

# South Islington



**Integrating complementary  
medicine into primary care**  
An audit of five months  
referrals to the Get Well UK  
complementary therapy  
service in South Islington



## Integrating complementary medicine into primary care.

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Get Well UK complementary therapy  
service in South Islington

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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.



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## Executive Summary

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The Get Well UK complementary therapy service in South Islington was organised to provide equitable NHS access to these approaches, with the aim of improving the health of the community. It also aimed to develop a model for the efficient provision of high quality complementary therapies, including ways of monitoring its impact on symptoms and wellbeing. The report concludes that these aspirations were met.

### **Equity: more access to complementary medicine**

The evaluation suggests that the majority of patients using the services were from sections of the population who would not easily have accessed complementary therapies elsewhere. The majority (72%) of patients were referred for musculoskeletal conditions.

### **Health gain was significant**

Most patients who completed their course of treatment said that the service had produced significant improvements in their health problem. This improvement was demonstrated by changes shown using a patient-centred audit tool, by reductions in medication, reports from GPs and practitioners.

### **A resource for chronic illness**

GPs said the service was a particularly useful resource for people with chronic health problems. Patients valued the interest shown by practitioners, the reassurance and support offered, as well as explanations and advice given. Some learnt new ways of coping or made lifestyle changes to improve their health further.

### **Familiarising GPs with complementary therapies' potential**

79% of 86 completed GP evaluation forms reported a positive impact on the GPs workload. 100% said they would refer patients again.

### **Remarkable achievements**

Given the health gains implied in this audit, and GPs' improved capacity to manage pain and chronic illness, the impact of Get Well UK's pioneering approach warrants further investigation. If opportunities arose to apply this service more widely, this package would be potentially distributable and replicable. Other services designed along these lines could be expected to have a similar positive impact on local healthcare.



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## Section 1 Introduction

In early 2005 a complementary therapy service was established as part of primary care provision for patients of four practices in South Islington. The service was based at The Amwell Practice (4 Naoraji Street, London WC1X 0GB) and St Lukes Centre (90 Central Street, London EC1V 8AQ).

Referrals came from GPs based at the Amwell Practice and three other practices in the area:

\_\_\_\_\_ City Road Medical Centre, 190-196 City Road, EC1V 2QH

\_\_\_\_\_ Clerkenwell Medical Practice, Finsbury Health Centre,  
17 Pine Street, London EC1R 0JH

\_\_\_\_\_ The Pine Street Centre, Finsbury Health Centre,  
17 Pine Street, London EC1R 0JH

Funding for the service came from the EC1 New Deal for Communities (NDC) programme. Like other New Deal for Communities programmes, EC1 NDC was set up with the aim of closing the gap between deprived areas and the rest of the country in terms of the quality of their housing, employment opportunities, crime levels, health and education.

The majority of patients live in the NDC area which has seven council estates, indeed 90% of households in the area are social housing. 14% of the population are pensioners and 17% are from black and ethnic minority communities mainly Bangladeshi, Kurdish and Turkish, Italian, Somalian, African and Caribbean.

The areas in which the service was established can be described as deprived on a number of dimensions. For example, in the two wards covered by the service (Bunhill and Clerkenwell), 42% and 37% of the households (respectively) have no adult in employment (2001 census). It is a population within which there is a very high level of chronic ill health: with nearly a third of households having at least one person with a limiting long-term illness (32.4% in Bunhill and 30.4% in Clerkenwell: 2001 census). The known causes of ill health in the area include musculo skeletal problems such as arthritis (42% in EC1), back pain (18%) and joint pain (12%), and mild mental health problems (22% with depression and 7% anxiety).

The service was made possible by NDC funding, in response to requests for complementary medicine made by local residents. Proposals to develop the service were widely supported at various community consultation events organised in the early days of the EC1 New Deal programme.

Thomas KJ, Nicholl JP,  
Coleman P. Use and  
expenditure on  
complementary  
medicine in England:  
a population based  
survey. *Complementary  
Therapies in Medicine*  
(2001), 9, 2-11.

### 1.1 **The aims of the service**

Surveys have shown that 90% of complementary therapies received in the UK are currently accessed privately<sup>1</sup>, and have largely been the preserve of people with disposable income. The rationale for providing complementary therapy to patients in the EC1 new deal area was twofold:

\_\_\_\_\_ to provide equitable healthcare services for people in the New Deal Area by organising access to complementary therapies through the NHS, with a view to improving the health of the community.

\_\_\_\_\_ To be a pilot project, designed to demonstrate good practice in delivering public sector complementary therapies, and to evaluate the service and its contribution to the provision of primary care.

### 1.2 **The structure and quality of the service**

The complementary therapy service was run on behalf of EC1 NDC by Get Well UK. Get Well UK is a social enterprise company established in 2004 to act as a broker between NHS purchasers, GPs, patients and complementary health practitioners.

In all, nine therapists were recruited - three acupuncturists, four osteopaths, one massage therapist and one aromatherapist. The therapies were selected on the basis of there being some evidence for their effectiveness with the particular conditions for which GPs felt they needed complementary provision. All the therapists recruited had to be members of a professional organisation, with at least two years experience and be fully insured. All were appointed following a face to face interview whose aim was in part to identify practitioners' interest in, and suitability for work in an NHS primary care setting. All other factors being equal, practitioners residing locally who met these criteria were given preference over other practitioners.

Get Well UK had established a set of documentation in a previous New Deal Project, along with processes for their referral and allocation to a particular therapist. To familiarise staff, several meetings were arranged between Get Well UK, interested GPs and the complementary practitioners, and an information pack about the therapies was distributed to all GPs in the catchment area.



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### 1.3 The evaluation

Given the exploratory nature of the service, data capture was seen as crucial. Therefore a number of processes were introduced to record and evaluate how the service was being used, to endeavour to capture outcomes for patients and assess the service's value to the practices referring patients in. The relevant forms (which can be found in the appendix) included:

\_\_\_\_\_ A referral form: one part completed for the GPs, one part by the patient (152 forms recorded).

\_\_\_\_\_ A patient monitoring form, filled in by patients at their first appointment, recording basic demographic information (137 forms recorded).

\_\_\_\_\_ MYMOP forms. MYMOP<sup>2</sup> is a tool for recording a patient's own assessment of changes in a symptom of their choice, any related functional impairment and their general wellbeing. A MYMOP form was completed at the first and last appointment in order to track any changes in these parameters (and in any variation in medication) made during the course of their treatment. (although 114 initial forms were recorded, only 81 complete scores for before and after treatment were recorded)

\_\_\_\_\_ A patient evaluation form was completed at the final appointment. (86 forms recorded)

\_\_\_\_\_ A practitioner's evaluation form sought information about the patient's progress and some details of treatment provided. It was completed when a course of treatment was completed. (151 forms recorded with complete data on only 146)

\_\_\_\_\_ GP's evaluation forms sought their views on the effect of complementary treatment on each patient, and any impressions GPs might have of the way the service had affected the practice's use of resources in each case. (86 forms recorded).

Because not all forms were completed on all patients, the data presented in this report does not always record totals of 152 (the number of referrals made to the service). Where a smaller set of data was available, the numbers or percentages are given of those cases on which data was available.

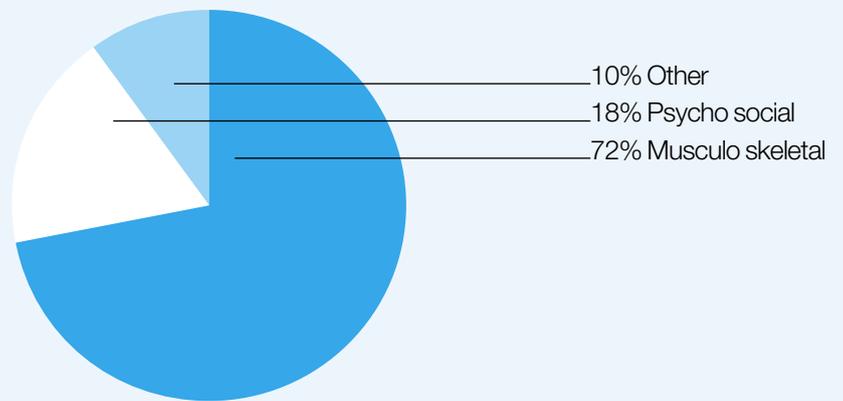
<sup>2</sup>Paterson C. Measuring outcome in primary care: a patient generated measure compared to the SF35 health survey, British medical journal 1996;312:1016-20. For more information, see website [www.hsrc.ac.uk/mymop](http://www.hsrc.ac.uk/mymop).

## Section 2 Patients referred to the service

The initial contract for the complementary medicine service was for one year which was anticipated to allow for treatment of around 95 patients to be initiated over a period of 9 months. In fact the service was rapidly in danger of being over-subscribed. GPs referred at an unexpectedly high rate (compared to Get Well UK's previous experience in Haringey<sup>3</sup>). Within 6 weeks of opening all 900 treatment slots had been allocated. Therefore it was decided to condense the project and run it for a shorter period of time, allowing more treatments to be provided.

152 referrals were made: eight patients were referred twice to the service. (In three cases this was because the therapist advised, after an initial sessions, that another therapy would be more appropriate for this particular condition).

### 2.1 Conditions referred



As noted earlier, local statistics show a very high level of chronic illness in the South Islington area, and the majority of the patients referred to the service reflect this. Most were suffering either from chronic musculo skeletal problems, or chronic mental health problems such as depression, stress and anxiety (Table 2.1: this information is based on the key symptom indicated by patients on their MYMOPS forms).



<sup>3</sup>The previous service based in the Seven Sisters New Deal for Community was audited by Professor Robinson from Thames Valley University. Her report (Does it work? A pilot project investigating the integration of complementary medicine into primary care. Get Well UK June 2005) suggested there had been a significant improvement in self reported health outcomes and a correlation between the patient's assessment of their health and the practitioner's opinion of their health outcomes.



**Table 2.1** Problems identified by patients on first MYMOP (113 out of the 114 initial MYMOP forms)

Musculo skeletal		Psycho social		Other	
Ankle pain	1	Anxiety	2	Abdominal pain	2
Arm pain	1	Depression	9	Dizziness	1
Arthritis	2	Emotional upheaval	1	Headaches	5
Back pain	36	Fatigue	1	Migraine	3
General pain	1	Insomnia	1		
Hand pain	2	Lack of motivation	1		
Hip pain	2	Stress	3		
Knee pain	7	Tension	3		
Leg pain	3				
Neck pain	13				
Rib pain	1				
Shoulder pain	12				
<b>Total</b>	<b>81</b>		<b>21</b>		<b>11</b>
<b>%</b>	<b>71.68</b>		<b>18.58</b>		<b>9.73</b>

## 2.2 Complexity and severity of problems referred

Although patients were usually referred to the service with one particular health problem, in reality many of the patients referred had complex and, in the majority of cases, chronic health issues. The MYMOP scale allows patients to report two main symptoms and one related function which is impaired by their health problem. 97 patients reported a second problem - sometimes this related to the first one (e.g. back pain and neck pain, or depression and insomnia), or sometimes quite distinct problems, such as arthritis and asthma.

### Practitioners notes on patients illustrating complex health profile of referral:

Patient one:	Patient suffers from insomnia, lethargy, digestive problems. IBS - like symptoms. Pain in back and abdomen and head
Patient two:	Presenting condition: Depression, lost number of members of family. Pain in neck and shoulder (right). Swollen ankles (particularly left).
Diagnosis:	Work with this patient concentrated on emotional and mental support - she is very sad, lonely and low

108 patients also reported, in part of their rating for MYMOPs scale, that their health problem was interfering with their performance of daily activities. For some, this included basic activities such as walking, housework and general mobility (Table 2.2).

**Table 2.2 Difficulties performing activities**

<b>Activities mentioned</b>	
Everyday activities: general	21
Working	15
Standing and walking	16
Exercise	14
Mobility problems	8
Lifting and carrying	7
Social activities	5
Housework	6
Other	16
<b>Total</b>	<b>108</b>

**Practitioner notes following work with patients with functional impairment:**

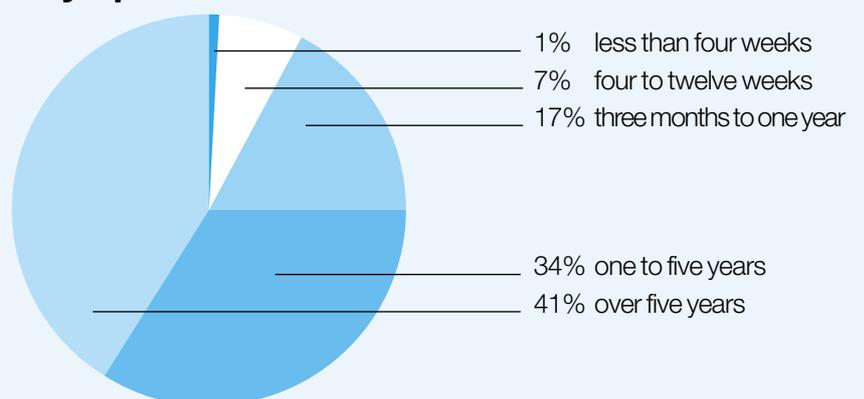
1 \_\_\_\_\_ She has been referred for headaches, depression stress and tension. She suffers from acute headaches and back pain. This prevents her from concentrating. She misses college quite a lot because headache. She cannot learn English.

2 \_\_\_\_\_ The patient came to see me with neck and back pain- almost constant - and had found movements such as bending difficult. Following the course of acupuncture treatment, her pain was significantly better, and had almost disappeared from one side of her back. She still has some pain on the left side of her back, but this is manageable. She reports that she can move a lot easier now. Improved quality of life.

3 \_\_\_\_\_ Patient was referred for massage because of severe back pain. She's had seven sessions of different massage techniques. The pain has not disappeared. It has got better and the quality of life has improved . At first she could not do ordinary house work.

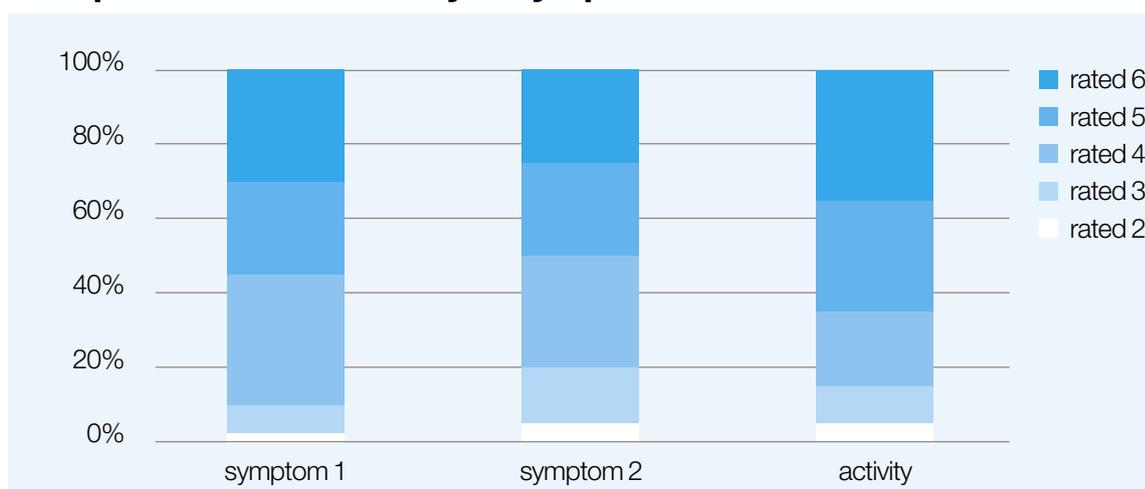
The chronic nature of the health problems referred to the service is reflected by patients' in their MYMOP forms. Three quarters reported that they had had their problems for over a year, with 41% reporting that they had had their problem for over five years.

**Length of time with symptom**



The conditions referred were mainly long-term, and in many instances they were also reported by patients as severe and incapacitating. In their initial rating of the pain and distress caused by their condition nearly a third (30%) of the patients described their main symptom, and 33% rated the limitations it imposed on them, 'as bad as it could be' (6 on the MYMOP rating scale). 16% rated their general feeling of wellbeing during the previous week as having been 'as bad as it could be'. (Table 2.3)

### How patients rated severity of symptoms within MYMOPS



**Table 2.3** Numbers of patients and severity of symptoms recorded in MYMOPS scale

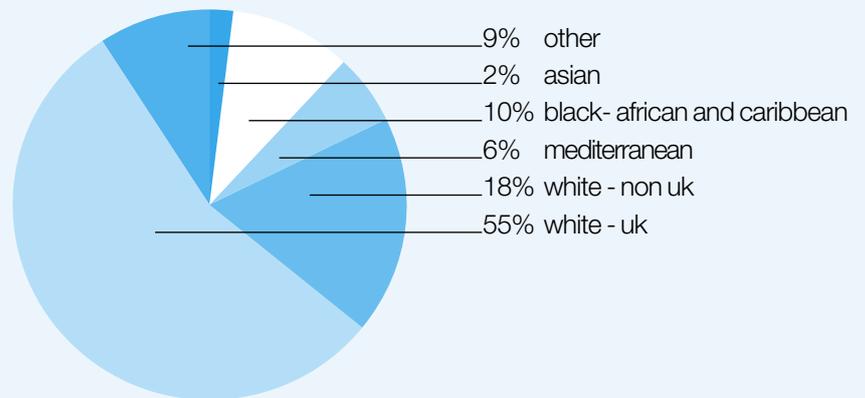
Severity rating	0	1	2	3	4	5	6	Total scores obtained	% rating as 6
Symptom 1			3	8	36	31	34	112	30.3%
Symptom 2			3	16	27	26	21	93	22.5%
Activity			4	12	21	34	35	106	33%
Wellbeing	1	6	9	22	27	23	18	106	16.9%

### 2.3 The characteristics of patients

As noted in the introduction, the service is targeted at two wards where there are high levels of social deprivation. One of the aims of the service was equity: access to complementary healthcare services previously only available privately to people in the New Deal area.

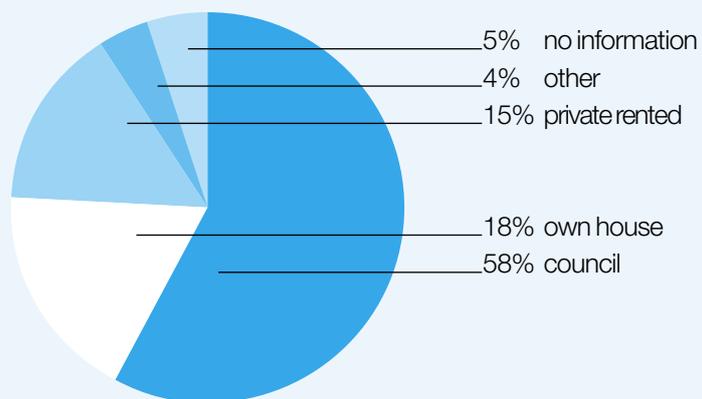
A high proportion of those referred were women (70%), almost half of them (45%) from ethnic minority communities. This is slightly more than the overall proportion of ethnic minority communities in the area (40%).

#### Referrals by ethnic background



Although information was not gathered on patients' income, the data suggests that the service reached patients who would not have been able to afford these treatments. For example, 58% of the patients receiving the service were recorded as being dependent on benefits (Table 2.4).

#### Housing

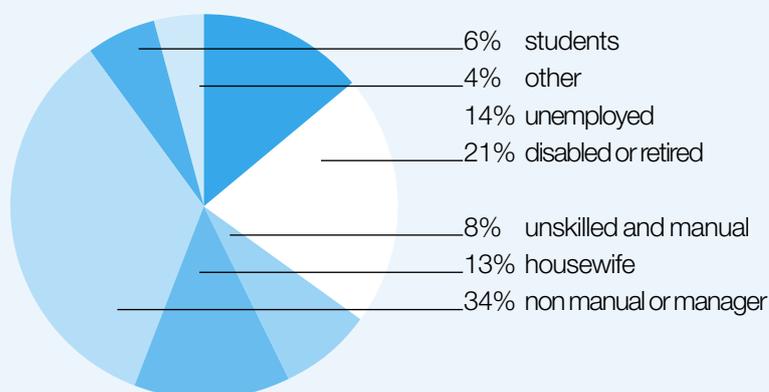


The high proportion of the referrals (44%) who gave their occupation as either disabled, retired or unemployed (Table 2.4) is another possible indicator of deprivation, as is the high percentage of patients (33%) without educational qualifications (Table 2.5).

**Table 2.4 Occupation of patients referred**

Occupation	Number	%
Non manual/manager	43	33.08
Disabled or retired	26	20.00
Unemployed	18	13.85
Housewife	17	13.08
Unskilled and manual	10	7.68
Students	7	5.38
Other	5	3.85
Missing	4	3.08
<b>Total</b>	<b>130</b>	<b>100</b>

**Occupation**



**2.4 Ability to pay for private treatment**

One of the rationales for setting up the service was to enable those who are unable to afford complementary therapies privately, to try these therapies. Some of the patients referred to the service would have been in a position to pay for their treatment. In fact nearly half (48%) had tried at least one therapy before. But this included many who were in receipt of state benefits, retired, or in council accommodation. Although it is likely that they had been treated in the private sector, there was little difference in the numbers in low income categories and those in categories indicating the patients who could more probably afford to pay for complementary therapies privately (table 2.6).

**Table 2.5 Previous use of therapy related to deprivation indicators**

	Number	Previous use of complementary medicine	%
On state benefits	77	35	45%
Not on state benefits	52	28	54%
Retired	4	2	50%
Living in council housing	80	41	51%
Own house	24	12	50%
Private rented	20	10	50%
Other	5	1	20%
No information	7	1	14%
<b>All referrals</b>	<b>136</b>	<b>65</b>	<b>48%</b>

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Previous use of complementary therapies showed a very similar pattern to the referral pattern to the Get Well UK service - using acupuncture and osteopathy for chronic musculo skeletal pain. The data collected does not indicate where people had obtained their complementary therapy treatments prior to their referral to the Get Well UK service. Some, of course, will have purchased these privately, in some cases possibly before they stopped work, or became dependent on state benefits. In other cases, they may have received complementary therapies elsewhere in the NHS (osteopathy provided by a local hospital was mentioned in one practitioner note and many physiotherapists now incorporate acupuncture in their work) or from low cost providers in the voluntary or education sectors.

For others, however, the cost of complementary therapies, and its unavailability as part of mainstream services would have deterred them from trying them. Several noted in their feedback forms (see Section 5) that the availability of complementary therapy service as part of general practice had encouraged them to try for the first time, a treatment which had significantly improved the quality of their lives.



## Section 3 The service provided

### 3.1 Referrals, waiting times and numbers of sessions

The schedule of 900 treatments being made available on a first come first served basis was based on experience of Get Well UK's first contract. GPs in Islington referred quickly. Within 6 weeks the full year's quota of 150 referrals had been made. Get Well UK responded by doubling the availability of practitioners (all increasing from half a day to a full day) and creating a waiting list. Because the service was used faster than anticipated some of the overheads were spent on providing additional treatments for patients. In total 1084 treatments were provided instead of 900.

The average waiting time for an appointment was just over a month - 33 days. In the early days of the service most patients were seen much sooner than this - waiting between one and two weeks for an appointment, but as time went by, and the service became busier, the waiting times built up, in some cases to over two months. If the service were to be continued longer term, this suggests that waiting lists would probably stabilise at a higher level, unless steps were taken to ensure that referrals were adjusted to fit the availability of appointments<sup>4</sup>.

Most patients referred received between 5-7 sessions (the mean number of treatments was 6.5). Patients could be treated for longer - the maximum number of treatments given was 14. 40% had more than six.

A high proportion of patients (40%) did not complete their course of treatment. In most cases, the number of treatments received was only one or two sessions less than the number planned. Information on some of the patients who did not complete their course of treatment was gathered from practitioner evaluation forms. It suggests that in some cases treatment series were short because the practitioner had decided that the treatment was complete or that little more could be achieved. There were also instances where practitioners felt that theirs was not the best treatment for the patient, or that their treatment did not fit well with other treatments the patient was already receiving.

#### Example of practitioner recommending discontinuation of treatment - from practitioners notes

The patient came to see me with neck and shoulder pain, which she had suffered for the past 5 years. This pain is believed to come from a trapped nerve in the neck. She was still awaiting the result of scans from the hospital when I last saw her, but I gave her 4 acupuncture treatments. Unfortunately there was limited effect though she was also receiving Osteopathy treatment from the hospital at the time. I advised her to continue with the Osteopathy treatment first rather than mixing the two treatments, and offered to review the case when she finished. If Osteopathy fails she may be referred back for further acupuncture treatment



"The demand for the service led to further funding for another six months, during which time GPs were limited each month in the amount of referrals they could make. The second contract was managed without a waiting list building up.



Practitioner evaluation forms also indicated that in some cases it was the patient who discontinued treatment, or failed to turn up for the complete course of sessions. It was often unclear why this was so. However, some practitioner comments (see below) might suggest that some patients might have curtailed treatment because they found it uncomfortable, or because their state of physical and mental health meant they felt unable to cope with it.

### Examples of patients discontinuing treatment - from practitioner notes

1. Central sharp lumbar spine pain which radiates to the thigh, anteriorly and posteriorly to the left and occasionally to the right lower extremity. Diagnosis: Nerve root irritation of L/S due to increased lumbar lordosis. Treatment: Osteopathic treatment was given but patient was unable to do the exercises. Outcome: Patient did not return. Recommendation: Patient was sensitive even to the slightest touch. Possibly acupuncture may help her.

2. The patient came to see me with stress and depression. He had had acupuncture treatment in the past (20 years ago) and found it effective. I gave him three treatments which he responded well to. Unfortunately he failed to turn up for his fourth treatment and I have been unable to contact him. In my experience, acupuncture can achieve good result for people suffering from depression; although it takes time for the treatment to take effect.

3. The patient attended one consultation only. She cancelled the following one due to sickness and did not attend two later appointments which she had arranged

### 3.2 \_\_\_\_\_ The treatment received

The treatments received inevitably reflect both the nature of their health problem, and the number and types of therapists available in the service: three acupuncturists, four osteopaths, one massage therapist and one aromatherapist. The allocation of referrals to these therapies was as follows (Table 3.1)

**Table 3.1** Therapy to which doctors referred patients (from the referral forms)

Therapy	Number of referrals	%
Acupuncture	54	35.5
Osteopathy	48	31.5
Massage	33	21.7
Aromatherapy	17	11.2
<b>Total</b>	<b>152</b>	<b>100</b>

Patients with musculo-skeletal problems represented the largest group of patients overall, with most of these being referred for osteopathy, acupuncture or massage. The second largest group was patients with psycho social problems – depression, stress and tension: these were mainly referred for acupuncture, aromatherapy or massage. Other problems – headaches or menstrual or menopausal conditions, were referred mainly for acupuncture or aromatherapy.

**Table 3.2 Primary condition by therapy to which referred, from referral forms (all referrals)**

	Therapy to which referred				Total
	Acupuncture	Aromatherapy	Massage	Osteopathy	
<b>Primary Conditions</b>					
Back, neck or shoulder pain	29	5	21	42	97
Headaches	5	4	0	0	9
Depression stress & tension	10	5	7	0	22
Joint problems, arthritis or rheumatism	6	1	4	6	17
Menstrual and menopausal conditions	4	2	1	0	7
<b>Total</b>	<b>54</b>	<b>17</b>	<b>33</b>	<b>48</b>	<b>152</b>

**Examples of treatments provided and how these related to problems presented - from practitioner's notes following treatment**

**Aromatherapy**

Condition: Patient was referred with back, neck, and shoulder pain worse on left side of body. She finds it difficult to relax.

Treatment: A course of aromatherapy massage, seven in total. Different essential oils used to address the different aspects of patients complaints.

Outcome: Feeling of well-being, as well as the feeling of being looked after. Patient responded well to different aromas. She learned a little how to relax and became aware of its importance.

Recommendation: Patient would benefit from regular aromatherapy treatment to support quality of life. Also to deal with daily ailments.

Condition: Back, neck and shoulder pain.

Diagnosis: Acute lower back and leg pain and a little bit low in mood.

Treatment: Treatment consisted of 9 sessions of aromatherapy. Different essential oil blends were used with body massage in order to address her complaints. Advice on how to improve quality of life was given (exercise, diet, water intake and maintaining weight, as well as positive thinking as a technique).

Outcome: Massage with E.O helped her maintain her joints, more mobile and she also benefited from general sense of wellbeing. Her legs improved as did her right hand / wrist. Her lower back benefited for a few days. But all in all aromatherapy contributed to improving her wellbeing. Positive psychological effect from essential oils.

Recommendation: Regular sessions of aromatherapy massage to help her go about more and feel better in herself.

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## Acupuncture

Condition:	Lower back pain / sciatica / piriformis syndrome - pain radiating down right leg. Bilateral trapezius pain between inferior ridge of the occiput to the posterior ridge of the acromion (shoulder).
Diagnosis:	Due to years of continuous housework the trapezius has become over-constricted, lack of abdominal muscular tension, the pressure of the lower back is considerably great.
Treatment:	Deep tension release acupuncture on the trigger points of the trapezius and piriformis. Points to increase strength of the lower back, increase energy and assist with removing the dark circles under her eyes (as requested). Stretches recommended to relieve pressure on the lower back, sciatic nerve.
Outcome:	The dark circles under the eyes had left and the pain of the back was reduced after two consecutive treatments.
Recommendation:	To increase the strength of the abdominal muscles, continue the lateral stretch and reduce the amount of hours of house cleaning. Clearly she works too much at home and is in a situation that needs considerable thought in changing.

Although the practitioner in this case indicated that there was relatively little improvement in the actual pain level, they were able to considerably improve the patient's quality of life, emotional stability and level of anxiety about their problem

Condition:	A woman with premenstrual pelvic pain and painful periods; possibly endometriosis.
Treatment:	Points chosen to relieve internal emotional and physical tension.
Outcome:	After 6 treatments - one hundred percent pain relief and better sense of "well-being".
Recommendation:	If pain returns more acupuncture sessions would be beneficial. Breathe slowly in times of stress, perhaps enroll in a stretching class such as yoga.

The patient presented with a very painful swollen ankle, lower back pain, arthritis in her neck with radiating pain down her right arm, pain and loss of mobility in both knees and depression. She was treated for hot damp bi-syndrome in the channels of the legs, blood and Qi stagnation in the channels of the neck and arm. General blood and Qi deficiency and kidney yang deficiency. The patient received five acupuncture treatments. Over the course the patient seemed to receive a definite benefit and described having a better sense of well being. The back pain seemed to ease, both the ankle and the knees seemed to improve, though they would flare up again after a few days. After the second treatment the patient went swimming the next day, which she said was a big improvement. The patient also experienced a reduction in her nocturia.

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### Massage

- Conditions: Shoulder tension, neck pain, headaches, discomfort when working.
- Diagnosis: Rhomboids upper traps, erector spinae (dorsal and cervical) all very tight and tense.
- Treatment: Deep tissue massage work to affected areas. Stretches (soft tissue release) to neck.
- Outcome: Reported feeling looser and more mobile. Less headaches. When patient started treatment she was just back from holiday and felt more relaxed. While she was having treatment she had to cope with a lot of stress at home and work. She felt that this slowed the progress of the recovery / improvement.
- Recommendation: Patient would benefit from regular sessions (she felt most benefit when she had a couple of sessions within two weeks). Due to surgery to spine (ST) there is a lot of scar tissue which impacts on tightness of the soft tissues around this area.

### Osteopathy

- Condition: Constant ache in lower back
- Diagnosis: L/S spondylosis.
- Treatment: Manipulation of lumbar spine and surrounding soft tissues.
- Outcome: Patient responded well to treatment. Exercises and advice given.
- Recommendation: Will need regular (monthly) check ups.
- 
- Condition: Aching, stiffness, clicking in cervical spine and frontal headaches.
- Diagnosis: Cervical spondylosis @ CS/6 and tension headaches
- Treatment: Manipulation of cervical spine and surrounding soft tissues.
- Outcome: Patient responded well to treatment. Patient was pain free at the end of the treatments. Patient given advice and exercises to keep symptoms at bay.

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### 3.3 Provision of advice and information

In addition to treatment, many of the practitioners also gave their patients advice and information about how to manage their condition in the future. Information about this was not systematically recorded however, although practitioners sometimes put this information in the notes made at the end of treatment. Several patients also reported that they had made life style changes as a result of their consultation suggesting that in many cases this was an important part of the overall treatment. (see section 5.3 below)

#### Examples of information and advice provided by practitioners (from practitioners notes following treatment)

Condition:	Ache in thoracic and lumbar spine
Diagnosis:	Muscular fatigue of lumbar and thoracic erector spinae due to poor work posture
Treatment:	Mobilisation techniques to the erector spine and high velocity thrust work to the areas to help improve mobility.
Outcome:	Patient responded well to treatment, but advice given was not followed and so symptoms kept returning.
Recommendation:	Patient has been advised about work posture. If this advice is not heeded, the symptoms will always return and worsen in time.

The aromatherapy course of treatment has helped the patient to relax and recognize the benefits of relaxation. She was motivated to look for 'tools' to help her keep better control over her feelings. She has started attending yoga classes.



## Section 4 The Impact of treatment

Data was collected for an evaluation of the service, rather than with research in mind. Although no formal outcomes or effectiveness study could be based on it, our service evaluation required that some impression of treatment impact and effectiveness be made. This has been possible, because at various stages - before during and after treatment - patients, practitioners and GPs provided information on their impressions using specially prepared forms.

- 1\_\_\_\_\_ First of all the MYMOP scale allowed patients to rate the severity of their symptoms in a standardised way before and after treatment.
- 2\_\_\_\_\_ Secondly, information was recorded on the medication that patients were using before and after their treatment.
- 3\_\_\_\_\_ Thirdly, each practitioner made their own assessment of the patient's improvement.
- 4\_\_\_\_\_ Fourthly, each referring GP completed a form (if they had seen the patient since completing their complementary treatment), in which they made an assessment of their health-gain
- 5\_\_\_\_\_ Finally, patients were also asked to give feedback on their experience of their treatment and their practitioner.

Predictably, the data is patchy and often incomplete: not all patients completed the treatment series intended. Nevertheless response rates were relatively high with 53% of patients completing MYMOP information before and after treatment, 56% returning patient evaluation forms, which included information about their use of medication before and after treatment. Evaluation forms were completed for 61% of patients (GPs) and 99% of patients (practitioners) on completion of their treatment.

### 4.1 \_\_\_\_\_ MYMOP scores

The MYMOP scores given by patients just prior to seeing their complementary practitioner for the first time suggest that at the time of referral many patients experienced their symptoms and impairment as quite severe. 81 patients completed MYMOP scores both before and after treatment.

The table below (4.1) only gives the changes in the aggregate scores. Individual scores for the different elements in the scale - symptoms, limitations in activity and wellbeing - before and after treatment have been given only to provide an indication of where changes were taking place.

**Table 4.1 MYMOP scores before and after treatment, individual and overall core**

	Before treatment		After treatment		Mean Change*
	Mean	median	Mean	Median	
Mymops score					
Symptom one	4.67	5	2.58	3	
Symptom two	4.45	4	2.7	3	
Activity	4.7	5	2.56	3	
Wellbeing	3.8	4	2.5	3	
Aggregate score*	4.5	4.33	2.82	2.67	1.66

\*Only the change in aggregate score has been calculated.

The average (mean) aggregate score was 4.5 (out of a scale 1-6) with a median score of 4.33 prior to treatment. After treatment, the average (mean) aggregate score was 2.82, and the median score 2.67. This gives an overall level of improvement of 1.66 points on the MYMOP scale. Only four patients indicated that there had been no change in their aggregate score following treatment, and two indicated that their symptoms had become worse.

The aggregate level of change was a little higher for musculo skeletal problems than for other problems (table 4.2), and slightly lower for acupuncture (table 4.3) possibly because more 'other conditions' were referred for acupuncture. However, the small size of the sample means this difference is not statistically significant.

**Table 4.2 Breakdown of improvement by type of problem**

	MYMOP change	
	Mean	Median
Health problem		
Musculo skeletal	1.77	1.67
Psycho social	1.58	1.33
Other	1.58	1.67
All	1.66	1.42

**Table 4.3 Breakdown of improvement by therapy**

	MYMOP change	
	Mean	Median
Therapy		
Acupuncture	1.45	1.33
Aromatherapy	1.77	1.67
Massage	1.87	1.67
Osteopathy	1.59	1.67

#### 4.2 Change in medication

Another way of judging the outcome of the treatment was to note whether there had been any change in terms of patients' use of other health service provision. For example it has been noted elsewhere in this report (see GP feedback), that GPs reported not having seen 10 of the patients since their treatment had been completed. In some cases they felt this might indicate that a patient's condition had improved. Primary healthcare is often fraught with uncertainties such as this, and only a far more in depth study could clarify whether or not the service was in any objective sense 'effective', let alone 'cost-beneficial'.

However, indicative information is available from patients themselves, who were for instance asked to say what medication they were on before and after treatment. Prior to referral, 64% of patients reported being on some kind of medication, in most cases analgesics (60%) or anti inflammatory drugs (9%) (reflecting the fact that many were referred for some kind of muscular pain). After treatment 35% of patients were reported to be still using medication. The analysis does not make clear whether these patients had been taking these medicines long term (though the majority had chronic conditions), and so this figure can only be taken as a clue about possible effectiveness.

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### Example of patient able to reduce medication - from practitioner notes following completion of treatment

[the patient] came to see me with severe headache and neck pain (due to osteo-arthritis) that he had for the past two and half years. He responded well to the acupuncture treatments and even managed to stop taking his pain killer by the end of his course of treatment.

This change is worth noting in part because it implies the possibility that the service might reduce demands on the prescription budget. We were unable to cost this, but it is fair to say that analgesics are very inexpensive. However, it is also significant that reducing or avoiding medication mattered to many of the patients referred. 58% indicated that cutting down, and 40.5% indicated that avoiding medication, was very important to them. The risks of taking anti-inflammatory drugs possibly justify such concerns, and any global estimate of cost-benefit, would take account of such second order gains.

On the other side, however, it is also worth noting that the complementary therapy treatments received were not necessarily seen as an alternative to other forms of treatment, or to conventional medication, but rather as complementary to them. Patients themselves noted this aspect of the treatment.

\_\_\_\_\_ It supports other treatments being used (medication). It helps with pain and aches and clears the mind. (patient comment)

\_\_\_\_\_ The feeling of well being after each session. The massage sessions reinforced my view that complementary medicine works so well in tandem with traditional medicine. (patient comment)

\_\_\_\_\_ In order for treatments such as acupuncture to work they often (particularly in my case) need to be complemented by other forms of treatment such as herbal medicine. (patient comment)

Some GP comments also imply that the treatment received from the service were often seen as a useful adjunct, rather than replacement for more conventional treatments:

\_\_\_\_\_ Although her pain has not improved she felt that someone was assessing, "doing something"

\_\_\_\_\_ I am still seeing my patient as frequently as I was prior to starting treatment, however she is no longer complaining of physical problems which were stress related

### 4.3 Practitioners reports on health improvements

Practitioners were invited to give their impressions of how effective their treatment had been in improving their patients condition, rating this between 0 = not effective, and 4 = very effective. This information was provided for a high proportion of all patients (96%) including many of those who did not complete their treatments.

Practitioners evaluation forms indicated (table 4.4) that for around two thirds of their patients, the treatment had been effective or very effective in relation to improvement in quality of life, relief of presenting symptoms, increased mobility, or in reducing the level of worry that their patients had about their condition. Their estimated mean improvement for most types of change was somewhere between 2 and 3.

**Table 4.4 Change reported by practitioners**

Type of change	Effectiveness						% rated as effective or very effective	Mean score
	Not	1	2	3	Very	Missing		
Quality of life	3	7	26	44	29	5	64%	3.5
Relief of symptoms	3	10	27	48	26	0	65%	2.7
Relief of chronic conditions	2	11	42	33	15	11	42%	2.2
Increased mobility	2	5	27	45	23	12	60%	2.5
Increased emotional stability	4	9	26	37	16	22	46.5%	2.07
Patient less worried	3	9	20	37	33	12	61.5%	2.5
<b>% of patients rated</b>	<b>2.5</b>	<b>7.5</b>	<b>24.6</b>	<b>35.7</b>	<b>20.8</b>	<b>9.1</b>	<b>50%</b>	

Practitioners thought treatment had improved their patients' health and wellbeing, sometimes through relief of presenting symptoms, sometimes by helping patients manage their health problem more effectively. According to the practitioners a small, but significant number of patients had not experienced relief of symptoms, of their chronic condition, nor increased emotional stability. Practitioners did, however, feel that in some of these 13 cases, some small increase in mobility or quality of life had been achieved or the patient was as a result of their encounters less worried about their problem.

When this was the case, practitioners tended either to refer the patient back to their GP or to suggest a different type of treatment. Sometimes they felt little more could be done unless a patient's circumstances or lifestyle changed, or they were more able to comply with recommended exercises to help them manage their condition. (Such considerations would of course be part and parcel of primary care, and the management of chronic illness whether or not complementary therapies were involved).

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### Practitioners comments on the limitations of treatment and need for further referral

The patient came to see me with pain in both her knees which she had suffered for three years. She had had a car accident three years ago which left her knees very swollen and painful. She also claims that she has no sensation in the lateral side of her knee. I provided her with 4 acupuncture treatments, but these were not effective in relieving her situation. I have advised that she consult her GP so that further investigations (including scans and a neuropathy test) be carried out to determine the cause of the pain and swelling.

Sciatica / piriformis syndrome. Pain down left side following along the sciatic nerve.

Diagnosis: During her last intensive labor (birth of her 3rd child) the back pain presented. Misarranged lumbar-sacral junction, weakened abdominal muscles and an over tense piriformis muscle.

Treatment: Acupoints to release sciatic nerve agitation and lateral stretching exercises.

Outcome: Minimal pain relief due to the sensitivity of the patient. A strong treatment was needed however not performed due to the wishes of the patient.

Recommendation: Visitation to an osteopath or chiropractor. Continue stretching and do exercises to strengthen abdominal muscles.

Redness and swelling of the thenar eminences of both palms and instep-to-heel (medial side) of both feet. Difficulty in breathing out (asthma). The lower back pain [she was referred for was not her main concern].

Diagnosis: Inflammatory rheumatoid arthritis and asthma ..... Poor digestion and diet leading to arthritis.

Treatment: [tackle] inflammations by acupuncture. (inflammation of the lung pleura joints).

Outcome: a 50% reduction of asthma, according to the patient and a temporary relief of inflammation pain in the hands and feet after acupuncture.

Recommendation: This symptomology is often seen and is usually diet related. Much of the Turkish diet is very acidic in nature and this patient would do well to consult a good nutritional therapist and adhere to a strict diet.

In a number of cases, practitioners noted that though they had been able to achieve some limited improvement in the condition, a longer course of treatment might have resulted in a more effective and long-term improvement.

### Practitioners notes on the time limitations of treatment

The patient came to see me with menopausal symptoms including hot flushes, sweating as well as stress and tension. In my experience, these problems usually respond well to acupuncture, although it can take up to 6-8 treatment before the effect is seen. I have so far given her 6 treatments. She claims that she feels better after the acupuncture with symptoms reduced for up to a week following treatment. Due to the limited funding, I have had to stop treating her but I think she should continue to receive more treatment if there is to be a lasting effect.

The patient came to see me with long term mental problems including depression, anxiety, self harm. She also presented with back and leg pain that she had had for more than 10 years. Because of the limited funding, I decided to concentrate on helping her back pain, she had 4 treatments which she felt helped her temporarily with the pain, I recommend that she receives more treatment when funding becomes available again.

### 4.4 \_\_\_\_\_ GPs reports on health improvements

GPs also noted a marked improvement in many of the patients referred to the service. 86 feedback forms were completed by GPs after patients' had finished treatment (ie on 57% of the patients referred to the service). 5 forms reported that the patient referred had not been seen since, so the GP could not assess the impact of the treatment and 11 responded 'don't know' to the question about improvement, suggesting that these GPs had not seen their patients since treatment. Their comments on a patient's non-appearance may or may not imply an improvement in the patients condition – for instance:

- \_\_\_\_\_ Has not presented again with musco-skeletal pain or headaches
- \_\_\_\_\_ Patient has not re-attended GP with problem during / since treatment

GPs were asked to say whether they felt the complementary treatment provided had been beneficial. 81 % (70/86) of the forms returned indicated that GPs felt it had. (table 4.5). (ie this represents positive feedback from GPs on 49% of the patients referred)

**Table 4.5**                      **Response to question: do you feel that the treatment we provided to your patient has been beneficial**

Yes	70	81%
No	5	6.5%
Don't know	11	12.5%
All	86	

GPs also made comments on the changes to their patients in 50 of the forms returned (Table 4.6). 8 of these indicated that the problem for which the patient had been referred had either greatly improved or resolved; 23 suggested that there had either been some improvement, or that the condition was now better managed.

**Table 4.6 Summary of GP comments\***

Comment	Number of responses	% of responses*
Great improvement/resolution of problem	8	16%
Some improvement/better managed	23	46%
No improvement	2	4%
Not seen since treatment	5	10%
Other	1	2%
No comment	11	22%
	50	100

\*This is represented as a % of comments received, rather than as a percent of all GPs completing the form: ie it only represents 32% of all patients referred).

Only two GP forms noted no improvement at all. However, it is likely that some of the forms may not have been completed by GPs (only 86 completed GP forms were available for 152 patients referred) either because they did not know whether or not patients had benefited significantly from the treatment received. In some cases pressure of time may have contributed, in others non-completion might imply that a GP felt a patient had not been helped. One GP reported an improvement which had been short lived:

\_\_\_\_\_ Helped her at the time, though pain worse again after sessions stopped.

More frequently comments implied some reduction in symptoms or that the treatment had helped the patient deal with their problem in a different way:

\_\_\_\_\_ Patient had time away from stress of family life / depression. She now feels more in control

\_\_\_\_\_ Patient responded to treatment & was given additional lifestyle advice

\_\_\_\_\_ She reported better energy and reduced pain - first time in over a year

\_\_\_\_\_ Some improvement/better managed

In 8 cases, the GP reported either a complete resolution of the problem, or a substantial level of improvement in, or relief of symptoms.

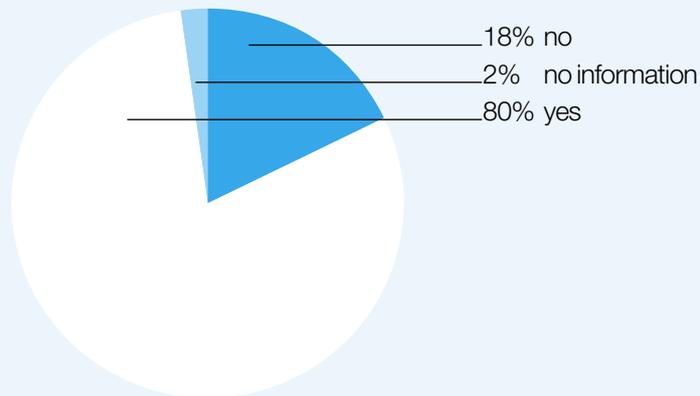
## Section 5 Patients views of the service

93 patients completed a feedback form at the end of their treatment, and 95 completed a second MYMOP form. Most of these forms expressed appreciation of the attention and support that practitioners had given, even where a patient's rating of a treatment's impact in terms of helping them to manage their problem, was lower.

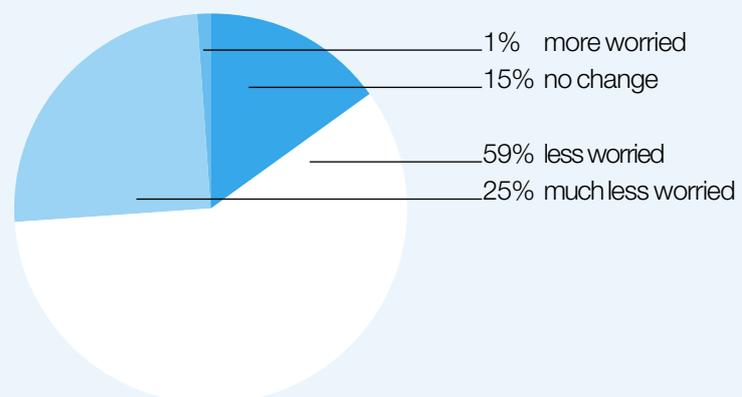
### 5.1 \_\_\_\_\_ Reported changes in health

80% of patient forms reported improvements in general health, and 84% that the patient was now either less worried, or much less worried about their health condition. On the other hand 17 patients (18%) noted no change in their general health, and 14 (14.7%) noted their concern about their health was unchanged, or in one case that it had increased.

**Chart 5.1 Patients reporting improvement in general health**



**Chart 5.2 Reported change in level of concern about health after treatment**



In addition, 58% (49/84) rated the treatment itself as 'very good' or 'excellent' in terms of helping them manage their health problem, while 11% rated its effectiveness as having been 'fair'. (no one rated it as 'poor') (see Table 5.2 below). Related comments included:

\_\_\_\_\_ Helped to start relaxing help with pain

\_\_\_\_\_ Enabled me to feel a lot better and walk that much further before feeling discomfort

\_\_\_\_\_ Relaxing for 30 mins. Sense of control over pain  
 \_\_\_\_\_ Helps the pain . Makes me feel so much better in myself  
 \_\_\_\_\_ I now have a better quality of life  
 \_\_\_\_\_ Totally cleared of problem.

**Table 5.1 Patient rating of experience of treatment and practitioner**

	Poor	Fair	Good	Very good	Excellent	% Very good or excellent
Advice given about ways of avoiding illness and staying healthy		2	12	35	35	83.3%
Treatment helped in managing your health problem		11	24	35	14	58.3%

A small but significant group of around 15 (18% of 84 patients who completed the forms) said they had benefited little from the service. It is likely that some of those who did not complete feedback or MYMOP forms at the end of their treatment, (often because they did not complete their course of treatment) also felt that they had not been helped.

**5.2 Feedback on the practitioners**

However, even where health benefits were not noted, almost all patients who completed forms rated their practitioners highly in terms of attention given, friendliness, interest and respect shown. The great majority of patients also found practitioners reassuring and supportive, and rated highly the explanations given about the treatments received, and valued the advice provided about ways of avoiding illness and staying healthy (Table 5.2).

**Table 5.2 Patient rating of experience of treatment and practitioner**

	Poor	Fair	Good	Very good	Excellent	No info	% Very good or excellent
Respect shown to you and attention to privacy			3	16	65		96.4%
Friendliness and courtesy show by practitioner			3	15	66		96.4%
Practitioners interest in your problems			5	24	64	1	96.4%
Reassurance and support offered			7	25	52		92.8%
Attention given to what you had to say		1	7	23	53		90.5%
Explanation of the treatment you received			12	29	43		85.7%
Advice given about ways of avoiding illness and staying healthy		2	12	35	35		83.3%
Amount of time with practitioner during visit		4	15	31	31	3	73.8%

We have not yet undertaken a formal qualitative study of the comments made, so at this point we can only report impressions and offer vignettes that represent some of the more obvious themes expressed. For example patients frequently commented on their appreciation of the time and attention given (perhaps this suggests that the therapeutic alliance was a significant factor in their subjective health-gain) and their feeling of having been supported and enabled to be less anxious about their health problem.

- \_\_\_\_\_ Overall very pleased with the treatment received and with the wonderful practitioner who made me feel very comfortable and at ease. Thank you
- \_\_\_\_\_ He was very understanding and good to talk to
- \_\_\_\_\_ One to one relationship / time
- \_\_\_\_\_ I felt that my problems were being treated instead of ignored and that time was given to this process

Some commented that they felt as though their problem had been seen in a holistic and patient-centred way, possibly implying that when symptoms and impairment are understood in the context of a whole life predicament it contributes to the overall improvements in wellbeing which were commonly reported.

- \_\_\_\_\_ That all my well-being was considered, e.g. mental physical emotional health
- \_\_\_\_\_ The reassurance of knowing my condition is being dealt with specifically and confidence has grown, not only, physically but mentally too
- \_\_\_\_\_ That it made a difference to my condition and not just that specific area (or shoulder and neck) but improved my overall health as well

### 5.3 \_\_\_\_\_ **Receipt of advice and information and life style changes**

One important aspect of the support patients felt they received was the advice and information given on how to manage their health problem.

Many patients touched on this aspect of the treatment in the comments they made at the end of their treatment.

- \_\_\_\_\_ [the practitioner] is very good and has helped me to think about things that may help me.
- \_\_\_\_\_ It was more effective since [the practitioner] was very knowledgeable about muscle groups and how the body works. She pinpointed the problem and gave me exercises to prevent it happening again.
- \_\_\_\_\_ Became more self aware
- \_\_\_\_\_ Opening my eyes to new techniques of self-care.
- \_\_\_\_\_ Ways to be more proactive in looking after my health
- \_\_\_\_\_ Advice about body. General knowledge

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Having techniques for handling their problem, combined with the time and space afforded by the sessions themselves was reported by some patients as having given them a better sense of control over their health:

- \_\_\_\_\_ Relaxing for 30 mins. Sense of control over pain
- \_\_\_\_\_ It helped me to gain more strength to deal with problems in my life
- \_\_\_\_\_ It allowed me to have time for myself and totally de-stress which I was able to put into practice at home.

Just under half the patients who completed the forms said they felt the service had helped them manage their health problem better. In addition, around a quarter (25) mentioned changes they had made to their life style since starting treatment. Mostly (17) this change entailed either taking up exercise, or increasing their level of exercise. 6 reported having changed their diet or lost weight, and one reported having stopped smoking.

- \_\_\_\_\_ Not sure if a little exercise or acupuncture are making me lose a little weight
- \_\_\_\_\_ Working on diet. More active
- \_\_\_\_\_ Started doing stretches, increased water intake
- \_\_\_\_\_ Restarted exercise classes - aqua aerobics

#### 5.4 \_\_\_\_\_ **Adopting new approaches to managing their health problem**

For some patients, the sessions opened up the possibility of new approaches to handling their health problems, which they might not otherwise have tried:

- \_\_\_\_\_ It made me a lot better and gave me an opening for other alternatives
- \_\_\_\_\_ Something I've never had before and it was very helpful with my problems.

Two patients specifically said that they would not have had the opportunity to have tried complementary therapies had they not been available through the NHS:

- \_\_\_\_\_ Due to my current financial circumstances having access to the service via the NHS is very much appreciated and has allowed me to try an alternative approach to my problems without the use of medication.
- \_\_\_\_\_ It enabled me to receive treatment I needed without financial outlay.



Some patients whose symptoms had not been relieved by conventional treatment, or who were concerned at the level of medication they had needed, welcomed an 'alternative':

\_\_\_\_\_ Various forms of pain relief (ie tablets) have failed me in the past. This was an opportunity to try an alternative method. So far so good.

\_\_\_\_\_ I would not get the relief I get taking any medication. I can't speak highly enough of it.

\_\_\_\_\_ For me personally I would benefit from these regular massages as the work I do is quite intense and stressful, it is an alternative to drugs. I wish the session could just be longer maybe 1 hour.

\_\_\_\_\_ Having complementary medicine is better for me because I may have to rely on pain killers if I didn't have this treatment

Others were pleased that complementary therapies had allowed them to reduce their medication, others definitely saw the treatment as complementary to ongoing conventional treatments:

\_\_\_\_\_ The massage sessions reinforced my view that complementary medicine works so well in tandem with traditional medicine.

### 5.5 \_\_\_\_\_ **Things about the service that patients would like to see changed**

Although the amount of time allocated for treatment was rated highly (74% rated this as very good or excellent), when asked to mention 'one thing they would like to change about the service', 27 (29%) indicated in their comments that they felt that they would have either liked to have had more, or longer, sessions:

\_\_\_\_\_ More time, more availability, more coverage otherwise everything is OK

\_\_\_\_\_ The treatment would last longer than 6 sessions. This is far too short a time.

\_\_\_\_\_ Perhaps the length of time on each treatment and also for treatments to be on-going rather than being restricted to a max number per patient

\_\_\_\_\_ I would be very happy if the treatment times could revert back to 1 hour as they initially were.

Other suggestions included comments about the location (3: lack of window in room, surrounding noise levels, would prefer to have in sports centre).

Two patients wanted transport to be arranged because of mobility difficulties (2), and two said appointment times had been a problem because of having to take time off work. One patient felt that doctors should be more aware of the service, while another had experienced difficulties with communications/ correspondence. One asked for more advice on complementary oils, and more information on how acupuncture works.

## Section 6 GP views of the service

Most of the GPs referring patients to the service felt that it had benefited their patients, either by improving their symptoms, general health or in helping them manage their health problem. GPs were also invited to give feedback about their experience of the service, and its impact on their practice.

### 6.1 Impact on their own practice and ability to meet needs of the community

79% of the completed GP feedback forms (86 completed this element of the form— which represents 57% of the patients referred) expressed that the service had had a positive impact on the way they practice or their workload. And 99% of the responses were positive about it addressing the needs of the local community. All indicated that they would be willing to refer the same patient, or another patient to the service in the future (providing of course that further funding for the service were made available).

**Table 6.1 GP responses to questions about their views about the service**

Question	Yes	%
Has the service made impact on own practice or workload	68	79.07
Is the service addressing needs of local community	85	98.84
Would you be willing to refer again	86	100.00

As well as responding to set questions, GPs were also invited to make free-text comments about the service. A third of the comments made related to the fact that the service had helped reduce workload.

**Table 6.2 Summary of GP Comments related to impact of service on own work**

Comment	Number	%*
Service has reduced demands on workload	16	32
Service has provided an alternative referral route for patients	10	20
Patients have benefited from the treatment	9	18
Other	3	6
No comment	12	24
	50	100

\* as % of GPs giving comments

The second most frequent kind of comments related to the service's role as an valuable referral route for patients with chronic problems, or whose condition had not responded to conventional treatment. The implication here may be that the complementary service may have enabled GPs to avoid some (costly and inappropriate) referrals to hospital specialists:

- \_\_\_\_\_ It is wonderful to have these treatment options for these problems/diagnoses. Otherwise can feel unable to help people when conventional treatment has either not helped or isn't available
- \_\_\_\_\_ Supporting / helping high dependency patients
- \_\_\_\_\_ Having an alternative pathway for referral of musculoskeletal problems helped enormously

Other comments related to the service having either helped GPs with the treatment of a particular patient or had been of general benefit to the patients referred:

- \_\_\_\_\_ Patients feel cared for and present less because they feel better.
- \_\_\_\_\_ Patient referral was very useful to have expert opinion before I contacted orthopaedics.
- \_\_\_\_\_ By controlling / improving the patients symptoms
- \_\_\_\_\_ Helped with a difficult problem

Other comments related to the service having helped particular patients, or for patients more generally:

- \_\_\_\_\_ Patient felt that symptoms helped only a bit. But better understanding and therefore ability to cope with pain.
- \_\_\_\_\_ By controlling / improving the patients symptoms
- \_\_\_\_\_ Very helpful - especially in light of concerns re some "medical" treatments having long term complications
- \_\_\_\_\_ Excellent resource/treatment for patients with ethnic background

## 6.2 \_\_\_\_\_ Feedback on the referral process

GPs were also asked to give feedback on the referral process, in terms of a number of specific categories. Most of the GPs appear to have found the referral process straightforward and professional: only two indicated that they had found it difficult to understand or complicated.

**Table 6.3** GP comments on the referral process

Referral process is	Number indicating yes	% of all responses
Straightforward	76	88.37
Professional	71	82.56
Efficient	65	75.58
User friendly	60	70.93
Difficult to understand	2	2.33
Complicated	1	1.16
Time consuming		0.00

## 6.3 \_\_\_\_\_ Should complementary therapies be available on the NHS?

GPs were also asked whether they thought services such as this one should be available on the NHS. Two thirds, (68%) thought that they should be, with nearly a quarter also indicating that they would like to see the scope of the service extended.

**Table 6.4** Summary of other comments/ should it be available on the NHS (as % of comments made)

Repines	Number	% of comments made
Yes: should be available on NHS (general)	22	44
Yes - and more widely than at present	12	24
Yes - but within clear boundaries	2	4
Other comments	5	10
No comment	9	18
	50	100

Several noted that they regretted having been unable to refer more patients, or that they had found it difficult when the initial phase of the service came to an end.

- \_\_\_\_\_ All patients have benefited and there are many more we could refer.
- \_\_\_\_\_ It is a shame we cannot refer more patients. There are plenty, who would value and benefit from the service.
- \_\_\_\_\_ Definitely - since the pilot ended (or ability to refer to it) I have identified many more patients who would have benefited.

One GP specifically commented on the fact that the service provided the opportunity for patients, who would not normally be able to afford complementary therapies, to try these out:

- \_\_\_\_\_ This has been a wonderful service for our patients, especially those who would not normally think to access complementary therapy or could not afford to.

However, two of the GPs were more circumspect in their view, feeling that the service needed to be undertaken within strict boundaries:

- \_\_\_\_\_ Yes, but strict categories of referral criteria / seriously limited.
- \_\_\_\_\_ There is a tension between demand and supply and quantity available.
- \_\_\_\_\_ Practitioners (like GP's) have to balance what they can do for how many in the time available! But great service.

## Section 7 Conclusions

The Get Well UK complementary therapy service was set up in South Islington, and based locally, to enable patients in the area to access complementary therapies via their GPs. South Islington is an area with high levels of chronic ill health and high levels of deprivation, so it was reasoned that many local people who could benefit from complementary therapies were being denied access to them. The Get Well UK project was organised to provide equitable NHS access to these approaches, with the aim of improving the health of the community. It also aimed to develop a model for the efficient provision of high quality complementary therapies, including ways of monitoring its impact on symptoms and wellbeing. This report concludes that these aspirations were met.

### **Equity: more NHS access to CAM**

The evaluation suggests that the majority of the patients using the service were from sections of the population who would not easily have found their way to complementary therapies – because they were inaccessible geographically or financially. Patients referred to the service often had health problems which were long term (over five years), painful and incapacitating. The impact of these conditions on their employment is not certain; however, 44% of those referred were disabled, retired or unemployed, and 58% were dependent on benefits.

### **Health gain was significant**

Most patients who completed their course of treatment said the service had produced significant improvements in their health problem. This improvement was demonstrated by changes in their MYMOP scores (average aggregated 1.7 point change on scales of 1-6), by reductions in medication, and in the reports from practitioners and GPs, as well as in patients' feedback. A small proportion (16%) said the service had not helped them, and some withdrew from treatment, possibly because they found it uncomfortable or in some way inappropriate to their needs.

### **A resource for chronic illness**

Most patients and GPs found the service valuable. GPs said it was a particularly useful resource for patients with chronic health problems. Patients said they valued the interest practitioners showed, the reassurance and support offered, and the explanations and advice given, even when there had been no marked improvement in their symptoms. Some said they had learnt new ways of coping, or had made lifestyle changes, or that their general health and wellbeing was better. One feature of the therapies however, is that they do sometimes require a high level of patient co-operation; therapists reported that they could do little to help certain patients with health problems perpetuated by life predicaments, or by life-style factors they felt unable, or unwilling to change.

### **Familiarising GPs with complementary therapies' potential**

Though the project was not funded by the NHS, it gave the GPs involved a strong impression of the impact a locally-based complementary therapies service delivered free at the point of access, could make on a group of people - largely with chronic illnesses - in a high-deprivation community. All the GPs who reported back valued this short-lived spell of NHS access to complementary therapies, because it plugged some of conventional medicine's 'effectiveness gaps': particularly in chronic illness, painful musculo-skeletal disorders, and diseases mediated in part

by stress; typically the ones complementary practitioners treat in the private sector. 86 GP evaluation forms were completed. Of these 79% of GPs reported a positive impact on their workload and 100% said they would refer again.

### **Working within resource constraints**

Understandably, while GPs welcomed this new-found opportunity to meet the needs of a complex patient group, some felt a certain tension between their clinical appreciation of the service and their responsibility for managing limited NHS resources; perhaps ambivalent too about how they and patients who had benefited would fare once the service was no longer available. For the South Islington Get Well UK service was constrained to a short life-span generously made possible by New Deal funding, and limited in the numbers of patients who could be referred, and in the number of the treatments available.

Many patients would have preferred more or longer treatments; the main shortcomings noted related to these limitations. Practitioners sometimes suspected that patients' health-gain would have been greater if treatments could have been longer; and longer series might indeed have been justifiable, given the sorts of problems referred were often long-term, markedly impairing patients' quality of life and employability.

### **Remarkable achievements**

This evaluation cannot demonstrate that the service got people back to work; only a far more in-depth study could provide definite answers about its effectiveness and cost-effectiveness. Yet the Get Well UK service made a significant difference to people's symptoms and well-being, and the project achieved its stated outcomes: an accessible service, highly acceptable to users and in many ways a working model of good practice for the management of an externally provided CAM service to primary care. Despite its short life, the South Islington Get Well UK pilot proved remarkably effective in the eyes of practitioners and members of the community who used it.

Quite apart from the project's clinical outcomes (which appear to have been worthwhile) it is a considerable achievement to have established a complex and unfamiliar service, and achieved high levels of use in so short a time. The project's efficient processes for referral and feedback, and the routine collection of audit data must take some of the credit for this.

Given the health gains implied in this audit, and GPs' improved capacity to manage pain and chronic illness, the impact of Get Well UK's pioneering approach warrants further investigation. If opportunities arose to apply this service model more widely, this package would be potentially distributable and replicable. Other services designed along these lines could be expected to have a similar positive impact on local healthcare.

### **The perils of short-term funding**

GPs who provided feedback on the service said they would be happy to make further referrals, and wanted to see the service made more widely available. The news which came just before this service evaluation report went to press, that New Deal funding will not be available to continue such a highly valued resource, will no doubt disappoint service users and GPs alike.



## Patient monitoring form



### Patient Monitoring Form

To be filled out by the patient at the first appointment

Name of therapy  Date

1. Gender  Male  Female

#### 2. Ethnic origin

Black  None Asian  None Mediterranean  None White  None

Other (please state)  Not Specified

3. Are you on state financial benefits?  Yes  No

4. What is your occupation?

5a. What is your highest level of education?  None

5b. Do you live in:  None

#### Complementary therapies

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

Therapy Type	Why you had it	When
Example: Acupuncture	Hay fever	September 2005
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Practitioner – Please send this to [zoe@getwelluk.com](mailto:zoe@getwelluk.com) after completing.





## MYMOP 2

<b>MYMOP 2 Patient to complete after 6 appointments</b>		
Patient code		
<input type="text"/>	Today's Date <input type="text"/>	
Date Treatment Started <input type="text"/>		

Which therapy are you receiving through Get Well UK? (If you have received more than one, please fill out one of these for each therapy)

**Now you have completed your treatment please tell us about your symptoms.**

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.

### About your health

Now consider how bad each symptom is, over the last week, and score it by choosing your chosen number from the drop down list.

1. SYMPTOM 1  Symptom 1  0 is as good as it could be, 6 as bad as it could be
2. SYMPTOM 2  Symptom 2  0 is as good as it could be, 6 as bad as it could be
3. Now choose one activity (physical, social or mental) that is important to you and that your problem makes difficult or prevents you doing.

ACTIVITY   0 is as good as it could be, 6 as bad as it could be

4. How would you rate your general feeling of well being during the last week?  
 0 is as good as it could be, 6 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?  0 is as good as it could be, 6 as bad as it could be

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 is as good as it could be, 6 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 type it here.

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

IF YES, Name of medication	How much?	per day / week
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Complementary therapies

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

Therapy	For what reason?
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## MYMOP 3

<b>MYMOP 3 Patient to complete after last appointments</b>		
Patient code		
<input type="text"/>	Today's Date <input type="text"/>	
Date Treatment Started <input type="text"/>		

Which therapy are you receiving through Get Well UK? (If you have received more than one, please fill out one of these for each therapy)

**Now you have completed your treatment please tell us about your symptoms.**

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.

### About your health

Now consider how bad each symptom is, over the last week, and score it by choosing your chosen number from the drop down list.

1. SYMPTOM 1  Symptom 1  0 is as good as it could be, 6 as bad as it could be

2. SYMPTOM 2  Symptom 2  0 is as good as it could be, 6 as bad as it could be

3. Now choose one activity (physical, social or mental) that is important to you and that your problem makes difficult or prevents you doing.

ACTIVITY   0 is as good as it could be, 6 as bad as it could be

4. How would you rate your general feeling of well being during the last week?  
 0 is as good as it could be, 6 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?  0 is as good as it could be, 6 as bad as it could be

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 is as good as it could be, 6 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 type it here.

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

IF YES, Name of medication	How much?	per day / week
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Complementary therapies

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

Therapy	For what reason?
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Patients quality evaluation



### Patient's Quality Evaluation

Patient code

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

Date treatment started:

Name of therapy       Name of practitioner

**How would you rate the following?**

1. Did the treatment help in managing your health problem(s)?	None
2. Explanations of the treatment you received?	None
3. Attention given to what you had to say?	None
4. Advice you were given about ways of avoiding illness and staying healthy?	None
5. Friendliness and courtesy shown to you by your practitioner?	None
6. The practitioner's interest in your problems?	None
7. Respect shown to you, or attention to your privacy?	None
8. Reassurance and support offered to you by your practitioner?	None
9. Amount of time you had with the practitioner during each visit?	None

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

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

12. Any other comments

Thank you for taking the time to fill in this form. We hope that you have benefited from your experience with Get Well UK. Please send to [zoe@getwelluk.com](mailto:zoe@getwelluk.com)

## Thanks

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The City Road Medical Centre

### Recognition for the Service

The Get Well UK services in Haringey and South Islington were recognised with two awards:



2005 Awards for Good Practice in Integrated Healthcare  
Integrated Health Futures Award: recognising innovation to improve health

2006 Natural Trade Show CAM Practitioner Awards.  
Outstanding Contribution to the community,  
Boo Armstrong, Managing Director, Get Well UK