

Complementary and Alternative Therapies

VERSION CONTROL

Version:	3.0
Ratified by:	Governing Body Meetings in Common
Date ratified:	20 May 2020
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committees:	Clinical Quality and Governance Committees in Common
Date issued:	May 2020
Review date:	May 2023

VERSION HISTORY

Date	Version	Comment / Update
November 2019	2.0	Approved by Governing Body
May 2020	3.0	Renew with no amendments, approved by Governing Body.

Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	Complementary and Alternative Therapies
Indication	Various medical conditions
Background	<p>This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity relating to the approach to complementary and alternative therapies by the Clinical Commissioning Groups.</p> <p>The policy reflects the relative lack of high quality research data available to support the use of these therapies.</p>
Commissioning position	<p>Complementary and alternative therapies are not commissioned by the CCG as “stand-alone” treatments due to a paucity of information on clinical effectiveness.</p> <p>In certain circumstances some of the procedures are commissioned as part of a broader contract with a mainstream provider (for example specialist pain management, oncology, palliative care and musculoskeletal [MSK] services) in a multi-disciplinary approach to symptom control.</p> <p>The alternative and complimentary therapies and alternative disciplines covered by this policy include:</p> <ul style="list-style-type: none"> • Acupuncture • Alexander Technique • Anthroposophical medicine • Aromatherapy • Bach and other flower remedies • Chinese herbal medicine • Chiropractic • Crystal therapy • Dowsing • Eastern medicine • Healing Nutritional medicine • Herbal medicine • Hypnotherapy • Iridology • Kinesiology • Maharishi Ayurvedic medicine • Massage • Meditation • Naturopathy • Neutralising Antigens/clinical ecology/environmental medicine • Osteopathy • Pilates • Radionics • Reflexology • Shiatsu • Traditional Chinese medicine • Yoga <p>N.B. The alternative and complementary therapies/disciplines listed above are not exhaustive.</p>

Quality & Equality Impact	See QEIA attached
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Quality and Equality Impact Assessment

Scheme Title:	Complementary and Alternative Therapies Policy		
Project Lead:	Clive Campton, IFR Manager Kate Cogman, Contracts Manager	Senior Responsible Officer:	Dr Sarah Raistrick, Chair
		Quality Sign Off:	March 2020
Intended impact of scheme:	The Complementary and Alternative Therapy policy supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within CCG budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.		
How will it be achieved:	The Governing Body adopts the policy.		

Name of person completing assessment:	Clive Campton Kate Cogman
Position:	IFR Manager Contracts Manager
Date of Assessment:	November 2019

Quality Review by:	Mary Mansfield
Position:	Deputy Director of Nursing and Quality
Date of Review:	March 2020

Stage 1a: High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			✓	Adopting the policy will not have an impact.				
	Patient experience			✓	Adopting the policy will not have an impact.				
	Patient safety			✓	Adopting the policy will not have an impact.				
	Parity of esteem			✓	Adopting the policy will not have an impact.				
	Safeguarding children or adults			✓	Adopting the policy will not have an impact.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			✓	Adopting the policy will not have an impact.				
	Ensuring people have a positive experience of care			✓	Adopting the policy will not have an impact.				
	Preventing people from dying prematurely			✓	Adopting the policy will not have an impact.				
	Helping people recover from episodes of ill health or following injury			✓	Adopting the policy will not have an impact.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓	Adopting the policy will not have an impact.				

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓	Adopting the policy will not have an impact.				
	Access to the highest quality urgent and emergency care			✓	Adopting the policy will not have an impact.				
	Convenient access for everyone			✓	Adopting the policy will not have an impact.				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	Adopting the policy will not have an impact.				
	Patient Choice			✓	Adopting the policy will not have an impact.				
	Patients are fully empowered in their own care			✓	Adopting the policy will not have an impact.				
	Wider primary care, provided at scale			✓	Adopting the policy will not have an impact.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice		✓		Patient choice does not apply to alternative therapies				
	Access			✓	Adopting the policy will not have an impact.				
	Integration			✓	Adopting the policy will not have an impact.				
Compliance with NHS Constitution	Quality of care and environment			✓	Adopting the policy will not have an impact.				
	Nationally approved treatment/drugs			✓	Adopting the policy will not have an impact.				
	Respect, consent and confidentiality			✓	Adopting the policy will not have an impact.				
	Informed choice and involvement			✓	Adopting the policy will not have an impact.				
	Complain and redress			✓	Adopting the policy will not have an impact.				

*Risk score definitions are provided in the next section

Risk rating score definition

Likelihood	Impact
1 – Rare	1 – Negligible
2 – Unlikely	2 – Minor
3 – Moderate	3 – Moderate
4 – Likely	4 – Major
5 – Almost certain	5 – Catastrophic

	Likelihood				
Consequence	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	X-1	2	3	4	5

How will a successful implementation of quality indicators be measured?

Quality Outcome	Measured By
Positive Health Outcome	Triangulation of Incidents Complaint and Patient Experience trends

Stage 1b: Equality Questions

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Other partners/stakeholders involved in scheme:

N/A

Who will be affected by this piece of work?

CCG registered patients

PROTECTED GROUP	Is there likely to be a differential impact? (Please tick one)			Evidence/Comments for answers. Where available please share any baseline data and research on the population that this piece of work will affect. Include any consultations with service users that have been carried out.
	YES	NO	UNKNOWN	
Gender		✓		Adopting the policy will not have an impact.
Race		✓		Adopting the policy will not have an impact.
Disability (including mental impairment, learning difficulty)	✓			The policy may impact on people with a disability seeking alternative treatments. Patients will be supported by other routine therapies.
Religion/belief		✓		Adopting the policy will not have an impact.
Sexual orientation		✓		Adopting the policy will not have an impact.
Age	✓			The policy may particularly impact on older people (though not limited to) who may seek treatment for age related ailments. Patients will be supported by other routine therapies.
Social deprivation		✓		Adopting the policy will not have an impact.
Carers		✓		Adopting the policy will not have an impact.
Human rights		✓		Adopting the policy will not have an impact.
Pregnancy and Maternity		✓		Adopting the policy will not have an impact.

Stage 1c: Post Implementation Review

Use the template below to record outcomes of reviews – if more than one is required cut and paste the box below:

Quality Impact	Has there been a differential impact? (Please tick one)			Evidence/Comments for answers	Mitigations
	YES	NO	UNKNOWN		