Complementary and Alternative Therapies

NHS NWL CCGs will fund the following complementary / alternative therapies in exceptional circumstances only via the IFR route because of some evidence of clinical benefit in selected conditions:

**Acupuncture**
- For non-surgical management of joint pain as part of pathway which may lead to joint replacement.
- In non-acute lumbar pain not warranting surgical referral.
- In chronic pain conditions (and only when therapy is accompanied by continued symptomatic improvement i.e. not maintenance)
- In selected patients with migraine headache
- In selected cases of nausea of pregnancy
- In some cases with postoperative and chemotherapy-induced nausea and vomiting; or
- In selected cases of postoperative dental pain; or
- Temporomandibular disorders (TMD)
- Sub-acute and chronic low back pain of more than six weeks duration

**Osteopathy**
- Children with spastic cerebral palsy
- In the treatment of paediatric dysfunctional voiding
- Adults with Lumber or Cervical pain not warranting surgical referral being treated as part of an integrated MSK Package
- Some adults with large joint pain as part of a care pathway that may lead to joint replacement.

**Biofeedback, for:**
- Chronic constipation (biofeedback is the primary treatment option for patients with dyssynergic defecation)
- Irritable bowel syndrome
- Levator ani syndrome
- Migraine and tension headaches (muscle, thermal or skin biofeedback);
- Neuromuscular rehabilitation of stroke and traumatic brain injury (TBI) (policy does not cover neuromuscular electrical stimulators)
- Raynaud's disease
- Refractory severe subjective tinnitus
- Temporomandibular joint (TMJ) syndrome
- Urinary incontinence

**Electrical stimulation**
- As an adjunct or as an alternative to the use of drugs either in the treatment of acute post-operative pain in the first 30 days after surgery, or for certain types of chronic, intractable pain not adequately responsive to other methods of treatment including, as appropriate, physical therapy and pharmacotherapy.
- A physician evaluated trial lasting between 1 and 2 months should determine if treatment is to continue.

**Selected use in palliative care**
- Mistletoe in cervical cancer
- Meditation and Tai Chi in selected elderly patients with optimally treated heart failure – evidence of reduction in sympathetic activity (SIGN 95)

**Hypnotherapy**
- Severe chronic insomnia
- IBS

**Manipulation and Stretching**
- Selected cases of osteoarthritis of the hip as an adjunct to core treatment
- Sub-acute and chronic low back pain of more than six weeks duration
- Acute low back pain of less than six weeks
- Mobilisation of the neck

Latest version of the policy is available at:
http://www.hounslowccg.nhs.uk/what-we-do/individual-funding-requests.aspx

Version 3.3 (November 2014)
NHS NWL CCGs will NOT routinely fund the following therapies because of lack of sufficient evidence of effectiveness:

- Homeopathy
- Aromatherapy
- Herbal remedies
- Clinical ecology
- Active release technique
- Acupressure
- Alexander technique
- AMMA therapy
- Antineoplaston Therapy and Sodium Phenylbutyrate
- Apitherapy
- Applied kinesiology
- Art therapy
- Autogenous lymphocytic factor
- Auto urine therapy
- Bioenergetic therapy
- Biofield Cancell (Entelev) cancer therapy
- Bioidentical hormones
- Brain integration therapy
- Carbon dioxide therapy
- Cellular therapy
- Chelation Therapy
- Chiropractic services
- Chung Moo Doe therapy
- Coley's toxin
- Colonic irrigation
- Clinical ecology
- Active release technique
- Acupressure
- Alexander technique
- AMMA therapy
- Conceptual mind-body techniques
- Craniosacral therapy
- Cupping
- Dance/Movement therapy
- Digital myography
- Ear Candling
- Egoscue method
- Electrodiagnosis according to Voll (EAV)
- Equestrian therapy or Hippotherapy
- Essential Metabolics Analysis (EMA)
- Essiac
- Feldenkrais method of exercise therapy (also known as awareness through movement)
- Flower essence
- Fresh cell therapy
- Functional intracellular analysis (also known as essential metabolic analysis, intracellular micronutrient analysis, leukocyte nutrient analysis, as well as micronutrient testing).
- Gemstone therapy
- Gerson therapy
- Glyconutrients

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Version 3.3 (November 2014)
- Graston technique
- Greek cancer cure
- Guided imagery
- Hair analysis
- Hako-Med machine (electromedical horizontal therapy)
- Hellerwork
- Hoxsey method
- Human placental tissue
- Hydrolysate injections
- Humor therapy
- Hydrazine sulfate
- Hypnosis
- Hyperoxygen therapy
- Immunoaugmentive therapy
- Infratronic Qi-Gong machine
- Insulin potentiation therapy
- Inversion therapy
- Iridology
- Iscador
- Juvent platform for dynamic motion therapy
- Kelley/Gonzales therapy
- Laetrile
- Live blood cell analysis
- Macrobiotic diet
- Magnet therapy
- MEDEK therapy
- Meditation/transcendental meditation
- Megavitamin therapy (also known as orthomolecular medicine)
- Meridian therapy
- Mesotherapy
- Moxibustion
- Music therapy
- Myotherapy
- Neural therapy
- Ozone therapy
- Pfrimmer deep muscle therapy
- Polarity therapy
- (Poon's) Chinese blood cleaning
- Primal therapy
- Psychodrama
- Purging
- Qigong longevity exercises
- Ream's testing
- Reflexology (zone therapy)
- Reflex Therapy
- Reiki
- Remedial massage
- Revici's guided chemotherapy
- Rife therapy/Rife machine
- Roling (structural integration)
- Rubenfeld synergy method (RSM)
- 714-X (for cancer)
Complimentary therapies are seen by an increasing number of people (with increasing requests for treatment) as a more holistic and ‘natural’ approach to dealing with a variety of complaints. Attractions include the comparably longer interaction time with the practitioner and the belief that such therapies will work, affecting a complex mix of factors impacting on health. However there is much uncertainty about benefit/effectiveness, evidence of complications for some therapies and considerable grounds to suspect other adverse effects may occur. Since conventional medicine also aspires to a holistic approach, this means that some alternative therapies should be considered where evidence exists.

The types of complimentary therapies covered under this policy include Homoeopathy, Acupuncture, Osteopathy, Biofeedback, Hypnotherapy, Chiropractic Therapy, Massage, Reflexology, Clinical Ecology, Aromatherapy, Herbal Remedies, Chinese medicines, Psychotherapy and Meditation. This list is not exhaustive and other treatments not listed here but that are considered ‘alternative’ or ‘complimentary’ therapies will be considered in the same way.

Some procedures may be available through services in hospices and hospitals as part of a palliative care package; these are usually through charitable services and not part of commissioned services. Some patients may also be treated as part of an integrated conventional and complimentary service for a specific condition where these are commissioned, although exceptionality would need to be demonstrated.

Evidence Base

The House of Commons Science and Technology Committee enquiry into the provision of homeopathic services within the NHS in 2009 recommended that homeopathic treatments should not be routinely available within the NHS.1 The committee report included a robust review of the evidence base for a variety of homeopathic treatments but found no evidence of effectiveness for any condition from published RCTs and systematic reviews. A previous report commissioned by the Association of Directors of Public Health in 20072 and more recent reviews by AETNA3 are all consistent in confirming the lack of sufficient evidence of effectiveness of homeopathic treatments despite many years of research and hundreds of studies.

There is some evidence of clinical benefit for some complimentary therapies such as acupuncture, osteopathy, biofeedback and hypnotherapy for certain conditions. For example, NICE recommends Acupuncture for up to ten sessions for the treatment of sub-acute and chronic low back pain of more than six weeks duration. NICE also suggests that manipulation and stretching should be considered as an adjunct to core treatment for osteoarthritis of the hip, sub-acute and chronic low back pain of more than six weeks duration, acute low back pain of less than six weeks duration and mobilisation of the neck.4,5,6,7 This has been summarised in a matrix in the appendix. A table of complimentary therapies categorised according to areas where some evidence of benefit exist (adapted from the AETNA Complementary and Alternative Medicine Policy) is also included in the appendix.

Acupuncture, osteopathy and chiropractic may already be routinely provided within the NHS in North West London as part of an integrated pathway within musculoskeletal or chronic pain services as an adjunct to other treatments.

Gut directed Biofeedback is routinely commissioned as a specialist service.
References
5. Waddell G et al,