

Complementary and Alternative Therapies
Version 3.3 – 26 February 2024

Last reviewed: 18 September 2019. This commissioning statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

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Commissioning Statement

1. Complementary and alternative therapies are not commissioned as stand-alone treatments.
2. Complementary and alternative therapies are those therapies not considered to be part of mainstream ‘western’ or ‘scientific’ medicine. It includes, but is not exclusive to:
Acupuncture; Aromatherapy; Alexander Technique; Applied Kinesiology; Aromatherapy; Autogenic Training; Ayurveda; Chiropractic; Craniosacral therapy; Environmental Medicine; Healing; Herbal Medicine (all forms); Hypnosis / hypnotherapy; Homeopathy; Massage; Meditation; Naturopathy; Nutritional Therapy; Osteopathy; Reflexology; Reiki; Shiatsu; & Yoga therapy.

Please note that even if a therapy is not on this list, if it is classed as alternative and complementary, it will not be commissioned.

3. Hypnotherapy for adults with Irritable Bowel Syndrome is commissioned in line with NICE CG61: Irritable bowel syndrome in adults: diagnosis and management.
4. Hypnotherapy for children with Irritable Bowel Syndrome is only commissioned in exceptional cases of IBS or chronic abdominal pain and requires Individual Funding Request (IFR) approval.
5. Those complementary and alternative therapies which are an integral part of an agreed care pathway or are covered within existing contracts (supported by a service specification) are excluded from this commissioning statement. This includes, but is not limited to, the care pathways for low back pain, musculoskeletal, headache, Parkinson’s disease and Multiple Sclerosis.

When referring to secondary care for treatment please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the links below:

Links to important Documents:

- Link to [GM IFR Operational Policy](#)
- Link to [Guidance notes for clinicians on exceptionality](#)
- Link to [IFR Non-Drug Form](#)
- Link to [IFR Drug Form](#)
- Link to [IFR Reconsideration Form](#)
- Link to [Information sheet including coding and references](#)