

Contents

Introduction	2
Referrals	3
Evaluation	5
Improvement in patients' health and wellbeing	5
Patient satisfaction	8
Patient diversity	9
Improved lifestyle behaviour amongst patients	10
Reduced pain amongst patients	10
The impact of our work on primary care	11
Integrated working	12
Links with other organisations	13
The Society of Homeopaths Achievement Award	13
Conclusion	14
Contacts	15

Introduction

Impact Integrated Medicine Project provides acupuncture, homeopathy and chiropractic to residents of Radford and Hyson Green, at no cost to the patient. Funded until March 2006 by New Deal for Communities, it was set up in response to resident requests for access to a wider choice of treatment; acupuncture, homeopathy and chiropractic are usually only available in the private healthcare sector. Co-directors Heather Fitton and Fiona Robertson¹ have worked together since October 2001 to develop the project, alongside the Nottingham Primary Care Trust (PCT), NDC and local practices. Based on the first floor of the Waverley Health Centre, Impact opened to patients in February 2004.

Acupuncture, homeopathy and chiropractic are well established, evidence-based systems of medicine with individual diagnostic approaches and sound professional structures and regulation². As the provision of CAM (Complementary and Alternative Medicine) within the NHS grows nationally, we aim to be at the forefront of developments in Nottingham.

In this report, we outline the activity, outcomes and achievements of our first year of practice, and look at what we hope to achieve over the next two years. It is our aim to become an integral part of local primary care services, so that the benefits of acupuncture, homeopathy or chiropractic are made available to all.

Since the project opened seven months ago, take up of the service has been very high. We have seen 121 patients³; we usually see around 5 new patients each week. Of these, 25 (21%) have successfully completed treatment; treatment is ongoing with a further 80. We have an 'open door' policy; patients who have completed treatment are encouraged to return if they relapse – often, only one or two further consultations are required in these instances.

Sixteen patients have discontinued their course of treatment, for a variety of reasons. We follow up with each patient if they do not attend an appointment; on occasion, however, patients decline the offer of further treatment; this is their choice.

Acupuncture and homeopathy are available 18 hours a week; chiropractic is available 14 hours a week. So far, a total of 713 consultations have been held. Our rate of DNAs (Did Not Attends) is relatively low, at 5.5% of our appointments.

“Being able to come here has made a huge impact on my life for the better – this service has been a blessing to me, something I have needed for many years but not been able to afford”⁴

¹ See Contacts section, p15

² See Appendix 1, referral guidelines

³ Data used is from 2/2/04 to 10/9/04 inclusive

⁴ Quotes from Impact comments book/patient satisfaction questionnaires unless otherwise stated

Referrals

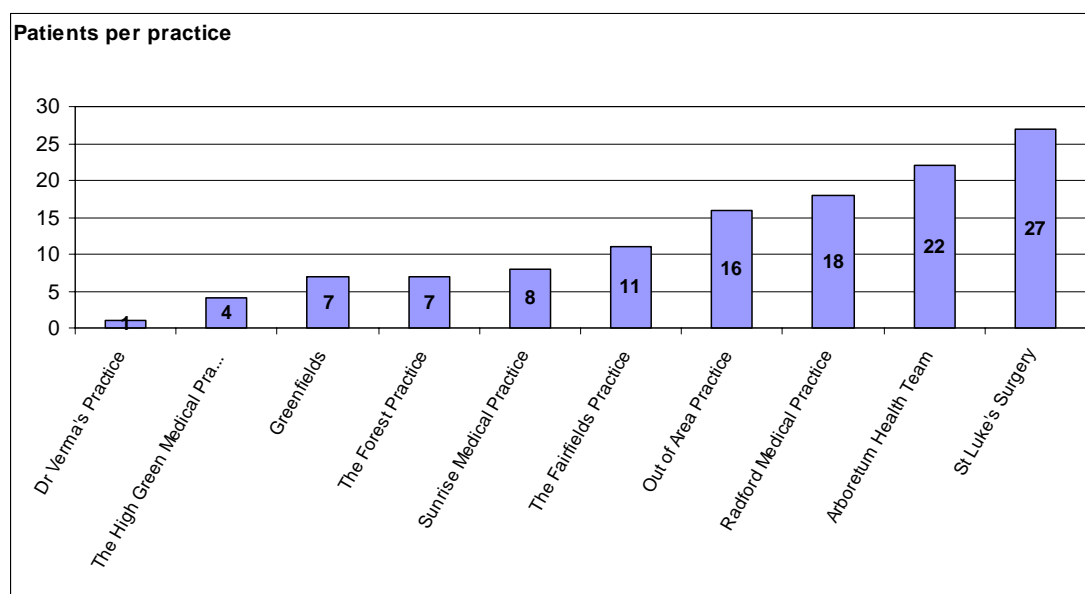
Our referral system and criteria, developed in conjunction with local practices, Nottingham City PCT and our professional organisations, allows for referral via GP/health professional and self-referral. We have developed referral guidelines for GPs and other health professionals, which now include details of the evidence base for each discipline, following suggestions from the Director of Public Health⁵. The guidelines have been shared with GPs and other health professionals.

We also receive referrals from several other organisations, including Framework and the Asian Women's Project. In this way, we are able to reach a number of patients from 'hard to reach' groups, including refugees/asylum seekers and people with drug and alcohol addictions.

Currently, 23% of our patients have been referred by their GP, practice nurse or other health professional. This percentage is increasing slowly as more practices and organisations become familiar with Impact.

So far, 77% of our patients have self-referred. Most people have heard about the service via word of mouth, and others via NDC, especially via NDC News, to which we have contributed a number of articles.

There are 9 practices within the Radford/Hyson Green area. The distribution of all our patients by practice is illustrated below.



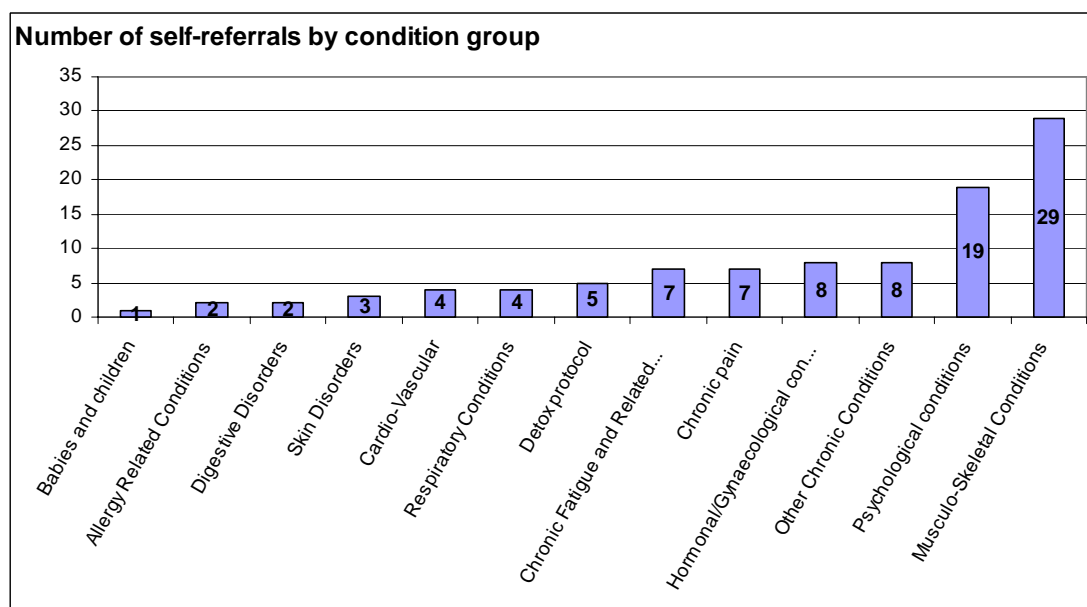
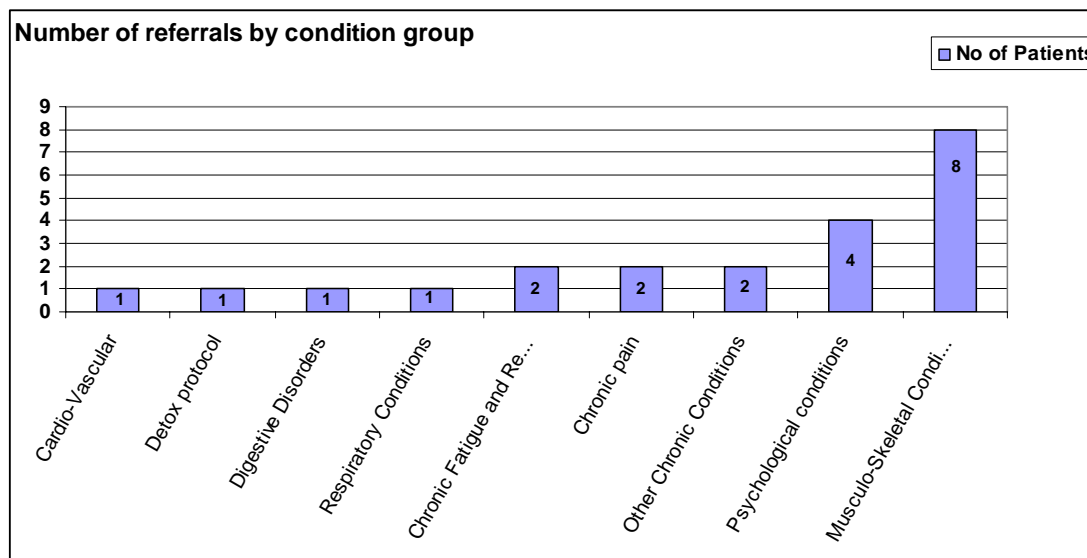
“I thought I would feed back some very positive responses from 3 out of 4 patients that I have referred to you. These 3 have made a point of coming to see me to thank me for making the referral as the reduction in pain levels has helped them greatly. I find it wonderful to be able to have somewhere to refer these particularly difficult to manage patients”⁶

⁵ See Appendix 1, referral guidelines

⁶ Practice nurse, Mary Potter Health Centre 20/9/04

Referral patterns

We have been interested to see if there are many differences between patients that have been referred from those that self-refer. In order to do this, we have categorised patients according to their main presenting complaint; whilst this gives us a useful guide, it is not a completely accurate picture of our patients, who nearly always present with more than one complaint. As the charts below illustrate, there is no major difference between self-referrers and those referred.



As we are funded by New Deal for Communities, we are only able to treat people who live in Radford and Hyson Green. However, it is clear that demand for the service is city-wide; we have had 19 referrals from GPs and practice nurses that we have not been able to process, as the patients concerned live outside the area. We are, of course, committed to the principal of equity of access to service provision, and will welcome ways in which we can extend our work beyond this area.

Evaluation

During the development phase of the project, we devised a comprehensive evaluation framework, working closely with evaluation officers from both Nottingham City PCT and NDC. This framework enables us to measure the impact of our services on the health of our patients and on the work of local practices.

We have identified a range of short, medium and long-term aims, using the Theories of Change model⁷. Having successfully launched the service and achieved the short term aims, we are now looking at how far we have come in meeting the medium term aims, as detailed below.

Improvement in patients' health and wellbeing

The main aim of the project is to improve the health of our patients. During the development phase of the project, we looked at various outcome measures for health, and decided to use two – the well-known SF36 health survey questionnaire, and MYMOP – Measure Yourself Medical Outcome Profile. We are still in the process of scoring SF36; data will be available from early 2005.

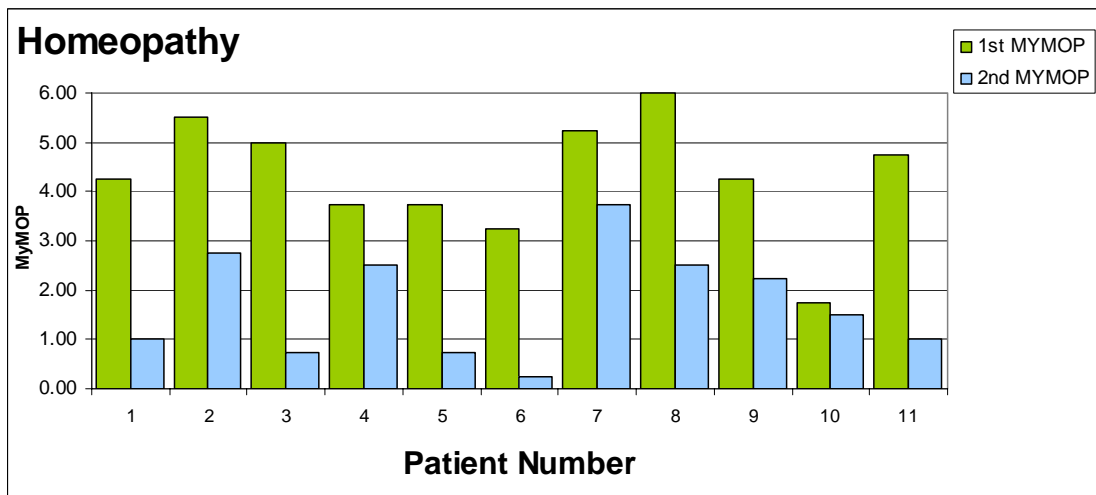
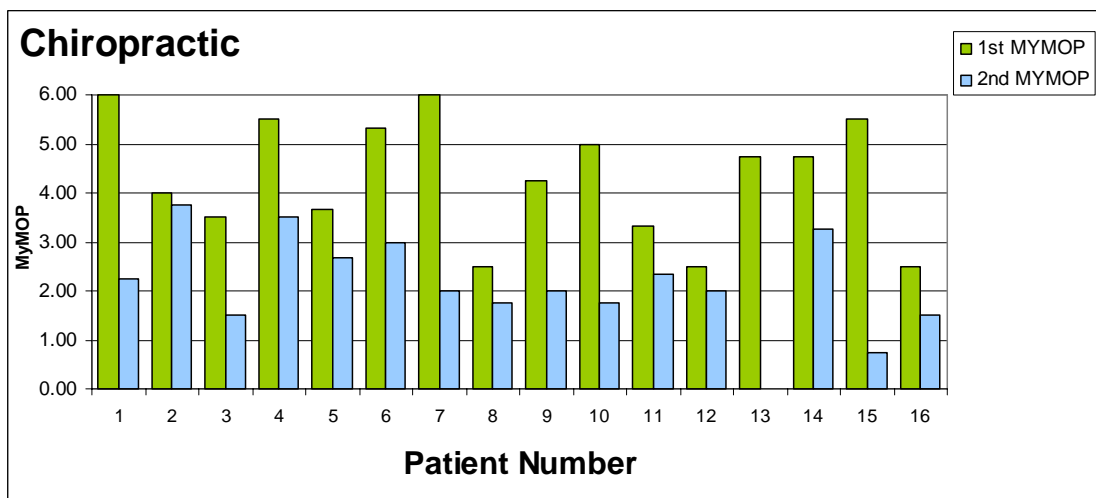
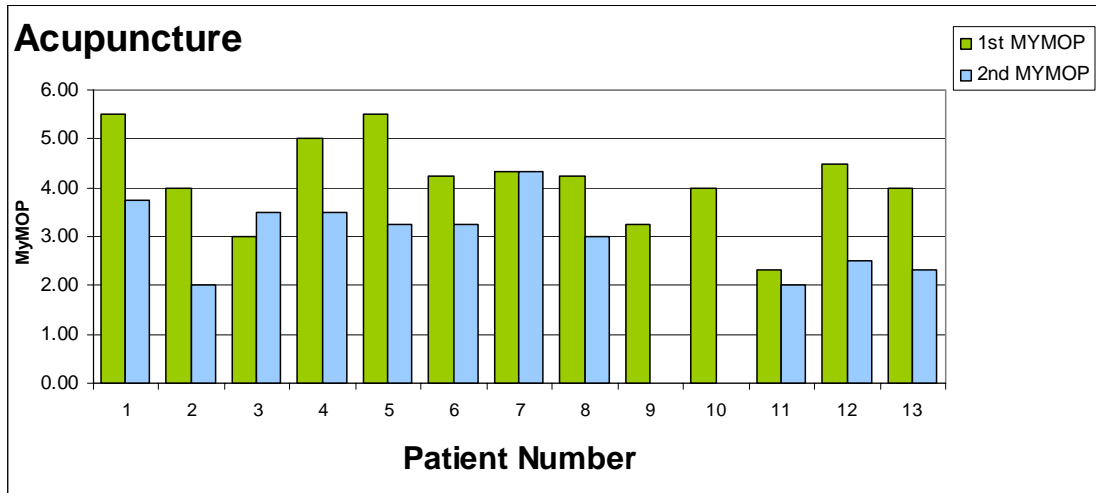
Several published studies have shown that MYMOP is practical, reliable and sensitive to change⁸. These studies have involved patients who have received treatment from both orthodox and complementary practitioners for a range of problems. Each patient fills out both forms at the first consultation; each form is then filled out again at the completion of treatment. MYMOP aims to measure the outcomes that the patients considers most important.

From our work during the first seven months of the project, we have 40 sets of MYMOP results. Patients rate two symptoms between 0 (the best possible score) and 6 (the worst possible score), along with an overall wellbeing score and the extent to which they are limited in doing an activity which is important to them. From this, an overall profile score is calculated, which can be between 0 and 6. Thus, improvement is shown as a reduction in the score, as clearly illustrated by the charts below. For example, acupuncture patients 9 and 10 and chiropractic patient 13 scored 0 in their follow up MYMOP – the original symptoms have gone and they feel very well overall.

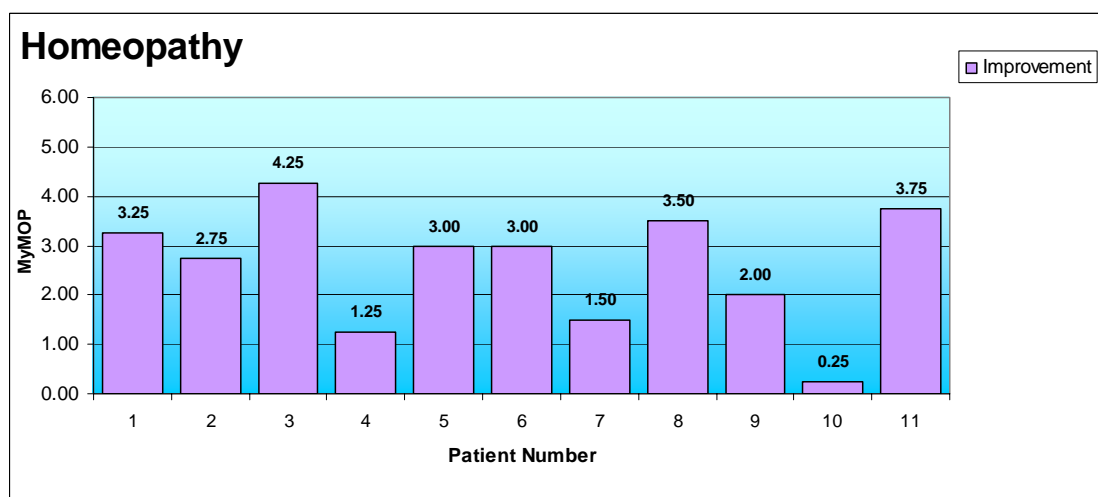
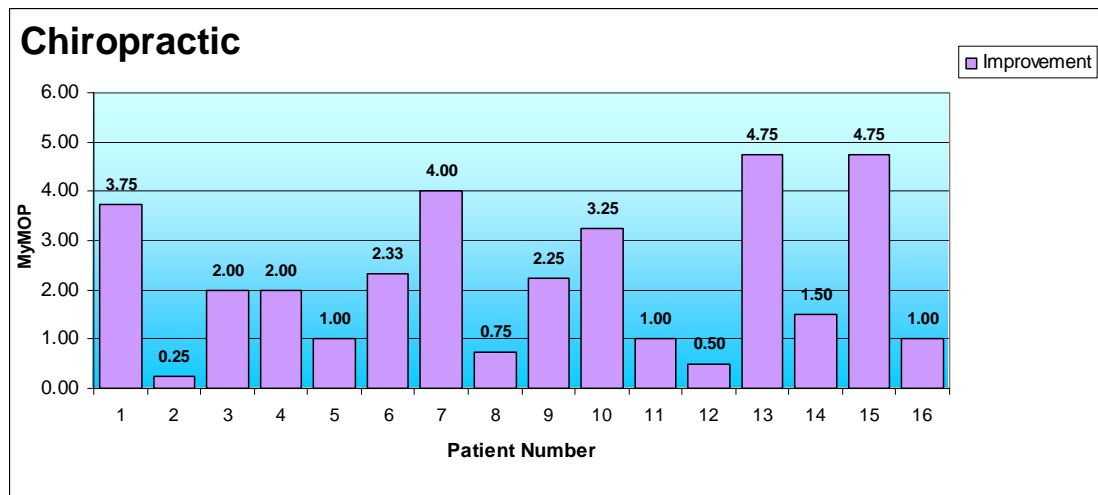
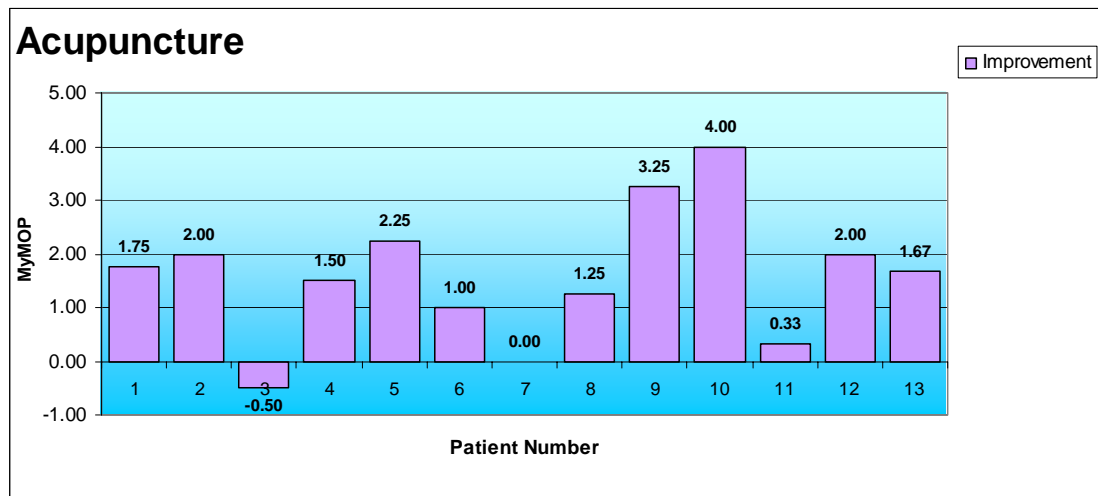
From these charts, we can see that 38 patients have experienced an improvement in their health, 95% of those who have completed MYMOPs. One patient has stayed the same and acupuncture patient 3 felt slightly worse. This patient has fibromyalgia, a condition in which pain levels can vary from day to day. It is important to note that a significant number of our patients have complex and chronic conditions which require long-term treatment.

⁷ The evaluation framework is available from Impact, on request

⁸ MYMOP, developed by Dr Charlotte Patterson, www.hsrb.ac.uk/mymop/main.htm



The following charts illustrate how much the health of our patients has improved. Clearly, an improvement of one more than 1 indicates a significant change, which means a reduction in pain, less anxiety, more energy, increased mobility, and better sleep – whatever the patient has identified as their most troublesome symptoms.



Patient satisfaction

During the development of our evaluation framework, we set a target of a minimum 80% patient satisfaction rate. We value the patient's view of the service very highly; it is vital that patients return in order for treatment to be completed, and as our work is highly individualised, good patient/practitioner relationships are essential. We also note that a large proportion of patients have 'tried everything else' and therefore are often desperate to find something which will alleviate their distress or pain.

We have recently developed a patient satisfaction questionnaire⁹; we ask patients who have attended for several consultations to fill it out anonymously. The questionnaire asks about various aspects of the service, and is already proving to be a useful source of feedback. We also keep a comments book in the waiting area.

The two major issues that patients have raised via the questionnaires and the comments book are difficulties using the lift, which we are in the process of addressing with NDC, and the size of the chiropractic consulting room, which is too small for comfort. Work is now going ahead for alterations to a further room on the first floor of the Waverley Health Centre, allowing us to have an adequate chiropractic consulting room, more space for our project administrator, and a further acupuncture consulting room.

So far, 83% of the 24 patients who have completed the questionnaire are very satisfied with the service, with the remaining 17% saying they are satisfied. Everyone said they would recommend Impact to other people. We are in the process of contacting all our past patients, requesting that they complete a patient satisfaction questionnaire, so that we can make a truly accurate assessment of how patients view the service.

“When I first came here, I felt all over the place emotionally and physically with my faith in medical professionals at a low ebb. The remedy we found has helped me enormously – in general life is much easier to cope with. Thank you for enabling me to feel ‘normal’”

“A big THANK YOU for what you are doing. I'm glad you're here”

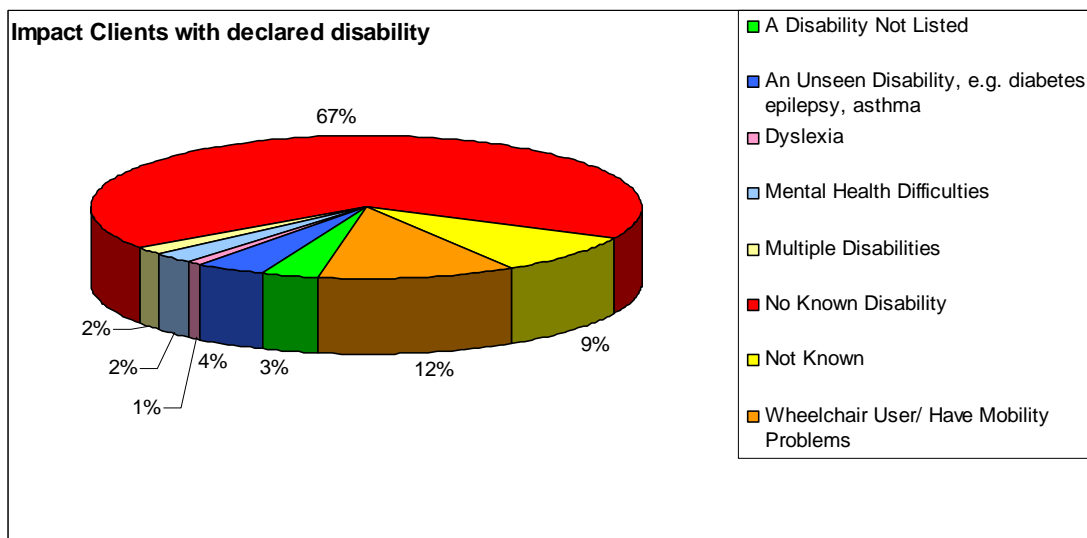
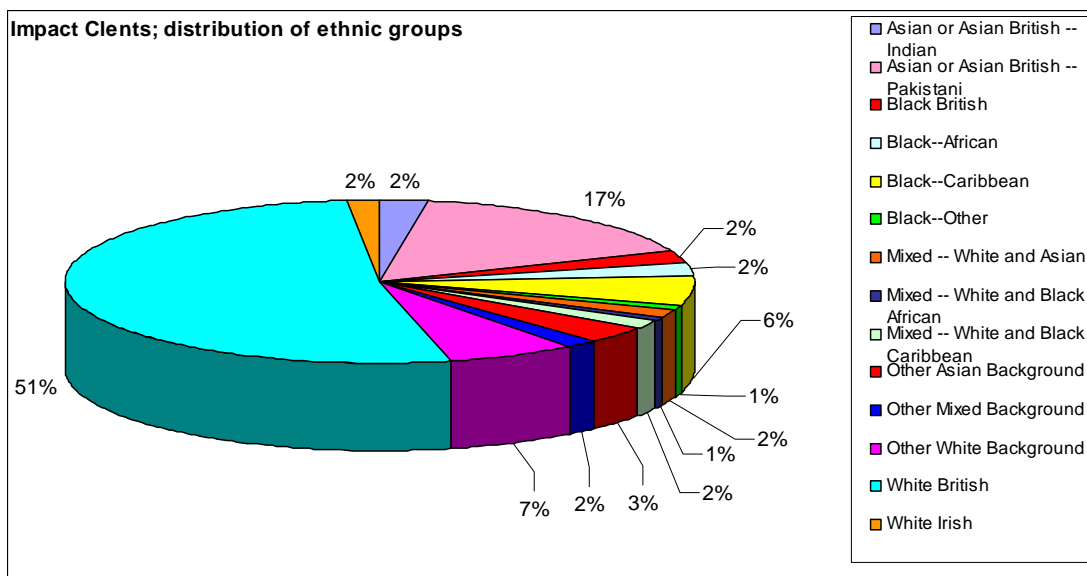
“...you all do such a valuable service, friendly, professional and caring – it's a tribute to you all and long may it continue. All my needs were met when visiting and I always left feeling great – so a big thank you to you all”

⁹ See Appendix 2, patient satisfaction questionnaire

Patient diversity

Our patients come from many sections of the community, as the charts below illustrate. We are committed to equality of access, and have ensured that patients' needs can be met – we use Nottingham City Council interpreting service whenever appropriate, and provide taxis for patients who have mobility problems.

65% of our patients are female. We are aware that women typically access health services of all kinds more often than men. However, we are seeing an increasing number of men, particularly via Framework who provide supported housing for vulnerable men.



Improved lifestyle behaviour amongst patients

Whilst health education is not our main focus, we often discuss lifestyle issues with patients. We offer a range of information and advice tailored to the individual's needs - this may include general discussion around diet or smoking, for example, or specific exercises suggested by our chiropractor. We are also able to signpost patients to other services, where appropriate.

We often find that as treatment progresses, patients make healthier lifestyle choices. We are also working with patients who are or have been alcohol or drug dependant. The acupuncture detoxification protocols that we offer will be expanding over the next few months, as we are moving into two additional rooms.

A woman in her 30s came to Impact, wishing to stop smoking. She felt that she did not have enough energy to interact with her children. She received 8 sessions of auricular acupuncture, a detox protocol which can be used where any substance is an issue for users.

The sessions were twice weekly for the first two weeks. During this time, her sleep patterns were interrupted temporarily, as she stopped smoking; this was addressed during the consultations. By treatment 6 she considered herself to have given up completely, and was able to socialise without needing a cigarette.

A further two sessions of traditional acupuncture – based on Tongue and Pulse diagnosis – followed, to improve her general wellbeing. Her MYMOP score went from 3.25 to 0.

Reduced pain amongst patients

From the MYMOP results, it is clear that many patients are experiencing an improvement in their symptoms, which often include chronic physical pain. We feel that acupuncture, homeopathy and chiropractic are very effective in pain control/management.

“Since I have taken acupuncture treatment I found that the pain in my knees have diminished although my knees are still weak and feeling sore and still have to use my walking stick to take some of the pressure off them. I have found that after walking the pain is much less severe that it used to be and that makes me more relaxed and hopefully as time goes by it will only get better. It's the first time for many years that I have had any kind of pain relief from the severe pain I had been experiencing. Thank you”

The impact of our work on primary care

In the development of the project, it became clear that Impact's work may have a direct effect on other areas of primary care. After only six months of practice, we are in the early stages of developing methods for evaluating a variety of outcomes. These include:

- Reductions in referrals to secondary care
- Reductions in medication and prescribing costs
- Reduced attendances at GPs

We have anecdotal evidence from patients on medication reduction – however, we are looking at more robust ways to evaluate this area. We will be requesting attendance figures from practices in the coming months, so that we can evaluate the impact of our service on their workload.

It is clear that our service offers referral choices to GPs which have previously been unavailable, and that they are choosing to refer patients to us. During 2005 we will work with Dr Linda Gibson, public health lecturer at Nottingham Medical School and a leading CAM researcher, to undertake several studies on our work; one of these will be on GP/health professional satisfaction.

Our referral forms ask referrers and self-referrers what they would do (for the patient) if Impact was not available. Out of 88 replies to this question, 55 would continue with medical treatment or do nothing. 10 patients would be referred to another primary care service, including secondary care.

Only 20% of patients answered that they may access treatment in the private CAM sector; this implies that private treatment is not an option for the majority of our patients, on the grounds of cost and accessibility.

Integrated working

We aim to work in an integrated way, both with other health care professionals, and within the Impact team. This means that we refer patients to each other, whenever clinically appropriate. A majority of patients present with more than one or two symptoms; it is important that they receive the best possible package of care, so that improvement is significant and long-lasting. This individualisation of care is an essential part of an integrated, holistic approach. We are currently looking at ways to evaluate this; so far, it appears that MYMOP is the most useful tool.

Currently, 30% of patients are receiving more than one form of treatment. The 'lead' practitioner decides what is most appropriate to the case and refers accordingly; they continue to manage the case until work is complete. We have regular discussions on our joint work, so that every practitioner involved is aware of the progress made and issues involved with each patient.

A 44 year old man came to Impact for chiropractic treatment. He had a 26 year history of lower back pain and had partial disc removal in 1982. He presented with low back pain, left hip pain and occasional paraesthesia down his left leg.

The patient had 7 chiropractic treatments, which resulted in the complete cessation of all his presenting symptoms, which have not returned to date.

During his chiropractic treatment, he mentioned suffering from hay fever, and so was referred for homeopathic treatment. He was prescribed one remedy; at his follow up consultation four weeks later, he reported a major improvement in all his hay fever symptoms, along with a greater ability to concentrate.

Links with other organisations

Clearly, our main links are with NDC and Nottingham City PCT, along with local GP practices. However, we have also worked with a range of other organisations, on both a local and national level.

Locally, we have ongoing working relationships with the Asian Women's Project Healthy Living Centre, Framework and No English No Problem (who work with refugees and asylum seekers). We have met with a large number of other agencies, organisations and key individuals, including Doctors against Deprivation, Nottingham Black Partnership, New Leaf, Iparo and local MPs John Hepple and Alan Simpson. Links continue to be made; we have meetings arranged with All Saints Community Care Project, and Nottinghamshire Probation Service, for example.

We have been visited by several CAM projects based in other parts of the country, including a fledgling project in Salford and the well-established NDC/PCT funded project in Newcastle. We are members of the Foundation for Integrated Health.

“Thanks very much for sparing the time to show us round and explain your project. We were both very impressed and it really gave us a lot of help in shaping our project. We had plenty to talk about on the way home.....we really did appreciate it”¹⁰

It is clear that confidence in the work of Impact is growing, both locally and nationally. We are now working to ensure that our project meets Clinical Governance guidelines, which have been produced for CAM projects working within primary care by the University of Westminster and the Integrated Health Foundation.

The Society of Homeopaths Achievement Award 2004

For the past two years, the Society of Homeopaths, the lead organisation for homeopathy in the UK, has presented Achievement Awards, in three areas, funded by health insurers HAS. One of the three awards is for improving accessibility to homeopathic medicine, and this year, it has been awarded to Fiona Robertson, in recognition of Impact's work. The Society Directors have been particularly impressed by how much has been achieved during the last twelve months, in making homeopathy truly accessible to residents of Radford and Hyson Green.

¹⁰ Salford GP who is involved in setting up a CAM project

Conclusion

From our work over the last seven months, it is clear that Impact Integrated Medicine Project is a very popular choice for patients, and has given local GPs and other health professionals enhanced referral options which they are happy to use.

We are especially pleased that patients from all sections of the Radford/Hyson Green community have accessed our service, and we look forward to continue to work with local organisations to ensure that this aspect of our work is developed.

All areas of our work will continue to be carefully monitored and evaluated. It is important that we clearly demonstrate both improvements in the health of our patients, as well as the impact of our service on primary health care. A full evaluation report will be produced in September 2005.

We will continue to work both locally and nationally towards changes in healthcare delivery, so that all patients and health professionals have the choice to access acupuncture, homeopathy and chiropractic. We aim to become mainstream funded by the NHS when our NDC funding ends in March 2006. We are very proud to be delivering the first such service in Nottingham.

“Improving health requires both holistic thinking and action. Health and well being is not the responsibility of any one organisation, profession, sector or individual working on its own. It requires partnership, joint working and joint budgeting, integrated thinking and action. We need inter-connectedness in our approach to the health challenge, not fragmentation.....By seeking connections in the way we work we will come to see the whole in each of our actions”¹¹

¹¹ Dr David Reilly, Andrew Lyon et al: The Fifth Wave – Searching for Health in Scotland

Contacts

For further information on Impact's work, please contact us, as below.

The Impact team

Fiona Robertson DSSH RSHom, co-director and homeopath, trained at Soluna School of Homeopathy, graduating in 1997. She worked in private practice in Nottingham for seven years, until Impact started in 2004.

Heather Fitton MBAcC DipAc, co-director and acupuncturist, qualified in Traditional Chinese Medicine in 1994 from the Northern College of Acupuncture. She ran a private practice in the East Midlands until the inception of Impact.

Julie McKay BSc DC, chiropractor, graduated from the Oxford College of Chiropractic in 1999 and has been in private practice in Nottingham since. She has also completed two years of post-graduate work at the Anglo-European College of Chiropractic.

Audrian Smith, project administrator, has been in post since October 2003. Formerly a midwife, she retrained in administrative and computing skills at First Data, and is now able to use her administration skills whilst continuing to work in a health environment.

Address

Impact Integrated Medicine Project
The Waverley Health Centre
105 – 107 Portland Road
Nottingham
NG7 4HE

Telephone

0115 8448252

Email

info@impact-imp.co.uk

Website

www.impact-imp.co.uk

Appendix 1

Impact Integrated Medicine Project: Referral Guidelines

Impact is an integrated health project which offers acupuncture, homeopathy and chiropractic to people who live in Radford and Hyson Green, at no cost to the patient. We have worked closely with Nottingham City PCT and our professional organisations to develop these referral guidelines.

As Impact is funded by New Deal for Communities, we can only take referrals for patients who are residents of Radford or Hyson Green.

There may be a number of reasons for GPs and other health professionals to consider referral to us. In general, we suggest that referral may be an option when:

- The patient is unwell and symptoms persist, though tests have shown nothing abnormal
- There has been no response to drug treatment or side effects are unacceptable
- The patient has chronic disease with limited treatment options
- The patient has requested to be referred for acupuncture, homeopathy or chiropractic
- The patient has recurrent episodes of acute illness, requiring repeat prescribing
- The patient has psychological symptoms, or a history of mental or emotional disorder.

Each of these systems of medicine takes account of the exact details of the individual's symptoms, as well as their subjective experience of their illness, and their general characteristics. This means it may also be possible to treat patients for whom there has been no conventional diagnosis.

The referral criteria for acupuncture, homeopathy and chiropractic are outlined in more detail below. We also offer brief assessment interviews for patients, to ascertain which treatment is most suitable for them.

It is possible to refer patients to more than one practitioner; however, we usually start patients on the most appropriate treatment and then refer in-house, according to clinical need. Each patient therefore has a 'lead' practitioner who is responsible for the management of their treatment at Impact.

How to refer to Impact

Referral to Impact is via referral form. Once we receive it, we contact the patient, and arrange an initial assessment if this needs to be done in order to decide which treatment is most appropriate. Otherwise, the first consultation will be arranged. After the first consultation, we write to each patient's GP to let them know what the likely course of treatment will be. Once treatment has progressed, we write again to give a more detailed description of the outcome.

Patients can also self-refer directly to Impact. Each patient completes a self-referral form, and is assessed if necessary. Every self-referred patient's GP is informed in writing (with their consent) that they are coming to Impact, and we keep the GP informed of progress.

Referrals to acupuncture

Acupuncture has a long history, with over 2500 years of anecdotal evidence attesting to the wide range of diseases and conditions that it can effectively treat¹². The World Health Organisation has produced a brief review of the current literature on acupuncture practice; in the past two decades there have been extensive studies on acupuncture and great efforts have been undertaken to conduct controlled clinical trials.

The WHO cites the following list of conditions as responding well to acupuncture:

- Allergies
- Asthma
- Back pain
- Carpal tunnel
- Colds and flu
- Constipation
- Depression
- Gynaecological conditions
- Headaches
- Heart problems
- Infertility
- Insomnia
- Pre-menstrual syndrome
- Sciatica
- Sports injuries
- Stress
- Tendonitis

Further studies¹³ have shown that acupuncture is also effective in treating:

- Dysmenorrhoea
- Fibromyalgia
- Stroke
- Substance abuse (for which auricular acupuncture may also be used)
- Menopause
- Neck pain
- Lower back pain
- Osteoarthritis
- Morning sickness
- Respiratory diseases
- Urinary dysfunction
- Tennis elbow
- Facial pain

In general, acupuncture is known to enhance immunity, and patients often report increased mental and emotional well-being¹⁴. It is suitable for patients of all ages, including babies and young children. It works well in the management of pain and is helpful in both acute and chronic conditions. It can also be an effective form of support in chemotherapy and psychiatric illness.

¹² World Health Organisation: Acupuncture: Review and analysis of reports on controlled clinical trials www.who.int/medicines/library/trm/acupuncture/clinicreportsacupuncture.shtml

¹³ Acupuncture Efficacy: A Compendium of Controlled Clinical Trials by Stephen Birch and Richard Hammerschlag

¹⁴ British Acupuncture Council: www.acupuncture.org.uk is the lead professional organisation.

Referrals to homeopathy

Over the last two hundred years, homeopathy has established itself through much of the world. Its use is steadily increasing, and it can be a safe, effective form of care in acute and chronic conditions, both mental and physical. Since 1991 there have been five published meta-analyses of homeopathic RCTs¹⁵ and all conclude that homeopathy has a positive and specific effect beyond that of placebo. There have also been a number of clinical outcome studies^{16 17}.

Studies show that the following conditions respond positively to homeopathic treatment:

- Hay fever
- Rheumatoid arthritis
- Asthma
- Fibrositis
- Otitis media
- Anxiety
- ADHD
- IBS
- Migraine
- Osteoarthritis
- Premenstrual syndrome
- Chronic fatigue syndrome
- Ulcerative colitis
- Eczema
- Headache/migraine
- Menopausal symptoms

In addition, the Society of Homeopaths¹⁸ suggests the following additions to the list of conditions that respond particularly well to homeopathy:

- Grief/bereavement
- Obsessive disorders
- Post traumatic stress
- Depression
- Panic attacks
- Fears and phobias
- Nightmares
- Insomnia
- Impotence
- Menstrual irregularities
- Candidiasis
- Pregnancy/labour problems
- Glandular fever
- Urinary tract infections
- Repetitive strain injury

An accurate homeopathic prescription will alleviate the patient's specific physical and emotional symptoms, and generally promotes a greater sense of well-being and an increase in energy. It may be especially useful in cases where there is a significant psychosomatic element or aetiology, or where a conventional diagnosis cannot be reached.

¹⁵ The Faculty of Homeopathy: Homeopathy – A guide for GPs. www.trusthomeopathy.org

¹⁶ The Case for Homeopathy: The Faculty of Homeopathy

¹⁷ Dr David Reilly, Lead Consultant Physician at Glasgow Homeopathic Hospital: The Evidence for Homeopathy www.adhom.org

¹⁸ The lead professional organisation for non-medical homeopaths. Homeopathy in Primary Care: Extending and enhancing provision in general practice www.homeopathy.org.uk

Referrals to chiropractic

Chiropractic is a health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculo-skeletal system, and the effects of these disorders on the function of the nervous system and general health.

Chiropractors are primary health care professionals who are subject to statutory regulation by the General Chiropractic Council¹⁹. They are trained in differential diagnosis and specialise in manipulation.

A number of studies – two funded by the Medical Research Council - have shown that chiropractic is very effective for back pain^{20,21,22}. The Royal College of General Practitioners Audit findings for low back pain recommend that manipulative treatment is considered for patients who need additional help with pain relief or who are failing to return to normal activities.

Chiropractors primarily treat:

- Spine, neck and shoulder problems²³
- Back pain
- Joint, posture and muscle problems
- Sciatica
- Sports injuries
- Tension headaches
- Carpal tunnel
- Tennis elbow
- Whiplash
- Frozen shoulder

Benefit may also been seen for some types of²⁴:

- Asthma
- Digestive disorders
- Migraine
- Menstrual colic
- Infant colic

Chiropractic may also relieve and correct musculoskeletal problems arising from trauma or repetitive strain. Acute and chronic conditions can be effectively managed and patients are encouraged to participate in their rehabilitation.

¹⁹ General Chiropractic Council: www.gcc-uk.org

²⁰ Low back pain of mechanical origin: randomised comparison of chiropractic and hospital outpatient treatment. Meade et al, BMJ 2 June 1990, Volume 300

²¹ Clinical Guidelines for the management of acute low back pain: RCGP Audit, February 1999

²² Randomised comparison of chiropractic and hospital outpatient treatment for low back pain; results from extended follow up. Mead et al, BMJ 5 August 1995, Volume 311

²³ Cost Effectiveness of physiotherapy, manual therapy and general practitioner care for neck pain: economic evaluation alongside a randomised controlled trial: Ingeborg, Korthals de Bos et al, BMJ April 2003, Volume 326

²⁴ General Chiropractic Council

Appendix 2

Impact Integrated Medicine Project Patient Satisfaction Questionnaire

Are you happy with the service you get here? We need to know your views so that we can make changes where needed.

Impact's information leaflet

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
The leaflet is easy to read						
The leaflet tells me what I need to know						
The leaflet is attractive						
The leaflet meets my needs (language, print size)						

Do you have any ideas on how we can improve the leaflet?

.....

First Impressions

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
It is easy to get into the building						
I am made to feel welcome						
The administrator is helpful						
The waiting area is pleasant						
The opening times are suitable						

Do you have any suggestions on how we can make everyone's first visit easier?

.....

Filling in forms at Impact

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
The forms are easy to complete						
I feel comfortable using these forms to give information about my health						
The forms are a necessary part of the service I receive at Impact						

Any ideas on what we can do to make the paperwork easier?

.....

Treatment & the Practitioner

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
I am given enough information to make decisions about my treatment						
I have the opportunity to discuss my feelings about the treatment						
I feel comfortable discussing my health with the practitioner						
The practitioner is knowledgeable						
The treatment room is pleasant						
It is easy to book the next appointment						

Overall, how satisfied are you with the service at Impact?

Not satisfied Satisfied Very satisfied

I would recommend Impact to other people Yes No

If you would like to make any other comments about the way we work, please use the space below.

Thanks for filling in this form, which will be used to evaluate Impact's work.

