NHS
Coventry and Rugby
Clinical Commissioning Group

Commissioning Policy: Coventry and Rugby CCG (CRCCG)

Treatment	Diagnosis and Management of Chronic Fatigue Syndrome (CFS) and Myalgic Encephalomyelitis (ME)
Indication	Chronic Fatigue Syndrome and Myalgic Encephalomyelitis
Criteria	The assessment and management of **chronic fatigue syndrome (CFS) and myalgic encephalomyelitis (ME)** at out of area specialist inpatient or outpatient units is not commissioned or funded by the CCG. The assessment and treatment of **chronic fatigue syndrome (CFS) and myalgic encephalomyelitis (ME)** should usually be managed by primary care, in the community, in line with assessment and treatment recommendations given in NICE guidance[1]. This may include referral to commissioned local secondary care specialist services for diagnosis and management advice, if required. Ref: [1] National Institute for Health and Clinical Excellence (NICE) August 2007 Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy): diagnosis and management (Available on line from: https://www.nice.org.uk/Guidance/cg53)
Equality Impact Assessment	See attached

Version Control:

Version	**1.0**
Ratified by	**Governing Body**
Date ratified	**14th September 2017**
Name of Originator/Author	**Policy Development Group**
Name of Responsible Committee	**Clinical Executive Group**
Date Issued	**1st October 2017**
Review Date	**September 2020**

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Equality Impact Assessment (EIA)

Policy/Service	Diagnosis and Management of Chronic Fatigue Syndrome (CFS) and Myalgic Encephalomyelitis (ME)	**Person completing EIA**	Kay Holland
Date of EIA	7th June 2017	**Accountable CCG Lead**	Andrea Green NHS Coventry and Rugby Clinical Commissioning Group

Aim of Work	The Public Sector Equality Duty (PSED) requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	CCG registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Age	No	**Race**	No
Disability	No	**Religion or belief**	No
Gender reassignment	No	**Sex**	No
Marriage and civil partnership	No	**Sexual orientation**	No
Pregnancy and maternity	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

The impact of this policy has been considered against all protected characteristics and Human Rights values.

Chronic Fatigue Syndrome (CFS), also known as Myalic Encephalomylitis (ME), is a condition characterised by fatigue, which is often debilitating, it is not relieved by rest or sleep, it is exacerbated by minimal exertion and is associated with a constellation of other symptoms, the severity of which tends to vary with the severity of the fatigue. An individual's symptoms may vary in severity and there is a variation between patients; although some patients improve over time, others do not.

CFS/ME falls under the category of Medically Unexplained Symptoms (MUS) which account for 30-50% of all consultations in primary care and 35-50% of all new medical outpatients. The World Health Organisation classifies CFS/ME as a neurological illness.

CFS/ME has an incidence and prevalence in the general population ranging from 0.4-1% based on geographical variation, with high incidence in urban populations. It is more common in women, and in Caucasians, although recent increase in the recognition and correct diagnosis of the condition may influence the prevalence.

Many different interventions for CFS/ME have been investigated in clinical trials of varying quality. There is currently insufficient evidence to support many interventions in terms of clinical or cost effectiveness.

There is currently no evidence to support the use of in-patient or residential settings to deliver effective interventions for CFS/ME. There is currently no evidence to suggest that any group or sub-group of patients with CFS/ME will benefit particularly from any specific intervention or that patients who have failed to improve on one intervention may do better on another.

Please summarise where further action is required and when the projects/decision will be reviewed.

The policy will be reviewed as and when new evidence or guidance is published and by no longer than three years after ratification by Governing Body.