

## ACUPUNCTURE MIGRAINE PROPHYLAXIS

### SECONDARY CARE PRIOR APPROVAL (PA) POLICY

### ACUPUNCTURE IS NOT ROUTINELY COMMISSIONED OUTSIDE OF MIGRAINE PROPHYLAXIS

Version:	2122.v2
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Application Form	Prior Approval Form

**ACUPUNCTURE NOT COMMISSIONED  
ACUPUNCTURE FOR MIGRAINE PROPHYLAXIS  
SECONDARY CARE PRIOR APPROVAL (PA) POLICY**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2122.v2

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
1718 v1	December 2017	Updated policy template and PALs email address.
1718. v1	March 2019	SCCG template, IFR replaced with EBI name change
1819.v1a	June 2021	3 yearly policy review, no clinical amendments

<b>Equality Impact Assessment EIA</b>	N/A
<b>Quality Impact Assessment QIA</b>	06 May 2021
<b>Sponsoring Director:</b>	Dr A Murray
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## **1 GENERAL PRINCIPLES (PRIOR APPROVAL)**

- 1.1 Funding approval must be secured by primary care/secondary/community care prior to referring/treating patients for this prior approval treatment
- 1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.3 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.4 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.5 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.6 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)
- 1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

## **2 POLICY CRITERIA PRIOR APPROVAL**

Secondary Care to complete the CCG Prior Approval application form

- 2.1 **Acupuncture is commissioned for Migraine Prophylaxis within the following criteria**

There is evidence both topiramate and propranolol are:

unsuitable **OR** ineffective

### **3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes clinical exceptional circumstances exist that warrant deviation from the rule of this policy

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 Only electronically completed EBI applications will be accepted to the EBI Service

3.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

3.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13;

- <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

3.7 Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

3.8 Where appropriate photographic supporting evidence can be forwarded with the application form

3.9 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

## 4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.3 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

## 5 REFERENCES

The following sources have been considered when drafting this policy:

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5.1 "Headaches in over 12s: diagnosis and management"

<https://www.nice.org.uk/guidance/cg150/chapter/Recommendations#management-2>

5.2 [NHS England - Wave 2 EBI document](#)