

Acupuncture Policy

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Lincolnshire Community Health Services NHS Trust

Acupuncture Policy

Version Control Sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/Amended by
1				
2	Inserted version control sheet		March 2010	David Cann
	Amended contents and page layout page to comply with new format		March 2010	David Cann
	Whole document amendments	Amended from LPCT to NHS Lincolnshire and Lincolnshire Community Health Services	March 2010	David Cann
	Added policy statement as per new layout		March 2010	David Cann
	5.1 Contraindication	Added: Local infected areas	March 2010	David Cann
	5.2 Precautions	Added: confused patient, pacemakers, cancer patients and acute stroke.	March 2010	David Cann
	7 Complications	Changed allergy to swab to allergic reaction	March 2010	David Cann
	9 Safety	Added: The current AACP safety standards should be adhered to.	March 2010	David Cann
	11 Documentation	Changed review from every 1 year to every 2 years, sooner if new evidence becomes available.	March 2010	David Cann

	Appendix 1	Changed log from LPCT to Lincolnshire Community Health Services.	March 2010	David Cann
	Appendix 2	Changed to consent form in the updated (2010) NHS Lincolnshire Consent Policy.	March 2010	David Cann
	Added Equality and impact assessment test for relevance		March 2010	David Cann
3	Updated document Statement	Changed to: Community Health Services NHS Trust Consent to Examination and Treatment Policy and Sharps Disposal Policy.	July 2014	Lee Croft
	Policy Statement	Rebranded due to organisational change	July 2014	Lee Croft
	Sections 5.1, 5.2, 7, 12 and Appendix 1	Changed according to Acupuncture Association of Chartered Physiotherapist's 2012 guideline.	July 2014	Lee Croft
	Section 8. Procedure	Changed procedure regarding patient's position, and added instruction regarding skin cleanliness, wounds, single use needles, hand washing and dealing with bleeding.	July 2014	Lee Croft
	Statement and Section 8	Changed to Sharps Infection Prevention & Control Guideline Sharp Safe Handling and Use		

	Added new Equality Analysis Appendix 3		July 2014	Lee Croft
	Added new New Monitoring Plan, Appendix 4		July 2014	Lee Croft
4	Updated Policy Statement	Amended referenced policies/guidance. Amended training requirements.	Oct 2016	David Flunder and David Atkinson
	Updated Section 1, 2, 4, 6, 9, 10,	Changed "Chartered Physiotherapist" to Allied Health Professional, or clinician so that this intervention can be used within other services as well as Physiotherapy.	Jan 2017	David Flunder and David Atkinson
	Updated section 10, Training	To reflect different CPD standards depending upon the profession concerned.	Jan 2017	David Flunder and David Atkinson
	Updated Appendix 1	To amend leaflet from Physiotherapist specific leaflet to be able to be used by other services.	Jan 2017	David Flunder and David Atkinson
5	Reviewed	Deleted duplicated word in Section 8, no other changes.	Jan 2019	Debbie Bland
	Updated Consent Form	Changed to LCHS specific consent form	Feb 2019	Debbie Bland
	Updated Equality Analysis	Checked and made sure still compliant.	Feb 2019	Debbie Bland/Rachel Higgins

Lincolnshire Community Health Services NHS Trust

Acupuncture Policy

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Lincolnshire Community Health Services NHS Trust Acupuncture Policy

Policy Statement

Background	<p>The acupuncture policy sets out to ensure that acupuncture is performed by appropriately trained professionals in a safe and effective manner, and that patients have the appropriate information in an appropriate form to enable them to make an informed decision before opting for acupuncture treatment.</p>
Statement	<p>The aim of the acupuncture policy is to ensure the safe and effective use of acupuncture treatment to all patients who receive this intervention. The giving of appropriate information to aid an informed decision and consent for acupuncture is central to this policy.</p> <p>To be read in conjunction with the Lincolnshire Community Health Services NHS Trust P_CIG_05 Consent to Examination or Treatment Policy and G_IPC_41 Sharp Safe Handling and Use Guidelines. These can be accessed from the trust website.</p> <p>This policy aims to meet the requirements of the Equality Act 2010 and ensure that no employee or patient receives less favourable treatment on the grounds of gender, sexual orientation, transgender, civil partnership/marital status, appearance, race, nationality, ethnic or national origins, religion/belief or no religion/belief, disability, age, carer, pregnancy or maternity, social status or trade union membership</p>
Responsibilities	<p>All staff performing acupuncture has a responsibility to ensure this policy is adhered to.</p> <p>Training for acupuncture must involve:</p>
Training	<ul style="list-style-type: none">• An initial recognised course in acupuncture• Maintenance of competency through CPD activities or clinical practice in line with professional requirements.• Mandatory CPR and anaphylaxis training.
Dissemination	<p>Website Via Email Cascade Identified in the Lincolnshire Community Health services NHS trust staff newsletter</p>
Resource implication	<p>Failure to comply with the policy may result in a legal challenge if safety is compromised.</p> <p>Resource implications are related to the requirements to maintain CPD hours.</p>

1 Introduction

The acupuncture policy has been developed to ensure safe and effective practice of acupuncture by physiotherapists, podiatrists and other clinicians to ensure that patients are given enough information to make an informed decision about opting for acupuncture treatment.

There is no statutory regulation of acupuncture in England.

Acupuncture treatment will be offered by an Allied Health or other Professional with current Health and Care Professions Council (HCPC) or NMC registration who has a recognised Foundation qualification in acupuncture.

2 Scope of Policy

To be used by Registered Professionals working within Lincolnshire Community Health Services NHS Trust.

3 Location

Acupuncture may be practiced in any of the environments below:

- Hospitals
- Health Centres
- Patients' homes
- GP Practices

4 Referrals

Patients are referred to the appropriate service by the usual route. The clinician will complete an assessment and if appropriate offer acupuncture as an adjunct to treatment.

5 Contraindications and Precautions

5.1 Contraindications

- Forbidden points in Pregnancy: Avoid LI4; SP6; BL60; 67 and sacral foramina points BL31,32,33,and 34
- Acute cardiac arrhythmias or cardiac failure
- Lumps, moles, cancerous growths, eczema, warts, spots
- Acute stroke
- Inability to cooperate
- Patients with uncontrolled movements
- Recent epileptic seizure
- Fontanelles of children
- Pacemaker (electro-acupuncture)
- Local infected areas
- Acupuncture around the spine of cancer patients with spinal instability

5.2 Precautions

- Fatigued patients
- Anticoagulants
- Hungry
- Unstable diabetes
- Impaired sensation
- Pregnancy: Practitioners should ensure they have been adequately trained to use acupuncture on a pregnant patient or refer to a practitioner with correct training.

- Immunodeficiency
- Epilepsy
- Confused patients
- Pacemakers
- Cancer patients
- Metal allergy
- Haemophilia.
- Poor skin condition
- Lymphoedema patients
- Previous malignancy
- Hypo/hypertension
- Patients without a clear diagnosis.
- Points to avoid CV 8 (over umbilicus), St17 (over nipple) and Heart 1 (Axilla)

6 Consent

The following process is required:

- Patients are given information regarding the treatment effects, side effects, complications and procedure to allow for informed consent (Appendix 1). If they are unable to read the information in Appendix 1 it will be given verbally, using interpreters where necessary.
- The patient's written consent to treatment must be unequivocally obtained (from the parent in the case of a minor) using the consent form in Appendix 2 which is to be kept in their clinical records. If electronic records are used for that patient's episode of care the consent form should be scanned into this.
- Please also refer to the Lincolnshire Health services NHS Trust Consent to Examination or Treatment Policy available on the NHS Lincolnshire website for further information.

7 Complications

The following complications may occur:

- Fainting or fatigue
- Bleeding or bruising
- Temporary flare of pain
- Infection
- Stuck needle
- Broken needle
- Bent needle
- Pneumothorax
- Allergic reaction
- Nausea
- Sweating

8 Procedure

The following procedure should be followed:

- Wash hands with soap and water and thoroughly dry or use hand sanitizer if hands are socially clean
- Clinicians should cover any of the clinician's existing wounds, skin lesions and all breaks in exposed skin and use gloves if their hands are extensively affected
- Sterile disposable needles are to be used
- A new sterile single-use needle should be used for every acupuncture point
- Patients are positioned to allow for maximum comfort and safety. Treatment should be given where possible with the patient comfortably supported on a couch.
- Wash hands with soap and water and dry thoroughly

- Check the patient's skin and needle site. Clean site as appropriate
- Wash hands before inserting and withdrawing needles
- Patients are safely monitored during the treatment session
- Before removal of needles ensure hands are washed with soap and water or alcohol gel is used if hands have not been in contact with blood or body fluid
- Needles are disposed into sharps box immediately after withdrawing them
- If blood is present, ensure cotton wool pressure until bleeding has stopped
- Sharps Infection Prevention & Control Guideline Sharp Safe Handling and Use is adhered to.

9 Safety

For safety reasons, the following process should be followed:

- Patients are allowed sufficient time to rest and recover safely after treatment
- Clinicians remain within the area of the patient throughout the session, and allow a means of being contacted.

The current safety standards for the clinician's registered professional body should be adhered to.

10 Training

The following training must be carried out:

- Clinicians must ensure that they are safe to practice
- Have undertaken a recognised course in acupuncture
- All physiotherapists undertaking acupuncture treatment will maintain their competency to treat patients by reviewing their training needs annually and demonstrating with evidence at annual appraisal. 10 hours continuous professional development (CPD) every 2 years is recommended by the Acupuncture Association of Chartered Physiotherapists (AACP) and this level of update should be followed by physiotherapists to maintain their competency.
- Other Allied Health Professionals undertaking acupuncture treatment will maintain their competency to treat patients by reviewing their training annually and demonstrating with evidence at annual appraisal.
- Mandatory basic life support and anaphylaxis training is current and maintained.

11 Documentation

The following documentation is required:

- Information contained in the information sheet is given to patient (Appendix 1)
- Consent is documented.
- Precautions/contraindications are checked and recorded in the notes.
- This policy will be reviewed every 2 years, sooner if new evidence becomes available, and any amendments circulated to all Allied Health Professionals undertaking acupuncture treatment.

12 References

Hoffman (2001) Skin disinfection and acupuncture. Acupuncture in medicine 2001:19(2) pp112-116.

White, et al (2001) Informed consent for acupuncture – an information leaflet developed by consensus. Acupuncture in Medicine 2001 ; 19(2): pp123-129. (accessed on 20/02/2017 at: <http://aim.bmj.com/content/acupmed/19/2/123.full.pdf>)

Appendix 1

Acupuncture Patient Information

Please read this information carefully, and if there is anything you do not understand ask your practitioner.

What is acupuncture?

Acupuncture is a form of therapy where fine needles are inserted into the body at specific points.

Why are we using acupuncture?

Acupuncture is mainly used for pain relief. If your Clinician is using it for other reasons this will be explained to you.

How does acupuncture work?

There are two main models that explain how acupuncture works the Western Medical Model, and the Traditional Chinese Model. If you are interested your practitioner will gladly answer questions related to these models

Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are rare, less than one per 10,000 treatments. This clinic only uses single use disposable needles.

Does acupuncture have side effects?

You need to be aware that the following may occur:

- Drowsiness or nausea may occur in a small number of patients after treatment. If you are affected you are advised not to drive.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- Pain occurs during treatment in about 1% of treatments.
- Existing symptoms may get worse after the treatment (less than 3% of patients). This is usually a good sign, but tell your acupuncturist.
- Fainting can occur in certain patients, particularly at the first treatment.

In addition if there are any specific risks in your case the practitioner will discuss these with you.

Is there anything your practitioner needs to know?

Please tell the practitioner if any of the following applies to you:

- You have epilepsy, or have ever had a fit, faint or funny turn.
- You take medication to thin your blood (anti-coagulants), eg warfarin
- You have haemophilia
- You have problems with your heart, or have a pacemaker.
- You are allergic to metal or do you have a phobia of needles
- You have diabetes.
- You have any history of cancer or problems with your immune system.
- You feel fatigued or hungry.
- Is there any chance that you could be pregnant?

Treatment can be refused at any time, please inform your practitioner.

Useful Website: <http://www.aacp.uk.com>

Consent Form 3

**Patient/parental agreement to investigation or treatment
(where consciousness is not impaired)**

Patient Details (or pre-printed label)

Patient's surname/family name:

Patient's first names:

Responsible Health Professional:

Job Title:

NHS Number:

Gender:

Special Requirements: (e.g. other language, other communication method)

To be retained in patient's notes

Name of procedure - Acupuncture

Statement of Health Professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient/parent. In particular, I have explained:
The intended benefits of Acupuncture

Significant, unavoidable and frequently occurring risks: **Fatigue, fainting, bleeding/bruising, nausea, drowsiness, temporary flare of pain, spinal cord injury or nerve injury, infection, broken needle, pneumothorax/punctured lung, compartment syndrome, allergic reaction**

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatment (including no treatment) and any particular concerns of those involved.

The following leaflet has been provided: **Acupuncture Patient information sheet**

Signed by Clinician: **Date:**

Name: Job Title

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe s/he/they can understand.

Signed: **Date:**

Name (PRINT)

Statement of patient/person with parental responsibility for patient

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will not involve local anaesthesia.

Signature: **Date:**

Name (PRINT) **Relationship to patient**

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed Date:

Name (PRINT) Job title:

Copy accepted by patient: yes/no (please ring)

Guidance to health professionals (to be read in conjunction with consent policy)

This form

This form documents the patient's agreement (or that of a person with parental responsibility for the patient) to go ahead with the investigation or treatment you have proposed. **It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care: for example for drug therapy where written consent is deemed appropriate.** In other circumstances you should use either form 1 (for adults/competent children) or form 2 (parental consent for children/young people) as appropriate.

Consent forms are not legal waivers – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients also have every right to change their mind after signing the form.

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed”, then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this form for themselves, if they wish. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form (see also ‘This form’ above)

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives **cannot** be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds about treatment. The courts have stated that patients should be told about ‘significant risks which would affect the judgement of a reasonable patient’. ‘Significant’ has not been legally defined, but the GMC requires doctors to tell patients about ‘serious or frequently occurring’ risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this overleaf or in the patient's notes.

The law on consent

See the Department of Health's *Reference guide to consent for examination or treatment* for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).

Appendix 3

Equality analysis

<p>Name of Policy/Procedure/Function* Acupuncture</p> <p>Equality Analysis Carried out by: Debbie Bland Date: 1/3/2019 Equality & Human rights Lead : Rachel Higgins Date: 4/3/2019 Director\General Manager: Date:</p>

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Acupuncture is a treatment involving the insertion of needles into the body. It is used for pain relief. Though acupuncture is a safe treatment there are certain contraindications or precautions which need to be followed and the safe administration of acupuncture should be adhered to by appropriately trained staff. The acupuncture policy stipulates these elements.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	No		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	Yes		
		Yes	No	
	Disability		No	
	Sexual Orientation		No	
	Sex		No	
	Gender Reassignment		No	
	Race		No	
	Marriage/Civil Partnership		No	
	Maternity/Pregnancy	Yes		
	Age		No	
	Religion or Belief	Yes		
	Carers		No	
<p>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</p>				
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Debbie Bland		
Date:		1/03/2019		

Section 2

Equality analysis

Title:
Relevant line in:

What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> Acupuncture is a treatment involving the insertion of needles into the body. It is used for pain relief. Though acupuncture is a safe treatment there are certain contraindications or precautions which need to be followed and the safe administration of acupuncture should be adhered to by appropriately trained staff. The acupuncture policy stipulates these elements.
Who will be affected? <i>e.g. staff, patients, service users etc</i> Staff and service users.

Evidence <i>The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</i>
What evidence have you considered? <i>List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i> The diverse needs of our service and the Equality Act (2010) Hoffman (2001) Skin disinfection and acupuncture. <u>Acupuncture in medicine</u> 2001:19(2) pp112-116. White, et al (2001) Informed consent for acupuncture – an information leaflet developed by consensus. <u>Acupuncture in Medicine</u> 2001 ; 19(2): pp123-129. Acupuncture Association of Chartered Physiotherapists (AACP) Guidelines for Safe Practice (2012 revision).
Disability <i>Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</i> No exclusions for patients receiving care or disabled staff groups. Consideration has been given to producing appropriate documents in alternative formats upon request (e.g. other languages, large print or Braille, via text Relay) to respond to the needs of the diverse community of Lincolnshire.

Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).

This clinical guideline provides to be appropriate to all within the diversity.

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

This guideline is designed to meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

Consideration has been given to producing appropriate documents in alternative formats upon request to respond to the needs of the diverse community of Lincolnshire.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

This guideline is designed to meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

This guidance is written in a style that is concise and uses clear terms and language.

Consideration has been given to producing appropriate documents in alternative formats upon request to respond to the needs of the diverse community of Lincolnshire.

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

This guideline is designed to meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

This guidance is written in a style that is concise and uses clear terms and language.

Consideration has been given to producing appropriate documents in alternative formats upon request to respond to the needs of the diverse community of Lincolnshire.

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

This guideline is designed to meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

This guidance is written in a style that is concise and uses clear terms and language.

Consideration has been given to producing appropriate documents in alternative formats upon request to respond to the needs of the diverse community of Lincolnshire.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

Patients are required to undress any areas of skin used for treatment using acupuncture needles as the skin site needs to be clean, Acupuncture Association of Chartered Physiotherapists (AACP Guidelines for Safe Practice, 2012 revision).

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

The guidance is provided appropriately with regard to diversity. HR policy in relation to pregnant staff members leave and flexibility.
Patients who are pregnant are not able to have acupuncture unless the Physiotherapist or practitioner has had adequate training on acupuncture on a pregnant patient. Acupuncture Association of Chartered Physiotherapists (AACP) Guidelines for Safe Practice (2012 revision). Patients who are pregnant and need further treatment need to be referred for specialist care.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

This guideline is designed to meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

This guideline is designed to meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

• Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N)

Yes

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Asked relevant clinicians to review the document.

How have you engaged stakeholders in testing the policy or programme proposals?

Asked relevant clinicians and Infection Prevention and Control Nurse Advisor to review the document.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Staff were provided with the full document to comment on between January 21st and January 28th. The document was then taken through the local QAG group on 4th February 2019.

Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

This has highlighted the risks with religious beliefs which is a protected characteristic and requiring the

patient to undress to area needing treatment and to in order to mediate the risks the patient can be referred to an appropriate practitioner e.g. a female clinician instead of a male clinician.

It has also highlighted that pregnant patients requiring acupuncture will need a Referral to a specialist who has had adequate training to perform acupuncture on a pregnant patient.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

Equality of access to acupuncture service

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

This has highlighted the risks with religious beliefs and requiring the patient to undress to area needing treatment and to in order to mediate the risks the patient can be referred to an appropriate practitioner e.g. a female clinician instead of a male clinician

It has also highlighted that pregnant patients requiring acupuncture will need a Referral to a specialist who has had adequate training to perform acupuncture on a pregnant patient

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Remedial action regarding pregnancy and religion includes the following.

This has highlighted the risks with religious beliefs and requiring the patient to undress to area needing treatment and to in order to mediate the risks the patient can be referred to an appropriate practitioner

e.g. a female physiotherapist instead of a male physiotherapist

It has also highlighted that pregnant patients requiring acupuncture will need a Referral to a specialist who has had adequate training to perform acupuncture on a pregnant patient

Please give an outline of your next steps based on the challenges and opportunities y-ou have identified. Include here any or all of the following, based on your assessment

Nil

● **For the record**

Name of person who carried out this assessment:

Debbie Bland

Date assessment completed:

1/03/2019

Name of responsible Director/ General Manager:

Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	<p>This has highlighted the risks with religious beliefs and requiring the patient to undress to area needing treatment and to in order to mediate the risks the patient can be referred to an appropriate practitioner e.g. a female physiotherapist instead of a male physiotherapist</p> <p>It has also highlighted that pregnant patients requiring acupuncture will need a Referral to a specialist who has had adequate training to perform acupuncture on a pregnant patient</p>		
Data collection and evidencing	Patient monitoring IR2 and questionnaire feedback from patients.		
Analysis of evidence and assessment	Performed in an audit on patients questionnaires and feedback from IR2 forms		
Monitoring, evaluating and reviewing	Performed in an audit on patients questionnaires and feedback from IR2 forms		
Transparency (including publication)	Information available on request		

APPENDIX 4

Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
<p>Staff are aware of the Guidance?</p> <p>Staff are compliant with the guidance?</p> <p>Policy in line with current research maintained and up to date?</p>	<p>audits</p> <p>To note:</p> <p>Datix reports</p> <p>Complaints.</p> <p>Monitoring research and acupuncture research</p>	<p>Relevant Service Lead</p>	<p>Annually</p>	<p>Relevant Service Lead</p>	<p>Relevant Service Lead</p>	<p>Relevant Service Lead</p>