3. E Ernst. Acupuncture as a Symptomatic Treatment of Osteoarthritis: A Systematic Review. *Scandinavian Journal of Rheumatology*. 1997, 26 (6): 444-447.
4. J David et al., The Effect of Acupuncture on Patients with Rheumatoid Arthritis: A Randomised Placebo- Controlled Cross Over Study. *Rheumatology* 1999; 38: 864-869.
5. Low Priorities Sub Group Report - Acupuncture, 12 April 2000, Berkshire Health Authority.
6. NIH Consensus Statement. Acupuncture. National Institutes of Health. Volume 15, Number 5. November 3-5, 1997.
7. Osiri M et al., Transcutaneous Electrical Nerve Stimulation for Knee Osteoarthritis. *The Cochrane Library*, Issue 4, 2000 Oxford.
8. Puett DW, Griffen MR. Published Trials of Non-Medicinal and Non-Invasive Therapies for Hip and Knee Osteoarthritis. *Ann Intern Med*. 1994 Jul, 145 (121): 133-40.

NOTES:

1. \*Procedure not routinely funded formerly known as Low Priority/Procedure of Limited Clinical Value/Never Dos
2. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.
3. This policy will be reviewed in the light of new evidence or guidance from NICE.
4. Further information on policy statements is available from <http://www.fundingrequests.cscsu.nhs.uk/>