

Oxfordshire Priorities Committee Commissioning Policy Statement

Policy No. 2c Complementary and Alternative Therapies

PCT Clinical Executive Decision **March 2009**

Date Approved by CCG **March 2013**

Date of issue: **October 1995, January 1998, September 2003, March 2009, August 2016 No change to policy**

October 1995

The Oxfordshire Priorities Forum considered the question of funding for complementary therapies in October 1995. Their conclusion was that the Oxfordshire health economy did not have the finances available to purchase any form of complementary therapy. The only exception would be where the complementary therapy is provided as part of a broader contract with a mainstream provider (e.g. aromatherapy as part of a package of palliative care interventions).

In reaching this conclusion the Forum was influenced by:

- a) The lack of conclusive evidence for the effectiveness of complementary therapies; and
- b) The fact that Oxfordshire's health economy has to prioritise mainstream treatments for which there is evidence of effectiveness.

September 2003

The DoH is currently commissioning research into complementary therapies. Therefore, substantive evidence, at least for some treatments, may be available in due course. At present, the Priorities Forum reconfirms that the reasons above still apply in 2003 and recommends that **complementary therapies should remain of low priority** and therefore not normally funded by the Oxfordshire Clinical Commissioning Group.

February 2009

Oxfordshire Priorities Forum confirms that the commissioning of alternative and complementary therapies remains a LOW PRIORITY for Oxfordshire CCG. Patients will not normally be offered complementary or alternative therapies in specialist, secondary or primary care settings.

*To aid implementation, the title of this Policy Statement has been amended to clarify that the previously-used term 'complementary therapy' includes 'alternative medicines'. Additionally, a list of **examples** of therapies that are encompassed by this policy is appended below. It should be noted, however, that **this list is not exhaustive.***

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE
- **Please check you are using the most recent version of this policy**
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements>

Appendix

Therapies encompassed by Policy Statement 2b *Complementary and Alternative Therapies*

The categorisation of complementary and alternative therapies devised by the House of Lords Select Committee (House of Lords Select Committee on Science and Technology (2000): Complementary and Alternative Medicine. The Stationery Office, London) has been followed.

<http://www.publications.parliament.uk/pa/ld199900/ldselect/ldsctech/123/12304.htm>

Group 1: Alternative therapies (professionally organised)

This group includes what may be called the principal disciplines:

- Acupuncture
- Chiropractic
- Herbal medicine
- Homeopathy
- Osteopathy
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Group 2: Complementary therapies

This group includes therapies that are most often used to complement conventional medicine and do not purport to embrace diagnostic skills:

- Alexander Technique
- Pilates
- Bach and other flower remedies
- Meditation
- Shiatsu
- Nutritional medicine
- Yoga
- Aromatherapy
- Bodywork therapies, including massage
- Reflexology
- Healing
- Hypnotherapy

Group 3:

The therapies in this group purport to offer diagnostic information as well as treatment and, in general, offer a philosophical approach to care and through which various and disparate frameworks of disease causation and its management are proposed. These therapies are separated into two sub-groups: Group 3a includes long-established and traditional systems of healthcare; Group 3b includes other alternative disciplines.

(a) Alternative disciplines (established and traditional systems of healthcare)

- Anthroposophical medicine
- Chinese herbal medicine
- Naturopathy
- Maharishi Ayurvedic medicine
- Eastern medicine (Tibb)
- Traditional Chinese medicine

(b) Other alternative disciplines

- Crystal therapy
- Iridology
- Radionics
- Dowsing
- Kinesiology