

Policy title	Complementary and alternative therapies v2.1
Policy position	Intervention Not Normally Funded
Date of Forum recommendation	October 2021
Date of CCG recommendation	May 2022

Background

Complementary and alternative (CAM) 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 are a wide range of CAM therapies, a list of examples is shown below and is not exhaustive.

Recommendation

CAM therapies are **not normally funded** except 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.

Rationale

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 complementary and alternative therapies or medicine (CAM), due to the methodological difficulties in studies of CAM therapies and placebo effects.

Illustrative list of example CAM therapies (not exhaustive):

- Acupuncture
- Alexander technique
- Anthroposophical medicine
- Aromatherapy
- Art therapy/Dance therapy/Drama therapy
- Ayurvedic treatments
- Bach and other flower remedies
- Balneotherapy (spa therapy)
- Biofeedback
- Chiropractic
- Crystal therapy
- Dowsing

Eastern medicine (Tibb)
Guided Imagery
Healing
Herbal medicines
Homeopathy
Hypnosis/Hypnotherapy
Iridology
Kinesiology
Massage therapy
Manual therapy
Meditation therapies
Music therapy
Naturopathy
Osteopathy
Pilates
Radionics
Reflexology
Relaxation therapies
Shiatsu
Snoezelen (Multi-sensory stimulation)
Tai Chi
Traditional Chinese medicine
Yoga

References

1. NHS England, NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: advice for CCGs. June 2019.
2. National Institute for Health and Clinical Excellence. NICE clinical guideline NG59. Low back pain and sciatica in over 16s: assessment and management. November 2016; updated in 2020.
3. 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 2021.
4. National Institute for Health and Clinical Excellence. NICE clinical guideline 193. Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. April 2021

NOTE:

- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the CCG's Individual Funding Request (IFR) Policy and Process.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.

Clinical coding:

X61. Complementary therapy

Key words: Complementary therapies, alternative therapies, osteopathy, chiropractic, acupuncture, herbal medicine, homeopathy.

Policy update record*	
5th October 2021	Literature searched for new evidence; no changes recommended
May 2022	Restructure of document for clarity and update of policy references