

**ACUPUNCTURE
MIGRAINE PROPHYLAXIS**

SECONDARY CARE PRIOR APPROVAL (PA) POLICY

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

Version:	1819.v1a
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Application Form	Acupuncture for Migraine Prophylaxis Prior Approval Form

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

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VERSION CONTROL

Document Status:	Current policy
Version:	1819.v1a

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1718 v1	December 2017	Updated policy template and PALs email address.
1718. v1	March 2019	SCCG template, IFR replaced with EBI name change

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	04 April 2018
Quality Impact Assessment QIA. Date:	19 March 2018
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1 GENERAL PRINCIPLES

- 1.1 Funding approval will 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 will not be given
- 1.2 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking corrective surgery
- 1.3 The CCG does not commission surgery for cosmetic purposes alone
- 1.4 Referring patients to secondary care without funding approval having been 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 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
- 1.7 Patients should be advised that 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
- 1.8 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
- 1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
- 1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.11 Where funding approval is given by the Evidence Based Interventions Panel, it will be available for a specified period of time, normally one year

2 POLICY CRITERIA

2.1 The CCG **does not commission** Acupuncture outside of Migraine prophylaxis

2.2 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
- Pain

2.3 There is insufficient or conflicting evidence for the use of acupuncture needling with any other condition

2.4 The CCG does commission acupuncture for Migraine Prophylaxis as a **Prior Approval treatment**.

Secondary Care to complete the CCG Prior Approval application form.

2.4.1 **Migraine prophylaxis**

If both topiramate and propranolol are unsuitable or ineffective, consider a course of up to 10 sessions of acupuncture over 5–8 weeks according to the person's preference, comorbidities and risk of adverse events.

2.4.2 **Chronic Migraine and Tension Type Headache**

[NICE Guideline CG 150 Headaches: Diagnosis and management of headaches in young people and adults](#)

3 BACKGROUND

3.1 Acupuncture is a treatment derived from ancient Chinese medicine in which fine needles are inserted at certain sites in the body for therapeutic or preventative purposes. It is often seen as a form of complementary or alternative medicine (CAM).

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 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
- 4.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward
- 4.3 Applications cannot be considered from patients personally
- 4.4 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 IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context
- 4.5 EBI applications are reviewed and considered for clinical exceptionalism
- For further information on 'clinical exceptionalism' please refer to the NHS England IFR policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>
- 4.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that 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

5 ACCESS TO POLICY

- 5.1 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
- 5.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 NHS Choice
<http://www.nhs.uk/Conditions/Acupuncture/Pages/Introduction.aspx>
- 6.2 NICE Guideline CG 150 [Headaches: Diagnosis and management of](#)

[headaches in young people and adults](#)

- 6.3 Cochrane Library <http://www.cochrane.org/search/site/acupuncture>
- 6.4 NICE Guideline NG59 –
<https://www.nice.org.uk/guidance/NG59/chapter/recommendations#non-invasive-treatments-for-low-back-pain-and-sciatica>

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