

Email: foi.tsdfd@nhs.net
Our Ref: TSD10205

Dear Sir/Madam

Request for Information

We are writing to confirm that we have now completed our search for the information you requested.

A copy of the information is below:

1. **Does your Trust currently provide or commission acupuncture treatments or acupuncture services? If so, please provide a copy of your policy, including on what evidence acupuncture is provided.**

[Please see acupuncture guidelines attached.](#)

2. **For each of the last five fiscal years (2020/2021, 2021/2022, 2022/23, 2023/24, 2024/25), please provide:**

- a. **The amount spent on the provision or commissioning of acupuncture services or treatments**

[Acupuncture is not commissioned as a standalone service. It was previously offered as part of the musculoskeletal \(MSK\) service but, following reviews of demand and capacity, is now provided only where there is a specific clinical need or where a patient cannot use other pain management options, such as analgesia.](#)

- b. **The number of patients seen by these services**

Year	Amount Spent	Number of patients
2020/21	Not applicable	No data available
2021/22	Not applicable	668
2022/23	Not applicable	34
2023/24	Not applicable	16
2024/25	Not applicable	5

3. **Do you currently have a contract in place with any provider for the provision of acupuncture services? If so, please provide a copy of the contract.**

[No](#)

4. **Which external organisations, charities or companies (eg the Sam Buxton Sunflower Healing Trust) have you contracted or engaged with over the provision of acupuncture services in the five fiscal years?**

Nil

- 5. Please include copies of any promotional materials, advertising materials or other documentation provided by the external organisation as part of this engagement**

Not applicable

The information supplied to you continues to be protected by the Copyright, Designs and Patents Act 1988. You are free to use it for your own purposes, including any non-commercial research you are doing and for the purposes of news reporting.

If you wish to discuss any of the above, please contact us, quoting the FOI reference number above.

If you are unhappy with the way in which we have handled your request, please contact the Data Protection and Freedom of Information Lead in the first instance. If you wish to make a formal complaint, you should write to our Complaints Manager at Torbay and South Devon NHS Foundation Trust, First Floor Bowyer Building, Torbay Hospital, Torquay TQ2 7AA or by email to tsdft.feedback@nhs.net

If you are not content with the outcome of your complaint or the internal review, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner will only make a decision once you have exhausted the complaints and/or internal review process provided by us. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or through this link <https://ico.org.uk/global/contact-us/>

Yours sincerely,

Freedom of Information Team

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1. Introduction

This policy applies to all Physiotherapists who are employed within Torbay and South Devon NHS Foundation Trust, who hold a CSP (Chartered Society of Physiotherapists) recognised qualification.

The practice of acupuncture by Physiotherapists should be governed by Rule 1 of Professional Conduct of the Chartered Society of Physiotherapy (CSP)¹.

“Chartered Physiotherapists shall only practise to the extent that they have established and maintained their ability to work safely and competently and shall ensure that they have appropriate professional liability cover for that practice”.

All Physiotherapists practising acupuncture should be eligible to join and maintain membership of The Acupuncture Association of Chartered Physiotherapists (AACP).

2. Referral pathway

Patients are referred for Physiotherapy in the usual way. Following a detailed clinical assessment, acupuncture may be offered as part of a package of care when i) the best available treatment has failed to be effective, or ii) where acupuncture's is equally as effective as conventional physiotherapy treatments. Acupuncture is not available as a stand-alone treatment except in cases where evidence indicates acupuncture is more effective than any other physiotherapy modality e.g. when a patient has radicular pain and is awaiting a spinal clinic appointment.

3. Location of delivery

Acupuncture may be delivered in:

- Community Hospitals
- Health centres
- GP practices
- Social services resource centres
- Patients place of residence

4. Guidelines for safe effective practice

4.1 Evidence of safety

Data indicates that acupuncture is an extremely safe intervention when delivered by trained practitioners. A number of prospective surveys have been carried out worldwide to investigate the prevalence of adverse events following acupuncture. Of specific relevance to physiotherapy is a survey carried out by White et al (between 1998 and 2000) in which UK based GPs and physiotherapists were approached. Of the 32,000 consultations, no serious adverse events were reported (defined as the patient requiring hospitalisation) and only 7% resulted in a minor adverse reaction such as bleeding, or the patient feeling faint.²

Reduce the risk – know your anatomy [Appendix C page 19]

4.2 Regions which should NOT be needled

- Any points in an area of swelling e.g. lymphoedema; acute haematoma
- Unhealthy skin or varicosities
- Nipple & breast tissue
- Umbilicus
- Infants fontanelles
- External genitalia
- Around joints in rheumatoid arthritis patients in acute inflammatory flare.

4.2.1 Needling over the thorax

Recent AACP recording and monitoring of adverse events has identified a notable uptick in reports nationally of pneumothoraces following acupuncture carried out by physiotherapists. It is each physiotherapist's professional responsibility to maintain safe and appropriate acupuncture practice to prevent such events occurring.

Members of the AACP are now provided with additional insurance not covered by the Chartered Society of Physiotherapy, to cover the risk of such adverse events.

Any physiotherapist within the Trust who is NOT a member of the AACP, and therefore not covered by the appropriate level of insurance, should NOT needle any points which are located over the thorax, especially those over intercostal spaces or the apex of the lungs. These include:

- GB21, GB 25, SI 14, SI 15, LU 1, LU 2, PC1;
- any points on the Kidney, Stomach, Spleen and Liver meridians which are located over the thorax and intercostal spaces;
- any points on the outer Bladder line which are located over or between the ribs,
- any Ah Shi or trigger points located in the region of the upper trapezius and levator scapulae muscles, and intercostals.

Any physiotherapist within the Trust who is a member of the AACP, but who has limited experience needling these points and has not accessed recent CPD training to support this practice, is strongly advised NOT to needle over the thorax.

Physiotherapists practicing acupuncture within the Trust should do so within their own personal scope of practice, and should not needle points in the body where they feel uncertain of their own competencies.

4.3 Contraindications

The following are considered contraindications to acupuncture needling

- Red Flags – refer on as appropriate
- Sepsis – refer on immediately

-
- Unexplained/unstable seizures – until the seizure has been fully investigated and is stable/ managed appropriately
 - Acute stroke – Acupuncture may increase cerebral blood flow. Acupuncture should not be used in acute haemorrhagic stroke as this may (theoretically) lead to further cerebral bleeding. Medical clearance should be sort from the patient's therapist.
 - Spontaneous bleeding or bruising
 - Poorly controlled diabetes
 - Unstable heart conditions e.g. CCF, arrhythmias
 - Pregnancy (first trimester)
 - Over anxious, or confused patients
 - Patient unable to provide signed consent
 - Unwilling patients either because of needle phobia or personal (religious) beliefs
 - Pacemaker or intra-cardiac defibrillator (electro-acupuncture)

Local Contraindications:

- Swelling – do not needle into swelling
- Infection – do not needle into localised infected tissue
- Poor skin condition – do not needle an area where the skin is of poor condition e.g. damaged or broken skin; excessively dry skin; inflamed skin; tattooed/ink covered skin; moles; scars.
- Poor circulation – do not needle into an area where circulation is impaired
- Uncontrolled movements – It is not safe to needle into a region of the body where the patient cannot control the movement
- Lymph node removal –Do not needle an oedematous limb or a limb that is at risk of lymphedema
- Unstable spine/spinal metastasis – relaxing muscles around the spine through acupuncture could adversely affect spinal stability, worsening signs and symptoms.

4.4 Precautions

- Diabetes – impaired skin sensation; unstable blood sugar
- Pregnancy
- Peripheral vascular disease or impaired sensation
- Haemophilia, thrombocytopenia or anticoagulant therapy (avoid intra-capsular points to prevent haemarthrosis).
- Immunosuppressive diseases e.g. SLE, AIDS, Splenectomy, Chemotherapy (extra attention to hygiene)
- Previous seizure induced by an invasive medical procedure
- Known metal allergy, especially stainless steel or nickel (plus silicone if using silicone coated needles e.g. Seirin) . Stainless steel, the alloy most acupuncture needles are made from does contain nickel.
- Hepatitis B and other blood borne virus such as HIV (extra attention to hygiene, use gloves to reduce the risk of infection transmission).
- Previous malignancy
- Valvular heart disease
- Hyper/hypotension
- Patients without a clear diagnosis (may mask serious pathology)

[Page 22 – Guidance on how to act if a patient answers YES to any of the listed precautions]

It is not enough for physiotherapists to think acupuncture is safe; “...each has the responsibility to think constantly about safety to ensure the adverse event rate is as low as possible”.

4.5 Needling procedure

4.5.1 The environment needs to

- Be clean and private with good light and good access
- Allow adequate time to carry out procedures safely
- Have adequate support from other staff and colleagues
- Have a facility to dispose of needles close by
- Ensure the patient is adequately supported on a firm surface (preferably lying)
- Disinfect couch and pillows with wipes after treatment.

4.5.2 The practitioner needs to ensure they

- Wash their hands before and after each treatment
- Cover any cuts and abrasions (on their hands) before treatment
- Have the knowledge and skill to treat the patient safely and appropriately
- Discuss with the patient that the benefits of the treatment (to the best of their knowledge) outweigh the risks
- Have screened the patient for contraindications and precautions

[Appendix D page 20]

- Have a clear written treatment plan, documented in the patient physiotherapy notes
- Have considered the effects acupuncture may have on any other conditions the patient has
- Know the anatomical structures relevant to the selected points and are aware of any associated precautions required when needling
- Have adequate support or know how to respond in the event of an adverse reaction
- Have hepatitis B immunity

4.5.3 The patient needs to

- Be adequately informed of the benefits and risks of receiving acupuncture i.e. they should be given:
 - i. a realistic account of the possible benefits (quoting research or clinical evidence where appropriate)
 - ii. the known risks of acupuncture for their condition
 - iii. alternative treatments for their condition
- Be made aware of what is involved and informed of the possible immediate effects of needling. The explanation should include:
 - i. The procedure of insertion (+/- demonstration)
 - ii. The procedure of stimulation
 - iii. The likely sensations felt at and around the needle (i.e. de qi)
 - iv. A warning about possible transient symptoms they may experience during or after needling, such as light headed, faint, fatigued, energised 'high', and there may be an initial increase in their pain. Reassured that these are common reactions, and frequently there is little or no adverse effect experienced.
- Have anatomical landmarks which are easily identifiable e.g. ribs/pleura which allows safe and accurate needling

4.5.4 Informed consent

A consent form must be signed by all patients and counter-signed by the Physiotherapist delivering the acupuncture. The form must be kept in the patient records. Informed consent must be gained by providing the patient with an information leaflet [**Appendix E page 24**] and by explaining the treatment process along with potential adverse effects (4.5.7). Under the CSP (2016) Consent and Physiotherapy Practice Information paper PD078 2nd Edition, patients are entitled to receive any information they ask for to enable them to make a decision about their treatment. If you are unable to answer their questions signpost them to someone who can, before being sure the patient has provided informed consent. This is in line with the 'Montgomery Standard' 2015 and 'what the patient wants to know'.

It is advised that contact details of a friend or relative are taken from the patient before treatment, in case of an adverse response to treatment.

4.5.5 Safe needling practice

For safety reasons

- Only pre-sterilised, single use, disposable needles may be used. The expiry date on the box and on individual needle packaging should be checked by the physiotherapist before use. Needles should not be used if they have passed the 'expiry date'. All needle packaging should be CE marked.
- It is recommended that needle packaging is opened in the presence of the patient.
- Needles are counted in and out.
- Any contaminated needles (i.e. those which have been in contact with a non-sterile surface e.g. floor, desk,) must not be used and must be discarded in a sharps box.
- If the area of skin being needled is dirty, the needle sites must be suitably cleansed, using sterile wipes.
- Patient's skin should be checked before and after treatment, paying particular attention to the needle sites (for possible allergic reaction).
- Needling techniques must follow those taught on a recognised accredited training course i.e. a no touch technique.
- Depth of Needling. Needles should be inserted in a direction which reduces the risk of damage to underlying organs, nerves or blood vessels. Half of the shaft should remain exposed. Never insert the needle as far as the handle.

Ref: **Acupuncture Association of Physiotherapy (AACP) Safe Practice Guidelines for Acupuncture Physiotherapists. V3 2017.p31—33** for guidance on needling specific regions of the body. Plus **Appendix C** of this document (p20)

- Extra care should be taken with auricular-acupuncture as auricular cartilage is prone to infection. To reduce this risk, use poppy seeds or pressure pins instead of needles.
- Patients must be positioned to allow maximum comfort and safety and should be advised to remain still. If needles are inserted along the patients back the patient should be instructed that arching their back may bend the needles.
- Patients must be monitored during the treatment session and they must not be left alone in the treatment area.
- Patients must be able to summon assistance if required.

To ensure no needles are left in the patient:

- i) The number of needles inserted should be counted in and counted out again
 - ii) Guide tubes from each needle inserted should be collected in a tray
 - iii) If needles are inserted around the hairline or out of direct view, ask the patient to remind you where the needles are for when you come to take the needles out.
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- All needles must be disposed of in sharps boxes that conform to BS 7320:1990, and which have been signed and dated when first used. Sharps boxes should not be overfilled and must be disposed of (again signed and dated) as stipulated by Trust policy
 - Anything other than needles e.g. needle wrapping and cotton wool must be disposed of in the appropriate bins e.g. yellow sacks for blood stained cotton wool or swabs.
 - In the community soiled swabs should be double sealed in plastic bags and disposed of with normal household waste
 - Needles must never be left in a cubicle whilst a patient is unattended. [Cases of patient's self-treating- often with serious consequences- have been reported]
 - Patients should be allowed sufficient time to rest and recover safely after treatment, especially if they feel drowsy and are driving.

In the event of any potential infectious disease pandemic (e.g. COVID 19) the additional precautions apply:

- Patients are screened for the disease using the symptom questionnaire or testing kit. If the patient develops signs of the disease prior to their appointment, they are informed to contact the physiotherapy department and cancel.
- Patients are advised not to arrive more than five minutes before their appointment and come unaccompanied where possible.
- As with all face to face appointments, patients are expected to wear a mask, unless medically exempt, and wash or sanitise their hands on entering and leaving the Hospital site.
- Patients should be treated in a well-ventilated cubicle/clinic room.
- In a group setting the treatment couches should face away from one another with at least a two metre distance between.

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- The clinician delivering the acupuncture must wear PPE (including apron, gloves, mask and goggles or visor). This should be changed between each individual patient contact when acupuncture is delivered in a group setting.
 - All chairs and treatment couches are cleaned with Chlorine wipes after each patient contact. These are allowed to dry thoroughly before the next patient contact.

4.5.6 Treatment dose

A number of large clinical trials and systematic reviews published within the last 10 years have adopted a research protocol designed around offering 10-12 treatment sessions.

In reality offering up to six, once weekly sessions should be sufficient to produce a positive effect for most regional musculoskeletal pain conditions, if the patient has the capacity to respond.

Managing the patient's expectation from the outset is key.

Each patient should be told before treatment that a maximum of six sessions can be offered which should be sufficient to alleviate or ease symptoms (if they are an acupuncture responder). Patients should also be told that if their pain has not changed after three sessions they are unlikely to improve with further sessions of acupuncture.

If the demand for acupuncture is high, departments could consider running group acupuncture clinics, thus reducing pressure on one-to-one appointments, and providing a more cost-effective service.

4.5.7 Complications of needling

- Needle stick injury – follow the Trust policy, adhering to EU Council Directive 2010/32/EU[5] for needle stick injury.
- Broken needle – with single use needles this is rare. Mark the point of entry and seek immediate help via MIU or A&E. Needles should be removed under imaging to ensure the entire needle has been removed.
- Stuck needle – usually due to muscle spasm around the needle (occurs in around 0.1% of treatments). Gently massage around the needle to relax the muscle and gently reattempt removal. If unsuccessful remove all other needles, surround the stuck needle with 4 small needles, wait a few seconds then re-attempt removal.
- Bent needle – if you suspect a needle may have bent due to a patient suddenly moving (e.g. sudden extension of the lumbar spine as a reflex movement to a sudden, strong needle sensation) do not attempt to stimulate the needle further. Allow time for the patient to relax then gently manoeuvre the needle out. If unsuccessful seek medical help.

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- Headaches can occur (0.1% of acupuncture treatments).
 - Infection – (0.2% of treatments) avoid needling over thin, fragile or infected skin. Always use a sterile needling technique. Allergic reactions are rare but, especially on the first treatment, observe the reaction around the point. If skin becomes red, itchy and raised, remove the needles and review at a later date.
 - Bleeding/Bruising – (3% of treatments) certain points are more prone to bleeding. Apply immediate pressure to the area using cotton wool. Advise the patient of possible bruising.
 - Pneumothorax – (less than 2 per 1 million treatments). Signs and symptoms can be vague and have a delayed onset. If a patient complains of chest pain, difficulty breathing or breathlessness within 36 hours of acupuncture to the thorax, needling pneumothorax should be considered and immediate referral to ED is advised.
 - Mild increase in pain (3% treatments) – increased risk when needling in patient's where their reported pain is severe and irritable; (hyperalgesia or allodynia); close to an acute injury; or needling aggressively.
 - Drowsiness
 - Dizziness
 - Nausea

4.6 Fainting and convulsions

Occasionally people can react to an invasive medical technique by having a convulsion. The mechanism underlying this response is not clear, though it is thought that a sudden vagal stimulation to the heart may be involved. People who faint during treatment and cannot be laid down quickly enough can suffer a mild anoxic convulsion. If patients have a history of unexplained convulsion, acupuncture is not advised.

Trust policy stipulates that physiotherapists maintain basic life support training, (updated every 12 months). If a patient feels faint, nauseous or is experiencing sudden sweats, remove all needles immediately, lay the patient flat, maintaining a clear airway, and attempt to rouse. Treat as for shock. Seek medical help if necessary.

In the event of any of these complications (except bleeding/bruising unless excessive), the therapist must make an accurate record in the patient notes and enter the incident onto the Trust incident reporting system. The Line Manager must be informed if medical help is sought.

A thorough reflection should be carried out, with emphasis on preventing reoccurrence and implementing subsequent changes to practice.

4.7 Acupuncture in pregnancy

There is no known published report linking acupuncture treatment with abortion or miscarriage. However, traditional acupuncture texts note a variety of points which are forbidden during pregnancy, as they are believed to 'dispel the foetus'.

Historical wisdom provides part of an appropriate evidence base and states that LI4, SP6, GB21, BL32, BL60 and BL67 should be used to promote or enhance labour, indicating these point should not be used during early or mid-term pregnancy.

A review of laboratory and clinical trials where 'forbidden points' were used in various stages of pregnancy, found no reported unwanted adverse effects experienced as a result of needling these points.

There is evidence to indicate that acupuncture is effective in treating pregnancy related back and pelvic pain, and as such should be considered as an arguably safer alternative to analgesic medication.

The AACP recommend taking extra care when selecting points during pregnancy (avoiding points over the sacrum and abdomen (BL31,32,33,34), and being mindful of the points listed above). Strong stimulation, including electro-acupuncture should be avoided. Ensure there is no past medical history of pregnancy related complications. **Ref: AACP Ltd. Safe Practice Guidelines for Acupuncture Physiotherapists V3 2017. p50.**

4.8. Acupuncture in children

Before treating children within Torbay and South Devon NHS Foundation Trust the clinician needs to demonstrate that they have completed Child Protection Level Three training and that this training is up to date.

Traditional acupuncture wisdom suggests that children and adolescence should be needled more superficially and for shorter periods of time than fully grown adults.

The clinician should be clear that the child understands the process and is compliant with treatment. Before receiving acupuncture, signed consent is required from the child or adolescent's (under 18 years) parent or guardian.

4.9. Auricular Acupuncture

- Surface wax should always be removed with an alcohol swab
- Indwelling needles should NOT be used as they can lead to perichondritis (infection of the ear cartilage)
- Tiny metal balls, poppy or vaccaria seeds (held in place with micro pore and manually stimulated by the patient as acupressure) are recommended over the use of needles

4.10. *Electro-acupuncture*

- The practitioner needs to ensure:
- All equipment is regularly serviced (every 12 months) by medical electronics
 - They have read the user instructions
 - They have been trained to use the device and their competency has been assessed
 - They use the correct additional equipment e.g. disposable, single use, heavy gauge conductive needles (e.g. metal handled).

4.11. *Domiciliary acupuncture*

- The AACP recommend:
- Practitioners must have a defined base for storing equipment
 - Specific containers must be used for the transportation of equipment which are:
 - Designed to allow separate storage of sterile and soiled equipment
 - Lockable and tightly sealed when shut
 - Made of a material (inside and out) that is smooth and impervious, which can be regularly cleaned and disinfected.
 - Practitioners make every attempt to ensure treatment is carried out in a well-lit, clean environment with easy access to hand washing facilities
 - The bed is clean and covered with a disposable cover
 - A clear field is established
 - Needles are disposed of in a sharps bin that conforms to BS 7320:1990
 - Soiled clinical waste is appropriately disposed of in clinical waste bags
 - Paper waste products are disposed of in domestic waste
 - Enough time has been set aside to monitor any adverse reaction before departure⁴

Practitioners are strongly advised NOT to treat friends and relatives outside of the normal working environment. Any none NHS premises where acupuncture takes place must be licensed in accordance with local authority requirements.

5. *Training*

Any staff member practicing acupuncture within the Trust must evidence that they have been adequately trained. This training must fall in line with the CSP guidance on acupuncture training, the AACP and the Health Professions Council (HCPC) regulatory requirements.

Evidence of adequate training (i.e. a certificate demonstrating successful completion of either an AACP Foundation/Acupuncture in Physiotherapy course, or a British Medical Acupuncture Association (BMAS) Foundation course) must be seen by the line manager (Band 7 or above), and a copy of the certificate must be kept in the personal file, before an individual can practice acupuncture within the Trust.

5.1 **Monitoring, Auditing, Reviewing and Evaluation**

On-going Continued Professional Development (CPD) must be kept up to date in line with CSP and AACP guidance on acupuncture training and the HCPC regulatory requirements [Appendix A].

It is a locally agreed requirement to maintain a minimum of 10 hours CPD every two years.

Maintenance of competency will be assessed every other year by peer-assessed competency review. Relevant paperwork will be completed and kept in the clinicians own CPD folder or electronic database (e.g. pebble pad). [Appendix B].

Recently trained acupuncture staff, or staff who have not practiced acupuncture within the last 12 months must liaise with their line manager to identify an acupuncture mentor for the first six months of their practice within the Trust. The staff member and the mentor should meet at least once a month to review practice and discuss clinical cases.

This period of support may be extended if either party feels it is necessary or beneficial.

A record of all current registered Physiotherapy acupuncturists is held organisationally by the Professional lead for Physiotherapy.

<i>All staff practicing acupuncture must have been immunised against (or have immunity to) Hepatitis B before practicing. Review of hepatitis immunisation is required in line with Trust policy and the AACP guidelines for safe practice.</i>

6. **Documentation**

6.1 **Acupuncture treatment**

The following must be recorded for each treatment:

- All points needled.
- Needle stimulation technique (e.g. manual stimulation; periosteal pecking; electro-acupuncture).
- Needling time.
- Immediate effects on the patient in relation to *de qi* sensation, and the points at which *de qi* is experienced; or if the patient experiences an overall *de qi* effect (e.g. when needling points in the leg, the whole limb can feel heavy).
- Any adverse effects.
- Evaluation of the effects of subsequent treatments.
- An appropriate validated outcome measure e.g. for pain severity and pain distress.

If *Ashi* points, muscle tender points or myofascial trigger points are needed, there must be a detailed description of the site and depth of the needle placement. In some circumstances a diagram may need to be drawn to clarify location (e.g. relation to specific anatomical landmarks).

6.2 Patient management

- If a medical condition is highlighted as a precaution which could be adversely affected by acupuncture (e.g. low blood pressure; diabetes; heart condition) this should be highlighted in the patient's notes with an * on the initial assessment form and acknowledged as a precaution in the SOAP notes before each treatment.
- If a patient is booked onto a therapist's list that they haven't previously seen and therefore haven't screened, then the therapist needs to check the precautions list and initial patient assessment sheet before continuing with treatment. The therapist also needs to check for any previous adverse effects to acupuncture that may indicate further treatment is not appropriate.
- In cases where a patient is a controlled diabetic they need to be screened before each treatment with respect to the question "have you eaten in the last 4 hours?" This questioning needs to be documented in the SOAP notes, and the response. If they say no, a clinical judgement needs to be made in consultation with the patient as to whether or not to proceed with acupuncture that day. Where possible, patients should be encouraged to check their blood sugar levels immediately after receiving acupuncture, and immediately before the next treatment. The patient can then monitor any change that would deem acupuncture inappropriate, or if proving beneficial, consent in full knowledge of the risks.
- All episodes of care should be documented in full using the standard SOAP notes. Simply writing 'as above' is not acceptable either legally or clinically.

6.3 Nomenclature used when recording acupuncture treatments

The WHO nomenclature should be used when recoding acupuncture treatment carried out in Torbay and South Devon NHS Foundation Trust.

Table 1 World Health Organisation (WHO) standard nomenclature for the 14 main meridians

Meridian	Alphabetic code
Lung	LU
Large intestine	LI
Stomach	ST
Spleen	SP
Heart	HT
Small intestine	SI
Bladder	BL
Kidney	KI
Pericardium	PC
Triple energizer	TE
Gallbladder	GB
Liver	LR
Governor vessel	GV
Conception vessel	CV

Table 2 Alternative abbreviations found in acupuncture texts

Meridians	Alphabetic code
Lung	L; Lu
Large Intestine	Li; CO; Co (colon)
Stomach	S; St
Spleen	Sp
Heart	H; HE; Ht; HE
Small Intestine	Si
Bladder	B; Bl; UB (Urinary Bladder)
Kidney	K; Ki
Pericardium	P; HC; Hc (Heart Constrictor)
Triple Energiser	TH (Triple Heater); TW (Triple Warmer); SJ (Sanjiao)
Gallbladder	G
Liver	LIV; Liv; Le; Lv
Governing vessel	Gv; DU (Du Mai)
Conception vessel	Cv; REN (Ren Mai)

Note: Robust, sophisticated clinical reasoning needs to be applied when considering acupuncture as with any other treatment. Acupuncture can produce strong vaso-vagal effects (a well-documented though uncommon side-effect).

7. Blood Donors

Patients who are blood donors should be provided with the HCPC registration number of the Physiotherapist who has treated them with acupuncture. This is sufficient evidence to satisfy the blood donor service that the practicing Physiotherapist has undergone accredited training, and practices safe and appropriate acupuncture.

8. Indications for acupuncture use – the evidence

To maintain clinical competency physiotherapists practicing acupuncture in the Trust, are expected to keep up to date with the latest research evidence supporting acupuncture's use in NHS clinical practice. This can be done through attending in-service training sessions; attending CPD update days external to the Trust; searching relevant databases e.g. the Cochrane library for systematic review data on acupuncture for MSK pain conditions; accessing electronic media sites e.g. British Medical Acupuncture Society and Acupuncture Association of Chartered Physiotherapy web and social media sites.

Reference:

Acupuncture Association of Chartered Physiotherapists. ***Safe Practice Guidelines for Acupuncture Physiotherapists. Version 3 (2017).***

Acupuncture Safety Resource (2016) <http://www.acupuncturesafety.org.uk/basic-safety-principles.html>.

Additional information regards the EU Council Directive 2010/32/EU can be accessed via <http://www.hse.gov.uk/healthservices/needlesticks/eu-directive.htm>

[Appendix A – Membership of AACCP](#)

[Appendix B – Peer review and maintenance of clinical competence](#)

[Appendix C – Anatomy relevant to acupuncture point location and needle insertion](#)

[Appendix D - Acupuncture Checklist Actions for precautions](#)

[Appendix E - Acupuncture Information Leaflet](#)

[Appendix F - Acupuncture in Physiotherapy Consent Form](#)

Appendix A

To become members of the AACP Physiotherapists must have successfully completed the minimum standard of training required to conform with international standards of acupuncture training in Physiotherapy, and the HCPC quality assurance standards. The minimum training required is in the form of an 80 hour Foundation course, which offers:

- i) a set of learning objectives and outcomes
- ii) offers reliable, validated assessment procedures in order to measure performance against known marking criteria
- iii) conducts an assessment of each delegate against assessment criteria

Accredited Membership to AACP set at 80 hours of training

Advanced membership of AACP set at 200 hours of training

Continued Professional Development (CPD) is defined as “A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice”.

The HCPC has defined that the recording of CPD is:

- The sole responsibility of the HCPC member
- To be recorded in a professional portfolio

HCPC has introduced an audit system and has decided that:

- A number of portfolios will be selected and audited each year
- HCPC CPD assessors will undertake random portfolio assessment and audit.

CPD may be acquired by a variety of methods including:

- In-service training
- Critical appraisal of research
- Training courses
- CPD courses
- Conference attendance
- Peer review
- Case report submission to the required AACP protocol
- Reflective practice
- Study days

In each case, the learning objectives and outcomes from the CPD session must be recorded in the physiotherapist's portfolio of training & CPD.

Appendix B

Example of Acupuncture Peer Review and Maintenance of Competence

Clinician..... Date.....

Peer group member/supervisor.....

Patient description (referral diagnosis/history/key clinical features)

Your clinical diagnosis and management plan

Outcome

Explanation of clinical reasoning (focusing on the reasoning behind choosing acupuncture and linking to current research evidence where possible-demonstrate critical thinking)

Practical demonstration

Point selection/location (to be demonstrated practically on peer/patient)

Needling technique (to be demonstrated practically on peer/patient)

Treatment 'dose' (e.g. needling time, sensation, stimulation)

Peer/supervisors comments (initial and date comments)

Learning points/reflection

2

Clinicians name (print in capitals).....

Clinicians signature.....

Peer/supervisors name (print in capitals).....

Peer/supervisors signature.....

Appendix C

ANATOMY RELEVANT TO ACUPUNCTURE POINT LOCATION AND NEEDLE INSERTION

Anatomical region	Risk	Puncture depth to reach viscera	High risk points
Thoracic viscera			
<i>i) Heart</i>	Cardiac tamponade - 6% population have a sternal foreamen	15 to 25mm	CV 17
<i>ii) Lung</i>	Pneumothorax – the most frequently reported serious adverse event	10 to 20mm	ST 11 to ST 18 LU 2 KI 22 to KI 27 BL 41 to BL 54
Abdominal viscera	Minimal risk	20 to 40 mm	In principal any ST,SP,KI,CV points on the front of the body
Peripheral nerves			
<i>i) Median</i>		10 to 15 mm	PC 6 and PC 7
<i>ii) Common Peroneal Tibial</i>	Infrequently reported	20 to 30mm	GB 34 BL 39 BL 40
<i>iii) Posterior Interosseous</i>		10 to 20mm	Deep needling MTrPs supinator; common wrist extensors
Central nervous system			
<i>i) Spinal cord and spinal nerve roots</i>	Infrequently reported	25 to 45mm	BL 11 to BL 20
<i>ii) Medulla oblongata</i>	Rare	40 to 60mm	GV 16
Blood vessels	Rare (single case reports)		
<i>Popliteal artery</i>	Pseudoaneurysm	20 to 30mm	BL 40
	Anterior compartment syndrome (lower leg) Patient on anticoagulation	20 to 30mm	ST 36, GB 34

Appendix D

Acupuncture Checklist

Patient Name:.....DOB:.....

NHS Number: GP/Consultant:.....

<i>Please indicate if any of the following apply:</i>	Yes	No
1. Are you allergic to steel/nickel?		
2. Do you suffer from epilepsy?		
3. If yes, is this well controlled by your medication?		
4. Do you have Diabetes?		
5. Do you have a heart condition?		
6. Do you have artificial/replacement heart valves?		
7. Do you have a pacemaker or any other electrical implants?		
8. Do you have haemophilia or any other bleeding disorder?		
9. Do you suffer from immunodeficiency?		
10. Are you taking, or have you taken, steroid tablets?		
11. Have you ever had Hepatitis or “Yellow Jaundice”?		
12. Do you bleed or bruise easily?		
13. Are you taking anticoagulants (to thin your blood)?		
14. Are you pregnant or trying for a baby?		
15. Have you ever experienced a faint, fit or ‘funny turn’		
16. Have you any infections?		

17. Have you ever been diagnosed with any form of cancer?		
18. If so, did you have any lymph nodes removed?		
19. Are you prone to fainting, anxiety attacks, needle phobia?		
20. Have you eaten within the past 4 hours?		
21. Have you read the 'Acupuncture in Physiotherapy' leaflet?		

Physiotherapist's Name:

Physiotherapist's Signature:

Date:

Actions to take if a patient answers YES to the precautions listed in the acupuncture checklist

Allergy to steel/nickel	On the first treatment, needle one point and observe for a flare around the needle. Keep in situ for 5 minutes unless there is an instant allergic reaction in which case remove the needle immediately. Review a week later and if no allergic response continue with treatment as planned. Constantly observe the skin for excessive wheal and flare thereafter, and cease treatment if an allergic response occurs.
Epilepsy	If they answers NO to 'is it medically controlled', do not treat. Ensure the epilepsy is controlled. Always treat with the patient in lying and never leave the patient unattended during treatment. Ensure the patient understands to inform you at the first sign of a seizure developing. They must inform you if the frequency or nature of seizures changes adversely as a result of the acupuncture.
Diabetes	Ensure the diabetes is controlled. If not do not treat. Always treat with the patient in lying and do not leave the patient unattended during treatment. Advise them to eat at least 3-4 hours before treatment. If after treatment they feel light headed or faint advise them to wait in the waiting area (with a glass of water +/- biscuit) until such time that they feel better.
Heart Condition	Ensure the heart condition is controlled. If not do not treat. If a patient suffers from palpitations, avoid needling the mid-thoracic region. Always treat with the patient in lying and never leave the patient unattended during treatment.
Artificial heart valves	Strongly advise not to treat with acupuncture as there is a theoretical risk of bacterial endocarditis. However, if acupuncture is the best and only option for pain relief it can be warranted. Ensure strict hygiene during needling and consult with both the patient and referring doctor before treatment explaining the potential risk.
Valvular heart disease	Acupuncture should be considered with caution, for the reasons outlined for patients with artificial heart valves. Patients with heart valve defects may be at a slightly higher risk of developing infective carditis, therefore this needs discussing and documenting during the consent process. It is advised to try and reduce the impact on the ANS, by using fine needles, short treatment time and no needle stimulation.
Pacemaker	Do not use electro-acupuncture.
Bleeding disorder/ bleed or bruise easily	Warn the patient they may bruise. Use small gauge needles (0.20mm) to reduce the risk. Never needle into or close to joints.
Immunodeficiency	Ensure strict hygiene when needling. (Refer to section 4.5.5)
Steroids	Ensure strict hygiene when needling. (Refer to section 4.5.5)
Hepatitis/Yellow Jaundice	Assume all patients are carrying a blood borne virus. Have cotton wool ready to place over puncture site on immediate removal of needles in case of bleeding. Dispose of soiled cotton wool in the appropriate waste sack. Wipe down plinth with disinfectant wipes after treatment.

Anticoagulants	Warn the patient they may bruise. Use small gauge needles (0.20mm) to reduce the risk. DO NOT needle into or close to joints.
Pregnant or trying for a baby	Refer to section 4.7 for guidance.
Fainting, anxiety, needle phobic	If a patient is needle phobic but they wish to try acupuncture, explain the procedure thoroughly and reassure them that even after giving consent they can stop treatment at any time. Treat all patients in lying and never leave the patient unattended during treatment. If after treatment they feel light headed or faint, advise them to wait in the waiting area (with a glass of water) until such time that they feel better.
Any infections	Never needle into or around an area of localised infection. Ensure strict hygiene when needling elsewhere in the body. (Refer to section 4.5.5)
Previous malignancy/ diagnosis of cancer	If using acupuncture for pain relief, ensure the region of pain being treated has been thoroughly investigated for potential metastasis. Do not use acupuncture if the underlying diagnosis is unclear. The analgesic effects of acupuncture could mask serious pathology.
Lymph node removed	Ensure strict hygiene when needling. (Refer to section 4.5.5) Do not needle an oedematous limb or a limb that is at risk of lymphedema

Appendix E

Linked to patient leaflet [25087 Acupuncture in Physiotherapy](#)



Acupuncture in Physiotherapy Consent Form

Patient Name:

NHS No:

Date of birth:

Patient/parental/guardian agreement to acupuncture treatment

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 treatment:

- Pain reduction
- Alleviation of muscle spasm (associated with pain)
- Aid tissue healing
- Relaxation
- Feeling of well being
- Improving sleep

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

Possible adverse effects:

Bleeding and bruising	Temporary increase in symptoms
Mild pain at the needle site	Drowsiness
Dizziness	Nausea
Feeling faint	Stuck or bent needle
Headache	Allergy or infection
Pneumothorax	

The following leaflet has been provided: **Torbay and South Devon NHS Foundation Trust Acupuncture in Physiotherapy Information Leaflet.**

Signed Clinician:

Date:

Name (Print):

Job Title:

Statement of patient/ parent or guardian responsible for patient

I agree to the procedure described above. I understand the procedure does not involve local anaesthetic.

Signature:

Date:

Name (Print):

Relationship to patient:

Statement of Interpreter (where appropriate)

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

Signature:

Date:

Name (Print):

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

If printed, this document is only valid for the day of printing.

Ref No:	1676		
Document title:	Physiotherapy Acupuncture (Guidelines For Safe, Effective, Evidence Based Practice)		
Purpose of document:			
Date of issue:	17 December 2024	Next review date:	30 October 2027
Version:	4	Last review date:	30 October 2024
Author:	Clinical Lead Physiotherapist		
Directorate:	Physiotherapy		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinicals Policies Group		
Date approved:	17 December 2024		
Links or overlaps with other policies:	Patient Information Leaflet: 25087 Acupuncture in Physiotherapy		

Collated by Clinical Effectiveness Version 5 (October 2024)	Physiotherapy Acupuncture (Guidelines for Safe, Effective, Evidence Based Practice) Document Control Information
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Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
23 August 2015	1	New	Care and Clinicals Policies Group Interim Medical Director Director of Nursing Professional Practice and Peoples Experience Acupuncture CIG
6 May 2016	2	Revised	Care and Clinicals Policies Group
4 May 2018	3	Revised	Care and Clinicals Policies Group
1 March 2021	4	Revised	Care and Clinicals Policies Group
30 October 2024	5	Revised	Care and Clinicals Policies Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users ☐		Staff ☐	Other, please state... ☐
Could the policy treat people from protected groups less favourably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes ☐ No ☐	Gender Reassignment	Yes ☐ No ☐
Race	Yes ☐ No ☐	Disability	Yes ☐ No ☐
Gender	Yes ☐ No ☐	Pregnancy/Maternity	Yes ☐ No ☐
Sexual Orientation			Yes ☐ No ☐
Religion/Belief (non)			Yes ☐ No ☐
Marriage/ Civil Partnership			Yes ☐ No ☐
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes ☐ No ☐
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes ☐ No ☐ NA ☐
Are the services outlined in the policy fully accessible ⁶ ?			Yes ☐ No ☐ NA ☐
Does the policy encourage individualised and person-centered care?			Yes ☐ No ☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes ☐ No ☐ NA ☐
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes ☐ No ☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users ☐		Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐		General Public ☐	Other, please state... ☐
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes ☐ No ☐
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc., in addition to the service user.

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them.

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge.

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated.

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives.

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy.

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities, and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.