

Clinical Commissioning Group

Service Specification No.	11X-13
Service	Complementary Therapies
Commissioner Lead	Sheryl Vincent, Commissioning Manager
Provider Lead	
Period	1 April 2018- 31 March 2019
Date of Review	TBC

1. Population Needs

National/local context and evidence base

- 1.1 NICE Clinical Guideline 88: Low back pain: Early management of persistent non-specific low back pain. Link to NICE CG88

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

Not applicable

3. Scope

Aims and objectives of service

- 3.1 To provide a choice of *protocol-led* access to acupuncture and osteopathy for the management of musculo-skeletal and chronic pain complaints. This is so there are alternative care pathways to the established secondary care referrals via physiotherapy, orthopaedic and pain clinic services.

Service description/care pathway

- 3.2 This specification sets out:

- the definition, aims, code of practice and ethics, and standards to be established for the delivery of the complementary therapies acupuncture and osteopathy .
- the responsibilities of the practitioners and the types of treatments that would be included
- that service users must give fully informed consent to the treatment

DEFINITIONS

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- 3.3 'Complementary Therapy' is a term used to describe holistic and natural therapies that may be regarded as outside the range of 'orthodox' medical treatments.
- 3.4 Alternative medicine will often refer to the use of CAM (Complementary and Alternative Medicine) as an alternative to conventional medicine (e.g. Acupuncture)
- 3.5 The Commissioner – NHS Somerset CCG responsible for the funding for the service.
- 3.6 The Provider – Glastonbury Health Centre who are responsible for the provision of the service.
- 3.7 Practitioners – suitably qualified professionals that the Provider contracts to deliver the service.
- 3.8 The Service – the provision of a musculo-skeletal service using complementary therapy (acupuncture and osteopathy).

REFERRAL

- 3.9 Once a referral is made, the service user will have commenced and the aim is to have completed the treatment within 18 weeks.
- 3.10 Referrals can be made using the referral guideline held at each practice.

SERVICE AIMS

- 3.11 The Service aims to increase:
- patient choice regarding their care and treatment
 - equal access, regardless of ability to pay, to services that are otherwise only available privately
 - provision of a wider range of therapeutic options with potential for improved outcomes
 - and provision of therapeutic options thereby reducing pressures on secondary care services
- 3.12 The Provider must/will:
- respect and preserve the rights of the service user to dignity, privacy, confidentiality, consultation, information, and the right to refuse treatment
 - present, promote, and maintain a high standard of individualised care and be able to justify, if challenged, the use of osteopathy and acupuncture in terms of benefits and rights of service user
 - safeguard the safety of the service user and the public

CODE OF PRACTICE & ETHICS

- 3.13 The service user will always be greeted in a warm, friendly and professional manner.
- 3.14 The service user will have treatment provided by the same named therapist, whenever possible.
- 3.15 The service user will be fully informed of the purpose and content of the treatment session; including techniques used, effects and any after effects.

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- 3.16 Time will be spent in the first session to obtain a full knowledgeable history of the service user prior to discussing and planning the most effective treatment.
- 3.17 Each subsequent session will include time to discuss effects, concerns, questions, and review of treatment between service user and practitioner.
- 3.18 Practitioners will operate within the Practice's policy on Confidentiality and the professional's own code of practice.
- 3.19 Practitioners must adhere to professional codes of conduct within their own profession.
- 3.20 Treatment should be carried out in an appropriate environment, (warm, quiet, private and relaxing environment, which is well ventilated).
- 3.21 Practitioners must be responsible for the appropriateness and maintenance of the environment, ensuring its suitability for the treatment. The practitioner is also responsible for ensuring any equipment used is fit for purpose and for the storage and usage of products.

CONSENT

- 3.22 Staff must act in accordance with the Practice policy for consent to treatment or examination
- 3.23 Informed consent is needed by the service user for the qualified practitioner to carry out the specific treatment modality. Consent to treatment should be recorded on a form, signed and dated, and stored in the service user's notes. Upon discharge, the notes will be stored in the service user's medical record
- 3.24 Where the service user cannot consent or does not understand, or where the next of kin or carer is requesting complementary therapy, then the agreement of the next of kin/carers or doctor should be obtained and recorded.
- 3.25 Informed verbal consent should be obtained from all patients before commencing any intervention and it must be recorded in the patient record that "verbal consent has been obtained". Ensure patients are aware of:
- the need for verbal consent
 - length of time intervention will take
 - benefits from intervention
 - any associated risks
 - adverse reactions to report
 - their right to withdraw consent at any stage

TRAINING AND Accreditation

- 3.26 Practitioners must be registered with a recognised professional register and adhere to codes of conduct within their own profession as recommended by the General Osteopathic council, and the British Acupuncture Council:
- Osteopathic Practitioners will be registered with the General Osteopathic council
 - Acupuncture practitioners will be registered with the British Acupuncture Council
- 3.27 Practitioners must be trained to levels recognised by the General Osteopathic council, and the British Acupuncture Council and must maintain and update knowledge and competence

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of their chosen complementary therapy or therapies through Continuing Professional Development.

- 3.28 No health care professional shall perform any clinical services unless he has such clinical experience and training as are necessary to enable him properly to perform such services.

PROVISION OF EQUIPMENT

- 3.29 In relation to each additional service it provides, the Contractor shall provide such facilities and equipment as are necessary to enable it properly to perform that service.

INFECTION CONTROL

- 3.30 Providers must have infection control policies that are compliant with national guidelines, which include:

- disposal of clinical waste
- needle stick incidents
- environmental cleanliness
- standard precautions, including hand washing and hand cleansing

- 3.31 An infection control audit shall be taken annually.

AUDIT AND REPORTING

- 3.32 The Provider is required to undertake audit of this service and to provide an annual report including the following information for all services:

- the number of patients assessed for treatment
- the average number of attendances per patient
- the number of patients requiring longer than six consultations
- the outcomes achieved by acupuncture and osteopathy including the:
 - Benefits to service users,
 - Impact on referrals to secondary care services including physiotherapy, pain clinics and orthopaedics
- patient evaluation/satisfaction surveys (MYMOP and Satisfaction feedback)
- evidence of staff training and regular update

TREATMENTS OFFERED

- 3.33 All treatments must be offered in line with the latest relevant guidance for example NICE. For example NICE currently recommends a maximum of 10 sessions over a period of up to 12 weeks for acupuncture as an invasive therapy for low back pain (Reference 14.1).
- 3.34 The Provider currently reviews patients after every 4 sessions, to establish if there is further clinical need for continued treatment.
- 3.35 The Provider will provide up to a maximum of 12 spread over 2 courses.
- 3.36 This is in line with Department Health Musculo-skeletal Services Framework 2006

(Reference 14.2)

3.37 A summary of the services provided:

- Acupuncture
- Osteopathy

CLINICAL GOVERNANCE

3.38 The Contractor shall have an effective system of clinical governance which shall include appropriate standard operating procedures in relation to the management and use of controlled drugs. The Contractor shall nominate a person who will have responsibility for ensuring the effective operation of the system of clinical governance. The person nominated shall be a person who performs or manages services under the Contract.

HEALTH AND SAFETY

3.39 All practitioners must adhere to local health and safety policies and be familiar with COSHH guidelines. Practice guidelines for each treatment must include:

- medical information sheet including contraindications for relevant healthcare professionals
- service User information sheet
- service User's medical questionnaire form including contraindications

SIGNIFICANT EVENTS/ ADVERSE EFFECTS

3.40 In the event of any significant or adverse incidents; side effects; reactions or accidents; the appropriate Incident forms must be completed as required by the NHS Somerset CCG and Practice policies.

3.41 Incident forms should be returned Business Manager for investigation with practitioner, referring GP and service user. A full evaluation, risk assessment and explanation must be shared with the above and stored with other documentation.

3.42 The Glastonbury Health Centre Partner(s) must be informed, as must the commissioner.

PATIENT AND PUBLIC INVOLVEMENT

3.43 Glastonbury Health Centre PPG and feedback for service user surveys.

PRICES

3.44 Payment for this service will be a local block contract. The total contract value is set out in Schedule 3 Part A.

Population covered

3.45 Registered patients of Glastonbury Health Centre and Glastonbury Surgery.

Any acceptance and exclusion criteria and thresholds

3.46 Not applicable

Interdependence with other services/providers

3.47	Not applicable
4. Applicable Service Standards	
	Applicable national standards (eg NICE)
4.1	NICE Clinical Guideline 88: Low back pain: Early management of persistent non-specific low back pain. http://publications.nice.org.uk/low-back-pain-cg88/guidance#invasive-procedures
4.2	Department of Health: Musculoskeletal Services Framework 2006: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413
	Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
4.3	Not applicable
	Applicable local standards
4.4	Not applicable
5. Applicable quality requirements and CQUIN goals	
5.1	Applicable quality requirements (See Schedule 4 Parts A-D)
5.2	Applicable CQUIN goals (See Schedule 4 Part E)
6. Location of Provider Premises	
6.1	The Provider's Premises are located at: As defined in Schedule 5 Part A of the Contract Particulars
7. Individual Service User Placement	
	Not applicable