

Evidence Based Intervention

Complementary & Alternative Therapies Policy

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Policy

Complementary and alternative therapies are a mixed group of therapies considered low priority treatments based on weak evidence of clinical effectiveness. There will only be provided under the NHS as part of an existing service where:

- The individual therapy used for a specific condition has been critically appraised and has been shown to have proven clinical effectiveness.
- The training and practice of the therapist is regulated by a statutory regulatory body.

Definition

Complementary and alternative therapies comprise a wide range of disciplines. We have adapted the classification recently used by the House of Lords Select committee, which divides these therapies into three groups:

- Group 1 – those which are regarded as the principal disciplines:
 - Group 1 a – with statutory regulatory control – osteopathy, chiropractic
 - Group 1 b – acupuncture, herbal medicine and homeopathy
- Group 2 – therapies used to complement conventional medicine without embracing diagnostic skills, e.g., massage, aromatherapy, hypnotherapy, reflexology and the Alexander Technique
- Group 3 – therapies which are long established and rational in certain cultures
Ayurvedic medicine.
 - Group 3b – others with no credible evidence such as crystal therapy and dowsing.

Whilst some evidence of effectiveness exists for therapies in Group 1, the clinical effectiveness of the majority of these therapies has not been proved with strong evidence as obtained through properly established scientific trials. Some NHS professionals use a selection of these therapies in their practice, e.g., physiotherapists using manipulation or acupuncture, or GP'S using homeopathy. With effective regulatory mechanisms in place for individual professionals and under NHS clinical governance arrangements, use of such therapies is acceptable.

Please note that herbal and homeopathy therapies are classed as 'double red' which means they are not recommended for prescribing in primary or secondary care in line with the NHS England policy guidance on items which should not be routinely prescribed see <https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/>

Resource implications

This policy does not change current practice; therefore, the resource implications remain unchanged.



Health Benefits

While some complementary treatments may give health benefits, these have proved difficult to quantify. A placebo effect can lead people (both patients and therapists) to conclude that a treatment is effective when it is not. This is true for new treatments in scientific medicine as well as for complementary and alternative medicine.

This is why new scientific treatments are subject to experimental trials and the evidence of effectiveness is critically appraised. There is little good quality evidence comparing alternative therapies with other treatments, and this makes it particularly difficult to judge the health benefit of the therapy.

Risks

In general, these are likely to be low, but should not be ignored. Adverse reactions to herbal medicines can be due to toxic compounds, interaction with conventional drug treatments, heavy metals, or corticosteroids in the preparation as well as the herbs themselves. Infections linked to acupuncture and the improper handling of needles or their reuse, without sterilisation, has included Hepatitis B and C, HIV, bacterial endocarditis and staphylococcal septicaemia. It is accepted that these are rare events, but they highlight the need for therapies to be used by properly trained and accredited professionals in a controlled environment.

Regulatory framework

National developments such as the relatively recent creation of General Osteopathy and General Chiropractic Councils will help establish accreditation and quality standards for professional in Group 1a as defined by the House of Lords Report.

Priority

Due to low evidence of effectiveness, complimentary therapies will only be funded in exceptional circumstances and where they are incorporated into mainstream NHS practice.

References

1. Complementary and alternative medicine. Report of the House of Lords Select Committee on Science and technology: Session 1999-2000. HL Paper 123. London: The stationery Office; 2000.
2. Oxford Concise Colour Medical Dictionary. New Third Edition. Oxford University Press. 2002.




Change History:

Version	Date	Reviewer(s)	Revision Description
1.1	Dec 2023	Jo Oliver/Angela Kenny	Added paragraph around homeopathy being double red and link to NHSE policy for GP's information

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