

Acupuncture

Criteria Based Access

All Patients

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk /](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available.

Policy - Criteria to Access Treatment

Acupuncture will only be funded by the ICB for patients meeting the criteria set out below:

1. The patient is being managed through a secondary care based pain management service and it has been agreed as part of the patient's Pain Management Plan that a trial of Acupuncture therapy is appropriate, and patients will be provided with a course of Acupuncture therapy up to a maximum of six sessions. In order to assess the effectiveness of the treatment, with a clinical review carried out following the third treatment session.

NOTE: If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives

- Do Nothing

Benefits

Benefits of acupuncture can include:

- Pain reduction.
- Feeling of Wellness.
- Sleep improvement.
- Improvement in mental wellbeing

Risks

When it is carried out by a qualified practitioner, acupuncture is generally very safe. Some people experience side effects such as feeling drowsy or dizzy, but these are usually mild and short-lived. Also, a small number of patients may experience a flare up of their pain. Should this occur, the treatment would be discussed with the practitioner and can be stopped. All potential benefits and side effects will be discussed in detail with the practitioner when consent is taken for treatment. There are very few instances where acupuncture is contraindicated. Pain Clinic practitioners avoid performing acupuncture on patients who are in the first trimester of pregnancy.

Alternatives

Acupuncture is an adjunct to a variety of treatments for pain relief which can include analgesics such as paracetamol and NSAIDS. Other alternative methods may be sought to improve feelings of wellness and sleep improvement such as relaxation strategies and exercise.

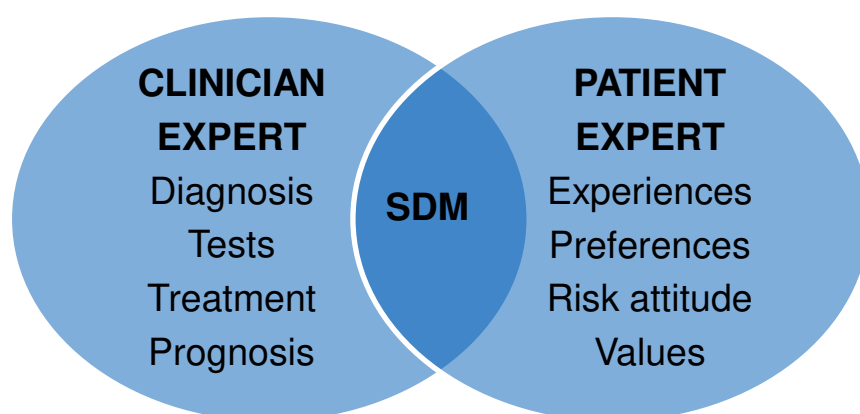
Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until other are other reasons to be referred to the pain service.

Shared Decision Making

If a person fulfils the criteria for Acupuncture, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use ‘Ask 3 Questions’:

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

Acupuncture – Plain Language Summary

Western medical acupuncture is a therapeutic modality involving the insertion of fine needles; it is an adaptation of Chinese acupuncture using current knowledge of anatomy, physiology and pathology, and the principles of evidence-based medicine. While Western medical acupuncture has evolved from Chinese acupuncture, its practitioners no longer adhere to concepts such as Yin/Yang and circulation of qi, and regard acupuncture as part of conventional medicine rather than a complete “alternative medical system”. It acts mainly by stimulating the nervous system. Western medical acupuncture can be used by conventional healthcare practitioners to treat a variety of pain conditions such as musculoskeletal and pelvic pain. It is also effective for postoperative pain and nausea (this is outside the scope of use in Chronic Pain Clinic).

This policy has been developed with the aid of the following:

1. NICE (2012) Clinical Guidance CG 150: Headaches in over 12s: Diagnosis and management. www.nice.org.uk
2. National Health Service (2018) Health A to Z: Complementary and alternative medicine. www.nhs.uk/conditions.
3. National Health Service (2019) Health A to Z: Acupuncture. www.nhs.uk/conditions.
4. British Medical Acupuncture Society (2013) Western Medical Acupuncture. www.medical-acupuncture.co.uk

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

| Policy Category | Approval By |
|-----------------|--|
| Level 1 | Commissioning Policy Review Group. |
| Level 2 | Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair |
| Level 3 | ICB Board |

OPCS Procedure codes

Must have any of (primary only): A705,A706

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [**BNSSG.customerservice@nhs.net**](mailto:BNSSG.customerservice@nhs.net).