

**ACUPUNCTURE FOR CHRONIC PAIN
CRITERIA BASED ACCESS (CBA) POLICY**

Version:	2122.v1
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Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	22122.v1

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1819.v3a	June 2021	Acupuncture not commissioned separated from the Acupuncture for Migraine Prophylaxis PA policy to a standalone policy Acupuncture for Chronic Pain CBA Policy 2122.v1

Equality Impact Assessment (EIA)	N/A
Quality Impact Assessment QIA.	In process
Sponsoring Director:	Dr A Murray
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG's Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not 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
- 1.5 On limited occasions, the CCG 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
- 1.6 Patients should be advised being referred 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
- 1.7 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
- 1.8 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)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA BASED ACCESS

2.1 Acupuncture for Migraine Prophylaxis refer to the following policy:

“Acupuncture Migraine Prophylaxis Secondary Care Prior Approval Policy”

2.2 Acupuncture for Chronic Primary Pain

Referrals received to the appropriate qualified service will be consider a single course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system, for people aged 16 years and over to manage chronic primary pain, **but only if** the course:

- is delivered in a community setting **AND**
- is delivered by a band 7 (equivalent or lower) healthcare professional with appropriate training **AND**
- is made up of no more than 5 hours of healthcare professional time (the number and length of sessions can be adapted within these boundaries) **OR**
- is delivered by another healthcare professional with appropriate training and / or in another setting for equivalent or lower cost

2.3 Acupuncture is **not commissioned** by the CCG as part of any other treatment pathway, including those listed below:

- Irritable Bowel Syndrome [IBS]
- Lower urinary tract symptoms [LUTS] in men
- Hyperbilirubinaemia
- Otitis Media with Effusion [OME]
- Stable Angina
- Fertility treatment
- Induction of Labour
- Alcohol use disorders
- Nocturnal enuresis
- Smoking cessation
- Breathlessness in the advanced stages of disease
- Postoperative
- Allergy management
- Cancer related conditions
- Stroke
- Shoulder pain – SIS, adhesive capsulitis
- Lumbar radiculopathy
- Whiplash Associated Disorder
- Tennis elbow
- Osteoarthritis

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 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 service. This will reassure the service 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
- 3.7 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>
- 3.8 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
- 3.9 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.10 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
- 4.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:**
somccg.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 [NICE guideline NG 193 evidence review G: acupuncture for chronic primary pain.](#)
- 5.2 [NICE Recommendation 1.2.5 rationale and impact section on acupuncture for chronic primary pain .](#)