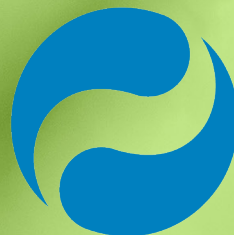




# Acupuncture for patients with chronic pain in the UK

*a statement of intent*

*from the AACP, BAAC & BMAS*



British  
Acupuncture  
Council



## Key to organisations

<b>AACP</b>	Acupuncture Association of Chartered Physiotherapists
<b>BACc</b>	British Acupuncture Council
<b>BMAS</b>	British Medical Acupuncture Society



## Glossary of terms

<b>ACT</b>	acceptance commitment therapy
<b>CBT</b>	cognitive behaviour therapy
<b>CPD</b>	continuing professional development
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NG vs CG</b>	NG stands for NICE Guideline and has superseded the use of CG, which stands for Clinical Guideline. The first guideline to recommend acupuncture was CG88 in 2009, but this was updated and expanded to become NG59 in 2016, which recommended against acupuncture in low back pain and sciatica in over 16s
<b>NG193</b>	NICE guideline on chronic pain (primary and secondary) in over 16s, published 7th April 2021
<b>THIRD SECTOR</b>	also known as the voluntary sector, is the economic sector consisting of non-governmental organisations and other non-profit organisations



## Background

Acupuncture has been used as part of the management of chronic pain in the UK since the 1980's. Provision has declined in recent decades and there has been a dramatic decline of its use in the NHS following the updated NICE guideline on low back pain and sciatica (NG59) in November 2016, along with the pervasive and misleading rhetoric from some commentators that 'acupuncture doesn't work in back pain'.

The NICE Guideline on Chronic Pain (NG193), published in April 2021, has recommended acupuncture as well as exercise and psychological interventions (ACT and CBT). This guideline has also recommended against a long list of medications that have been in routine use for chronic pain such as paracetamol, the gabapentinoids, and opioids.

There seem to be opportunities for developing provision of acupuncture, particularly within primary care, but these are likely to be limited and challenging given current healthcare priorities and the economic legacy of a global pandemic.

The organisations that are signatories to this statement of intent have agreed to work collaboratively to encourage and support an expansion of provision of acupuncture services in the UK.

## Aim

The aim of this statement is to inform our memberships and existing or potential providers of acupuncture services in the UK of our joint intent and ideas, and to put out a call for expressions of interest to be involved.

## Ideas

Our focus is to encourage and support public provision of acupuncture services, but independent services, ideally from the third sector will also be considered. There are many potential models of provision, but at the outset we believe that a blend of public and independent low-cost provision is likely to be the most durable.

NG193 indicated that acupuncture should be considered to manage chronic primary pain if it is delivered in a community setting, by a band 7 (equivalent or lower) healthcare professional with appropriate training and takes up no more than 5 hours of that healthcare professional's time. Allowance was given to support other settings and staff provided that the cost was no higher.

We think community settings are the most feasible settings for the majority of low-cost acupuncture provision; however, NHS settings (GP practices with space) could be approached. Additionally regional centres of excellence would be useful to support education, professional development, and academic endeavours for the acupuncture profession. For example, these may include cancer patient centres.

We are interested to hear from our members and others who are already involved in, or who want to be involved in, the establishment of a variety of projects linked to NHS commissioning groups. These would be run on a voluntary or low-cost basis for a limited period and create local audit data that can support a bid to establish funding. Examples of such projects may include:

### 1. Pilot projects in the community

- a. these may be as simple as individual practitioners volunteering to work in a local NHS community setting
- b. existing clinics within the NHS may consider expanding provision by taking on volunteers who are in training to become eligible for honorary contracts
- c. existing independent clinics may consider expanding to provide low-cost service provision by taking on volunteers in training
- d. multibed or group clinics are ideally suited to these projects

### 2. Flagship practices

- a. these would be clinics run by fully trained members of one of our organisations who are also educators of accredited training places
- b. we would like to see these expand to take on trainees from any of our organisations, willing to learn from each other, who can provide treatment under educational supervision
- c. our organisations will consider accepting training hours and CPD hours from these providers

### 3. Centres of excellence

- a. this is in the realm of visioning for the future, we would be interested in establishing centres that can innovate in the field, provide gold standard care, and support education and research in acupuncture clinical care
- b. ideally these will be multidisciplinary, including both a variety of different healthcare disciplines as well as the various acupuncture traditions.



## Perspective

Management of chronic pain in the public or voluntary sector is a challenging but potentially rewarding endeavour. Members should have no illusions about the demands of such practice, and those who have no experience of this sector are strongly advised to enquire from colleagues with such experience before expressing an interest.

Ideally services include a variety of inputs from different disciplines (multidisciplinary) or therapeutic approaches (multimodal), so it is essential that practitioners have a willingness and ability to communicate across the boundaries that may exist in such circumstances for the benefit of individual patients and the service as a whole.

Working as a clinician within public healthcare in the UK requires professional regulation of some form, so this may mean that the opportunities we are discussing are not open to all acupuncture practitioners. If you are a member of a group that is not included in either the statutory or voluntary side of the Professional Standards Authority, we recommend that you lobby your professional body to achieve this without delay.

## Summary

This is a short statement of intent from the AACP, BAAC & BMAS to work together to improve and expand affordable acupuncture provision within the UK and within the NHS following the recommendations in NG193.



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