Excluded: Procedure not routinely funded

Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum Statement

Number	**48**
Subject	**Complementary and Alternative Medicine (CAM)**
Date of decision	**June 2019**
Date of review	**June 2021**

GUIDANCE

Recommendations

Interventions will only be funded if they are supported by evidence that demonstrates clinical and cost effectiveness. At this time, there is insufficient high quality evidence to demonstrate the clinical and cost effectiveness of CAM (group 1b, 2 and 3 below) due to the methodological difficulties in studies of CAM therapies and placebo effects. The list of CAM therapies reviewed by the Cochrane Collaboration and NICE stated in Appendix 1 is not exhaustive. As there is a lack of evidence for CAM therapies not yet reviewed by these organisations such as crystal therapy and faith healing, this policy applies to all CAM therapies and not just those stated in Appendix 1. CAM therapies are therefore low priority and not normally funded unless there are exceptional circumstances or where they are commissioned as part of wider treatment provided within an integrated package of care. Prior to consideration of any referral for CAM treatment, an Individual Funding Request will need to be completed as per the IFR process. Any new CAM therapies would need to demonstrate evidence of clinical and cost effectiveness to be funded.

Introduction

Complementary and alternative therapies comprise a wide range of disciplines which are not considered to be part of mainstream medical care. The therapies can be provided by complementary and alternative medicine practitioners either as an addition to conventional

medicine or may be viewed as a substitute for it. There is no national policy on the use of these therapies.

The House of Lords Select Committee[i] divides these therapies into three groups:

- Group 1 - those which are regarded as the principle disciplines:
    - 1a - with statutory regulatory control - osteopathy, chiropractic (these are excluded from this guidance, except cranial osteopathy)
    - 1b - acupuncture, herbal medicine and homeopathy.
- Group 2 - therapies used to complement conventional medicine without embracing diagnostic skills, e.g. massage, aromatherapy, hypnotherapy, reflexology and the Alexander Technique.
- Group 3 – those which offer diagnostic information as well as treatment
    - 3a - therapies which are long established and traditional in certain cultures (e.g. Ayurvedic medicine and Traditional Chinese medicine)
    - 3b - others with no credible evidence such as crystal therapy and dowsing.

In the UK, osteopaths and chiropractors are currently the only CAM practitioners regulated by specific legislation: the Osteopaths Act 1993 and the Chiropractors Act 1994. In 2011, statutory regulation was agreed for herbal medicine practitioners and traditional Chinese medicine practitioners but not for acupuncture practitioners due to the robust voluntary regulation measures already in place. Acupuncturists, however, are required to register with their local authority who have powers to regulate the hygiene of the practice of acupuncture.

If defined as a medicine under the Medicines Act 1968, CAM products also require a marketing authorisation (or 'product licence') before entering the market. Herbal remedies are exempt from licensing requirements if they meet certain conditions set out in Section 12 of the Act.

Exceptions

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. Any exceptions to the policy will need to be requested via an individual funding request.

Need and Demand

There is limited data available on CAM usage. A study using data collected as part of the Health Survey for England in 2005 reported lifetime and 12-month prevalence of CAM use to be 44.0% and 26.3% respectively[ii]. Some NHS professionals use a selection of these therapies in their practice, e.g. physiotherapists using manipulation or acupuncture, or GPs using homeopathy with effective regulatory mechanisms in place for individual professionals and under NHS clinical governance arrangements. In 2017 CCGs in England spent £111,000 on herbal treatments and £85,000 on homeopathy. In 18/19 this had reduced to £57,000 and £47,000 on herbal treatments and homeopathy respectively[iii].

Evidence of clinical effectiveness:

The evidence base for complementary and alternative medicine is generally perceived to be poor. Despite numerous reviews there is still a shortage of strong evidence on the safety and efficacy of many CAM treatments. The reason for this lack of high-quality evidence is mainly the difficulties of applying standard medical research methods to some forms of CAM treatments.

While some complementary treatments may give health benefits it has been difficult to quantify these benefits. A placebo effect can lead people (both patients and therapists) to conclude that a treatment is effective when it is not. There is some evidence of effectiveness for therapies in Group 1 but still the clinical and cost effectiveness of the majority of these therapies have not been proved with strong evidence. The Cochrane Database of Systematic Reviews[iv] contains over 500 systematic reviews on CAM and the conclusions of many of these have been either insufficient or inconclusive evidence or further research required. A list of Cochrane Systematic Reviews of CAM therapies is included in Appendix 1. The National Institute for Health and Clinical Excellence (NICE) 'do not do' recommendations database contains a list of clinical practices that NICE recommends should be discontinued completely or should not be used routinely, which includes herbal treatments and homeopathy[iii]. A table of CAM therapies included in this database are also included in Appendix 1.

The House of Commons Select Committee published a report on the evidence for homeopathy in February 2010[v]. The report included a thorough review of the evidence base

for homeopathy and concluded that homeopathic products perform no better than placebos and that the NHS should not fund homeopathy.

NICE clinical guideline 59 (November 2016)[vi] on the assessment and management of low back pain and sciatica in over 16s recommends offering the following as treatment options:

- Exercise: Consider a group exercise programme (biomechanical, aerobic, mind–body or a combination of approaches) within the NHS for people with a specific episode or flare-up of low back pain with or without sciatica. Take people's specific needs, preferences and capabilities into account when choosing the type of exercise.
- Manual therapies: Consider manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.

Nice clinical guideline 150 (September 2012, updated in 2015)[vii] on diagnosis and management of headaches in young people and adults recommended that acupuncture could be considered as prophylactic treatment with a course of up to 10 sessions over 5-8 weeks (according to the person's preference, comorbidities and risk of adverse events) for:

- Chronic tension-type headache
- Migraine with or without aura, acupuncture if both topiramate and propanolol are unsuitable or ineffective.

Risks

In general the reported risks for most of the CAM treatments are low. However, one of the main risks is that patients miss out on conventional diagnosis and treatment due to consulting a CAM practitioner. Another risk is that patients do not inform their GP when they are receiving CAM treatment and there may be a risk of drug interactions.

Funding CAM therapies may pose financial and reputational risks to the CCG. Only evidence based medicines and therapies should be funded to ensure that treatment is cost effective, and supports the best outcomes for patients.

Appendix 1

Table 1: Systematic reviews by Cochrane Collaboration on CAM [iv]

Therapy/Condition	Date Assessed	Effectiveness
Acupuncture:		
Epilepsy	Jul-11	No evidence
Acute stroke	Nov-04	
ADHD	Oct-10	
Assisted conception	Oct-07	
Autism spectrum disorders	Mar-11	
Bell's palsy	May-10	
Cancer pain in adults	Nov-10	
Chronic asthma	Aug-08	
Cocaine dependence (auricular acupuncture)	Oct-05	
Depression	Nov-08	
Dysphagia in acute stroke	Feb-08	
Glaucoma	Mar-10	Insufficient evidence/
Induction of labour	Jan-08	Need for further research.
Insomnia	Oct-11	
Irritable bowel syndrome	Nov-11	
Lateral elbow pain	Nov-01	
Mumps in children	May-12	
Pain in endometriosis	Jul-10	
Polycystic ovarian syndrome	Mar-11	
Restless legs syndrome	May-08	
Rheumatoid arthritis	Aug-05	
Schizophrenia	Jul-05	
Shoulder pain	Feb-05	
Smoking cessation	Nov-10	
Stroke rehabilitation	Mar-06	
Traumatic brain injury	Dec-09	
Uterine fibroids	May-09	
Vascular dementia	Apr-11	
Low back pain	Jun-03	May be useful adjuncts to other therapies for chronic low back pain. Further research needed.
Migraine prophylaxis	Apr-08	Consistent evidence of additional benefit. Should be considered as a treatment option for patients willing to undergo treatment.
Neck disorders	May-06	Moderate evidence
Pain management in labour	Feb-11	May have a role. Further research needed.
Peripheral joint osteoarthritis	Apr-08	Some evidence but may be due to placebo effects
Post operative nausea and vomiting	Nov-08	Can reduce risk but risks similar to antiemetic drugs
Primary dysmenorrhea	Aug-10	May reduce period pain. Need for further trials
Tension type headache	Apr-08	Could be valuable option for patients with frequent or chronic tension type headaches

Alexander technique		
Chronic asthma	Jun-12	No trials found. Further research needed.
Aromatherapy		
Dementia Pain management in labour	Jul-08 Apr-11	Lack of trials. Further research needed
Post operative nausea and vomiting	Aug-11	Insufficient evidence
Art therapy/Dance therapy/Drama therapy		
Schizophrenia	Jul-05/Jul-07/Nov-06	Insufficient evidence/ Need for further research
Ayurverdic treatments		
Diabetes mellitus Schizophrenia	Aug-11 Aug-07	Insufficient evidence/ Need for further research
Balneotherapy (spa therapy)		
Osteoarthritis Rheumatoind arthritis	Aug-07 Aug-07	Poor quality evidence
Biofeedback		
Faecal incontinence in adults Pain management in labour Chronic idiopathic constipation in adults	Jan-12 Apr-11 Mar-14	Insufficient evidence/ Need for further research
Complementary and Alternative Medicine		
Nausea and vomiting in pregnancy Nocturnal enuresis in children Pain management in labour Urinary incontinence after stroke Multiple Sclerosis – pain management	Jun-10 May-11 Oct-11 Feb-19 Dec-18	Insufficient evidence/ Need for further research
Guided Imagery		
Hypertension in pregnancy	Apr-19	Insufficient evidence
Herbal medicines		
Hepatitis C infection	Jul-01	No evidence. Should not be used.
Acute bronchitis Acute cerebral infarction Acute ischaemic stroke Acute myocardial infarction Acute pancreatitis Acute stroke Adhesive small bowel obstruction Angina pectoris Asymptomatic carriers of Hepatitis B Atopic eczema Chemotherapy side effects in breast/colorectal cancer patients Chronic asthma Chronic hepatitis B Chronic neck pain due to cervical degenerative disc disease Cognitive impairment and dementia Diabetic peripheral neuropathy Endometriosis Epilepsy Heart failure HIV infection and AIDS Hypercholesterolaemia	Sep-11 Mar-08 Jan-08 Feb-08 Dec-08 Mar-08 Jan-12 Nov-07 Feb-01 Aug-04 Feb 07/ Nov-04 Nov-07 Oct-00 Sep-09 Mar-08 Jun-10 Oct-11 Nov-07 Jan-09 Apr-05 Jul-10	 Insufficient evidence/ Need for further research NB because of potential harmful effects

Hyperthyroidism Impaired glucose tolerance/fasting blood glucose Influenza Irritable bowel syndrome Low back pain Nephrotic syndrome Osteoarthritis Premenstrual syndrome Primary dysmennorhea Rheumatoid arthritis Schizophrenia Severe acute respiratory syndrome Stable angina Stopping bleeding from haemorrhoids Stroke prevention Subfertile women with polycystic ovarian syndrome Threatened miscarriage Type 2 diabetes mellitus Viral myocarditis	Jul-06 Feb-09 Jan-07 Nov-05 Dec-05 Feb-08 Jul-00 May-08 Dec-07 Oct-10 Aug-05 Mar-10 Dec-09 Jul-10 Sep-08 Sep-08 Apr-12 Apr-04 Jan-10	
Chronic fatigue syndrome Esophagael cancer Measles Mumps Pre-eclampsia	Jan-09 Dec-08 Jun-11 Apr-12 Sep-09	 Lack of trials. Further research needed NB because of potential harmful effects
Homeopathy		
ADHD	Feb-06	No evidence of effectiveness
Chronic asthma Induction of labour	Jul-07 Jan-10	Insufficient evidence. Further research needed
Dementia	Mar-09	No studies met inclusion criteria.
Acute respiratory tract infections in children IBS	Sep-18 Jun-14	No evidence of effectiveness
Hypnosis/Hypnotherapy		
Children undergoing dental treatment Schizophrenia Postnatal depression Irritable bowel syndrome Smoking cessation Smoking cessation (RCT)[viii]	Jun-10 Aug-07 Feb-12 Jul-07 Jul-10 2014	 Insufficient evidence/ Need for further research
Manual therapy		
Chronic asthma	Jan-05	Insufficient evidence/ Need for further research
Massage therapy		
Dementia HIV/AIDS Pain management in labour Promoting growth and development in preterm/low birthweight babies	Aug-06 Nov-09 Dec-11 Jan-04	 Insufficient evidence/ Need for further research
Low back pain	Jul-08	Beneficial when combined with exercises and education. Further research needed.
Meditation therapies		
ADHD Anxiety	April-10 Aug-05	Insufficient evidence/ Need for further research

Music therapy		
Dementia	Jul-18	Moderate-quality evidence that the interventions reduce depressive symptoms in the short term, but studies subject to bias. More evidence needed on long term effectiveness.
Acquired brain injury	Jan-17	Low quality evidence/ need for further clinical trials
Cancer	Aug-16	Music interventions may have beneficial effects on anxiety, pain, fatigue and quality of life (QoL) in people with cancer. However, quality of evidence is low due to risk of bias.
Autistic Spectrum Disorder	Jun-14	Music therapy may help children with ASD to improve their skills in primary outcome areas that constitute the core of the condition including social interaction, verbal communication, initiating behaviour, and social-emotional reciprocity. Low-moderate quality evidence, but subject to bias.
Autism spectrum disorder	Jan-06	Insufficient evidence/ Need for further research
Depression	Nov-07	
Improving maternal and infant outcomes under caesarean section	Sep-08	
Mechanically ventilated patients	Nov-10	
Patients with cancer	Jul-11	
Psychotic disorders	Jan-11	
Stress and anxiety in CHD patients	Oct-08	
Treatment of pain	Feb-06	
Relaxation therapies		
Depression	Aug-08	Insufficient evidence/ Need for further research
Preterm labour	Jun-11	
Primary hypertension	Nov-07	
Pain management in labour	Mar-18	Low quality evidence
Snoezelen (Multi-sensory stimulation)		
Dementia	Apr-08	Lack of trials. Further research needed
Tai Chi		
Rheumatoid arthritis	Apr-04	Evidence for benefits to lower extremity range of motion
Yoga		
Epilepsy	May-11	Insufficient evidence/ Need for further research
Schizophrenia	Apr-19	

References

[i] Complementary and Alternative Medicine. Report of the House of Lords Select committee on science and Technology Paper 1232. The Stationary Office, London 2000.

[ii] Hunt et al. (2010) Complementary and alternative medicine use in England: results from a national survey *Int J Clin Pract*, October 2010, 64, 11, 1496–1502

[iii] NHS England, NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: advice for CCGs. https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/

[iv] http://www.thecochranelibrary.com/view/0/index.html (Accessed 01.05.2019)

[v] House of Commons Science and Technology Committee. Evidence check 2: Homeopathy. Fourth report of session 2009-10. February 2010. http://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf

[vi] National Institute for Health and Clinical Excellence. NICE clinical guideline 88. Low back pain: early management of persistent non-specific low back pain. May 2009. http://www.nice.org.uk/nicemedia/live/11887/44343/44343.pdf

[vii] National Institute for Health and Clinical Excellence. NICE clinical guideline 150. Headaches: diagnosis and management of headaches in young people and adults. September 2012, updated in 2015. https://www.nice.org.uk/guidance/cg150

[viii] Hasan FM, et al (2014). Hypnotherapy is more effective than nicotine replacement therapy for smoking cessation: results of a randomized controlled trial. *Complement Ther Med.* https://www.ncbi.nlm.nih.gov/pubmed/24559809