

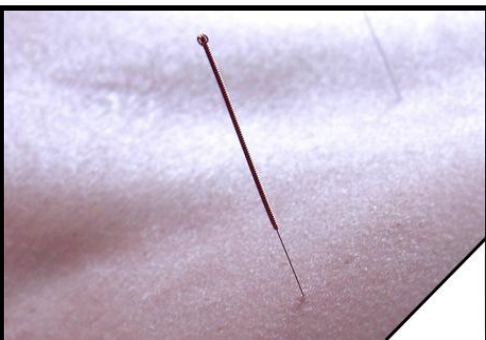
Impact

Integrated Medicine Partnership

Effective Integration

Acupuncture, Chiropractic and Homeopathy in Primary Care:
Outcomes from the NHS Funded Service at Radford Medical
Practice, Nottingham 2008 – 2010

“A good alternative when conventional medicine is not working”



Summary

Since February 2004, Impact Integrated Medicine Partnership has provided an integrated service offering acupuncture, chiropractic and homeopathy to residents and GP practices in Nottingham. A comprehensive evaluation of our service conducted in 2006 demonstrated the effectiveness of these interventions in treating a range of short and long term conditions, particularly back pain, mental health conditions, musculoskeletal disorders and chronic pain.

In 2008, Impact was commissioned via practice-based commissioning to provide a service for Radford Medical Practice. The service has been used by more than 40 patients, who have been treated at their local surgery, following a referral by their GP. Nearly all (90%) of the patients referred have completed a course of six sessions, and nearly all have reported an improvement in their symptoms. Just under half the patients treated by the Impact team have had their symptoms or conditions for more than five years, and have not been successfully treated by conventional means. As one of the GP partners comments¹, "A good alternative when conventional medicine [is] not working." The GPs report being satisfied with the service that Impact has provided, and they feel that, at a cost of £260 for six sessions, it is good value for money compared to mainstream options. The partners state that a referral to Impact has benefited their patients, and one partner describes it as a "very good service."

Our work over the last six years has demonstrated repeatedly that patients who complete treatment with Impact subsequently visit their GP less often, report taking less medication, and have less need for referral to secondary care, thus saving NHS resources. Impact is also a very popular choice with patients. In 2007, *nine hundred* residents of Radford and Hyson Green signed a petition presented to the Chief Executive of Nottingham City PCT, requesting continuing access to Impact's services. A number of case histories have been included in this report, with changed forenames to protect patients' anonymity.

Nationally, the Impact team are recognised as skilled and experienced providers of integrated and complementary medicine, who have worked with a range of local and national organisations, including NHS Live, the General Chiropractic Council, Trent Improvement Network, and the Parliamentary Group for Integrated and Complementary Healthcare.

The new NHS commissioning process now gives GP commissioners the opportunity to make bold, patient-focussed commissioning decisions that introduce innovative and cost-effective ways of working, extend choice and access to patients, and forge new partnerships between traditional NHS providers and other organisations such as social enterprises. It is clear that commissioning Impact's services can lead to a better use of resources, as patients reduce their reliance on conventional primary care. We look forward to extending and developing our work with patients and practices throughout Nottingham.

¹ In the Service Evaluation form completed in August 2010

Background

Impact Integrated Medicine Partnership is a social enterprise which provides acupuncture, chiropractic and homeopathy in primary care settings. Between 2004 and 2007 Impact ran a very successful clinic at the Waverley Health Centre for residents of Radford and Hyson Green. Funded by New Deal for Communities, the team treated more than 300 patients and, in November 2006, won the national NHS Alliance Acorn Award for Integrated and Complementary Healthcare. In 2008, Impact was commissioned by Radford Medical Practice to provide a service to their patients, and this report describes the outcomes from this service.

Radford Medical Practice: The Decision to Commission Impact

Radford Medical Practice was established in the early 1960s and has three partners: Drs Liau, Kaur and Lonsdale. One of the practices serving the diverse and deprived inner-city communities of Radford, it has an excellent reputation amongst the local population. Having referred patients to the Impact service at the Waverley Health Centre, in 2008 Radford Medical Practice approached the team to run a service specifically for their patients. Commissioned via practice-based commissioning (PbC), the service has treated 42 patients, at a total cost of £12,000. This equates to £260 per patient, on the basis of £60 for the first consultation and £40 for each subsequent session (an average cost of £43 per session). Each patient has been allocated a maximum of six sessions, and all patients have been referred by the GPs.

In the PbC submission to the cluster board, the practice described their reasons for deciding to commission Impact, as follows:

- *Our doctors were very impressed with the range of services offered*
- *Referrals to Impact proved very popular with our patients*
- *They have demonstrated the effectiveness of interventions in treating a range of long-term conditions, particularly back pain, musculoskeletal disorders, chronic pain, mental health conditions and gynaecological disorders*
- *PbC allows us to introduce new ways of working – as a local social enterprise, Impact is uniquely placed to deliver flexible, whole person care, especially in deprived communities*
- *Their work over the last few years has demonstrated that patients who complete treatment at Impact subsequently visit their GP less often, report taking less medication and have less need for referral to secondary care*

- *In this way, capacity can be freed up for our GPs and nursing staff to concentrate on priority areas*
- *Provision of acupuncture, chiropractic and homeopathy is a cost-effective way of managing patients with long term conditions, including mental health conditions*
- *Impact may be accessed by all sections of the community including 'hard to reach' groups. It makes a significant contribution to tackling health inequalities.*

The Patients

Based on feedback from the Impact practitioners, the referred patients have been a very diverse group, in terms of ethnicity, disability and age. In addition, just under half (44%) completed an equal opportunities questionnaire before treatment began, and of these, 57% are from Black and Minority Ethnic communities. More than a third (37%) considered themselves to have a disability, including mobility problems or multiple disabilities. Each adult age group was well represented, although no children were referred. Only four patients have discontinued treatment – an excellent compliance rate of 90%.

Building on Impact's previous experience, and in consultation with the GPs, nearly all referrals fell into four categories; back pain, musculoskeletal disorders, chronic pain, and mental health conditions. Just under half (43%) of the patients referred had suffered their conditions for over five years. Some 36% reported having their conditions for more than a year, leaving less than a fifth (16%) who were referred within a year of the start of their symptoms.

Evaluation and Outcomes

A comprehensive evaluation framework has been used to analyse clinical outcomes. Areas of evaluation have included improvements in patients' health and reductions in GP attendance rates, medication and referrals to secondary care. Pre- and post-treatment measures SF36² and MYMOP³ have been used with each patient. Improvement is demonstrated by an increase in SF36 score and a reduction in MYMOP score. Any forms not completed correctly have been discounted for evaluation purposes.

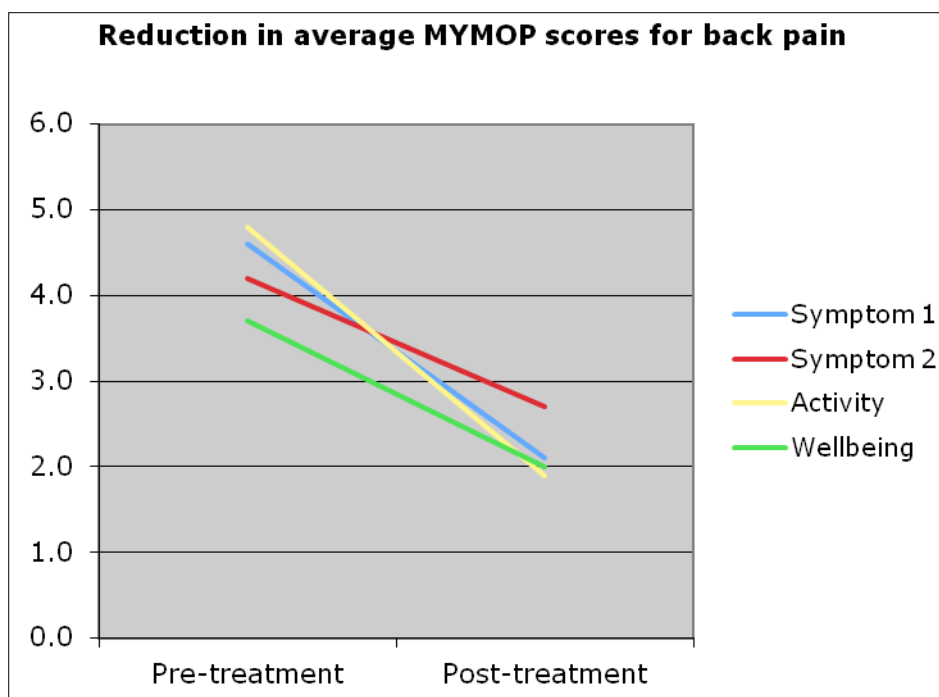
² The SF-36 Health Survey was designed for use in clinical practice and research, health policy evaluations and general population surveys. It assesses eight health concepts, including limitations in physical, social and usual role activities, bodily pain, general mental health, vitality and general health perceptions. An overall percentage score can be calculated for each patient, with 100% representing perfect health.

³ MYMOP aims to measure the outcomes that the patient considers the most important. Using a 7 point score (0-6), patients score their two most troublesome symptoms, an activity that is limited by one or both symptoms, and their overall feeling of wellbeing. It is considered that the smallest difference that patients consider important is approximately 0.5. A moderate difference corresponds to a change of approximately 1.0, with changes of more than 1.5 considered large.

Back Pain

“Treatment has made a massive difference to my back pain. The severity of the pain has disappeared. Feel almost cured!”⁴

A total of 15 patients have been referred to the Impact service for back pain, and all received chiropractic treatment. The results for this group show that there has been significant improvement: an average reduction of 2.68 in MYMOP scores (varying from 0.5 to 4.5) and an average increase in SF36 scores of 29.62% (varying from 5.33% to 67.78%). These results were achieved within the six session maximum – however, the clinical guidance on low back pain issued by the National Institute for Health and Clinical Excellence (NICE) in May 2009 states that doctors should ‘consider offering a course of manual therapy, including spinal manipulation, comprising up to a maximum of 9 sessions over a period of up to 12 weeks...manipulation can be performed by chiropractors and osteopaths’. The guidance also instructs doctors to ‘consider offering a course of acupuncture needling comprising up to a maximum of 10 sessions over a period of up to 12 weeks’. In Nottingham, no chiropractic is currently available to patients with low back pain through the NHS. Some patients in Nottingham have submitted requests for access to chiropractic to LINKs (the patient involvement organisation), and the latter has begun dialogue on this issue with local primary care trusts.



⁴ All patients' quotations are verbatim from patient satisfaction questionnaires.

“The treatment has been brilliant. The pain in my back was really severe and has been changed to very mild pain after treatment. I think a few more treatments could eliminate the pain altogether. Overall, brilliant results, life changing, very satisfied with the results.”

39 year old Debbie presented with bilateral low back pain of 6 years duration. Her symptoms were stiffness and aching made worse by standing for any duration and she reported that it caused her to reduce her activities. A lumbar spine x-ray was not remarkable with some slight deterioration. She had previously had physiotherapy which had not helped and had 6 monthly facet injections to manage the pain.

On examination, Debbie was found to have an extra lumbar vertebra (L6) and the vertebral complex of L5 – L6 was fixed with local muscle spasm and associated trigger points in piriformis and quadratus lumborum with range of motion restricted in left lateral flexion. Trigger point therapy and manipulation of the affected vertebrae was administered weekly for 6 sessions with the final session occurring after 2 weeks.

Her MYMOP score reduced from 3.25 to 1.50 and her SF36 increased from 60.55% to 83.33%. She stopped having facet joint injections to her lumbar spine and stated that ‘the chiropractor has helped significantly.’

Mental Health

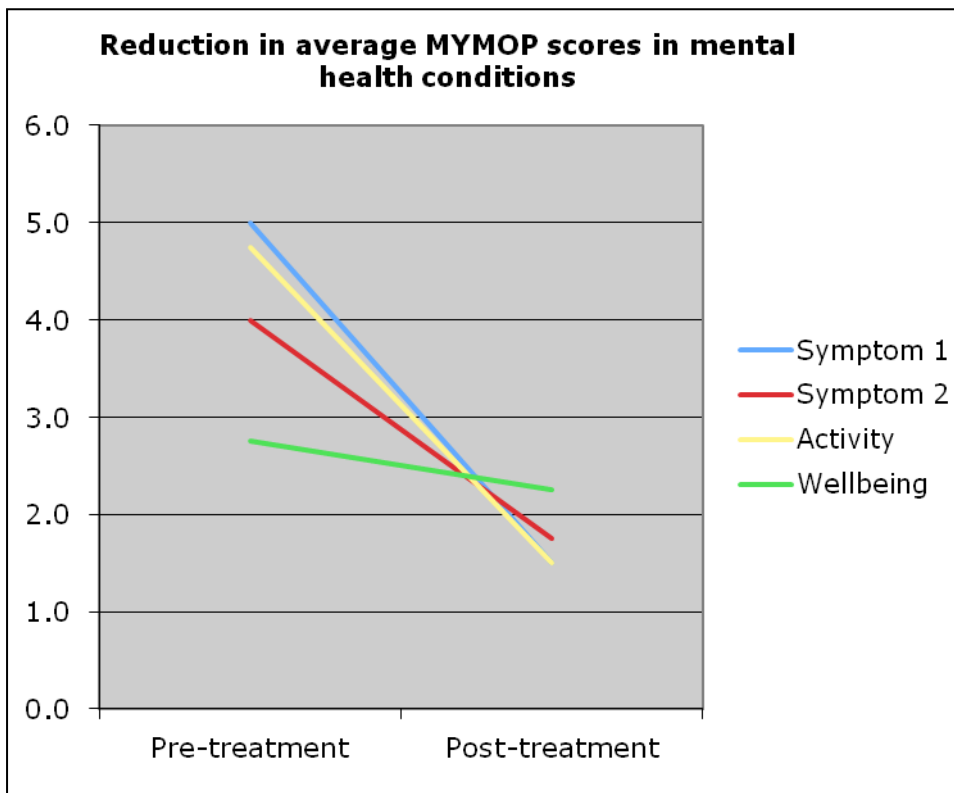
The homeopathy, and yourself, proved helpful and I feel more settled now.”

Five patients have been referred to homeopathy for mental health conditions, significantly fewer than expected, albeit that studies have consistently shown that a significant proportion of GP consultations contain a mental health component, and there was no evidence to suggest that the full cohort of patients referred to Impact was any different. (At Impact’s Radford and Hyson Green clinic, more than a third of the patients presented with mental health conditions, and outcomes for this group were the most positive. Patients with a range of chronic mental health problems, including anxiety, depression and stress-related disorders, reported experiencing improvement following homeopathic treatment at the Impact clinic between 2004 and 2006.)

The outcomes for patients from Radford Medical Practice have also shown significant improvements - an average reduction in MYMOP scores of 2.52 (varying between 1.75 and 3.5) and an average increase in SF36 scores of 36.89%, (varying from 23.33% to 50.45%).

58 year old Sarah was referred for homeopathic treatment because of difficulty sleeping, with associated feelings of exhaustion, low mood and headaches. She felt that these symptoms began in the menopause four years earlier and that a brief spell of trying HRT had only made the symptoms worse. Additionally, a recent eye test had revealed a very high intraocular pressure of 31 and 33 Hg (normal range 10-21Hg).

After four months of homeopathic treatment alone, a retest revealed a considerable improvement in the eye pressure scores to 23Hg in each eye. Her headaches and sleep pattern were improving also, and at the end of six months' treatment Sarah was feeling much better in herself. Consultations had revealed some long-standing emotional stress which she had felt unable to talk about before. Her overall MYMOP score reduced from 4.33 to 2.0.

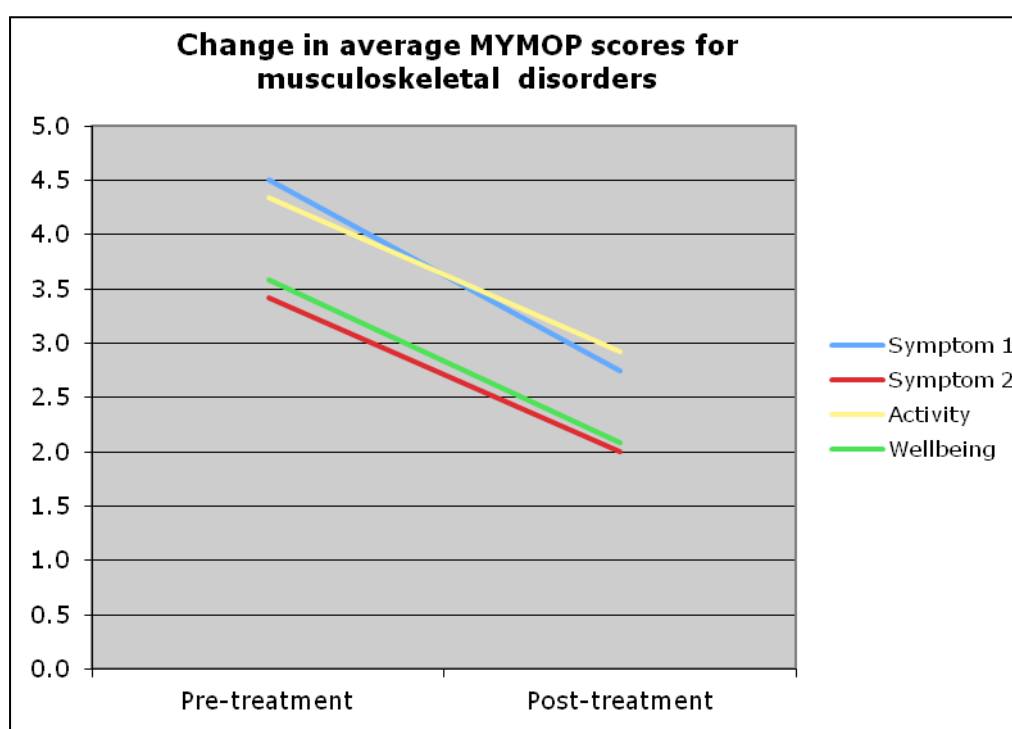


“Deep down, I feel a bit more steady and solid. I don’t feel so tired, not dragging through the day. I was depressed, but I’m not now.”

Musculoskeletal Disorders

"I do not need physio from work any more."

Sixteen patients were referred for musculoskeletal disorders, and the outcomes for this group also showed significant improvement, following either chiropractic or acupuncture. The average reduction in MYMOP scores was 1.6, and the average increase in SF36 scores was 10.36%. The Department of Health document '*Musculoskeletal Services Framework – A Joint Responsibility – Doing it Differently*', published in 2006, recommended the development of a wide range of non-surgical alternatives, including chiropractic and acupuncture. It also suggested that clinical assessment and treatment services should be established and should include chiropractic.



Sameena, 20 years old, presented with neck pain and accompanying headaches of over two years' duration. Her symptoms included a dull aching at the base of the neck and a sharp, right anterior headache, made worse by writing and studying.

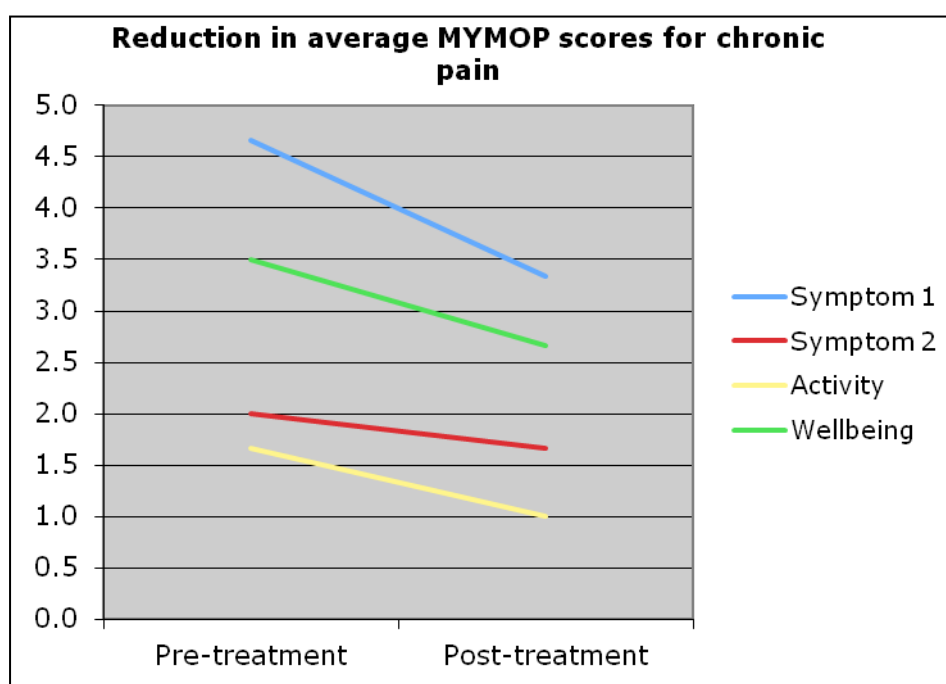
She had visited her GP on numerous occasions and had been referred for physiotherapy which had not helped. She had also been prescribed NSAIDs. On examination, she was found to have hypertonicity in levatae scapulae and upper trapezius. Cervical vertebrae 5 and upper thoracic vertebrae 1 and 2 appeared fixed and inflexible.

Sameena received five weekly sessions of manipulation, soft tissue work and ergonomic advice, with a final sixth session 2 weeks later. Her MYMOP scores reduced from 4.75 to 2.0 and her SF36 scores increased from 46.44% to 72.22%. She stated that she attends her GP less often as a result of her treatment with Impact and that she needed less treatment elsewhere now. She was very satisfied with Impact's service and would recommend it to others.

Chronic Pain

“Generally sleeping more after a bad stretch, more energy than expected at times, some periods of extreme pain but generally able to cope, sometimes without medication.”

Five patients with chronic pain have been referred to Impact for acupuncture treatment. Again, the results showed significant improvement - an average reduction in MYMOP scores of 1.36 and an average increase in SF36 scores of 13.45%. Acupuncture is now generally available in NHS pain management services, both in primary and secondary care, although it seems that access for patients is often limited. In 2006, Nottingham City PCT reviewed GP referrals to hospital-based chronic pain services and concluded that ‘up to 50% of these referrals could be managed in primary care using interventions such as acupuncture, manipulation, algorithms, further GP education and promoting self-care.’⁵



29 year old John was referred for acupuncture as he was suffering from constant headaches. There was a history of migraines in his family and he remembered suffering from migraines from the age of three. He had also suffered a bad fall three years previously, which had left him with a constant headache and a desire to sleep a lot. A CT scan had not revealed any damage. He took a variety of painkillers which would take the edge off but not remove the pain.

After his second treatment John reported that he had avoided taking any painkillers and whilst he was still waking up in pain he was suffering much less through the day. During the course of treatment John reported that the severity, duration and frequency of his headaches had decreased. When he did have headaches, he found that taking two painkillers would usually remove them. He had no migraines at all whilst having treatment.

⁵ The Primary Care Chronic Pain Pathway Proposal, Anita Dixon and Lucy Davidson, Broxtowe and Hucknall PCT

Practice-Based Evidence of Effectiveness

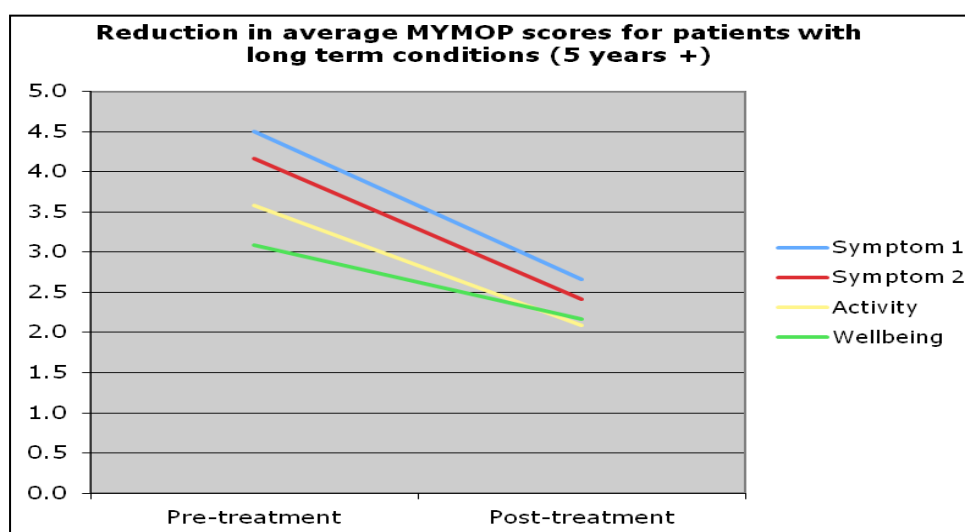
The clinical outcomes from this service tally very closely with the outcomes from Impact's previous clinic. This is particularly encouraging, because the patients from Radford Medical Practice had a maximum of six treatment sessions, whereas patients at the Waverley Health Centre were not restricted to a maximum number of sessions.

These results are also very similar to those obtained in the UK's first government funded trial into the use of complementary therapies in primary care, conducted in Northern Ireland in 2007 – 2008. In that trial (see www.getwelluk.com), the GPs involved were almost unanimously in favour of referrals to complementary services, in the light of such tangible results. In 99% of patient cases GPs said they would refer the patient, or a different patient, to the scheme again and in 98% of cases GPs said they would recommend the service to other GPs. Impact has considerable expertise in this area and is keen to extend the benefits of integrated medicine to other areas of Nottingham.

Tackling Chronic and Long Term Conditions

Just under half the patients referred had suffered their conditions for more than five years and some for many years longer. In nearly every case, therefore, the patient had already received all possible conventional treatment, with very limited results. The MYMOP outcomes graph below shows that, even for this group of patients, the outcomes have been positive. An average reduction in MYMOP scores of 1.75 (varying from 0.5 to 3.0) indicates significant improvement, as does an average increase in SF36 scores of 16.01%.

We suggest, therefore, that serious consideration be given to the commissioning of Impact's service for patients with long term conditions, including mental health conditions, particularly those who have not benefited from other treatment. As one of the GP partners comments⁶, "*a good alternative when conventional medicine is not working*".



⁶ On the Impact Service Evaluation form August 2010

Reduced Demand on Mainstream NHS Services

The evaluation shows that a referral to Impact subsequently reduces the take up of other primary and secondary care services. These findings are consistent with our previous work, which was evaluated by an independent academic, who found that patients went to see their GP less often following treatment: “Many of Impact’s patients were frequent attenders to GP practices; some because they had many chronic physical conditions and others because of mental health issues...many frequent attenders decreased their burden on GP services”.⁷

“At the start of treatment, anti-inflammatories and pain killers every day x 3 – now anti-inflammatories only once a week, if that, and painkillers once a week or less, depending on work load”.

Following treatment, 75% of patients (31 out of 42) completed a questionnaire on changes in their usage of medication and the frequency of visits to their GP.

- 71% (22) of those who completed the questionnaire were on medication before starting treatment with Impact.
- 69% (21) of those who completed the questionnaire said they wanted to reduce or stop medication.
- 63% (14) of the patients who were on medication before starting treatment with Impact reported reducing or stopping their medication since it was no longer required after treatment with Impact.
- 46% (14) of those patients who completed the questionnaire reported going to see their GP less after treatment with Impact.
- 56% (5 out of 9) of those patients who were receiving treatment in secondary care no longer needed it after treatment with Impact.

“I visited my GP twice with back problems – I have not been since [treatment]”.

“I stopped having facet joint injections for back pain as I was not having positive results – the chiropractor has helped significantly”.

Several patients referred to the preventative aspects of the Impact treatment, one commenting that the referral to Impact had prevented her needing stronger medication. Another patient commented on the way in which treatment had prompted her to consider lifestyle changes:

“Did make me think more about my general health in relation to headache e.g. links to body – back pain, diet, exercise etc. Thank you”.

⁷ Dr Shona Kelly, available for download at www.impact-imp.co.uk

Patient Choice and Satisfaction

“Very happy with the service provided. It has changed my life for the better”.

Just over half the patients (24) completed a patient satisfaction questionnaire once they had finished treatment with Impact. 100% agreed that they have been appropriately referred by their GP, and all of them said they would recommend Impact to others. Nearly 90% were very satisfied with the service they received; with the remaining patients saying they were satisfied.

“I received effective and positive treatment. Thank you!”

Several patients commented that, whilst they were happy with the treatment, six sessions were not sufficient. This was particularly true for acupuncture patients; normal clinical practice in acupuncture is to offer a course of ten sessions.

“If I could continue treatment I would do so. But the medical practice only allows 6 sessions which isn’t enough”.

In March 2007, in front of BBC TV cameras, the Impact Patients’ Forum presented a petition to the Nottingham City Primary Care Trust Chief Executive, signed by approximately nine hundred local people. It is clear, therefore, that this service is extremely popular with patients, when it is made available as part of NHS primary care.

Health Inequalities

As is evident from recent studies, health inequalities continue to persist, with the gap between rich and poor being wider than ever. Impact’s previous work in Radford and Hyson Green was recognised by Nottingham City Primary Care Trust as a valuable way of tackling health inequalities; in March 2007 Dr Chris Packham (Director of Public Health) referred to it as a ‘gold standard service’.⁸

In 2004, Impact partner Julie McKay carried out a study which compared patients in her West Bridgford (NG2) private chiropractic practice with those at Impact’s funded clinic (NG7).⁹ Those from NG7 were nearly ten times more likely to have psychosocial difficulties than those from NG2. Their condition was also twice as likely to be chronic, and almost three times the number of consultations were required for treatment to be completed. This demonstrates that there is a much greater need for the kind of services provided by Impact in deprived areas, to address the higher incidence of chronic and complex conditions. Furthermore, since a significant proportion of GP consultations have a mental health component, the Impact team considers that the provision of integrated care, which can offer patients several interventions tailored to their individual physical and emotional needs, is an effective way to support and complement existing services.

⁸ BBC East Midlands local news story

⁹ Impact Annual Report 2005 pp20 - 21

The Impact service at the Waverley Health Centre took referrals from local GPs and practice nurses, as well as other health and social care practitioners and patient self referral. This service was disproportionately popular with patients from black and minority ethnic (BME) communities; 48% of Impact's patients at the Waverley Health Centre were from BME groups, in an area where the resident BME population is 28%. For Impact, this illustrates a wider trend of the attraction of its services for groups traditionally considered 'hard to reach'.

Costs and Savings

As described above, the cost of the Impact service to the Radford Medical Practice has been £260 per patient, or an average of £43 per consultation. Whilst there are no reliable estimates of the cost of a GP consultation, it is clear that a reduction in GP visits equates with savings for the practice. Likewise, reductions in prescribed medication also result in savings for the practice. Nearly all of the costs charged by Impact for the service covered the practitioners' time; negligible amounts were required to cover materials, such as acupuncture needles, treatment couch roll or homeopathic remedies.

A reduction in referrals to secondary care certainly saves GP practices money. For example, the current Payment by Results Outpatient Attendance Tariff for pain management is either £160 or £231 for the first consultation (depending on whether the patient is seen by a single practitioner or a team), and £84 or £95 for follow up attendances. Referrals to other outpatient clinics are similarly more expensive than referrals to Impact; a referral to rheumatology is £238 for a first appointment and £98 for follow up attendances; a referral to orthopaedics is £134 with a tariff of £74 for follow up appointments. A referral to Impact for six sessions is, therefore, cheaper than a referral to secondary care, especially where a number of attendances may be required.

Analysis by North East Essex Primary Care Trust of a manual therapies back and neck service provided by chiropractors and osteopaths in 2009/10 concluded that:-

- Referrals to a spinal consultant had reduced by almost 30% since the introduction of the service.
- 74% of the 2,810 patients had their condition much improved or very much improved.
- 97% of the patients referred to the service were kept out of secondary care.
- 70% of patients taking medication for their condition reported either stopping or significantly reducing their use of medication post treatment.
- The PCT estimated the service as cost neutral.

It is notable that this service, like Impact's, also provides patients with a maximum of six sessions.

The potential to save money by diverting referrals from secondary care to community based services is illustrated in the Department of Health (DH) document, *'Exercising Outcomes: A Guide for Commissioners to Developing Musculoskeletal and Exercise Medicine Services'*. The DH states that diverting referrals from secondary care to community based services can generate cost savings of around £44 per appointment. With the average cost of an appointment with Impact currently at £43 per appointment, it is possible that the savings generated could cover the cost of providing the service.

Conclusion

Since 2004, the Impact team has repeatedly demonstrated the effectiveness of integrating holistic, complementary approaches into primary care. When Radford Medical Practice approached Impact in 2008 to deliver a service for their patients, the team was delighted to take another opportunity to make its service accessible to patients living in one of the most deprived areas of the city. Once again, by carefully evaluating the progress and outcomes for the patients, Impact has demonstrated that acupuncture, chiropractic and homeopathy are both clinically and economically effective ways of treating patients with short and long term conditions, including those who have not experienced improvement with conventional treatment. The Impact team is at the forefront of developing integrated care that reduces both the burden on GP and practice staff and prescribing costs, whilst also providing a service which offers an innovative approach to reducing health inequalities. The Impact team looks forward to being able to further develop this integrated approach for patients and practices in Nottingham and elsewhere.

Acknowledgements

The Impact team would like to thank the following people:

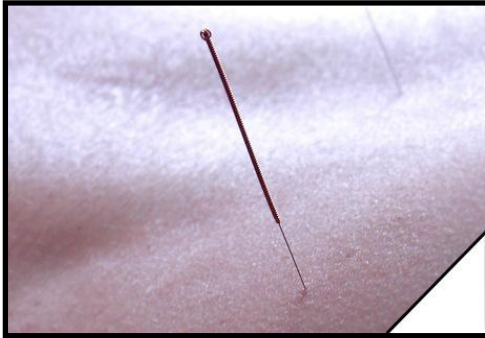
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Shirley Thompson BSc MNWCH RSHom

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“I received effective and positive treatment. Thank you.”



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