

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC98 Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)
Date of BOB ICB Adoption	February 2024

Myalgic encephalomyelitis, also called chronic fatigue syndrome or ME/CFS, is a long-term condition with a wide range of symptoms. ME/CFS comprises a range of symptoms including fatigue, post exertional malaise, unrefreshing sleep or sleep disturbance and cognitive difficulties ('brain fog'). An individual's symptoms may differ in severity and there is variation between patients. Treatment for ME/CFS aims to relieve the symptoms.

Care for people with ME/CFS should be based on a coordinated multidisciplinary approach.

BOB ICB and Frimley ICB support the principles and multi-disciplinary approach to care and management set out in the NICE guideline (2021) NG206 Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management, within the local established pathways.

This includes but is not limited to:

- energy management strategies (a self-management strategy that involves a person with ME/CFS managing their activities to stay within their energy limit, with support from a healthcare professional)
- personalised sleep management advice
- dietary advice
- cognitive behavioural therapy.

If a physical activity or exercise programme is offered, it should be overseen by a physiotherapist in an ME/CFS specialist team. People should be advised about the risks and benefits of physical activity and exercise programmes. Any programme that uses fixed incremental increases in physical activity or exercise, for example, graded exercise therapy (GET) is not recommended. This is because people with ME/CFS have had varying results from physical activity and exercise programmes and harms have been reported by people with ME/CFS.

Treatment programmes at out of area specialist residential, inpatient and outpatient units are not normally funded.

Clinical Coding:

ICD10 Diagnosis code

G93.3 Postviral fatigue syndrome [includes benign myalgic encephalomyelitis]

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Version	Date	Reason for change
Version 1	June 2008	South Central Priorities Committee
Version 1.1	June 2020	Evidence for CBT and GET only was reviewed. Minor update to wording. Policy intent not changed
Version 2	November 2022	NICE guideline reviewed. Policy amended to reflect recommendations with regards to Graded Exercise Therapy