

NHS Dorset Clinical Commissioning Group

Multiple Chemical Sensitivity and Clinical Ecology Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

MULTIPLE CHEMICAL SENSITIVITY AND CLINICAL ECOLOGY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Clinical Ecology relies on the concept that multiple symptoms are caused by hypersensitivity to minute amounts of common foods and chemicals. Multiple Chemical Sensitivity is also known as environmental illness, total allergy syndrome and idiopathic environmental intolerance.
- 1.2 Treatment usually emphasises avoidance of suspect substances with lifestyle changes for example diet modification and avoidance of synthetic items. Clinical ecologists often advise patients to take vitamin, mineral, and other supplements.
- 1.3 Enzyme Potentiated Desensitisation (EPD) may be suggested. It is stated that EPD boosts the immune response against minute doses of allergens. However, there are no clinical studies which compare outcomes from EPD with standard immunotherapy.
- 1.4 This protocol is applied in accordance with the Policy for Individual Patient Treatments.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Investigation of Multiple Chemical Sensitivity and/or treatment with Clinical Ecology/Environmental Medicine is not routinely commissioned by NHS Dorset CCG.
- 3.2 There are no clinical access criteria for this intervention. Requests for treatment can therefore only be considered on an individual patient basis where a case is made that the individual patient is clinically exceptional.

4. EXCLUSIONS

- 4.1 Investigation and treatment is not routinely funded.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	154
Author (Name and Job Title)	Jenny Jones, Programme Officer
Recommending group	Planned and Specialist
Date of recommendation	November 2016
Date of approval by CCC	1 June 2017
Version	1.0
Review frequency	3 Years
Review date	June 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	November 2016	Jenny Jones, Programme Officer	Circulated for comment through the Medical Directors of the three Dorset acute NHS Foundation Trusts. Reviewed previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation.

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
Dec 2016	1.0	Dec 2016	Introduction of document	June 2017	CCC

D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
Multiple Chemical Sensitivity – What is it? Retrieved June 2015	http://www.multiplechemicalsensitivity.org/	

F DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓