Acupuncture Association of Chartered Physiotherapists Limited (AACP Ltd)

First Published 2015

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Printed and bound by Sudbury Print Group, Suffolk.
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The Association wishes to acknowledge the work and expertise of the following people in producing *Acupuncture in Physiotherapy™: Commissioning Guidance* and *Acupuncture in Physiotherapy™: The Evidence*, which together constitute *Acupuncture in Physiotherapy™: Evidence and Commissioning Resource*.

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Acknowledgements

The Association would like to thank AACP Members, AACP Committees and AACP Board for their dedication and support of the AACP.
Introduction

Dear AACP members,

The Acupuncture Association of Chartered Physiotherapists (AACP) is committed to protecting AACP members’ clinical autonomy and supporting their continuing provision of acupuncture as an integral part of physiotherapy treatment within the NHS, private practice, and the wider medical and healthcare communities.

This much improved second edition of AACP Evidence and Commissioning Resource has been produced to provide members with easy access to up-to-date acupuncture-related evidence, as well as guidance on the commissioning of services. It can be used as a tool to support evidence-based practice, as well as a resource to aid in the commissioning of acupuncture as part of physiotherapy services.

*Acupuncture in Physiotherapy™: The Evidence* is an up-to-date summary of acupuncture-related research. It is by no means an exhaustive list of content, but we believe that it summarises the most significant, robust and necessary information available at present to support your cause. As new evidence and additional information affecting the commissioning process comes to light, we will ensure that you receive it. This document will be reviewed and updated on a regular basis. If you have any specific research or material that you would like to see added to this document, we would welcome your suggestions.

It has been very gratifying to observe the substantial increase in high-quality randomised controlled trials in acupuncture over the past few years, and we thank the research community for all their contributions. The available research now enables us to make recommendations about the use of acupuncture in the treatment of many conditions, and provide patient choice, excellent care and patient satisfaction.

All the information included within this pack is available to download and print from our website. If you feel that you want to select part of the document and make additions specific to your department, or you wish to use the entire document, then we hope that having the information in a downloadable format will give you the flexibility to use this document as best suits your needs. For further copies of the publication, please contact the AACP office directly.

Members of AACP have so much to offer the healthcare system, and we are committed to supporting both existing practice and helping services to grow. This support is founded on patient-centred and evidence-based principles of commissioning and provision. The Association is working closely with many of its members throughout the UK on these issues, and we hope that this document goes a long way to continuing our support. Please do not hesitate to contact us directly at the AACP office if you require further assistance regarding these challenging issues. Do not struggle alone; the Association is here to help and support you, and we definitely stand stronger together.

Yours sincerely,

Vivienne Dascanio, AACP Chairman

Caspar van Dongen, AACP Chief Executive Officer
NHS Commissioning

NHS Commissioning in England

The Government is implementing a range of reforms for the NHS that were first published outlined in a white paper entitled *Equity and Excellence: Liberating the NHS*, which was published in 2010. Healthcare is now “purchased” by clinical commissioning groups (CCGs). These are mainly made up of general practitioners (GPs), but CCGs also include other healthcare professionals, managers and members of the public. Clinical commissioning groups will commission healthcare for their area according to local needs and health priorities.

As an AACP member, you know how effective and efficient acupuncture can be as part of a physiotherapy treatment plan. The positive impact on long-term health and well-being is evident. With the new health structures gradually being introduced in England, it is important to represent acupuncture as a modality of physiotherapy as effectively as possible.

This document is useful as a guide to the commissioning process and the continued provision of acupuncture as part of physiotherapy. As a professional network of the Chartered Society of Physiotherapy (CSP), AACP has aligned its guidance with the information contained in the “influencing toolkit” produced by the CSP (http://www.csp.org.uk/tagged/influencing-toolkit).

This document describes the most important bodies involved within NHS England, and suggests some ways to approach these to further the cause of acupuncture in physiotherapy practice for your benefit.

NHS Commissioning in Scotland

The NHS Boards in Scotland are all-purpose organisations: these plan, commission and deliver NHS services, and take overall responsibility for the health of their populations. Therefore, these Boards plan and commission hospital and community health services, including services provided by GPs, dentists, community pharmacists, opticians and physiotherapists who are independent contractors. Fourteen NHS Boards cover the whole of Scotland, and each decides on the delivery of healthcare in its region. Find the Health Board to approach in your region at:

http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/NHS-Boards

NHS Commissioning in Wales

In Wales, regional NHS Boards are made up of bodies that are responsible for commissioning, delivering and overseeing healthcare services in the country. The seven Local Health Boards in Wales now plan, secure and deliver healthcare services in their areas. Follow the link for more information:

http://www.wales.nhs.uk/nhswalesaboutus/structure
NHS Commissioning in Northern Ireland

Healthcare in Northern Ireland is organised under one health and social care board. It is responsible for the commissioning and provision of both health and social care, and ensuring that all services are safe and sustainable. The following link goes to the Health and Social Care in Northern Ireland website:

www.hscni.net

General Thinking in Public Health England

Healthcare in England is increasingly being focused on reducing the burden on health services and the level of health inequality. An important part of this is the attention being paid to the prevention of ill health, and the benefits of health promotion and improvement.

Acupuncture in physiotherapy is an important aspect of this. The Government are implementing a major initiative to return people suffering from long-term, chronic conditions to work. These “back to work” programmes and the management of long-term conditions are flagship Government policies. The treatment of conditions such as chronic back pain, for example, is one of the main aspects of such programmes. Acupuncture and physiotherapy are key effective treatments, and have an important role to play in this strategy since these can alleviate a variety of long-term conditions.
Organisations Involved in Healthcare in England

Public Health England is the body with national responsibility for the Healthcare budget and the allocation of funds across local authorities (LAs). It has been established to “protect and improve the nation’s health and wellbeing, and to reduce inequalities” (www.kingsfund.org.uk).

Local authorities are becoming increasingly involved in the healthcare system. Public health teams led by directors of public health commission public health services within the local authority region. Public health is an important part of the health care system. It is important that LA’s understand the importance and significance of acupuncture in physiotherapy for the health and well-being of local residents. As well as commissioning, LAs try to influence other stakeholders; for example, when briefing local employers about “health at work” programmes.

A health and well-being board (HWB) sets priorities for a geographical area on the basis of an assessment of the needs in that region. As such, HWBs are instrumental in determining the decisions that CCGs make about the setting of priorities in health and care. The HWBs are directly hosted by the LAs, which bring together the healthcare decision-makers for that area. One of your local councillors will sit on the HWB, as will a representative of each of the CCGs under its regional remit. It is important that acupuncture and physiotherapy are represented on the boards since the decisions of HWBs will affect the physiotherapy services available at present and in the future.

There are 13 local education and training boards (LETBs), one for each region. These are subcommittees of Health Education England (HEE) that make decisions about investment in training and skills development for the local health community. The level of funding is determined by HEE. The LETBs work together with local government, research and education providers, health professionals, and providers of NHS-funded services.

Whether you are working for the voluntary sector, as a private provider or in the NHS, the 212 CCGs across England are the bodies that make decisions about what health services will be provided. These have replaced the primary care trusts.

Clinical commissioning groups not only decide what services will be provided, but also who will provide these. Because CCGs are responsible for 60% of the total NHS commissioning budget and almost all local health services (apart from GPs and dentists, for example), these are the most important bodies in NHS England.

Experience tells us that CCGs often do not have an acupuncture and/or physiotherapy expert as a member, so it is essential to engage with the groups in order to raise awareness of the benefits of our treatments on health and well-being. We have approached all the CCGs in the country, and provided these groups with the AACP Evidence and Commissioning Resource in order to inform them about acupuncture in physiotherapy. However, the best way to influence the CCGs is to contact your local group and advise them of the services that you can offer to patients.

Much less known are the 12 new clinical senates. These are non-statutory advisory bodies with no real executive power. Clinical senates are made up of professionals who provide CCGs, HWBs and NHS England with advice of an independent, strategic and clinical nature. For you, as an AACP member, the most important bodies of attention in your area should be:

- the Local Authorities;
- the Health and Well-being Boards; and
- the Clinical Commissioning Groups.
How to Approach the Organisations

Local Authorities

Look on the website of your LA or council for the “public health objectives” and priorities published there. This will allow you to determine where your service fits in or could contribute to achieving these aims.

Contact and try to develop a relationship with your council’s public health team in order to inform them about the services you are able to provide and how these could fit into their overall objectives.

Get in touch with other AACP members in the area via your regional representative so as to exchange views, and perhaps join forces to organise a meeting with the public health team.

Health and Well-Being Boards

Visit your regional HWB website and find out when its plans are being consulted on and reviewed. Some sites offer you the opportunity to sign up for e-mail alerts.

Find out if there is someone on your local HWB who can represent your interests as a physiotherapist practising acupuncture. If there is no one who can do this, it is possible to approach the chair of the HWB to ask for a physiotherapist or allied health professional (AHP) representative to be invited to join it.

Forge relationships with other people with the same objective as yours, such as your AHP colleagues and patient groups.

Local influence on these boards is the best way forward, i.e. making yourselves known to the HWBs and informing the members about the excellent service physiotherapists offer to patients.

Clinical Commissioning Groups

Find out where your CCG is based via the NHS website (www.nhs.uk/Service-Search/Clinical%20Commissioning%20Group/LocationSearch/1). Make sure that you know who is responsible for which health discipline and the individual you would need to know in your area.


A CCG publishes local plans on its website, together with the dates on which these are being reconsidered and possibly revised. It is important to know this so that you can determine what areas to discuss and when to approach the CCG.

Even if you are already part of a local CCG plan, it may be important to be aware of this so as to make sure that you keep your established position as an acupuncture-practising physiotherapist. In an approach to your CCG, you should summarise how your acupuncture and physiotherapy services could help to meet their objectives, and how the efficiency of offering acupuncture in combination with physiotherapy saves money. Build your case with the help of the AACP Evidence and Commissioning Resource. It may help to get in touch with your AACP regional representative so that you can join forces with other members in your area.
Health Scrutiny

All LAs are obliged to carry out a process of health scrutiny. This was designed to give the local electorate, via local councillors, some control over and influence on the decisions that are being made with regard to the new system. This can be important to you if it proves to be difficult to gain some influence via the three main bodies mentioned above. If a local service is changed, it offers a platform to anyone concerned, including AACP members, to ask whoever is responsible for health scrutiny at the council to intervene.

Local authorities are free to organise health scrutiny as they choose, but they most likely will have a health scrutiny committee. Find out which councillors sit on the committee and get in touch with them. You will then have already established a relationship if you ever need to hold anyone to account.

Whether you are looking to build a business case to secure the retention of your existing service, or looking to win a new contract, it is important to understand how commissioning will work and what the commissioners will be looking for in the wider context of the health service. Under immense pressure, the NHS will be seeking to deliver unprecedented productivity savings, or cut services that are deemed to be non-essential or poor value for money. While patients are at the heart of everything the NHS does, every service will now be expected to be able to demonstrate how both patients and taxpayers benefit.

Nevertheless, simply managing and caring for patients is no longer enough: you will need to demonstrate and justify what outcomes you achieve.

There are some key messages to focus on when preparing your case, these include:

- clear cost benefits, i.e. value for money;
- patient experience and outcomes; and
- evidence that the service works and is effective.

Be prepared to promote yourself, your service and your key selling points. You already have a distinct advantage in that you offer acupuncture as an integral part of your physiotherapy service at no (or minimal) additional cost to commissioners or service providers. Do market this fact. Commissioners will appreciate that they are gaining a service that will satisfy many objectives and National Institute for Health and Care Excellence (NICE) guidelines at a negligible cost since it is fully incorporated into your physiotherapy service. Consider offering group acupuncture sessions since these are also an excellent way of marketing your cost-effective service.

The section below entitled “Writing a Proposal for a Contract” provides guidance on preparing your own individual case. The document is intended to support acupuncture as a part of physiotherapy services, and is designed to work alongside the CSP’s commissioning document.

If you would like further guidance or information, there is a wealth of websites to visit, and we have provided a list at the end of the document to help point you in the right direction. And do not forget, this entire document is available to download via the AACP website.
Public Health Outcomes Framework

The Public Health Outcomes Framework was published in January 2012.

The whole health system in England is being “refocused around achieving positive health outcomes for the population and reducing inequalities in health, rather than focused on process targets” (DH 2012).

The Public Health Outcomes Framework sets the context for the system from a local to a national level. All commissioners of health and care, as mentioned below, will be making their decisions on the basis of these national outcomes frameworks.

As a physiotherapist practising acupuncture, the skills of an AACP member fit many of the required “outcomes”. It is important to familiarise yourself with the different national outcomes frameworks. The outcomes have been grouped into themes, called domains, which have been defined for all services in the NHS, social care and public health. There is a plethora of national outcomes, but see below for a few examples that are relevant to physiotherapy.

Outcomes Framework: NHS

**Domain**: Preventing people from dying prematurely.

**Outcome**: Reducing time in hospital for patients with long-term conditions.

**Indicator**: Unplanned hospitalisations [e.g. chronic obstructive pulmonary disease (COPD)].

**What AACP members can offer**: Physiotherapy-led pulmonary rehabilitation after COPD exacerbation has been shown to reduce readmissions by 26% and be cost-effective (Seymour et al. 2010). As well as this, patients with chronically disabling COPD have a reduced number of hospital stays in the long term as a result of an intensive outpatient rehabilitation programme (Griffiths et al. 2000). Adding acupuncture to this treatment can further improve patient outcomes: research shows that acupuncture can reduce shortness of breath on exertion and increase exercise tolerance in patients with COPD (Suzuki et al. 2012). Physiotherapy-led cardiac rehabilitation programmes are clinically effective in reducing mortality (Jolliffe et al. 2001), improving health and quality of life, reducing the length of hospital stays and reducing the number of hospital readmissions (Davies et al. 2010). Acupuncture can alleviate pain, which can enable patients to participate in physiotherapy treatment to a better degree. This can improve mobility levels, reduce hospital stays and significantly improve the quality of life of patients (Peiris et al. 2011). Physiotherapy exercise programmes to prevent falls in older people who are at risk are cost-effective (NICE 2013). If AACP-accredited chartered physiotherapists can do all of the above to prevent unplanned hospital admissions, this may, in turn, help to prevent people from dying prematurely in hospital, achieving the outcome, and therefore, fulfilling the domain of the NHS outcomes framework.
Outcomes Framework: Public Health

Domain: Health Improvement.

Outcome: Help people to live their lives more healthily.

Indicator: Proportion of adults who are physically fit.

What AACP members can offer: Pain is the second most common reason for claiming incapacity benefit (CPPC 2014), and it commonly leads to disability, loss of independence and poor quality of life (Breivik et al. 2006). If pain is limiting a person’s activity levels, which would subsequently have a result on his or her health, then acupuncture can reduce pain (Hopton & MacPherson 2010), giving the patient a window of opportunity to exercise under the guidance of a physiotherapist. The physiotherapy profession is underpinned by exercise, health and activity, and therefore, physiotherapists are best placed to be in the vanguard of this Public Health Outcomes Framework. One in four adults are affected by a chronic musculoskeletal disorder, and 60% of people on long-term sick leave cite musculoskeletal disorders as the cause of this. Physiotherapists are at the forefront of treating patients with musculoskeletal disorders, who make up the largest group seen by physiotherapists. There is a large amount of evidence supporting physiotherapy for a whole spectrum of musculoskeletal disorders, which, if it alleviates these problems, may enable people to live their lives more actively and healthily. Evidence has shown that physiotherapy can increase the physical fitness of patients with COPD (Griffiths et al. 2000; Seymour et al. 2010), cardiac problems (Jolliffe et al. 2001), falls (NICE 2013) and mobility issues (Peiris et al. 2011). There is also evidence to support the use of acupuncture to assist with insomnia, obesity, irritable bowel syndrome and mental health conditions, such as depression and post-traumatic stress disorder, all of which, if treated, will help people to live their lives more healthily (see Acupuncture in Physiotherapy™: The Evidence for more information).
Outcomes Framework: Adult Social Care

**Domain:** Delay and reduce need for care and support.

**Outcome:** Less dependence on intensive services.

**Indicator:** Proportion of older people at home more than 90 days after discharge from hospital into rehabilitation services.

**What AACP members can offer:** As stated above, pain is the second most common reason for claiming incapacity benefit (CPPC 2014), commonly leading to disability, loss of independence and poor quality of life (Breivik et al. 2006). Disability and loss of independence means a person is more likely to be reliant on care and support, and more dependent on intensive services. If pain is limiting a person’s activity levels, which could subsequently have an impact on his or her health, then acupuncture can reduce pain (Hopton & MacPherson 2010). Acupuncture gives the patient a window of opportunity to exercise under the guidance of a physiotherapist. This will enable a person to be more physically fit, meaning that he or she will be less dependent on NHS services. Evidence has shown that physiotherapy can increase the physical fitness of patients with COPD (Griffiths et al. 2000; Seymour et al. 2010), cardiac problems (Jolliffe et al. 2001), falls (NICE 2013) and mobility issues (Peiris et al. 2011). Adding acupuncture to COPD treatment can further improve patient outcomes since research shows acupuncture can reduce shortness of breath on exertion and increase exercise tolerance in patients with this condition (Suzuki et al. 2012), all of which may reduce dependence on NHS services. There is evidence for physiotherapy and acupuncture treatment in stroke rehabilitation, which may result in improved physical function, meaning less dependence on care services (Wu et al. 2010).

It is evident that there are many interfaces between what the new national outcomes demand from bodies making decisions about local health and social care, and the services an AACP member could provide to the region. It is essential that you make and maintain contact with the appropriate bodies in order to ensure the future of your practice.
Writing a Proposal for a Contract

Start by making your preparations, doing the research and making contacts. It is important that you understand the health requirements in your local area. Knowing the needs of your community, and being part of local patient and NHS decision-making groups can provide you with a means of understanding what is happening in your area and who is providing services.

It is useful to identify who the main contacts are for commissioning services, and to understand budgets and know where money is being spent. Currently, one of the best starting points is the Government’s Contracts Finder website (https://online.contractsfinder.businesslink.gov.uk/). This is a central hub for all Government contracts, and it will have information on the current contracts for tender and what is required in bidding for each particular contract.

Your service needs to reflect what is required within the local health landscape, so carefully review what acupuncture is currently being used for and any associated spending. If this information, particularly budgetary detail, is difficult to find, you can make a Freedom of Information request.

Working Together as One

Remember, there will be strength in numbers, so it is imperative that AACP members work together, and in certain areas, it may be prudent for departments and clinics to collaborate. If we can learn from each other’s experiences, we can all offer support moving forwards. The size of contracts varies from ones small enough for a stand-alone clinic to bid for, to ones as large as providing a service for a whole city. Grouping departments and clinics together may prove beneficial when bidding for the larger contracts.

Key Criteria

Commissioners will be looking to gain confidence in your service and delivery, so the key elements to highlight are:

- high-quality patient care (it may be necessary to join the Care Quality Commission);
- excellent risk analysis and risk management plans;
- your credentials and those of any other staff involved, including professional qualifications, professional memberships and experience;
- an excellent clinical audit structure, including how the service and patient outcomes are to be monitored (e.g. the use of outcome measures);
- details of the cost to the commissioner, and evidence of cost-effectiveness and cost savings compared to current care; and
- excellent infection control policies and procedures.

Essentially, the commissioner will need to be certain that you are delivering safe, efficient and cost-effective practice at a price that they are happy to pay in order to commission your service. Once your service is able to meet the needs of the contract, use as much high-quality evidence as possible to prove the above to the commissioners. They will want to know that you have a firm understanding of local needs, and that your service and its patient-centred approach is cost-effective and meets quality assurance procedures, including: health and safety standards; environmental and equality policies; proof of professional indemnity and medical malpractice insurance; and evidence that systems are in place for contingency planning and disaster recovery.
Pricing

Acupuncture that is delivered as part of a physiotherapy service can save the NHS money. However, you need to have a fully itemised and structured plan in place that includes all the costs of delivering your service all the way down to:

- the logistics of how many patients each physiotherapist can treat in a day/week, where they will deliver this service and the cost;
- how to engage with and encourage GP referral;
- ongoing training programmes and monitoring of the service;
- patient outcomes, including patient satisfaction, tracking and analysis;
- the cost of department utilities; and
- proof of clinical auditing and your service effectiveness.

This is not an exhaustive list: you need to be fully aware of everything that may incur a cost to ensure you are charging a fair price for your service. Ultimately, commissioners want to pay as little as possible for a service, so be sure that you can afford to deliver the care required at the price that they are offering you.

CSP have produced a document called ‘Establishing the Cost of a Service’ which provides further information on pricing. This is available online via the following link http://www.csp.org.uk/publications/establishing-cost-service.

How the Process Works

The process for winning an NHS contract is not standardised across the UK. There are variations on the way services are commissioned, and therefore, different criteria need to be met (check carefully to ensure that you fully understand what the requirements are for your area).

Remember, the NHS is just one source of commissioning. Be creative in a time of change, Public Health funding and funding from local Councils and business enterprises will also be available.

Contacts Finder is the portal through which Any Qualified Provider contracts are found: https://online.contractsfinder.businesslink.gov.uk/.
Is Acupuncture in Physiotherapy under Threat at Your Workplace?

Acupuncture in physiotherapy is an innovative advance that is now widely available to many patients within varying fields of physiotherapy practice. There is an abundance of research available that justifies acupuncture’s efficacy and cost-effectiveness, particularly when practised as part of a physiotherapy treatment. This resource aims to highlight the wealth of evidence that there is across a variety of areas of physiotherapy.

In some NHS trusts, acupuncture is seen as a separate treatment, not as an integral part of the toolkit that a physiotherapist has to offer, and it is set apart from physiotherapy practice. If NHS trusts then cite, incorrectly, a lack of evidence for acupuncture, it is easier to withdraw acupuncture services. This reduces patient choice, of course. Cost-saving arguments are also often used for limiting services, but when provided as part of a physiotherapy treatment, interventions such as acupuncture are very cost-effective. Considering that the AACP discount needles can cost as little as approximately £0.02 each (£2.11 per 100), and little, if any, additional treatment time is needed, not to mention the plethora of evidence to support acupuncture treatment, there is very little argument against its cost-effectiveness.

Acupuncture is an integral part of the toolkit that a physiotherapist can offer. Under normal circumstances, management within an NHS Trust should not be able to prevent a chartered physiotherapist from practising any accepted modality; all individuals are autonomous professionals and, therefore, they are responsible for their own practice. The modality chosen by a clinician should, according to CSP policy, be based on his or her own clinical reasoning, and not subject to control or restriction from a third party, unless that third party was taking responsibility for the assessment and treatment of the patient in question. Restriction of acupuncture or any other modality for any reason other than clinically reasoned benefit for the patient would contravene the essence of professional autonomy. Unless a physiotherapist demonstrated some level of incompetence, his or her clinical autonomy should not be interfered with in this way.

Overall decisions on treatments should be based on clinical evidence derived from accepted research such as that presented in this AACP Evidence and Commissioning Resource. There should be a general awareness of the modalities performed in a department, and lack of knowledge of a modality is not a reason to attempt to prevent its usage. As far as AACP is aware, acupuncture is supported by more clinical evidence than any other physiotherapy modality, after exercise. If acupuncture as a treatment is restricted, then judgement and decision-making would not be based on evidence, but on subjective bias, which again would create a compromised position as far as clinical autonomy and decision-making was concerned.

Preparation for commissioning

It is important to be prepared to make the case for acupuncture in physiotherapy at any time, as if you were constantly having to apply for your services to be commissioned. Therefore, AACP advises that you maintain your relationships with the bodies mentioned in this document, make sure that you are informed about the latest developments (e.g. via the AACP website), and retain this Evidence and Commissioning Resource so that you have immediate access to the essential information related to the commissioning of services.
Audit Tool

As part of your continual readiness, we suggest that you regularly audit the patients whom you treat with acupuncture to relieve their low back pain. We have developed a standardized data collection tool for the audit of acupuncture treatment for low back pain that can be downloaded from the website (aacp.org.uk). A regular (e.g. annual) 3-month-long audit of patients would give you excellent material to support your case for the practice of acupuncture as a part of physiotherapy.

Outcome Measures

The completion of patient-reported outcome measures (PROMs) should be an integral part of physiotherapy, not just with regard to acupuncture. These can be used at the beginning and end of a course of treatment to determine the patient’s view of its effectiveness. Even though PROMs are subjective questionnaires, these do produce objective results, i.e. data that can be easily audited and collated to promote your success. Examples of frequently used PROMs can be found online (www.orthopaediccore.com). Other outcome commonly used measures include the EQ-SD-5L and the visual analogue scale, amongst others. Be sure to use a validated outcome measure relevant to the patients whom you see.

Your Elevator Pitch

An elevator pitch is a short, sharp proposal that can be said quickly, i.e. within the time you to travel between floors in an elevator. These are common within business and when networking. An elevator pitch can be extremely useful, and we advise you to develop one that you can use with some flexibility when encountering important decision-makers. You might pass the chair of the local CCG in a corridor, or you could bump into a CCG member at a meeting or conference. Wherever the encounter takes place, there is no better time to deliver your elevator pitch. The aim is to inform a key decision-maker about acupuncture in physiotherapy and its benefits (e.g. enhanced patient outcome and reduced cost). Given the short time frame, you are unlikely to explain your business fully in an elevator pitch, but you should be able to make an impression with it, and more importantly, make decision-makers remember you when future contacts are made. More information on how to develop your elevator pitch is available via the CSP website.

If acupuncture is under threat at your workplace, then please contact AACP for continued support to assist you in protecting your professional autonomy as a physiotherapist. In addition, the Association will try to protect your patients’ right to have acupuncture as a choice and treatment option.
Evidence-Based Practice

Physiotherapists are evidence-based practitioners who utilise a breath of corroborative data to support the treatments that they offer to their patients. Acupuncture is one of the many evidence-based treatments that are used within physiotherapy as part of an integrated approach to the management of pain and inflammation, and as a means of enhancing the body’s own healing in order to aid recovery and enhance rehabilitation.

Members of AACP seek to support clinical commissioners in order to improve patient outcomes and make efficiency savings through the provision of acupuncture. Acupuncture can support commissioning in a variety of areas. For example, the treatment of patients suffering from chronic non-specific low back pain has been supported by NICE (2009). According to the NICE clinical guideline, acupuncture is not only significantly better than no intervention, but also significantly better than standard best medical care. NICE (2012) support acupuncture in the management of tension-type headaches and migraines and SIGN (2008) state that ‘Acupuncture should be considered for preventive management in patients with migraine’. SIGN (2013) also support acupuncture in the management of chronic pain and osteoarthritis. There is also evidence that acupuncture is beneficial for a variety other conditions, including other musculoskeletal pain, mental health disorders, respiratory disorders, neurological disorders, gynaecological and reproductive issues, weight loss, and insomnia, to name a few. This evidence will be detailed in Acupuncture in Physiotherapy™: The Evidence.

Members of AACP can not only treat these conditions, but as chartered physiotherapists working in close consultation with GPs, consultants and other health professionals, they can also positively support cost-effectiveness. The economic analysis of large acupuncture trials run in Germany by Haake et al. (2007) is one demonstration of this.

In 1995, approximately 10% of GPs in England referred patients for acupuncture treatment or administered it themselves. In 1998, the NHS provided one million acupuncture treatments in England. These figures have continued to grow, as have the number of practitioners who find that acupuncture is a very effective tool for treating patients. The latest data available estimate that four million acupuncture treatments are provided annually in the UK (Hopton et al. 2012).

For more comprehensive information regarding the evidence base for acupuncture, please see the companion volume to this document: Acupuncture in Physiotherapy™: The Evidence.

The Association continues to recommend to its membership that a rolling audit of outcomes for acupuncture patients should be maintained in order to evaluate the effectiveness and use of acupuncture. This will help in research, service improvement and development.

The Advertising Standards Authority

The Advertising Standards Authority acknowledges that there is sufficient evidence to support acupuncture’s effectiveness in treating specific conditions (a legal requirement), and NICE have introduced acupuncture in many recommended treatment interventions and conditions.

For further information please see:

The Cost-Effectiveness of Acupuncture

Acupuncture within physiotherapy is an extremely useful tool in the management of patients across the whole spectrum of physiotherapy specialities. On the one hand, the provision of acupuncture in physiotherapy services is improving because of its proven cost-effectiveness and efficacy across a wide variety of conditions. On the other, the availability of acupuncture in some NHS physiotherapy departments is currently at risk because of a perceived lack of evidence and cost-effectiveness. This resource serves to counter that perceived lack of evidence, and highlight how much high-level research there is for acupuncture in physiotherapy. In situations where acupuncture treatment is at risk, it was believed that acupuncture was being used in isolation; for example, in pain clinics as a stand-alone service, which could potentially incur greater costs because of the additional practitioner time and patient attendance. In reality, however, the use of acupuncture within clinical practice has generally been incorporated within the total physiotherapy management plan for the effective treatment of patients and the control of pain.

Acupuncture is one of many tools incorporated by physiotherapists into their practice. It is used as part of the whole management plan in conjunction with other physiotherapy treatments, including exercise, manual therapy and education, as a means of enhancing therapeutic outcomes and patient experience. The sustainability and expansion of acupuncture provision within physiotherapy departments can both enhance patient outcome and reduce costs by:

- preventing referral of clients to other departments for acupuncture, which could result in a loss of business for the physiotherapy department and the trust at a time when providing excellent, valued and comprehensive services is critical;
- supporting equality of provision in physiotherapy treatment options by including acupuncture as a treatment modality, thereby benefitting staff recruitment and retention for the physiotherapy services, and enhancing quality of service for patients;
- retaining the pain-relieving modality that acupuncture is, preventing referral for review of analgesic medication, and regular or increased prescriptive medication, which is costly to the NHS and to the patient in terms of potentially adverse effects;
- reducing the need to refer patients for more expensive and invasive treatment options within secondary care, such as orthopaedic and pain management services;
- organising group treatment sessions (including acupuncture treatments) as a part of physiotherapy in order to ensure that maximum cost-effectiveness is being achieved in these cases (this is already being done with group exercise classes, which have been successfully commissioned); and
- preventing the need for re-referral if patients are dissatisfied with their choice of treatment (i.e. a lack of acupuncture), or referral to other providers of acupuncture (e.g. private sector, primary or secondary care physiotherapy departments, or other primary care providers).
Multi-Bed Acupuncture Clinics (Group Acupuncture Treatment)

Acupuncture has been shown to be a cost-effective treatment for a variety of conditions. This cost-effectiveness can be improved further with the use of multi-bed acupuncture clinics; however, it does have to be emphasised that these may only be appropriate in certain circumstances. Group services are already being offered with regard to exercise; for example, certain departments use shoulder rehabilitation groups, back pain exercise and education groups, and Pilates classes. For a patient who has had an assessment by a physiotherapist, and has agreed with the physiotherapist that acupuncture will play a key part in subsequent treatment, multi-bed acupuncture clinics may prove extremely useful. The patient may have been given exercise advice prior to attending acupuncture treatment, meaning that acupuncture is not being used in isolation.

Quite commonly in physiotherapy, patients present with high levels of pain, making it difficult for them to engage in exercise, and multi-bed acupuncture clinics are an invaluable resource in these circumstances. Patients who find that exercise increases their pain would also benefit from these clinics. The main purpose here is to manage pain to a level that is reduced sufficiently to enable the engagement of the patient in exercise and other physiotherapy treatments.

We are very aware that multi-bed acupuncture clinics cannot replace one-to-one physiotherapy sessions; however, these can provide an extremely cost-effective way of integrating acupuncture treatment into physiotherapy.

The use of multi-bed acupuncture clinics increases the accessibility of acupuncture to patients because the treatment is not dependant on the physiotherapist whom they are seen by being trained in acupuncture. Individuals may also benefit from a group environment through the sharing of experiences with other patients, facilitating an understanding of their condition.

Another option to consider is the integration of multi-bed acupuncture clinics into already established classes; for example, chronic low back pain education and exercise classes. An example of this integration would be one class/group session that offers acupuncture, education and exercise, all within the allocated time. This may mean having the acupuncture treatment during the educational session, if appropriate. Such an approach would enable an extremely cost-effective service to be offered to patients. Potentially, it could also lead to an enhanced service since this multimodal treatment approach might not be possible at a regular physiotherapy treatment appointment.

In summary, multi-bed acupuncture clinics may prove to be a useful way of increasing acupuncture accessibility and patient choice, maintaining cost-effectiveness, and improving patient outcomes.
AACP Supporting Acupuncture in Physiotherapy

National Institute for Health and Care Excellence

The Association understands how important it is for acupuncture to be included in guidelines, including the NICE clinical guidelines, but AACP is fully aware that these are only guidelines and not mandatory. However, we also understand that certain guidelines can influence funding and decision-making with regard to service provision. We can assure you that there is a broad range of evidence to support acupuncture in the treatment of a wide variety of conditions, and we urge you to continue to use acupuncture for the benefit of your patients, where possible.

We can also assure you that AACP is working with NICE at every possible opportunity to support the use of acupuncture within physiotherapy. We are stakeholders in a variety of NICE guideline updates and developments, and are fighting your corner.

Parliament

The Association was involved in investigative sessions for the All-Party Parliamentary Group on Primary Headache Disorders both in person and in writing. Acupuncture is now recommended as a valid, evidence-based treatment for headaches. We are continuously investigating new ways to further the integration of acupuncture into mainstream physiotherapy, and AACP will not hesitate to be involved at parliamentary level again in support of you, our members.

This Evidence and Commissioning Resource

This document itself helps to support acupuncture as a part of physiotherapy. It provides members with the guidance they need to tackle commissioners, and the evidence required to defend using acupuncture treatment as part of their physiotherapy practice. Acupuncture in Physiotherapy™: The Evidence gives members easy access to a wealth of research without the need to perform vast literature searches. Additional knowledge of the literature validating various areas of acupuncture practice supports its current use, and may also encourage members to consider employing it in forms of treatment that they had not previously contemplated. The limited research on certain kinds of acupuncture treatment and emerging areas of use can help to identify gaps in the evidence, and may highlight where further research is needed. The Association is very keen to assist members in conducting acupuncture-related research of any shape or size because we know that ongoing development of the available proof is necessary for the continuation of the use of acupuncture as an evidence-based treatment within physiotherapy.

Social Media

The Association is regularly involved with social media platforms such as Facebook and Twitter as well as iCSP, and we provide regular updates sharing key issues and research with all who follow us. Web searches of the literature, government bodies, and conventional and social media are regularly carried out, and the information is summarised to ensure that you, the members, are aware of any advances in, hurdles to or news about acupuncture and physiotherapy.
The Association is proud to deliver a monthly e-newsletter via email to its members summarising key developments and including acupuncture related information, courses and continuing professional development opportunities.

Promoting Acupuncture in Physiotherapy

This year, AACP has launched a range of promotional posters that are freely available to members in order to assist them in the advertising of acupuncture treatment as a part of physiotherapy. The Association also produces patient information leaflets about acupuncture, which are now free of charge to members. Furthermore, AACP is also in the process of updating the safety guidelines, and producing documentation for members to use for the screening of contraindications and precautions, as well as written informed consent documentation. If you require any assistance or have any suggestions about ways in which we can support you further, please do not hesitate to contact the AACP Office on manager@aacp.uk.com

The AACP Journal: Acupuncture in Physiotherapy™

After many years as the Journal of the Acupuncture Association of Chartered Physiotherapists, our academic publication has now been renamed Acupuncture in Physiotherapy™. The Editorial Subcommittee wanted a shorter, snappier title that explained what the journal is about. The journal covers all areas of physiotherapy, publishing evidence with a Western medical acupuncture focus. However, we also allow a small number of traditional Chinese medicine studies to be included. This excellent resource promotes and facilitates the dissemination of research related to acupuncture in physiotherapy to our members and others who subscribe to the journal. We are very proud that our members are submitting evidence-based case studies and research for publication. Please get in contact with us if you are interested in submitting literature for publication. We have a dedicated team that can provide you with guidance throughout the writing and publication process.

Clinical Advisor

A Clinical Advisor has been working for AACP since July 2014. The Clinical Advisor heads the clinical query service, which provides members with accurate, evidence-based acupuncture support. This can help to promote acupuncture since clinicians who require assistance can get immediate help, which means that they can provide safe, effective treatment in cases where they might otherwise have decided not to use acupuncture. Assistance can also be provided with setting up an acupuncture service, acupuncture licensing queries and questions on safe practice. The Association has a frequently asked questions section on their website, which the Clinical Advisor updates to include easy access to information for members.

The Clinical Advisor also heads the continuing professional development (CPD) auditing service. This is essential because it ensures that AACP has the highest calibre of members, and guarantees the safe practice of acupuncture among our members in order to benefit patients. As well as heading this clinical query service, the Clinical Advisor is part of the team that supports acupuncture in a number of ways, including everything detailed in this section.
The AACP Conference

Each year, we host the AACP Conference, which is an excellent learning/CPD opportunity. We arrange for a variety of speakers with a wealth of knowledge to deliver sessions on various subjects relevant to acupuncture. 2014 has been the first year the AACP has hosted a Scottish Conference. This proved successful meaning it is now an annual event. The Association also runs courses to enable members to maintain competence and develop their practice in new areas.

Finally, we are both very keen and would be extremely grateful to receive any comments or suggestions that you may have about ways in which we could promote and facilitate acupuncture in physiotherapy. Please get in contact with us via the AACP Office if you wish to help us by doing so.
Further Information

Acupuncture Association of Chartered Physiotherapists (AACP): www.aacp.org.uk
Chartered Society of Physiotherapy (CSP): www.csp.org.uk
NHS England: www.nhs.uk
NHS Scotland: www.show.scot.nhs.uk
NHS Wales: www.wales.nhs.uk
Health and Social Care Northern Ireland: www.hscni.net
Acupuncture Research Resource Centre (ARRC): www.acupunctureresearch.org.uk
The King’s Fund: www.kingsfund.org.uk
National Institute for Health and Care Excellence (NICE): www.nice.org.uk
NHS Evidence: www.evidence.nhs.uk
Contracts Finder: https://online.contractsfinder.businesslink.gov.uk/
The Advertising Standards Authority: http://www.asa.org.uk/
The Committee of Advertising Practice: http://www.cap.org.uk/
References


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