

Does it work?

A pilot project
investigating the
integration of
complementary
medicine into
primary care



getwelluk



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Independent Audit by Professor Nicola Robinson

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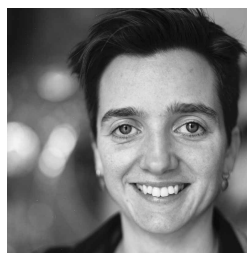
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Get Well UK

Get Well UK is a not for profit organisation established in response to a recommendation by the House of Lords in 2000 that complementary therapies should be made available through the NHS, with General Practitioners acting as gate-keepers to the service. Get Well UK acts as a broker between NHS purchasers, GPs, patients and complementary health practitioners.

This report is an independent audit by Thames Valley University detailing Get Well UK's first pilot in Haringey, North London.



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1.0 Summary

Patient referrals to the new complementary medicine service provided by Get Well UK at The Laurels Healthy Living Centre increased steadily over the audit period (May 2004 - February 2005). By February 2005 the annual target number of 1100 contracted treatments to be provided April 2004 - April 2005 had been exceeded. A total of 124 patients received treatment. Of 1383 treatments offered, 1250 were attended giving a 90% attendance rate. GPs referring to the service increased with 40 individual GPs in the area having made at least one referral. Patients were generally seen within 11 days of referral.

Seventy percent of service users were female. Patients from disadvantaged backgrounds were more likely to be using the service, i.e. from an ethnic minority background, living in council or privately rented accommodation, on benefits. The service was therefore accessible to all sections of the community, particularly those from disadvantaged backgrounds (normally unable to pay for such treatments), thus fulfilling one of the aims of the service.

Back/shoulder/neck pain and joint pain were the main reasons for patient referral accounting for 55% and 17% of referrals respectively. Osteopathy and acupuncture were the most frequently used therapies and accounted for 38% and 32% of treatments respectively.

A detailed audit of the 58 patients who had either completed their treatment package or had received at least 12 treatments demonstrated a highly significant change in the severity of self reported symptoms, activity and well being as measured by the 'Measure Yourself Medical Outcomes Profile' (MYMOP) ($Z = -5.49$, $p < .001$), indicating that patients perceived significant improvement in their health problems. More than 75% of patients reported they were less worried about their condition post treatment.

Practitioners perceived significant improvements in patients' quality of life, symptoms and general health. This correlated with patients' post treatment MYMOP scores and their perceived reduction in worry.

Given that most patients had chronic health problems it is not surprising that they were not discharged quickly. This had implications for the contract as increasingly new patients were unable to be treated. In February GPs were informed that the service was unable to take new referrals. Further to this audit the new contract will limit patients to 6 treatments, with the opportunity for re-referral.

Patients had the opportunity to access more than one form of complementary medicine through Get Well UK and this was effective in providing access to additional support from other practitioners. This gave the opportunity to have a truly integrated pathway which could address the complex health profile of many of these patients. Evaluation of the service is a necessary and integral part of monitoring the delivery; an investigation into whether the service provided also reduces overall costs will commence shortly. The audit indicated significant improvements in patient health. However, a controlled trial in this setting would be necessary to provide firm evidence of clinical effectiveness.

2.0 Introduction

The increasing use of complementary medicine and rapid growth in its provision is having a dramatic effect on health care.^(1,2) with three quarters of the public requesting it to be made available on the NHS.⁽³⁾ The House of Lords report⁽¹⁾ led the way by recommending to the government a range of measures. The most important to this specific provision being that the NHS should ensure access to complementary therapies through medical referral, and where there were robust regulatory mechanisms and evidence of efficacy. The White House Commission on Complementary and Alternative Medicine (CAM) in 2002⁽⁴⁾ suggested that there should be strategies for increasing consumer access to safe and effective forms of CAM and that an office be created to co-ordinate federal CAM activities and facilitate their integration into the national health care system.

Integration of complementary medicine into main stream health care is continuing to emerge.⁽⁵⁾ Patients are already striving to make integration happen as they require different types of care to meet their needs. Those with chronic health problems often access services from voluntary and statutory services and private sectors to create their own individual integrated health plan. Consequently, there is a smaller evidence base for such patient centred approaches. Research in general practice on the provision of complementary medicine has been shown to have positive results but this has not focussed on comparing individual patient experiences pre and post treatment.^(6,7) The service described below provides an opportunity to evaluate such complex packages of complementary approaches to care.

3.0 The Get Well UK Service

Get Well UK delivers under contract, complementary medicine treatments free of charge to patients. Patients must be referred by their GP for help in relation to a specific medical indication.

3.1 Service contract and location

The Get Well UK service was funded by The Bridge Seven Sisters New Deal for Communities (NDC), and through private donations and other funds. The service is supplied in the Haringey Teaching Primary Care Trust area. The NDC contract was to supply 1,100 complementary medicine treatments during a 12 month period (April 2004 - April 2005).

The Bridge NDC is a 10 year regeneration programme of £50m that aims to transform the lives of people living in South Tottenham. The area comprises approximately 4,500 households.

Get Well UK provides its complementary medicine service at the Laurels Healthy Living Centre, an NDC initiative which opened in March 2004. (see Appendix 11.1) The Laurels offers a range of primary care and community services within the same building. Services include: 3 GP practices, community café and local community health projects. All centre users (professionals and patients) are welcomed on arrival at the centre and directed to the appropriate service.

3.2 Recruitment of practitioners

The complementary medicine practitioners providing the services were selected on the basis that they were members of an appropriate and professional body with core educational standards. Practitioners were required to have been in practice for a minimum of two years (post qualification) and providing at least 20 treatments/month on a regular basis. Application forms and an interview process

were used to recruit practitioners. They were selected on the basis of their suitability and ability to work as a Get Well UK practitioner in a primary care environment. These abilities were identified as:

- Attitude towards patients in planning and arranging health care in a therapeutic environment.
- Commitment to Continuing Professional Development.
- Positive attitude to inter-professional working and collaboration.
- Able to communicate with other healthcare professionals and engage in debate.
- Respect the right of patients and professionals to use all forms of healthcare and understand the safety issues involved.
- Understand their own limitations and operate referral when necessary.
- Experience of working in a diverse community setting.
- Commitment to the quality standards that patients would expect from the Get Well UK service including; fair and equal access, confidentiality, appropriate complementary medicine provision, and communication with GPs and other health care professionals.

3.3 The practitioners

Table 1 provides details of the 12 complementary practitioners and the complementary therapy services provided over the audit period (May 2004 - February 2005).

Table 1: Practitioners and service provision

Therapy	No. of practitioners
Acupuncture*	4
Aromatherapy	1
Homeopathy	3
Massage*	2
Osteopathy	3

*One practitioner was qualified in both therapies.

Practitioners were available 8.30am - 7.30pm Monday - Wednesday, and Thursdays and Fridays 8.30am - 1.30pm. Initial appointments are booked by the Customer Services Administrator, after which the practitioner organises any appointments with their patient. Practitioners are paid if the patients fail to cancel within 24 hours of their appointment.

All practitioners offer their services to Get Well UK on a self employed freelance basis, are registered with the appropriate complementary medicine professional body, and have a £2m or more professional indemnity insurance.

3.4 Clinical supervision

Practitioners attend monthly clinical supervision groups which are designed to:

- support practitioners with their Get Well UK patient work.
- ensure feedback for future training and effective development.
- support Get Well UK to manage the quality of patient work.

One to one clinical supervision is available for confidential issues with the clinical supervisor. Clinical meetings are convened for practitioners, doctors and nurses. Topics have included pain management, high blood pressure and asthma.

3.5 Continuing Professional Development (CPD)

Practitioners are also required to engage with continuing professional development (CPD). In support of this, Get Well UK provides an individual learning account. For every treatment provided, Get Well UK deposits £1.50 into the practitioner's learning account. This can be used to pay for CPD courses which they feel are relevant to their Get Well UK work. Practitioners are invited to provide feedback about this process and any comments or suggestions for change will be incorporated at the end of the pilot.

3.6 Complementary medicine provision

The Get Well UK complementary medicine provision was informed by the recommendations identified in the House of Lords report in November 2000⁽¹⁾. The complementary medicines provided are the most widely used, have professional body structures and are moving towards regulation (osteopathy has been regulated since 1993).

The therapies provided within the contract were:

- acupuncture
- aromatherapy
- homeopathy
- massage therapy
- osteopathy

Herbal treatments were not included in the provision because of the potential for drug interactions, quality and storage of herbs and the cost associated of providing stock.

Aromatherapy and massage were included as they were commonly used therapies, culturally accessible and effective for the treatment of stress, depression and non-specific problems.

3.7 GP referral

A total of 37 GPs in the area were originally provided with an information pack on the Get Well UK service provision. 40 GPs referred to the service which identifies that GPs from further away have patients registered in the NDC area. GPs were informed that a contract for 1,100 treatments had been made available but that patients had to be referred by their GP. GPs were advised that patients could only be referred if they were:

- over 18 years of age
- required help with one of the clinical indications identified in the list provided i.e.
 - Asthma
 - Back, neck or shoulder pain
 - Depression, stress and tension
 - Headaches
 - High blood pressure
 - Joint problems, arthritis or rheumatism
 - Menstrual / menopausal complaints
 - Sports injuries
- living in the NDC area

Patients would receive a maximum of 12 treatments before referral back to their GP. If more treatment was required then patients could be re-referred.

GPs were provided with a list of treatments available, indications for their use, their philosophy and detailed definitions of each term. Website details were provided for those GPs requiring further information on these treatments. This list was agreed as a result of consultation with local GPs and by reviewing relevant literature. Details were also provided on practitioner quality, regulation, insurance and liability.

In addition, the information pack provided details about the Get Well UK pilot, the process of patient allocation to suitable practitioners and the evaluation of the service.

The complementary medicine service was designed to work as part of an integrated system of healthcare alongside GPs, as recommended by the House of Lords. Information is provided by each complementary practitioner to each patient's GP, for inclusion in their records.

A summary of the referral and treatment process is given in Appendices 11.2 and 11.3.

4.0 Aims of the audit

1. Audit the provision of packages of complementary medicine treatments to ensure that they were responsive, appropriate and that the highest quality of care was available.
2. Establish whether the complementary medicine service was available to all sections of the community, particularly those who would not usually have access.
3. Ensure that an integrated delivery of complementary medicine service was provided.
4. Demonstrate whether the complementary medicines provided were clinically effective in treating prevalent chronic health conditions within a primary care setting.

5.0 Methods for evaluating the service

In order to evaluate the effectiveness of the service, monitoring was embedded at the commencement of the service, and data using anonymised codes was captured using the following questionnaires:

- GP Referral Form (Appendix 11.2)
- Patient Monitoring Form (Appendix 11.4)
- MYMOP 1 (Appendix 11.5)
- MYMOP 2 (Appendix 11.6)
- Quality Evaluation (Appendix 11.7)
- Practitioner Evaluation Form (Appendix 11.8)
- GP Evaluation Form (Appendix 11.9)

In addition a patient report form was constructed in order to capture treatment episodes which could be used for tracking practitioner payments. These data sources permitted the service to be audited over the contract period. A follow-up of patients discharged from the service, and cost effectiveness research are both under discussion but require funding.

6.0 Results

6.1 Referral information

Table 2: Get Well UK Referral Information, Haringey 2004/05

2004-2005	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total
Referrals												
New Referrals Made	1	1	11	22	15	8	12	30	24	20	10	154
Number of GP's referring	1	1	6	14	9	6	6	16	13	5	9	
Patients not taking up treatments	0	0	0	2	0	0	1	1	0	1	0	5
Referred; wrong condition, not in NDC	0	0	1	2	2	0	0	4	0	8	2	19
Eligible patients referred this month	1	1	10	18	13	8	11	26	24	12	8	132
Referral by Condition												
Asthma	0	0	0	0	0	1	2	2	0	1	1	7
Back, neck or shoulder Pain	1	0	4	11	9	4	6	19	16	8	7	85
Depression, stress and tension	0	0	1	0	3	0	1	3	5	1	0	14
Headaches	0	0	0	0	0	1	0	1	0	1	0	3
Hypertension	0	0	0	1	0	0	0	0	1	0	0	2
Joint problems, arthritis or rheumatism	0	0	5	3	1	2	1	1	1	1	0	15
Menstrual / menopausal complaints	0	1	0	2	0	0	1	0	0	0	0	4
Sports Injuries	0	0	0	1	0	0	0	0	1	0	0	2
Referral by Therapy												
Acupuncture	0	0	5	6	5	5	0	8	4	3	1	37
Aromatherapy	0	1	1	1	1	0	3	4	1	0	0	12
Homeopathy	0	0	0	0	1	1	2	1	3	2	1	11
Massage	1	0	1	3	2	1	5	5	3	4	3	28
Osteopathy	0	0	2	9	4	1	1	8	13	3	3	44

- Over the 9 month audit period there was an increasing number of patients who were referred to the service, exceeding the project's patient target numbers for each successive month, which meant that in February new GP referrals could not be honoured.
- 154 patients were referred to the service.
- 124 patients have been given treatment by Get Well UK practitioners.
- A total of 154 patients were referred during May 2004 - February 2005, of whom 132 patients were eligible to use the service. Of these 8 referrals were made in February when the service was oversubscribed, so 124 patients accessed the service during the audit period.
- The number of different GPs referring patients has steadily increased. Some GPs from outside the area have referred to the service. 40 GPs referred at least 1 patient. Five GPs referred 10 or more patients and 25 GPs referred only 1 patient.
- Only five patients were referred to the service who did not take up the provision.
- Nineteen patients were referred who either lived out of the area or who had the wrong indication for referral.
- Muscular skeletal problems were the main conditions treated over the audit period, accounting for 72% of the patients.

6.2 Service quality - responsiveness**Table 3: Mean number of days (SD) between receipt of GP referral letter and the first patient appointment***

	May	June	July	August	September	October	November	December	January	By Therapy
Acupuncture		3.33 (3.21)	7.00 (2.94)	7.33 (1.15)	8.80 (3.70)		7.88 (4.88)	18.75 (9.36)	11.67 (5.69)	9.23 (6.18)
Aromatherapy	10.00 (0.00)	6.00 (0.00)		12.00 (0.00)	12.00 (0.00)	8.25 (5.19)	8.50 (3.50)	14.00 (0.00)		9.67 (3.73)
Homeopathy			11.00 (5.66)	4.00 (0.00)	20.00 (0.00)	10.00 (0.00)			6.00 (5.66)	9.54 (5.11)
Massage			7.00 (1.41)	9.50 (4.95)		14.33 (3.51)	16.00 (10.44)	17.75 (12.58)	17.5 (12.23)	14.72 (9.20)
Osteopathy		3.80 (3.42)	6.13 (5.77)	8.50 (2.38)	1.00 (0.00)		15.50 (4.04)	18.23 (9.64)	7.33 (4.73)	11.61 (9.43)
By Month	10.00 (0.00)	3.89 (3.02)	7.53 (4.53)	8.58 (2.94)	10.86 (5.18)	10.67 (4.01)	11.92 (6.01)	17.04 (12.91)	11.58 (8.77)	11.12 (7.88)

*note: table shows when first appointment took place, not necessarily the first one offered to the patient.

Data in Table 3 shows that patients were seen within 11 days of referral. Overall, those seeking acupuncture waited slightly less time 9.23 (SD 6.18) days compared with those accessing massage 14.72 days (SD 9.20).

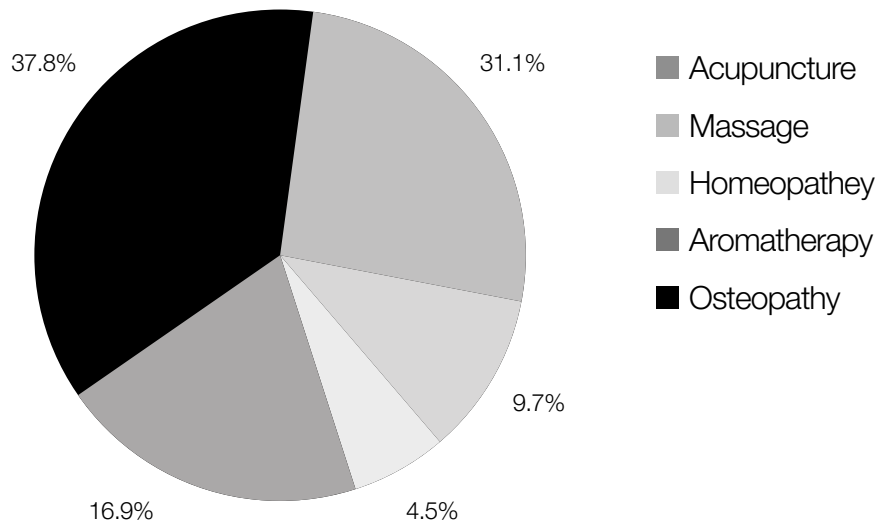
Some of the variation observed was a result of having to book additional services from interpreters and advocacy projects which made patient waiting times longer. In addition patient choice affected waiting lists, as did time of year e.g. December (Christmas).

6.3 Patient activity data, May 2004 - February 2005**Table 4: Number of attended treatments provided by therapist**

Practitioner	Acupuncture	Osteopathy	Aromatherapy	Massage	Homeopathy	Total	%
J*	111			11		122	(9.8%)
S	132					132	(10.6%)
G	58					58	(4.7%)
I	88					88	(7.0%)
L		168				168	(13.4%)
D		154				154	(12.3%)
P		151				151	(12.1%)
R			211			211	(16.9%)
D				110		110	(8.8%)
P					13	13	(1.0%)
C					16	16	(1.3%)
J					27	27	(2.2%)
Total (%)	389 (31.1%)	473 (37.8%)	211 (16.9%)	121 (9.7%)	56 (4.5%)	1250	(100%)

* Ten treatments given by practitioner combining acupuncture and massage. These have been registered under the acupuncture column only in the table above. On 11 occasions the practitioner provided massage only.

Table 4 and the pie chart below give the breakdown of patient activity over this time period



There are several important features about the data:

- A total of 1,383 treatments were offered between the beginning of May 2004 and the end of February 2005, of which 1250 were attended by patients giving a 90.4% attendance rate.
- Over the audit period 7 practitioners provided in excess of 100 treatments accounting for 84% of the treatments.
- Osteopathy and acupuncture treatments were the most frequently accessed and made up nearly three quarters of the treatments provided.

In addition a quarter of patients received more than one type of complementary treatment.

6.4 Demographic details of patients accessing the service, May 2004 - February 2005

Table 5 provides demographic details of the patients referred to and accessing the Get Well UK service during the audit period together with 2001 census data for all Haringey, where available. Note that the NDC is one of the most deprived locations in the borough.

Table 5 shows that nearly three quarters of those accessing the service were female. The majority (77%) of patients were from ethnic minority backgrounds, over a third being Asian, African or Caribbean, compared with 27% from the 2001 census. The mean age of patients was 44 years (age range 19 to 84, interquartile range 32-55 years). Only 28% of Get Well UK patients owned their home, compared with 46% of the general population according to the 2001 census. A total of 39% of patients were council tenants, with 15% living in privately rented accommodation and 5% in temporary accommodation. Patients were more likely to be housewives or working in a non manual job. The proportion of unemployed patients was higher than that of the general population data (2001 census). A higher proportion of patients had no qualifications compared with census data (32% and 23% respectively), and fewer patients had a university education (24% and 38% respectively). However, note that 35% of patients failed to complete this question. Half of patients were currently receiving benefits.

**Table 5: Demographic details of all patients accessing the service,
May 2004 - February 2005**

	Patients with missing data	All Patients *** No.(%)	2001 census %
Gender	(5)		
Male		31 (26.1)	48
Female		88 (73.9)	52
Ethnicity	(4)		
UK White		19 (15.8)	61.3
UK Irish		9 (7.5)	4.3
Asian		10 (8.3)	6.7
African Caribbean		33 (27.5)	20.0
European		22 (18.4)	4.6
Other		16 (22.5)*	3.1
Age	(5)		
21-30		6 (10.7)	25.7
31-40		15 (26.8)	27.4
41-50		10 (17.9)	16.9
51-60		9 (16.1)	12.0
61-70		11 (19.6)	9.1
71+		5 (8.9)	8.9
Employment	(17)		
Managerial		5 (4.7)	56.1
Non manual (clerical)		27 (25.2)	56.1
Manual		8 (7.5)	56.1
Retired		16 (15.0)	8.1
Unemployed		13 (12.0)	5.8
Housewife		28 (26.2)	7.2
Student		5 (4.7)	11.7
Disabled		2 (1.9)	5.2
Other		3 (2.8)	5.8
Housing	(11)		
Own house/flat		32 (28.3)	45.8
Council/Housing Assoc.		44 (38.9)	31.2
Private/rented		17 (15.0)	23.9
Hostel/Bed+Breakfast		6 (5.3)	
Friends/Family		8 (7.1)	
Other		6 (5.3)	
Education	(44)		
None		26 (32.1)	23.4
GCSEs		15 (18.5)	9.8
A Levels		20 (24.7)	24.4
University		14 (17.3)	37.8
Postgraduate		5 (6.2)	

* includes 11 people of Kurdish, North African & Iranian origin.

** Note that all percentages are expressed proportions of the non-missing entries.

As well as 2 self identified disabled patients, one had learning difficulties. In addition 18 patients required interpreting services.

Duration and complexity of symptoms

The duration of symptoms pre-treatment was also examined (Table 6). 40% of patients had had their symptoms (i.e. reason for referral to the service) for more than 5 years. 69% of patients had had their symptoms for more than 1 year.

Table 6: Duration of patients reported symptoms

Duration of symptoms	All patients Number (%)
0 to 4 weeks	6 (5.0)
4 to 12 weeks	8 (6.7)
3 months to 1 year	23 (19.2)
1 to 5 years	34 (28.3)
Over 5 years	49 (40.8)

Most patients had conditions of a complex and chronic nature with a range of co-morbidities. For example, one patient was referred for back and shoulder pain but also had diabetes, high blood pressure, high cholesterol, asthma and a gastric ulcer (see Appendix 12.0 for more details).

Previous complementary medicine use

Patients were given the opportunity to indicate which complementary medicine treatments they had previously experienced. Acupuncture and massage were most likely to have been used in the past (Table 7) (10% of patients for both therapies). In total, 44 participants out of 124 (35.5%) reported previously using 1 or more complementary medicines.

Table 7: Previous Complementary Medicine Use

Previous CAM Used	Number * (%)	Previous CAM Used	Number * (%)
Acupuncture	12 (9.7)	Nutrition	5
Aromatherapy	5	Osteopathy	3
Chiropractor	3	Physiotherapy	3
Counselling/Psychotherapy	3	Tiuna	2
Herbal	2	Reflexology	3
Homeopathy	3	Shiatsu	5
Massage	12 (9.7)		

*base number less than 10 percentages not calculated

6.5 Detailed audit of Get Well UK patients

An audit was carried out on patients accessing the service who had either:

- a) completed their course of therapy
- b) received 12 or more treatments.

Of the 124 patients identified above, 58 (47%) were identified by these two criteria as completers and were included in the detailed audit. Of these, 24 (19%) satisfied criteria (a) but not criteria (b), while 7 (6%) satisfied criteria (a) but not criteria (b) and 27 (22%) patients satisfied criteria (a) and (b).

Of these 58 completing patients there were five patients with repeat referrals. One patient had completed four courses of treatment totalling 44 sessions, two patients had completed three courses totalling 21 and 23 sessions respectively.

For those patients who had received more than 1 course of 12 treatments, data on outcome was taken from the Post treatment form (MYMOP 2) (Appendix 11.6) most recently completed. For the 58 patients designated as completers, the mean number of treatments was 14.19 but it should be noted that this was a positively skewed distribution. The median number of treatments was 12, inter-quartile range was 11 to 17 and overall range was 5 to 44.

Of the remaining patients, 56 were in the process of receiving their package of care but had completed an interim evaluation at the time of this audit.

Ten patients had only 1 or 2 treatments and left the service. Of these ten patients, reasons for withdrawal were as follows: 5 had had only 1 treatment and did not want to make another appointment, 2 failed to show at their second planned session, 1 was found to be living outside the area, 1 had left the country, and 1 was referred to another medical service.

6.6 Patient outcome evaluation

Patients were asked to complete the Measure Yourself Medical Outcome Profile (MYMOP) before treatment and post treatment (8,9). This is a patient generated validated instrument developed for use in complementary medicine research to capture a patient's self-reported health change. The patient identifies and grades on a scale 0-6 their most important symptom (the reason they have been referred for treatment) on the Pre treatment form (MYMOP 1) (Appendix 11.5). Symptom 2 is optional but to be encouraged as it may be part of the same problem. The patient is also asked to choose a daily living activity which symptoms 1 and 2 prevent or interfere with. Patients are also asked to score their wellbeing on the same 7 point scale. The 7 point scale runs from 0 (good as it can be) to 6 (bad as it could be). The lower the number the better the patient is feeling about their symptom, activity and wellbeing. Table 8 compares changes in mean scores of the 4 dimensions.

A MYMOP score for each patient was constructed by taking the rating for Symptom 1, Symptom 2, activity and wellbeing and dividing by 4 to obtain an average score. If a value is missing from one of these then the resulting number is divided by 3. For example, if symptom 1 is scored 5, symptom 2 not used, activity scored 3 and wellbeing scored 2, then the MYMOP profile is $10/3 = 3.3$

Outcomes were assessed using the average symptom severity from the MYMOP entries on the Pre Treatment form Appendix 11.4 and the average symptom severity score from the MYMOP entries on the Post Treatment forms Appendix 11.5. These scores were compared regardless of the symptom described.

Patients were asked by their practitioner to complete the Pre Treatment form at their first treatment session. Post Treatment forms were completed at their last session, or when they had received their 12th session.

Average MYMOP severity scores were available for 55 of the 58 participants on their initial pre treatment questionnaire, for 50 participants post treatment (i.e. their last completed score), and for 48 participants at both pre and post treatment time points.

Due to the non-normal distributions of treatment durations, and pre, post and post-pre differences in MYMOP score, scores are described using Medians and Inter-quartile ranges and analyses were conducted using non-parametric statistics.

Table 8: MYMOP Outcomes for Completed Patients

Variable	N	Median	(IQR)
Duration of treatment (days)	N	104	(84 to 165)
Pre Treatment Mean MYMOP Severity	55	5	(4 to 6)
Post Treatment Mean MYMOP Severity	50	3	(1 to 4)
Difference (post-pre) in Mean MYMOP Severity	48	-2	(-1 to -3)

A significance test for the difference in scores was calculated using Wilcoxon's Signed Rank Test. This indicated mean MYMOP symptom severity scores reduced significantly over the period of treatment ($Z = -5.49$, $p < .001$). According to this analysis three quarters of patients demonstrated an improvement in their symptoms.

44 patients who received between 3 and 11 treatments had completed both forms. The mean difference between pre and post treatment MYMOPs is 1.498 (standard deviation 1.309) ($t=7.59$ $p<.001$). This demonstrates a highly significant difference despite being a mixed group receiving various numbers of treatments.

Patients were similarly asked to grade prior to their treatment how worried they were when they thought about their symptoms i.e. 'Thinking about your symptoms, how worried are you?'. This was graded on a scale 0 to 6 (much less worried 0, much more worried 6). The equivalent post treatment data was collected slightly differently. Post treatment, patients were asked "Compared to the worry you felt when you first came to see a practitioner, how worried are you now?" This item was scored on a five point scale (1 to 5) ranging from 'much less worried' to 'much more worried' with 'no change' as a central anchor point. Of the 58 completing patients, a value on this item was available for 49 patients. The median score across patients was 2 with an inter-quartile range of 1 to 2, indicating more than 75% of participants reporting their worry had reduced. It should, however, be noted that this is not a true pre-post comparison but a score based on participant's comparison of their current worry state with the retrospectively recalled worry state at the start of treatment, typically 3 months previously.

Comparison of Practitioner and Patient Outcomes

The relationship between practitioners' and patients' perceptions of treatment effectiveness were investigated by constructing a series of correlations relating pre-post changes in patient's mean MYMOP scores and patient's post-treatment retrospective worry reduction scores with the six perceived outcome scores from practitioner post-treatment evaluation forms (each rated on a five point scale from 'not effective' to 'very effective'). (Table 9)

Due to the non-normal distributions, Spearman's rank-ordered correlation was used. Results are presented in the table below indicating the correlation coefficient, significance level and approximate coefficient of determination for each test. The coefficients of determination were based on correlations between ranked rather than raw scores and are therefore only indicative. Due to missing data in the practitioner quality evaluations, correlations were calculated on between 43 and 46 cases.

Table 9: Relationship between practitioner and patient outcomes

Mean MYMOP symptom reduction score				Patient's retrospectively assessed worry reduction score			
Practitioner's perceived outcome	r	p	r ²	Practitioner's perceived outcome	r	p	r ²
Patient less worried	.31	.038	10%	Patient less worried	.46	.001	21%
Improved quality of life	.51	<.001	26%	Improved quality of life	.31	.037	10%
Symptoms relieved	.48	.002	20%	Symptoms relieved	.49	<.001	24%
Chronic symptoms relieved	.39	.008	15%	Chronic symptoms relieved	.45	.002	20%
Increased mobility	.23	.133	5%	Increased mobility	.31	.042	9%
Improved emotional stability	.43	.004	18%	Improved emotional stability	.28	.064	8%

Table 9 shows that mean MYMOP symptom reduction scores were positively correlated with practitioner perceptions of patient's reduction in worry; improved quality of life; symptom relief; chronic symptom relief; and improved emotional stability. The strongest effect was observed for the relationship with improved quality of life, for which 26% of the variance in mean MYMOP symptom reduction was accounted for by practitioner-perceived quality of life improvement.

Patients' retrospectively based account of worry reduction was significantly correlated with practitioner perceptions of patients' reduction in worry; improved quality of life; symptom relief; chronic symptom relief and increased mobility. The strongest effect was observed for the relationship with symptom relief for which 24% of the variance in patient worry scores was explained by practitioner-perceived symptom relief. Therefore there was evidence of a correlation between practitioner and patient perceived outcomes.

Only six GPs completed an evaluation form. Reports by the practitioner are sent for each patient to each GP on completion of their treatment package. However it is important that GPs are engaged in feeding back their views on the perceived effectiveness of the service and their patients' outcomes.

A content analysis was carried out of patient and practitioner comments on the service (Appendix 12.0). One patient who was unable to work at the beginning of treatment in May 2004 was in employment by November and another felt empowered to stop taking her antidepressants. The examples given in the Appendix 12.0 provide pre and post treatment comments from patients and practitioners which indicated concordance on patient outcomes.

Patients also commented on the best thing about receiving complementary medicine. These ranged from being able to relax, feeling energetic, reassured, access to a free service, to provision of health advice. Improvements to the service that were suggested included more time, less paperwork, more flexible hours. Practitioner feedback confirmed that many patients made good progress as a result of treatment, patients had complex pathology and many had severe social and psychological problems. A recurrent theme was the fact that patients were surprised that perceived insoluble problems were resolved and that they were empowered to make lifestyle changes.

7.0 Discussion

Evaluation of the delivery, organisation and financing of different integrated health models in terms of their appropriateness, quality and availability has generally been lacking⁽¹⁰⁾. However, the structure, process and outcome of an integrated care package requires evaluation. In order to do this it is important to investigate whether the content of such 'packages of care' are appropriate i.e. whether they are flexible, if there is continuity of care for patients, how the service is provided and how it is funded. Evaluation of patient outcomes is critical but where interventions are complex and consist of a range of treatments, outcomes should be relevant. Given complementary medicine is based on holistic principles, individualised patient outcomes are obviously important⁽⁹⁾.

The Get Well UK service provision was set up to provide access to complementary medicine for people from disadvantaged communities. The audit demonstrated that this appeared to be the case and that the service had achieved its aim in targeting the population for which it was intended.

Although this is a preliminary analysis only of the first 58 patients discharged or those having had more than 12 treatments provided by Get Well UK complementary medicine practitioners, the benefit reported by patients and observed by practitioners is more than encouraging. This group of patients had complex and chronic health problems providing a challenge to orthodox biomedicine and consequently many were also taking conventional medicine during the study period as recorded at both pre and post measurement. In many cases, conventional medical intervention was ongoing across the study period. This was made explicit in a number of cases by responses to a qualitative questionnaire item on the post treatment and quality questionnaires which was intended to elicit possible alternative reasons for changes in symptom severity (e.g. patient # 1590 indicated a recent diagnosis with hyperthyroidism, see Appendix 12.0). Reports of current medication at pre and post time points also indicated the introduction of new medications or other changes in pharmacological intervention for some participants across the study period (e.g. patient # 1530 had started anxiolytic medication, patient # 1690 had stopped taking antidepressants, patient # 1370 had stopped taking cimetidine, see Appendix 12.0).

Self-report data intended to assess the influence of concurrent conventional intervention may not be sufficiently reliable. Results, therefore, have been presented without consideration of medication status, changes in medication or report of concurrent conventional intervention and it should be borne in mind that in an unknown number of cases, the observed reductions in symptom scores may be attributable to concurrent conventional medical intervention and these are limitations when auditing a service. Data was available from patients on their current medication but this was not analysed for this audit.

The treatments provided by this sort of service are labour intensive with consultations lasting longer than those with primary care physicians. However the costs of the remedies and the technologies involved are much lower⁽¹¹⁾. The group of patients referred to this service had long term chronic health problems which had not been addressed by conventional care and as such were likely to require longer packages of complementary healthcare in order to have their symptoms relieved and their quality of life improved. As well as having one of the prescribed chronic problems, many patients had complex health problems with a range of issues to be addressed, e.g. one patient (patient # 1540) had depression, high blood pressure, diabetes, joint problems and menopausal problems (see Appendix 12).

Patients may have been selected for referral by their GPs for a variety of reasons. For example:

- patients were most likely to benefit from complementary medicine
- GPs felt they could provide no further help and had tried all other avenues of care
- the patient themselves requested it
- patient had had the symptoms for a long time and either wished to stop medication or was not prepared to take it
- patient had a high level of symptom severity

The length of complementary medicine treatment duration may have played a part in symptom reduction producing a regression to the mean due to spontaneous remission but these were on the whole patients with a large number of health problems. Although this audit indicates a reduction in MYMOP symptom severity scores over the period in which a patient was in receipt of treatment, no firm conclusions can be drawn about any causal relationship between treatment and symptom reductions without conducting a randomised controlled trial, although significant improvements were reported by both patient and practitioner.

Patients have their own personal experience of illness. Medical outcomes which are important to the patient should be used in order to measure the success of an intervention. A range of scales have been developed for primary care but the MYMOP allows the patient to articulate the aspects important to them, and is a brief and simple measure which can be used in medical audit. The scale has been well validated, is responsive to change and has been demonstrated to be clinically useful in primary care. It is therefore an appropriate outcome measure to employ within this service. Despite the small number of patients audited a significant improvement was in evidence.

An advantage to these patients was the availability of a wide complementary medicine practitioner base that they could access. Referral between practitioners was often evident. This allowed for different specialist input for complex cases and allowed patient choice. This would ensure that if a symptom changed or could be better treated by another practitioner, patients were able to continue their care appropriately. There was evidence of patients being successfully treated by different practitioners concomitantly with referrals within the service.

It is certainly a key advantage of the service that patients could be re-referred and have the opportunity to use more than one complementary medicine, but this also adds to the complexity of the care package and its evaluation. Perhaps such patients would require less treatment overall if they were able to access such a service before their health problems became chronic; perhaps health maintenance/ prevention care packages should be considered.

Although patients were receiving concomitant conventional medicine which may have provided an alternative reason for changes and reduction in symptom severity, many had had their symptoms for a considerable time. Qualitative comments (Appendix 12) from patients included their satisfaction with their complementary medicine treatments and many gave positive feedback. This data demonstrates that both patients and practitioners generally felt that the care packages received were effective in improving patient outcomes.

The audit also demonstrated that the service was responsive and that patients were referred and treated quickly despite the need for interpreting services.

In summary, the identified aims of the service were achieved:

- A high quality responsive service was available to patients as assessed in terms of the quality of practitioners and their supervision, and the length of time between GP referral and treatment
- The service was accessible to all sections of the community in particular those who would not normally be able to pay for this service and those with language barriers.
- The service provided a good example of integration of health care with GP referral, clinical meetings, practitioner feedback and referral between practitioners.
- Significant improvements in patients with chronic and complex health problems referred to Get Well UK were observed.

8.0 Conclusions and implications for practice and service development

A 6 month audit of the service was carried out. Recommendations were made and the following actions were taken:

A. Ensure patients and practitioners complete the forms fully so that outcomes can be monitored effectively.

– A computerised data capture, management and audit tool is under development.

B. The practitioner needs to have a gate-keeping role and identify reasons for inter-practitioner referral and establish a monitoring procedure.

– GPs maintain clinical responsibility for their patients' health. A process to manage referrals to other practitioners has been developed which involves obtaining approval from the referring GP.

C. Patients should be reviewed after a package of treatments and a MYMOP carried out.

– Patients now have 6 treatments and another MYMOP is carried out. Following recommendations from the practitioners end of year review, the core data will be collected at every session so that ongoing changes can be more effectively monitored.

D. Reduce the number of treatments per package of care and explore whether there should be a cut off after two packages of care.

– To allow more people to access the service the number of treatments available is 6, at which point the practitioner can recommend more if appropriate. This reduces the expectations of the patient and their potential dependency on the practitioner.

E. Monitor process and waiting times of re-referrals for patients currently receiving more than 12 treatments.

– Patients will no longer be offered more than 12 treatments unless they have an ongoing chronic health problem and their doctor re-refers them for ongoing maintenance treatments.

Following this audit the following recommendations are made for the development and improvement of the service:

1. Investigate how the views of GPs and their evaluation of the service can be captured.

2. Severe event reporting. Patients have life circumstances which can affect treatment outcomes and patient recovery. Look at ways of capturing this information.

3. Look at further simplification and consistency of data collection tools

4. Explore the cost effectiveness of the service.

5. Reasons for patients being seen more than once a week should be audited.

9.0 Acknowledgements

I would like to thank Richard Atkins, Lecturer in Medical Statistics at Thames Valley University for his statistical support.

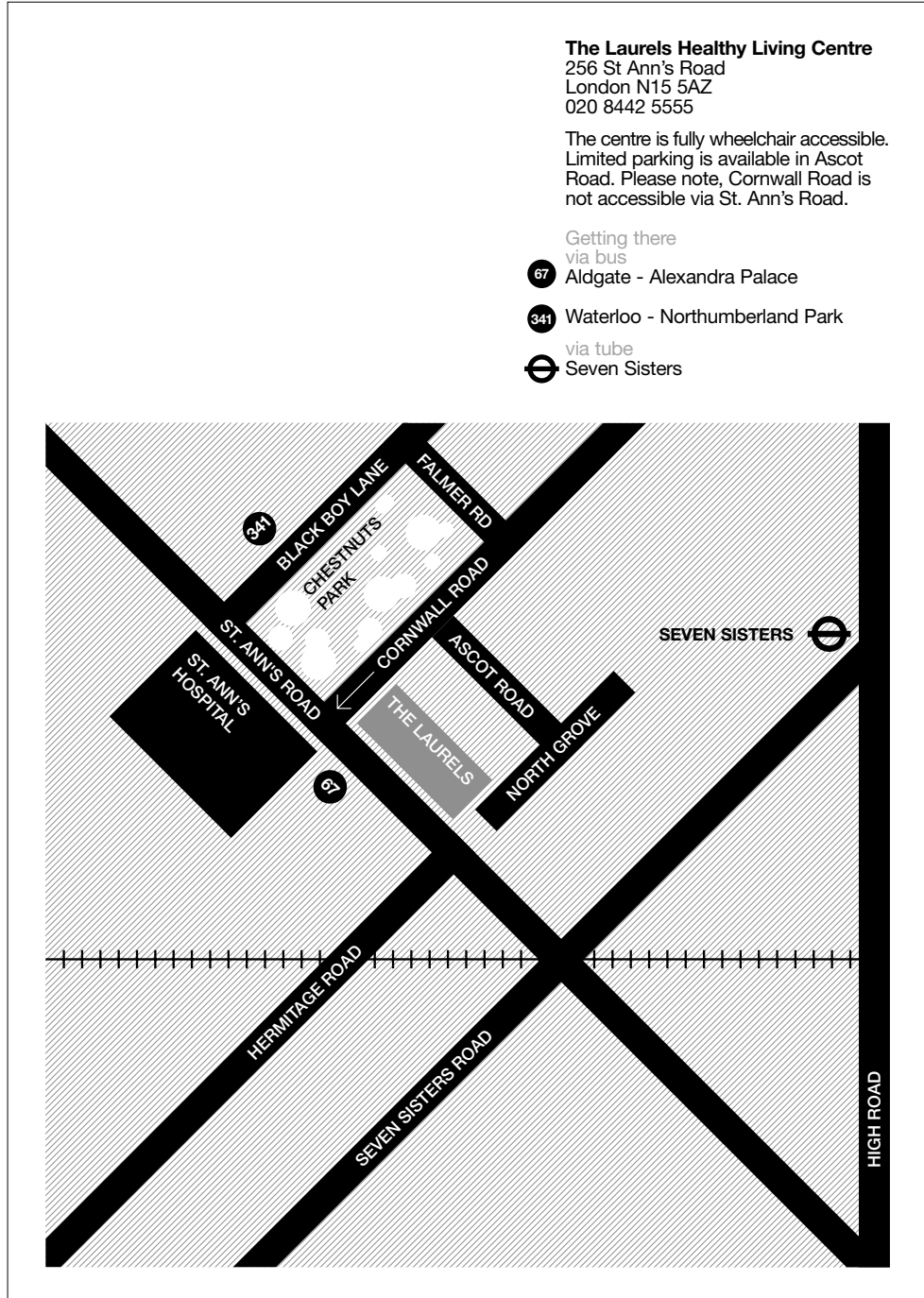
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11.0 Appendices

Appendix 11.1

The map below shows the location of the service.



Appendix 11.2

Referral form

Referral form Please complete and fax to Get Well UK 020 7482 3002

getwelluk



Office use only

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GP

Please complete this section

GP name _____

Date _____

Primary medical indication for which treatment
is requested (please tick clearly)?

- asthma
- back, neck or shoulder pain
- headaches
- depression, stress and tension
- hypertension
- joint problems, arthritis or rheumatism
- menstrual and menopausal conditions
- sports injuries

Therapy requested (please tick clearly)?

- acupuncture
- aromatherapy
- homeopathy
- massage therapy
- osteopathy

Any other chronic or recurring health problems?

Current drug and other medical treatments?

Any other case information that will be useful
for our practitioner?

Sign _____

Patient

Please complete this section

Full name _____

Gender

- male
- female

Address _____

Post code _____

Date of birth _____

What is the best way to contact you?

- phone
- email

Phone number _____

Email address _____

Are there any times when it is not possible
to reach you?

Do you have any special needs to help you
access the service?

Consent

I agree for this information to be passed to Get
Well UK and then on to a Get Well UK practitioner.
I understand that Get Well UK operates strict
confidentiality procedures.

I consent to information I provide being used
anonymously for research purposes.

Sign _____

Date _____

Making a referral to Get Well UK

Referral criteria

Patients must live in the New Deal for Communities (NDC) area – please see postcode list we have provided. Patients must have one of the conditions listed overleaf. Patients can only be referred by their GP.

What next?

Please fax this form to us. We will allocate a practitioner. All Get Well UK practitioners are quality-assured. The practitioner will contact the patient to arrange a consultation. After the course of treatment we will write to you with feedback for your patient's records. The service will be audited by Thames Valley University. Support and advocacy is available for Turkish and Somali patients who cannot speak English.

Limited service

The service is limited to 1,100 treatments funded by the NDC. Please make sure you refer patients who would particularly benefit from the service.

Making it a success!

Please give us any feedback you have at any time. There will be opportunities for you to develop working relationships with the practitioners and with Get Well UK staff. Please join us in making this pilot scheme a success.

Need help?

Please contact the Get Well UK office if you have any questions – 0870 438 9355. Information about the service, including our standards of care and information about the therapies we work with, is available at www.getwelluk.com

Get Well UK is committed to making complementary and alternative medicine widely available to all sections of the community in the UK.

Which therapy for which condition?

Asthma	Acupuncture, aromatherapy, homeopathy
Back, neck, shoulder pain	Acupuncture, aromatherapy, massage, osteopathy
Headaches	Acupuncture, homeopathy, osteopathy
Depression, stress, tension	Aromatherapy, homeopathy
Hypertension	Acupuncture, homeopathy
Joint problems, arthritis	Osteopathy
Rheumatism	Acupuncture, homeopathy, osteopathy
Menstrual and menopausal complaints	Acupuncture, homeopathy
Sports injuries	Massage, osteopathy

Please see the referral information pack for further details

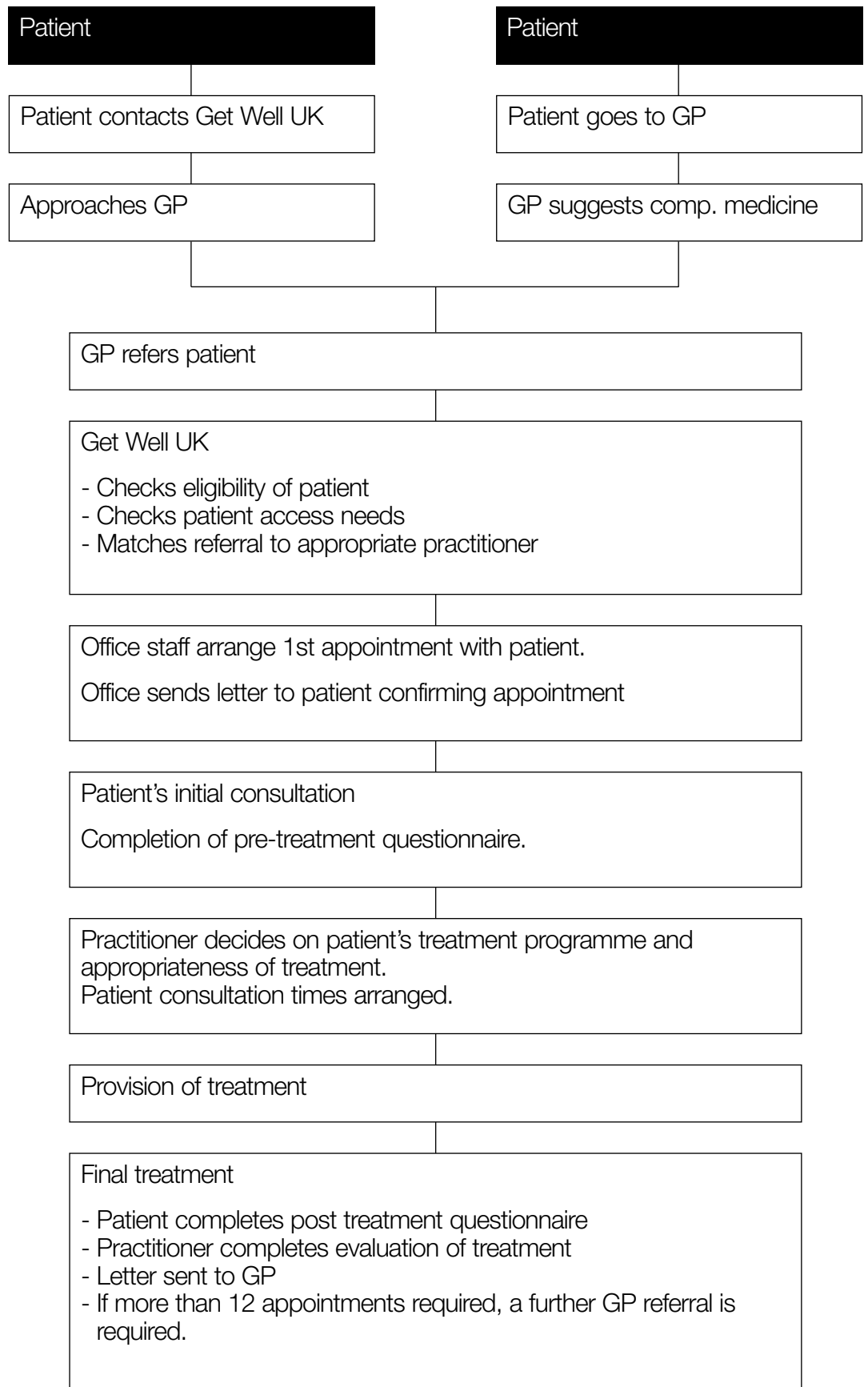


Get Well UK fax number

020 7482 3002


Appendix 11.3

Process of Patient Referral and Provision of Care



Appendix 11.4

Patient Monitoring Form



Patient Monitoring Form
To be filled out by the patient at the first appointment

Practitioner to fill out

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Name of therapy _____

Date / / 2 0

1. Gender Male Female

2. Ethnic origin

<p>Black</p> <input type="checkbox"/> Caribbean/West <input type="checkbox"/> Indian <input type="checkbox"/> African <input type="checkbox"/> Black UK	<p>Asian</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> East African <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Asian UK	<p>Mediterranean</p> <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Kurdish	<p>White</p> <input type="checkbox"/> European <input type="checkbox"/> Irish <input type="checkbox"/> UK <p>Other</p> <input type="checkbox"/> Not Specified <input type="checkbox"/> Other
---	---	--	--

Please state _____

3. Are you on state financial benefits? Yes No

4. What is your occupation?

5 a) (If you were educated in the UK) Do you have ...

<input type="checkbox"/> No academic qualifications <input type="checkbox"/> GCSEs, O-levels or the equivalent <input type="checkbox"/> A-levels, HNDs or vocational diplomas <input type="checkbox"/> A university degree <input type="checkbox"/> Post-graduate degree	<input type="checkbox"/> own home <input type="checkbox"/> private rented accommodation <input type="checkbox"/> council accommodation or housing association <input type="checkbox"/> live with friends / relatives <input type="checkbox"/> hostel / bed-and-breakfast <input type="checkbox"/> other
--	--

Complementary therapies

6. Have you tried any complementary therapies in the past? For what reason? Please list them.

Example: Acupuncture	Hay fever	September 2003

Practitioner – Please send this form to Get Well UK office after completing.

Appendix 11.4

MYMOP 1



MYMOP 1 Patient to complete at first appointment

We will also ask you to complete a follow-up questionnaire at the end of your course of treatment. Your answers will help us know whether or not the treatment you receive is effective.
(Patient Code – practitioner to fill in)

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Name of therapy _____ Date _____

About your health

1. Choose one or two symptoms (physical or mental) which bother you the most.

Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

SYMPTOM 1

0 1 2 3 4 5 6
As good as it could be As bad as it could be

SYMPTOM 2

0 1 2 3 4 5 6
As good as it could be As bad as it could be

2. Now choose one activity (physical, social or mental) that is important to you and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY

0 1 2 3 4 5 6
As good as it could be As bad as it could be

3. How would you rate your general feeling of well being during the last week?

0 1 2 3 4 5 6
As good as it could be As bad as it could be

4. How long have you had SYMPTOM 1, either all the time or on or off? Please circle:

0-4 weeks 4-12 weeks 3 months – 1 year 1-5 years over 5 years

5. Are you taking medication for this problem? Yes No

IF YES

Name of medication	How much?	How often?

6. Is cutting down on this medication: (Please circle)

Not important A bit important Very important Not applicable

7. **IF NO** Is avoiding medication for this problem: (Please circle)

Not important A bit important Very important Not applicable

8. Thinking about your symptoms, how worried are you?

0 1 2 3 4 5 6
Not worried at all Extremely worried

9. In your own words, please describe any other health issues that you are worried about. Thank you.

Practitioner - Please keep this until the end of the course of treatment and return with MYMOP 2. Thank you.

Appendix 11.5

MYMOP 2

MYMOP 2 Patient to complete at last appointment

(Patient code – practitioner to fill in)

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getwelluk

Therapy received:

Date:

Please circle the number to show how severe your problem has been in the last week. This should be your opinion, no-one else's. **Please refer to MYMOP 1 that you completed at your first appointment and select the same symptoms to fill out 1-3 below.**

1. SYMPTOM 1 0 1 2 3 4 5 6
 As good as it could be As bad as it could be

2. SYMPTOM 2 0 1 2 3 4 5 6
 As good as it could be As bad as it could be

3. ACTIVITY 0 1 2 3 4 5 6
 As good as it could be As bad as it could be

4. How would you rate your general feeling of well being during the last week? 0 1 2 3 4 5 6
 As good as it could be As bad as it could be

5. Thinking about your symptoms, compared to the worry you felt when you first came to see a practitioner, how worried are you now?

Much less worried Less worried No change More worried Much more worried

6. Do you feel your general health has improved? Yes No

7. If an important new symptom has appeared, please describe it and mark how bad it is below. Otherwise do not fill this in.

SYMPTOM 3 0 1 2 3 4 5 6
 As good as it could be As bad as it could be

8. The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here.

9. Are you taking medication for this problem? Yes No

IF YES

Name of medication	How much?	How often?

Complementary therapies

10. Do you think that you need further treatment, of the same therapy or another therapy?

Therapy	For what reason?

Appendix 11.6

Quality Evaluation

Get Well UK - Quality Evaluation (Patient to fill in)

Patient code

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Date _____

Name of therapy _____

Name of practitioner _____

How would you rate the following?

11. Did the treatment help in managing your health problem(s)?	Poor	Fair	Good	Very good	Excellent
12. Explanations of the treatment you received?	Poor	Fair	Good	Very good	Excellent
13. Attention given to what you had to say?	Poor	Fair	Good	Very good	Excellent
14. Advice you were give about ways of avoiding illness and staying healthy?	Poor	Fair	Good	Very good	Excellent
15. Friendliness and courtesy shown to you by your practitioner?	Poor	Fair	Good	Very good	Excellent
16. The practitioner's interest in your problems?	Poor	Fair	Good	Very good	Excellent
17. Respect shown to you, or attention to your privacy?	Poor	Fair	Good	Very good	Excellent
18. Reassurance and support offered to you by your practitioner?	Poor	Fair	Good	Very good	Excellent
19. Amount of time you had with the practitioner during each visit?	Poor	Fair	Good	Very good	Excellent

20. What was the best thing about receiving complementary medicine?

--

21. If there is one thing you could change about the service you received from Get Well UK what would it be?

--

22. Any other comments

--

Thank you for completing this questionnaire.

Practitioner – Please post this to the Get Well UK office along with MYMOPs 1 and 2.
Thank you.


Appendix 11.7

Practitioner Evaluation

Practitioner Evaluation Form
(To be filled out by practitioner after a course of treatment)

Patient Code

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Date / / 2 0 0 5

Date of 1st / / 2 0 0 5
appointment

1. Practitioner name

2. Therapy offered

In what ways was the treatment effective? 0 = not effective, 4 = very effective

3. improved quality of life	0	1	2	3	4
4. relief of presenting symptom(s)	0	1	2	3	4
5. relief of chronic conditions	0	1	2	3	4
6. increased mobility	0	1	2	3	4
7. increased emotional stability	0	1	2	3	4
8. patient less worried	0	1	2	3	4
9. other (give details)	0	1	2	3	4
10. other (give details)	0	1	2	3	4

11. Re-referral required? Yes No

For patient's medical file – Write about health outcomes observed. This info will be shown to patient.

Presenting condition:

Diagnosis:

Treatment:

Outcome:

Recommendation:

Appendix 11.8

GP Evaluation Form



GP Evaluation Form

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Date:

1. Do you feel the treatment we provided to your patient has been beneficial?

Yes No Don't know ... In what way(s)?

--

2. Do you think this service has made an impact on your practice or your workload?

Yes No Don't know ... In what way(s)?

--

3. In your opinion, is the Get Well UK service addressing the needs of the local community?

Yes No

4. How did you find the Get Well UK referral process? (tick as many as you like)

professional complicated straight-forward time-consuming
 efficient user-friendly difficult to understand other

5. How did you find communicating with Get Well UK?

excellent fine not good bad N/A

6. Would you be willing to refer the same patient or another patient to the Get Well UK service in the future?

Yes No

7. Any other comments. We are particularly interested to hear if you think this service should be made more widely available to NHS patients.

--

Please return this form in the SAE provided. Thank you.

12.0 Reports by Patients and Practitioners

The information below comprises of all the qualitative comments recorded on patients and practitioner questionnaires.

a) Examples of concordance between patient & practitioner reports

Patient # 1700

'Patient responded very positively to acupuncture. After just four treatment sessions she was virtually free of pain from lumbago and sciatica. The treatment was then more focused on menstrual/fertility problems. The hot flushes she was complaining of have reduced significantly and her menstrual cycle is more regular. Acupuncture is now complementing her treatment'. (practitioner)

'I did not have to take my pain medication because the acupuncture has completely controlled it. I have had a significant reduction of hot flushes. I have not had any time off work due to back pain. I would be very disappointed if this service stops'. (patient)

Patient # 1551

'I have used acupuncture for severe neck and shoulder pain radiating to arms. This has steadily improved to the point of hardly any discomfort. At the same time the patient complained of lower back pain radiating to the buttocks which was treated and resolved completely along with stiffness of the entire spine. Dizziness experienced by patient in evenings. As a result the patient's sleep has improved dramatically and emotionally feeling very calm in himself'. (practitioner)

'It took my pains away and made me feel more relaxed'. (patient)

Patient # 1370

Patient improved through acupuncture, exercise and heat application. Her acid reflux improved and has stopped taking cimetidine. (practitioner)

'Alleviated my worry', 'Complementary treatment by Get Well UK is the best thing that happened to me. I hope you will continue the services as I've started campaigning and recommending you. Thank you very much, good luck and more power to you'. (patient)

Patient # 1401

'Patient has responded remarkably well considering the chronic nature and complex conditions she first presented with. The low back pain has gone and she can walk further without her legs feeling too weak. Sleeping much better. Less acid reflux, belching and nausea. Able to walk upstairs. Feels emotionally better'. (practitioner)

'More energised and I have mobility'. (patient)

Patient # 1710

'Patient had lots of chronic muscle tension in back. After first six weeks patient slept better and had less pain. Even though muscle normality is much improved patient pain level remained unchanged. The cause of this pain I do not believe is muscular. I have encouraged the patient to drink more water and avoid her regular sauna as this seems to make her headaches worse. I have also suggested the patient have acupuncture. (practitioner)

'Can't sit down after five minutes, too much pain for me. Wake up three to four times in the night. I can only sleep with tablets'. (patient on presenting)

'My back pain improved a little bit, but the encouragement given by the practitioner was useful'. (patient at end of treatment)

Patient # 1690

Patient received aromatherapy on the basis of dysmenorrhea and diagnosed endometriosis with associated pain, nausea, diarrhoea and stress affecting her ability to attend work. She was also carrying a lot of physical tension in her neck and shoulder.

Oil combinations were selected to aid in re-balancing hormonal fluctuations, toning the muscles, improving blood and lymph circulation and re balancing sympathetic supply to the abdominal and pelvic organs. Acupressure points were focused on rebalancing energy around the liver, adrenals, kidney, spleen, thyroid, ovaries and uterus. On monitoring over three cycles, nausea, diarrhoea, pain and mood fluctuations were reduced.

As a result of her interest, advice was provided on oils that could be used safely at home and the importance of relaxation/breathing techniques and maintaining a healthy water and food intake. She also became motivated to reduce smoking and coffee intake. Osteopathy was recommended for work on spinal restrictions. (practitioner)

'To be able to address my problems in a more active way than before' (patient)

Patient # 1690

Worried - history of depression since 1994.

'Patient had a history of addictions exacerbated by recent personal loss, depression, sleep disturbance, low vitality and lack of motivation in daily living. On first month follow up after homeopathy patient reported 50% reduction in addictive behaviour and increased motivation at home in her relationships. She had begun to initiate changes in her work and personal life and a slight improvement in sleep.

On the second month of follow up the above improvements had been maintained and a substantial resolution of feelings of grief. She is gaining insight into behaviour which she wishes to change.' (practitioner)

'My home life is suffering as I can be unreasonable with my 14 year old son and become very tense and stressed. I also have the tendency to use alcohol'. (patient on presenting)

'I have stopped taking my antidepressants. I feel the practitioner has more time and a real interest in you and discusses and explains your issues and concerns while explaining what treatment you will be receiving and the benefits. A safe place to come to'. (patient at end of treatment)

Patient # 1450

Nurse (aged 59) unable to work for over 10 years on health grounds, (insulin dependent diabetes, hypertension, chronic back pain and sciatica).

Advice given on strengthening exercises. Referred after aromatherapy to osteopath to adjust thoracic spine. (practitioner)

Relief occurred after first treatment. (patient)

Patient # 1200

'I have been giving this patient massage to ease both chronic and acute muscle tension and weakness'. (practitioner)

'Not worried anymore, six months ago was scared out of my life but having had physio treatment and now massage I feel much more confident about getting better'.

'I am so grateful for the treatment I have had and I have nothing but gratitude for my therapies'. (patient)

Patient # 1520

'Would like to get better full time job but illness preventing me'. (patient on presenting)

'Environment was relaxing, the practitioner friendly and the massage was soothing without taking medication'. (patient at end of treatment)

'Began with massage and then referred on to osteopath for completion of course'. (practitioner)

b) Patients' comments about the best thing about receiving complementary medicine

Patient # 1760

'I was able to understand what is wrong with me'. (patient)

Patient # 1580

'Able to relax and also to understand myself more' (patient)

'Patient made gradual progress, pain in groin less frequent and intense, patient gradually increased exercise regimen. Advised swimming and stretching would be beneficial. I would like to refer him to see an osteopath as acupuncture treatment has reached a plateau'. (practitioner)

Patient # 1660

'Its free, not available generally' (patient)

Patient # 1590

'Not having to take medication and experience the side effects. Being treated as a whole person rather than a set of symptoms, not being rushed'. (patient)

Patient # 1740

'The way my therapist treated me was very warm and respectful'. (patient)

Patient # 1321

'The energy levels very high - feel I am young again'. (patient)

'The patient presented with low back, hip and thigh pain and restriction of movement in left leg. She now has no back pain or only slight pain and stiffness in her left thigh with cold weather and before rain. She reports an increase in her energy and a sense of wellbeing and doesn't feel she needs more treatment at the moment. In the future, if she starts to get trouble with it again I would recommend acupuncture weekly for a few sessions and then once a month to maintain any improvement'. (practitioner)

Patient # 1680

'Reassurance from practitioner and other helpful information that he was willing to share with me. The treatment I have received so far has helped me with some pain, but I am concerned about long term health problems'. (patient)

Patient # 1830

I was shown deep breathing exercises that helped me a lot and relax to sleep. (patient)

Patient # 1830

'The fact that it was free of charge. The treatment was very good and helped my condition as I was having difficulty walking for long hours on my feet. It balanced me out' (patient)

Patient # 1491

'I felt I could move my body a lot easier. Staff very helpful, informative, friendly and pleasant.' (patient)

'Patient has been receptive and well motivated relating to exercises and has benefited hugely by doing them on a regular basis'. (practitioner)

Patient # 1721

'Helped and it was free, wouldn't have had treatment if not free'. (patient)

c) Patients suggested improvements. Would you change anything?

Patient # 1660

'More attention to time' (patient)

Patient # 1590

'Out of nine, five appointments would be useful'. (patient)

Patient # 1740

'Problems with family, housing only temporary, noisy and cramped'.

'Maybe less paperwork, questions and more therapy done'. (patient)

Patient # 1300

'The service was very good and may be improved by a longer session and making it twice a week. The treatment and service I got was well appreciated and hope complementary therapies like this will be readily available on the NHS for people who badly need it'.

Changes patient made

'I have changed my diet and begun to take glucosamine, cod liver oil'. (patient)

Patient # 1830

'A bit more time would be good as I feel that it would make the healing and recovery process quicker'. (patient)

'Patient presented with upper thoracic pain present for several years. Although there was some improvement in mobility and reduction in pain, he would have benefited more if he had attended all scheduled appointments and completed the treatment course. (practitioner)

Patient # 1690

To have a display of oils and incense sticks to buy at a cheap rate.

'My practitioner was excellent in every way. I would like to have been able to put her in a match box and take her with me everywhere I go but especially when I feel stressed and low. Everyone should have access to it'. (patient)

Patient # 1670

'More flexible hours i.e. I have to travel from work in West London and miss a whole afternoon's work each week. Made me aware of alternative ways of effectively treating my problem and how I can be more healthy'. (patient)

Patient # 1721

Longer sessions, involved only 20 minutes sometimes. (patient)

d) Practitioner feedback

Patient # 1200

Patient shown excellent progress, with supraspinatus tendinitis and associated muscular tension and weakness. He was treated with neuromuscular techniques and mobilisation and prescriptive exercise. He would benefit from some maintenance treatment every month. (practitioner)

Patient # 1360

'Although initially referred for massage therapy, I felt that this patient would benefit from a combination of massage and acupuncture. She has attended a total of 12 sessions, each started with massage and finished with acupuncture'. The pain and inflammation she had in her left foot has resolved completely. Neck pain is reduced and range of movement improved, however there is still some residual stiffness remaining. (practitioner)

Patient # 1540

A complex case - depression, hypertension, joint problems, menopausal problems, diabetes.

'A lot of psychological and emotional support. Practical advice and help in contracting other organisations, I think she would benefit from joining an expert patient programme.' (practitioner)

Patient # 1560

'Patient presented with thoracic spine pain radiating into her shoulders. She was treated using osteopathic techniques, including mobilisation, manipulation and soft tissue techniques. She responded well to treatment and can now sleep through the night and is able to carry out her daily activities without pain'. (practitioner)

Patient # 1800

'I found this patient quite a challenge even when he first came for treatment for depression. Communication and eye contact was limited and he would be late or DNA for treatment. After three treatments his spirit seemed brighter, more eye contact and he started to be early for appointments'. (practitioner)

Patient # 1530

A mother of two young sons referred for aromatherapy for depression and post operative shock.'

'She has hypothyroidism and had a thyroidectomy 25 years ago, a further operation February 2004, bilateral vocal cord palsy, a tracheostomy. Tracheostomy presented the patient with difficulties in daily activities such as bathing, brushing hair. Emotional and psychological post operative effects. Progressively patient could experience emotional release and could talk about her operations. Cross referral made for homeopathy for constitutional remedies for emotional recovery.' (practitioner)

The patient made the following changes:

Water aerobics, sensible eating, more walking.

'I learned to view my body as a whole. I would like it at home please so I could be at peace and not have to travel immediately after my treatment. Dear Get Well UK please keep up the good work, the support and care of your practitioners is greatly appreciated and much needed'. (patient)

Patient # 1510

'Patient was being treated for poor circulation and aching in the lower limbs. She began to improve soon into the treatment. Also looked at her diet and gave diet sheets, reduced belching and acid reflux. Also sleep improved. There are other issues - night sweats, constipation which I feel the patient could have benefited from but he decided to stop treatment once primary symptoms disappeared'.
(practitioner)

Patient # 1620

Patient presented with neck and shoulder pain and low back pain secondary to an occupational strain. Osteopathic soft tissue techniques, immobilisation and manipulation, postural advice and exercise were also given. He is now pain free and able to return to full capacity work. (practitioner)

e) Additional patient comments

Patient # 1680

'Some periods of relief, acupuncture improved sleep, mobility up 60%. It is very good for people who suffer a lot and have to wait a very long time to get any treatment on the NHS and the alternative treatment is very good for people who cannot afford private treatment'. (patient)

Patient # 1760

'Would be good to get literature from the practitioner to read up'. (patient)

Patient # 1660

Patient unemployed unable to work at beginning of treatment in May 2004 was in work by November.

'Lifestyle coach, help with stress, nutrition, relaxation techniques, lifestyle improvements would be useful' (patient)

Patient # 1631

Anything else affecting your health.

'housing problems, worried about family'. (patient)

Patient # 1710

'Always feeling unhappy - even when trying underlying depression. Felt happy to come for treatment as it was the only time I had for myself and had a positive effect for a few hours after. But underlying depression still persists'. (patient)

Patient # 1590

Post treatment comments

'It was really good. The acupuncturist and I could directly communicate about follow up appointments which is useful in maintaining consistency rather than going through someone else'. (patient)

Patient # 1710

Pre treatment comments

'Feels has not had a diagnosis and having to cope with chronic pain'.
(practitioner)

Patient # 1551

Pre-treatment comments

'I have suffered a couple of bereavements and I began to have anxiety attacks and felt very emotional and stressed. Also I have had menopausal symptoms e.g. hot flushes etc, weepy, migraine and tiredness'. (patient)

Post-treatment comments

'Its wonderful to have a choice and I have found it very beneficial to my health and given me more confidence'. (patient)

Patient # 1690

'I could never expect this level of service/professionalism from NHS. I am very happy with all the treatment services'. (patient)

Patient # 1490

'First experience preferred it to physiotherapy'. (patient)

Patient # 1680

Knee injury present for 24 years.

'Because of my present housing situation I do not feel that my treatment has been effective as it could have been. This is due to living in a damp cold environment'. (patient)

Patient # 1830

'For the last week I had another relapse of depression, before that I felt that I was improving slightly, it was the worst I've ever felt and so I had to start taking anti-depressants and also because my relationship has been affected I have had to have space from that'. (patient)

Patient # 1540

'Many people do not know about it, more people should be able to access it in the same borough'. (patient)

Patient # 1720

Post-treatment comments

'Discovering new way to resolve a problem I thought was insoluble'. (patient)

Patient # 1321

'This project deserves to succeed. These therapies should be generally available under NHS.' (patient)

Patient # 1411

Cross referred to aromatherapy as patient had a reaction to acupuncture. (practitioner)

(After treatment four) pain worse, dizzy, headache and a sensation that some of the needles were still in place. I became fearful of acupuncture. However my daughter informed the practitioner that my blood pressure was low and the doctor changed my medication. (patient)

Patient # 1500

'Acupuncture helped instantly' (back pain) (patient)

Patient # 1760

Post treatment comments

It works with my body, I was vomiting and that has stopped for two weeks so far. (patient)

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