Complementary & Alternative Therapies in the Scottish NHS

Pain Management Service

(Draft Summary – under development)

(For internal use only – not for publication)

This is a short, mostly bullet-point summary of the full document which is due to be released in 2014.

On the 12th December 2013, SIGN launched their guideline on chronic pain. The purpose of the guideline is to provide recommendations based on current evidence for best practice in the assessment and management of adults with chronic non-malignant pain in non-specialist settings.

In the draft guideline's 'Introduction', it is stated that "while a proportion of patients will require access to specialist secondary and tertiary care pain services, the majority of patients will be managed in primary care. *It is vital that general practitioners (GPs) have the best possible resource and support to manage their patients properly and have facilities for accessing appropriate specialist services when required.* "

The target users of the guideline are "all healthcare professionals involved in the assessment and management of patients with chronic pain, including general practitioners, pharmacists, anaesthetists, psychologists, psychiatrists, physiotherapists, rheumatologists, occupational therapists, nurses, patients, carers and voluntary organisations with an interest in chronic pain".

The guideline also states that, in clinical trials, "unless there is careful assessment of the chronic pain syndrome in each patient, potentially useful treatments may be discarded as being ineffective, when the average response is considered. It may be therefore that even good quality, adequately powered double blind randomised controlled trials do not provide the best approach for developing a strong evidence base for pain management".[1]

The new SIGN guideline on chronic pain recommends the use of some forms of CAM (such as massage and acupuncture) as did NICE[2] in 2009. This means that, for the first time in Scotland, clinical guidelines advise health professionals to make use of Complementary and Alternative Therapies as first-line interventions to address chronic pain, making it necessary the creation of mechanisms to make it possible for clinicians to follow such guidelines.

CAM use in the NHS Pain Management Service

The need for the use of Complementary and Alternative Medicine (CAM) has long been acknowledge at a series of reports, guidelines, Government publications and by health professionals for many years. For example:

- The Scottish Government already acknowledge that CAM ['Complementary and Alternative Medicine'] *"may offer relief to some people suffering from a wide variety of conditions*", stating that "*a GP or hospital clinician*

[1] SIGN guideline on chronic pain: 1.4 REPORTING IN PAIN TRIALS

* Moore RA DS, McQuay HJ, Straube S, Aldington D, Wiffen P, Bell RF, Kalso E,, on RMAwgotISIGS, Relief. SRiP. Clinical effectiveness: an approach to clinical trial design more relevant to clinical practice, acknowledging the importance of individual differences. Pain 2010;149(2):173-6.
* McQuay H MA. Utility of clinical trial results for clinical practice. Eur J Pain 2007 11(2):123-4.
* Dworkin RH TD, Peirce-Sandner S, Baron R, Bellamy N, Burke LB, Chappell A, et al. Research design considerations for confirmatory chronic pain clinical trials: IMMPACT recommendations. Pain 2010;149(2):177-93

[2] Early management of persistent non-specific low back pain – May 2009

may refer a patient for alternative treatment" and actively encourage the use of CAM ("*Chief Executives are asked to take this into account in the planning of services*"). (NHS Circular: HDL(2005) 37)

- The Government also state on the same document that "*the GP or hospital clinician would require to be satisfied of the value of the treatment and the competence of the practitioner, and would remain responsible for the patient's medical care*" as a condition for such referrals.

- The Clinical Standards Advisory Group (Services for Patients with Pain, March 2001) and QIS (Best Practice Statement - Management of Chronic Pain in Adults, February 2006) also confirm CAM effectiveness, the need for regulation and GPs willingness for CAM referrals.[3]

- Linda Fabiani MSP: "*We should think about a bit of innovation. We should look at alternative therapy, complementary medicine and preventive strategies*."[4]

- "We often talk in the Parliament about joined-up talking and thinking. Surely pain management is an excellent example of a service that could span the NHS and the independent sector as well as complementary medicines" Mary Scanlon MSP [5]

- "Physical treatments such as massage [should be] made available on the NHS and much quicker access (possibly in partnership with funding existing providers)". Dr Marilyn McNeill (Pain Concern)[6]

- "*With NHS Lanarkshire budget constraints our concern would be that referrals would essentially be blocked for CAM therapy and not receive board approval*" (local GP practice)

- The use of unconventional therapies both in acute and chronic pain management as a first-line approach choice at primary care level together with conventional approaches would have the benefit of freeing valuable specialist resources for more complex cases.[7] This is also supported by the Clinical Standards Advisory Group statement that *"It is important to recognise that only a minority of patients with pain will need treatment by specialist pain services"*.

- And most recently, on December 2013, "Manual therapy should be considered for short term relief of pain for patients with chronic low back pain", "Manual therapy, in combination with exercise, should be considered for the treatment of patients with chronic neck pain", "Acupuncture should be considered for short term relief of pain in patients with chronic low back pain or osteoarthritis" [8]

In deciding what to make available through the NHS, the principle that should be considered is this – policies that are likely to result in individuals coming to harm should only be considered if there is clear evidence that they are needed and if there are no alternatives.

Human Rights issues

Apart from the usefulness of non-pharmacological/CAM interventions, there is also the issue of health equality.

The Schedule to the Patient Rights (Scotland) Act 2011 describes 'Quality Care and Treatment' as based on current clinical guidelines with regard to the optimum benefit to the patient's health and wellbeing and the range

[3] "There is evidence to suggest that some complementary therapies have a positive effect on chronic pain (Snyder & Wieland 2003, Stephenson & Dalton 2003)". QIS, Best Practice Statement ~ Management of chronic pain in adults (February 2006)
[4] Scottish Parliament Official Report, 27 February 2002, Col 9759
[5] Scottish Parliament Official Report, 27 February 2002, Col 9753
[6] What I want to achieve: Cross Party Group on Chronic Pain Comments (2007)
[7] Services for Patients with Pain - 1 84182 157 8
[8] Management of chronic pain - A national clinical guideline SIGN 136 - Dec 2013

of options available in each patient's case. The Schedule also refers to no avoidable harm to be caused and that patients are to be cared for in an appropriate environment.

SHRC recommended to the Scottish Government that reading this Principle in the light of human rights standards will help ensure the achievement of the aim of the Healthcare Quality Strategy that healthcare is consistently patient centred, rather than a more traditional clinical model of healthcare where patients are, in the worst case, the passive recipients of care deemed to be in their best interests.

"Health facilities, goods and services have to be accessible to everyone without discrimination. This has four dimensions: non-discrimination (in law and fact), physical accessibility (including in rural areas and for disabled people), economic accessibility and information accessibility."[9] In Scotland, only those who can afford it can have access to a wide variety of therapies and other non-pharmacological interventions. Meanwhile, those who cannot afford it – especially chronic pain patients – have to rely on a handful of (demonstrated) ineffective palliative interventions which mostly cause further damage to their health and even death in some cases.

Scottish patients are not allowed to be referred to non-pharmacologic pain management in the same manner as English and Welsh chronic pain patients except in very rare occasions when special GP funding applications are authorised by their respective NHS Boards.

"Participation in decision-making and legal capacity is pivotal to the realisation of an individual's dignity and rights. "The freedom to accept or refuse specific medical treatment, or to select an alternative form of treatment, is vital to the principles of self-determination and personal autonomy"[10]

The International Association for the Study of Pain issued a declaration in 2010 World Congress on Pain declaring it to be a human right. People have a right to receive pain relief, without discrimination, via medications and non-medication techniques. [11]

CAM Regulation

The two most important required mechanisms to facilitate CAM referrals in the NHS are regulation of CAM and the establishment of a referral pathway so that Scottish Government's[12] and BMA conditions for CAM referrals can be fulfilled.

If requirements for CAM referrals are put in place in line with other current interventions within the NHS, an estimated potential 500,000+ chronic pain patients could be helped[13] in the short to medium terms, especially those with musculoskeletal pain-related conditions.

There is already an organisation set up with the support of the Department of Health in Whitehall to regulate CAM throughout the UK – the Complementary and Natural Health Council (CNHC). They have recently been approved as an Accredited Voluntary Register (AVR) by the Professional Standards Authority for Health and Social Care (PSA)

As the CNHC describe it themselves, in 2000, following the House of Lords Science and Technology Report on Complementary and Alternative Medicines [14]. The Prince's Foundation for Integrated Health (PFIH) invited

[9] 'Getting it right? Human rights in Scotland' - Theme 2: Health – p6
[10] 'Getting it right? Human rights in Scotland' - Theme 2: Health – p5
[11] Declaration of Montréal - 2010: 6- *Appropriate treatment includes access to pain medications, including opioids and other essential medications for pain, and best-practice interdisciplinary and integrative nonpharmacological therapies, with access to professionals skilled in the safe and effective use of these medicines . . .*"
[12] NHS Circular: HDL(2005) 37
[13] i.e. about half of all chronic pain patients in Scotland
[14] 2000 House of Lords Select Committee on Science and Technology. (2000) Session 1999-2000, 6th Report, Complementary and Alternative Medicine. HL Paper 123. London: Her Majesty's Stationary Office.

applications from complementary therapy groups to enter a regulation programme. The programme was supported by the King's Fund and Department of Health at Whitehall.

Following a report by Professor Julie Stone it was agreed that a single federal body for complementary therapies should be established which would regulate a range of professional disciplines within the sector.[15]

Subsequently the Federal Working Group (FWG) was created - chaired by Professor Dame Joan Higgins - made recommendations for the body which became known as The Complementary and Natural Healthcare Council (CNHC). It was set up as an entirely separate and independent body in January 2008 and was funded until March 2011 by start-up monies from the Department of Health and registrant fees.

Regulation should be an easy and straightforward matter as there are many CAM therapists in Scotland registered with the CNHC.

But the Scottish Government so far has refused to recognise the CNHC as a regulatory body even though, in 2011, the then Minister for Public Health & Sport Shona Robison declared that "[*We] are aware of the Complementary and Natural Health Council's work in England [CHNC] and are monitoring their progress with interest"*.

At various points when asked, the Government's response to a regulatory body has been that they do not recognise the CNHC as a regulatory body and have no intention of creating one in Scotland as it is not necessary.

This attitude towards CAM regulation poses a serious threat to the ability of chronic pain patients to be referred to CAM interventions, puts a constraint to GPs ability to chose best practices and interventions according to their clinical judgement and guidelines and is probably the only one thing standing in between progress in the area.

There is, of course, an alternative which would be the creation of a CAM regulatory body in Scotland but, as stated by HD: Regulatory Unit - Scottish Government, "*there is currently no intention to appoint the HPC or any other body as a regulatory body for CAM in the near future*."

Referral Pathway

A referral pathway is important for GPs to be able to refer patients to CAM practitioners.

- "*A CAM pathway certainly sounds like a good idea as I know there are patients who have a preference for CAM therapies .*" (Local GP – South Lanarkshire)

If CAM regulation is achieved and a referral pathway is created this would enable equal access to non-pharmacological chronic pain management where there is a need and clinically desirable. There are, of course, many implications that would arise if this were possible but when there are not many practical alternatives, discussions on how this could be achieve should be welcome.

Still to be added:

- Evidence
- Harm-benefit analysis
- Cost effectiveness
- The Intlife model

[15] 2005 Stone, J, 2005. Development of proposals for a future voluntary regulatory structure for complementary healthcare professions.