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## Introduction

Impact Integrated Medicine Project provides acupuncture, chiropractic and homeopathy to residents of Radford and Hyson Green, at no cost to the patient. Funded till March 2006 by New Deal for Communities<sup>1</sup> (NDC), it was set up in response to resident requests for access to a wider choice of treatment. Co-directors Heather Fitton and Fiona Robertson have worked together since October 2001 to develop the project, working alongside Nottingham City Primary Care Trust (PCT), NDC, local GP practices and a range of community and voluntary sector organisations.

Acupuncture, chiropractic and homeopathy are well-established, evidence-based systems of medicine with individual diagnostic approaches and sound professional structures and regulation<sup>2</sup>. As the provision of CAM (complementary and alternative medicine) within the NHS grows nationally, we are at the forefront of developments in Nottingham, and are working to develop and extend patient choice.

Demand for the service has been very high, from both patients and health professionals. We have seen 235 patients<sup>3</sup> so far, and a further 120 are currently on the waiting list. We have been unable to treat at least 65 people who have requested treatment or been referred as they live outside the Radford/Hyson Green area.

74 patients have completed treatment – this means that the symptoms that they initially presented have been resolved to their satisfaction, and that there is no need to continue the intervention. On average, patients who have completed treatment have had 14 consultations in total. We have an ‘open door’ policy; patients who have completed treatment are encouraged to return if they relapse – frequently, only one or two further consultations are required. So far, a total of 2 639 consultations have been held.

40 patients have discontinued treatment, for a variety of reasons. Some have moved abroad or to other parts of the country. Some patients referred by health professionals have not continued attending - this underlines the importance of patient choice. We follow up with each patient if they miss an appointment; on occasion, however, patients decline the offer of further treatment.

***“I think the services here at Impact are fantastic – friendly, concerned and helpful. To be able to receive free treatment of such calibre is great – I’ve been needing treatment for years but couldn’t afford it. Thankyou”<sup>4</sup>***

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<sup>1</sup> A government regeneration programme managed by the Office of the Deputy Prime Minister

<sup>2</sup> See pp 26 - 28 for further information on each discipline

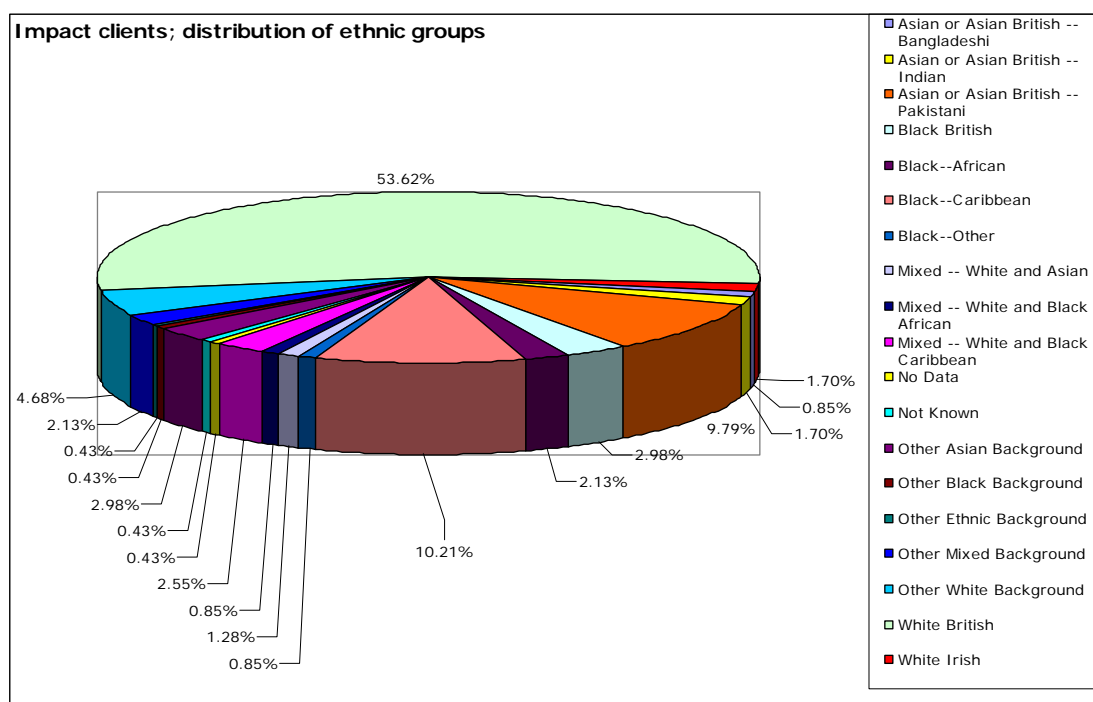
<sup>3</sup> Data used throughout the report is from 2/2/04 to 1/8/05 inclusive

<sup>4</sup> All quotes are from the Impact comments book/patient satisfaction questionnaires unless otherwise stated

## Patient diversity

Impact is committed to equality of access, and we have put measures in place to ensure that our services are accessible to all sections of the Radford/Hyson Green community. We have developed an excellent working relationship with Nottingham City Council Translations and Interpretation Unit, which enables us to work with asylum seekers and refugees, all of whom are living with the physical and psychological effects of trauma.

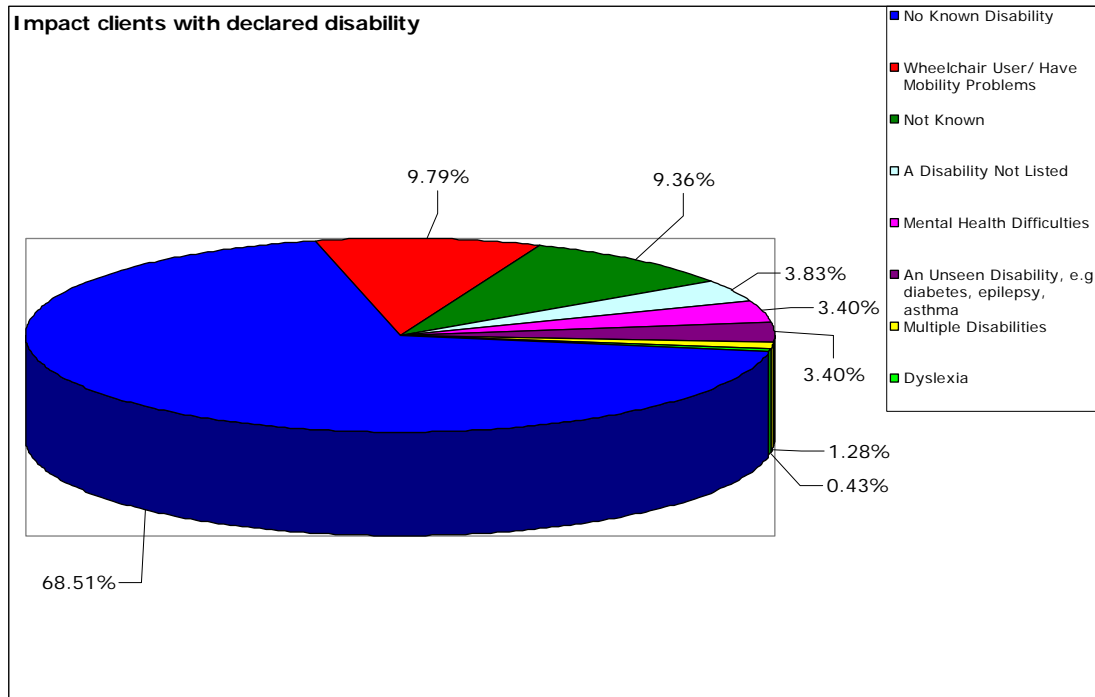
During the development phase of the project, we made links with a number of local community organisations, including the Asian Women's Project, Framework, Iparo and No English? No Problem! These links have enabled us to ensure that some 'hard to reach' groups have been able to access Impact.



***“Working with older homeless men, (who have histories of substance misuse, poor physical and mental health and who may have suffered trauma and be vulnerable), it has been encouraging to see our clients approach this service with an open mind and see them feel the benefits which are demonstrated in positive changes in behaviour and wellbeing. Our client group, which are stereotypically less likely to seek help with health issues, have embraced the Impact Project and have been met with empathy and sensitivity by the team there. It is rare that a quality service, such as Impact, is available to our service users. Impact provides a true alternative to our clients, when more traditional services have failed to impact upon their lives”<sup>5</sup>***

<sup>5</sup> Marian Williamson, Framework Housing Association

We treat a large number of patients with chronic conditions; whilst 8% of our patients are registered disabled, 30% consider themselves to have a disability. We provide taxis for people with mobility problems. The Waverley Health Centre has a lift; however, the design does not make it easy for people with some disabilities to use. We accompany patients in the lift whenever we can.



From the outset, it has been our intention to create a welcoming and respectful atmosphere here, as an appropriate setting for effective clinical interventions. It appears that we have succeeded in doing so, according to patients' and visitors' comments.

***“Fantastic work – not just in the professional sphere, also in welcoming a wide range of people with a huge variety of different needs from a diverse and deprived community. This is very difficult, highly skilled work – not just in a professional/medical sense. This project is real quality. It is great to be a part of it. Impact is out there – doing good work. I really believe it is making a positive difference in this area”<sup>6</sup>***

<sup>6</sup> Chris Jackson, No English? No Problem!

## Improvements in patients' health and wellbeing

The main aim of the project is to improve the health of our patients, 70% of whom are living with chronic conditions or symptoms<sup>7</sup>. Most patients present with a range of physical and psychological symptoms, and we aim to improve each patient's health in all areas, not simply in relation to one or two symptoms. In order to evaluate the changes that patients experience once they begin treatment here, we use two well-known health outcome measures, SF-36<sup>8</sup> and MYMOP – Measure Yourself Medical Outcome Profile<sup>9</sup>. Every patient completes initial SF-36 and MYMOP questionnaires before treatment begins.

### MYMOP

MYMOP aims to measure the outcomes that the patient considers the most important. The patient chooses one or two symptoms that they are seeking help with, and that they consider to be the most important. They also choose an activity of daily living that is limited or prevented by this problem. These choices are written down in the patient's own words and the patient scores them for severity over the past week on a seven-point (0 – 6) scale. Lastly wellbeing is scored on a similar scale. On follow-up questionnaires – which are completed once treatment is finished - the wording of the previously chosen items is unchanged. A profile score is calculated, giving 'before and after' scores; the difference between these scores illustrates the improvement experienced by the patient. Using a seven point score such as MYMOP, the clinically minimal important difference for the change score is between 0.5 - 1.0.

Currently, we have 107 sets of MYMOP data. This includes all the patients who have completed treatment, as well as a number who have completed treatment in one discipline, but are continuing with another. Different symptoms may be chosen by the patient for each set of MYMOPs they complete – for example, a patient may choose neck and back pain in their chiropractic MYMOP, and anxiety and stomach pain in their homeopathy MYMOP.

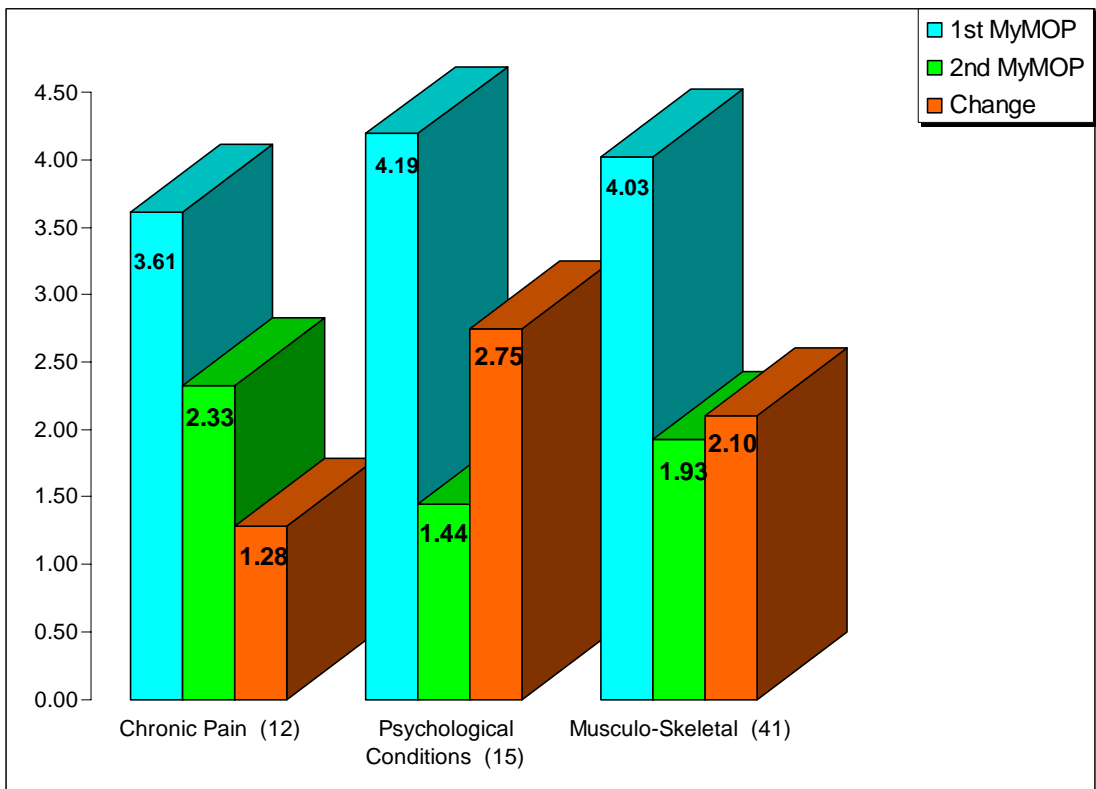
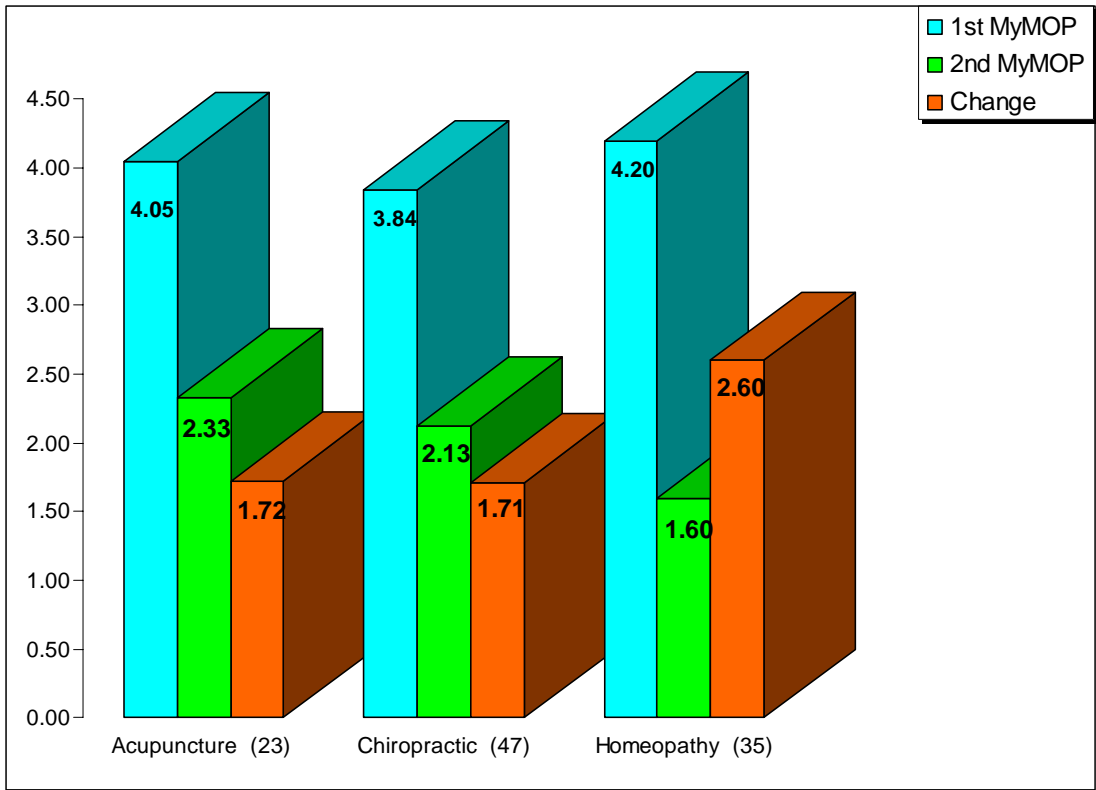
As the outcome graphs illustrate, the average change between first and second MYMOP scores is significant, indicating that patients have experienced considerable improvements in health with each intervention that they have received. The second graph illustrates average improvements experienced in the three main condition groups - musculoskeletal conditions, psychological conditions and chronic pain. The numbers in brackets indicate the number of patients in each group.

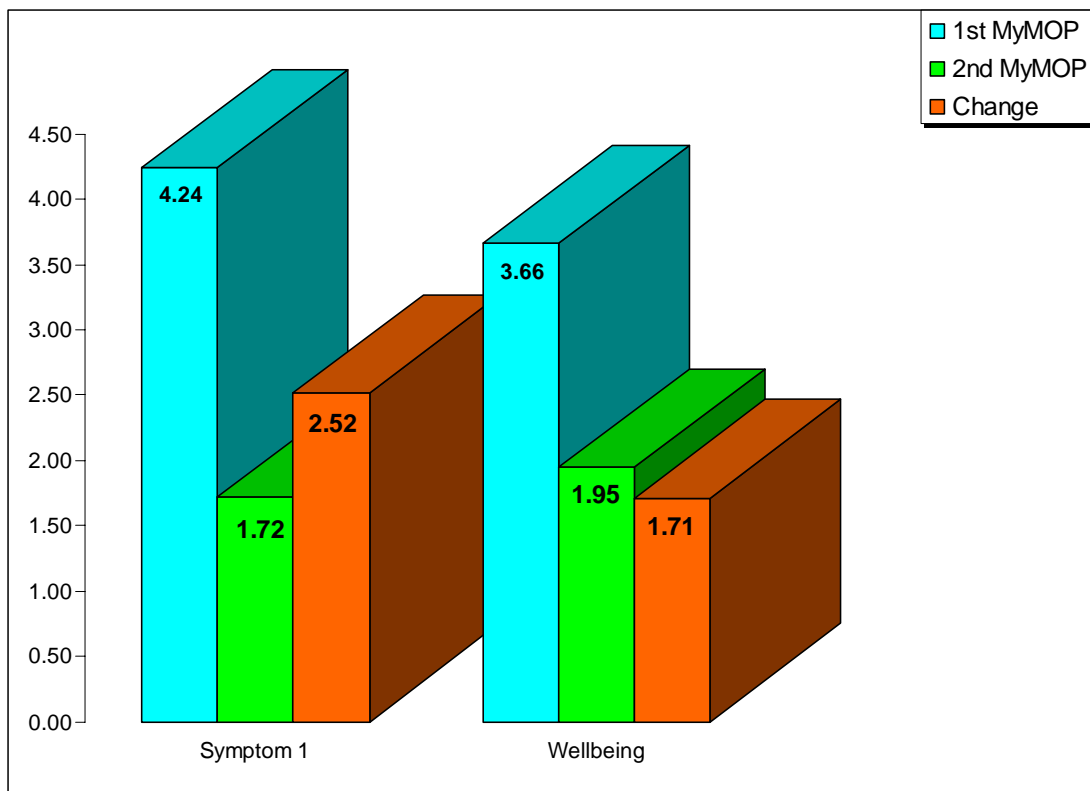
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<sup>7</sup> Patients who report having their symptoms/condition for 2 years or more

<sup>8</sup> [www.sf-36.org](http://www.sf-36.org)

<sup>9</sup> [www.hsrc.ac.uk/mymop/main.htm](http://www.hsrc.ac.uk/mymop/main.htm)





As the third graph shows, there are significant changes overall in both symptom 1 – the symptom which the patient has chosen as the most important to them – and the wellbeing score.

We have asked Dr Shona Kelly, Lecturer in Social Epidemiology,<sup>10</sup> to analyse our outcomes results as part of the work she has recently undertaken for us. She comments<sup>11</sup> “...more than 95% of patients report that the symptom they deemed most important (symptom 1) was better after treatment and, more than 80% of them reported that symptom 2 was also better”.

The improvements experienced by patients with psychological conditions appear to be particularly marked. Both homeopathy and acupuncture take into account the mental and emotional symptoms of the patient.

***“I have been coming here to see Fiona for ten months now and have found the results of my treatment to be profound and amazing. For years I have tried to deal with depression and low self-esteem with anti-depressants and counselling, which actually made me feel worse, even suicidal. I would recommend homeopathy to anyone. Without it I could have felt bad about myself to years to come – thankyou”***

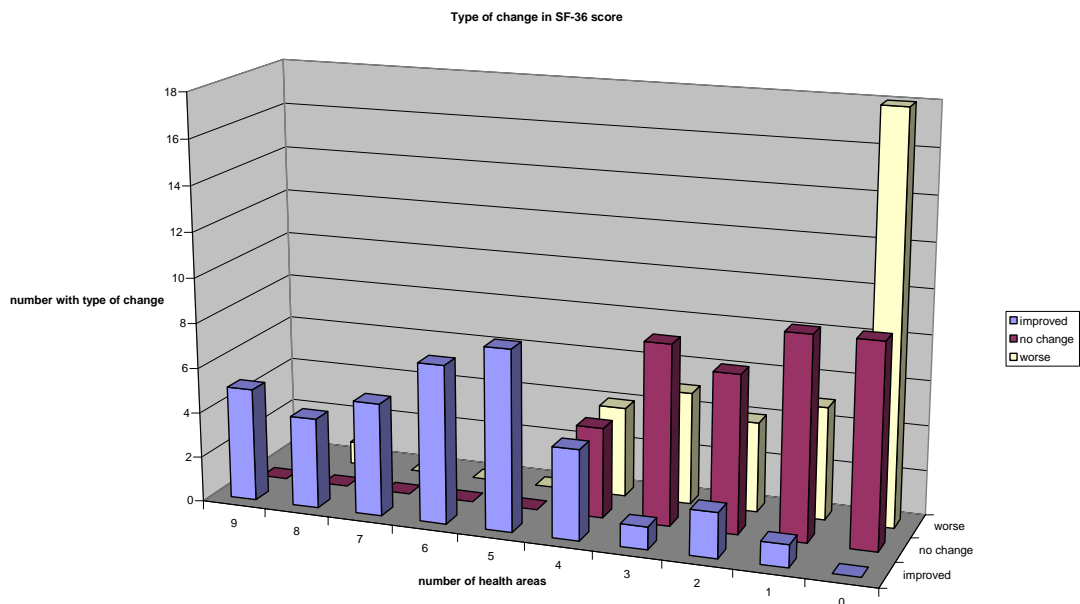
<sup>10</sup> Division of Epidemiology and Public Health, School of Community Health Sciences, University Hospital, Queens Medical Centre, Nottingham

<sup>11</sup> A copy of Dr Kelly’s full report is available from Impact

## SF-36

The SF-36 Health Survey was developed for the Medical Outcomes Study, and has been tested and validated extensively. It was designed for use in clinical practice and research, health policy evaluations, and general population surveys. The SF-36 includes one multi-item scale that assesses eight health concepts: 1) limitations in physical activities because of health problems; 2) limitations in social activities because of physical or emotional problems; 3) limitations in usual role activities because of physical health problems; 4) bodily pain; 5) general mental health (psychological distress and well-being); 6) limitations in usual role activities because of emotional problems; 7) vitality (energy and fatigue); and 8) general health perceptions. At Impact, each patient completes SF-36 both before treatment starts and again once all their treatment here has been completed.

According to Dr Kelly, “a comparison of pre-, post-Impact standardized SF-36 scores showed a statistically significant improvement in all aspects of health. The largest change is seen for ‘change in health’, ‘pain’, ‘limitations in usual role activities because of physical health problem’ and ‘limitations in usual role activities because of emotional problems’. The graph below shows the number of health areas which were better, the same, or worse for the patients. More than half of the patients had no areas that were worse or the same after treatment. Unfortunately there are too few patients to analyze by treatment group.



The table below shows that 50% or more of patients had better health after their treatment at Impact.

**Direction of change of SF-36 scores - Number (proportion)**

health area	poorer health	no change	better health
physical functioning	7 (0.20)	10 (0.29)	18 (0.51)
role limitations - physical	5 (0.14)	10 (0.29)	20 ((0.57)
role limitations – emotional	4 (0.11)	14 (0.40)	17 (0.49)
social functioning	7 (0.20)	10 (0.29)	18 (0.51)
mental health	9 (0.26)	0 (0.0)	26 (0.74)
energy and vitality	9 (0.26)	4 (0.11)	22 (0.63)
pain	4 (0.11)	3 (0.09)	28 (0.80)
general health	10 (0.29)	2 (0.06)	23 (0.66)
change in health	3 (0.09)	7 (0.20)	25 (0.71)

The changes in SF-36 show significant improvements in all health domains and demonstrate that most patients had improvements in 5 or more areas and/or no areas that were worse”.

***“I’ve been seeing Heather for acupuncture for several months. I came to get relief from anxiety which was showing itself as tension in my back, neck and shoulders – I was in great pain. Acupuncture relieved the pain within a couple of sessions. Although I found the procedure quite daunting initially the results have been amazing. I always feel very calm after treatment and feel energised within a couple of days”***

*A 55 year old man was referred for homeopathic treatment, presenting with severe anxiety, which was contributing to his high consumption of alcohol. After the first remedy, he reported a significant improvement in his anxiety. The remedy was repeated after four weeks, following a relapse. He was then able to successfully go through a detox programme, and subsequently control his drinking. He reports still feeling very well, eight months after the remedy.*

## Reduced pain

Nearly 45% of our patients present with conditions involving pain, often chronic and severe pain (other patients also experience pain, but presented with other conditions). These conditions include back pain, knee pain, fibromyalgia, headaches, migraine, osteoarthritis, sciatica, IBS/colitis and frozen shoulder. There is sometimes little that can be done for these patients within conventional medicine, beyond the prescription of analgesics.

Acupuncture, chiropractic and homeopathy can often be effective in the treatment of pain, as evidenced by our MYMOP and SF-36 results. Reductions in pain can lead to other health improvements, such as increased mobility and more energy.

The reductions in medication that our patients report also indicate that pain has been successfully treated – analgesics were the type of drugs most often mentioned in our medical change questionnaire.<sup>12</sup>

***“A year ago, I crawled here in some desperation with a bad back which had become progressively worse over the previous six months. Julie has made the world of difference to the quality of my life. Before she treated me I could not face the walk of 200 yards to the shops as I would come back doubled up. Within about 6 weeks or so I was more or less cured”***

*A 73 year old man presented with pain from shingles (herpes zoster), mainly around the chest, which he had been suffering with for 18 months before coming to Impact. The pain was so severe that he was not able to wear cotton shirts next to his skin. He was taking painkillers. He received 12 sessions of acupuncture in all - he made steady progress at weekly intervals, and after 8 sessions was mostly pain free. He continued fortnightly for a further 4 treatments. Six months later, he has had no recurrence of the pain, and is no longer taking painkillers.*

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<sup>12</sup> For more details, see the section on Reductions in prescribed medication

## **Patient satisfaction**

We value our patients' views; it is essential that patients return in order for treatment to be completed, so the quality of a patient's experience here needs to be high. During 2004 we developed a patient satisfaction questionnaire,<sup>13</sup> which asks about various aspects of the service, including the practice leaflet, the building and the practitioners. Most importantly, we ask about overall satisfaction levels with the service.

Our project administrator often asks patients to complete the questionnaire once they have attended for several appointments. Just under half of patients who are receiving or have completed treatment have filled in patient satisfaction questionnaires – 72 in total. Of these, 85% are very satisfied with the service, with the remaining 15% satisfied. 99% patients said they would recommend Impact to other people. Indeed, at least 108 patients have found out about Impact via word of mouth.

Patients have also commented on a number of practical issues, like the lack of signs for the Waverley Health Centre (which has now been addressed), and have made suggestions, like music in the waiting area, which we have acted on.

The questionnaire also gives patients the opportunity to make general comments about the way we work. These comments are overwhelmingly positive to date, and indicate that Impact is a highly regarded service.<sup>14</sup>

***“I think the work should continue as it has been. I think the staff are doing excellent jobs in looking after their patients. I am very happy with the treatment I am receiving from Impact”***

***“Excellent service. Needs to be kept going to benefit other people”***

***“I find Impact on the whole a very friendly, supportive, polite, accessible and, of course, confidential service. I don't know how I managed before I came here. All the staff are amazing”***

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<sup>13</sup> Copies of our patient satisfaction questionnaire are available from Impact

<sup>14</sup> A full list of patient satisfaction questionnaire comments is available from Impact

## GP satisfaction survey

During April and May 2005, we asked Alan Davis, a student nurse<sup>15</sup> on placement with NDC, to undertake a survey of GPs in the area.<sup>16</sup> The purpose of the survey was to investigate the opinions of local GPs about the work of Impact.

10 questionnaires were returned out of 12 distributed – of these, 8 GPs had referred patients to Impact. The most common reason for referral was chronic pain (usually musculoskeletal) that had not responded to conventional treatment. Several GPs also referred patients with stress or anxiety problems. All the GPs said that patients had responded positively to the prospect of integrated medicine.

All GPs were very satisfied with the service that Impact provides. They commented that the project is well run and has an effective referral system. The GPs had not received much feedback from patients on the outcome of treatment; however, those patients who had given feedback were very positive.

8 GPs said they are happy for acupuncture, homeopathy and chiropractic to be part of primary care as long as there are sufficient evidence bases. 1 GP felt that only chiropractic should be available within primary care. Another GP felt that integrated medicine should remain separate from primary care.

All of the GPs thought that the current provision of the service was not enough to meet local demand. Half said that they had patients who were suitable for referral but who do not live in the catchment area. Indeed, we have received 20 GP referrals for patients outside the Radford/Hyson Green area.

We have found Alan's work very useful; it confirms that the referral system works well and that GPs are happy to refer patients to us. It has also highlighted a 'communication' gap – the most effective way to feedback to GPs is via patients, as well as by letter, as we currently do. We are now encouraging patients to let their GP know the outcome of their treatment at Impact.

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<sup>15</sup> Studying at Nottingham University School of Nursing

<sup>16</sup> Copies of the survey report are available from Impact

## **The impact of our work on primary care**

Our evaluation framework was designed in conjunction with Nottingham City PCT and NDC, and covers short-term, medium-term and long-term outcomes. As Impact has been treating patients for eighteen months, we are now evaluating our medium-term outcomes. These include the impact our interventions have on other primary and secondary care services, specifically:

- Reductions in prescribed medication
- Reduced GP attendance
- Reduced referrals to secondary care

We are evaluating these outcomes in two different ways; firstly, by directly asking patients, and secondly, by working with Dr Shona Kelly to research these reductions via the data held at GP practices.

58 patients - 78% of those who have completed treatment - have filled in the in-house medical change questionnaires,<sup>17</sup> either in person or over the phone/email. The questionnaire asks about reductions/changes in medication, reduced rates of GP attendance, and reductions in the take-up of secondary care.

### **Reductions in prescribed medication**

Of the 58 patients who completed the questionnaire, 69% were taking prescribed medication when they came to Impact. 87% of those patients have reported either discontinuing or reducing their medication following treatment here.

The types of medication involved vary. The chiropractic patients have all (100%) reported discontinuing or reducing analgesics – no doubt a reflection of the fact that most chiropractic patients present with musculoskeletal pain.

The majority of acupuncture patients have also reported discontinuing or reducing analgesics. However, they also reported discontinuing or reducing other medication, namely anti-depressants, sleeping tablets and blood pressure medication. In total, 81% of acupuncture patients who were taking medication have reported discontinuing or reducing.

Homeopathy patients reported the discontinuation or reduction of the widest range of medication, namely analgesics, anti-histamines, anti-depressants, asthma inhalers, epilepsy control drugs, antacids, antibiotics, beta blockers, and the contraceptive pill (prescribed for medical, not contraceptive, reasons). Overall, 87% of homeopathy patients have discontinued or reduced medication.

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<sup>17</sup> Copies of the medical change questionnaires are available from Impact

It should be noted that these reductions have occurred because patients have experienced an improvement in their symptoms/condition and have therefore decided that they no longer need to take the same amount of prescribed medication. We encourage patients to discuss reductions in medication with their GP or consultant. We do not advise or encourage patients to reduce or withdraw from prescribed medication. Most patients, when answering the medical change questionnaire, have said that it is important to them to reduce the amount of medication they take. A variety of reasons were given for this, including concerns about side-effects and long-term impact on health, a desire not to take 'chemicals', and the feeling that it is not good to 'rely' on medication.

***“I had acupuncture and chiropractic at Impact and before this I used to get very breathless and had bad hip pain. Now I don't need to take painkillers for the pain or visit my doctors about it. I feel so much better since being pain free – so much so that I am more assertive and not as shy as I used to be”***

Dr Kelly examined the medical records of 28 patients, all of whom have given signed informed consent. Her research concludes that there was no significant change in medication use. She comments, “the exit surveys (the medical change questionnaires) showed that two-thirds of patients thought they were taking less medication and as this would include over-the-counter medications this might explain the discrepancy with the findings from GP practice files”. Nor was it possible to confirm that prescriptions were filled – so it may be that patients are continuing to obtain prescriptions, but not filling/taking them.

Dr Kelly continues, “Of note, is the fact that three-quarters of the patients felt it was important to reduce the number and amount of medications they took. Medication data from the GP practices was difficult to abstract as different practices used different strategies and different medical record computer systems to track medications. In a more detailed study, more time should be spent abstracting this data. As we have estimated that it would take 2-3 hours per patient to do a full healthcare utilization abstraction of a patient with many chronic conditions it would be a significant burden on the GP practice and would be expensive in researcher time”.

***“Impact had a hugely positive effect on my quality of life. I probably would not have sought treatment through my GP because I did not want to take mood altering drugs”***

### **Reduced GP attendance**

We asked patients whether they now go to their GP less than they did before they came to Impact. More than three quarters – 76% - said yes. Some were quite frequent attendees – one patient who said s/he went once a week before treatment here had reduced attendance to ‘very seldom’; another who reported going every 2 weeks before coming here had not been for 4 months.

Of the 15 patients who reported no change in GP attendance, 9 said that they very rarely went anyway, so there was little discernible change. Only 6 patients report that they continue to visit their GP regularly, since coming to Impact.

We asked patients whether they felt their reduced attendance was due to the treatment they have had at Impact, and 89% felt that it was. 3 patients were not sure, and 3 attributed the change to other factors.

Dr Kelly’s research at GP practices demonstrates that there has been a reduction in GP attendance rates. “For the 28 patients for whom we could obtain and use their medical record information we had, on average, 16 months of pre-Impact time and 9 months of post-Impact time...there was a statistically significant decrease in the number of GP visits per month...all but 4 patients decreased the number of visits to the GP or had no change in their visit rate. Many of the patients referred to Impact 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”.

She concludes, “In general patients in this project reported decreased use of government healthcare services and improved well-being. Examination of their medical records confirmed that most used less conventional healthcare although we could not demonstrate that they had reduced their medications. On average the group reduced their GP visits from once in every 34 days to once in every 40 days. Seven of 9 patients who visited their GP more than once a month reduced their visits. Oddly, the least frequent users, people who attended only once or twice per year, increased their attendance, although their burden on the healthcare system is still almost non-existent even after this increase...Virtually all patients felt that they used fewer GP services since starting with Impact and, although the healthcare utilization data does not show as big an effect, it does concur with the trend towards less use of GP practice services. The patients may also have been incorporating use of other NHS services into their reply and as we could not collect this information we have likely underestimated the reduction in the use of NHS services”.

As Dr Kelly suggests, “it would be interesting to determine which frequent attenders are the most likely to benefit from Impact's services”.

### **Reductions in secondary care referrals**

We have also asked patients who completed the medical change questionnaire about changes in their take-up of secondary care. Less than a quarter (13) reported having treatment in hospital or other secondary care services before coming here. 3 of these involved tests, with no further treatment. Of the 10 remaining patients, 6 no longer need the secondary care that they were receiving or waiting for, as outlined below:

- 3 patients reported that they no longer require physiotherapy
- 1 no longer needs an orthopaedic surgery appointment for knee pain
- 1 no longer requires a steroid injection or possible orthopaedic surgery for shoulder pain
- 1 no longer requires an MRI scan and is no longer on the waiting list for surgery for knee pain.

It is clear, therefore, that in some cases secondary care referrals are no longer required after treatment at Impact. However, further research needs to be conducted into the effect of our work on secondary care referrals over a much longer time period. Dr Kelly was not able to undertake this as part of her recent research – she found that it was not possible to consistently collect information on referrals to other medical services, or episodes of hospitalisation.

*A 40 year old man presented with acute low back pain of 5 weeks' duration. He had been signed off work and given non-steroidal anti-inflammatory drugs. He was referred to Impact for chiropractic treatment by his GP. Following his third chiropractic appointment, he was much improved and able to return to work. He stopped taking the medication.*

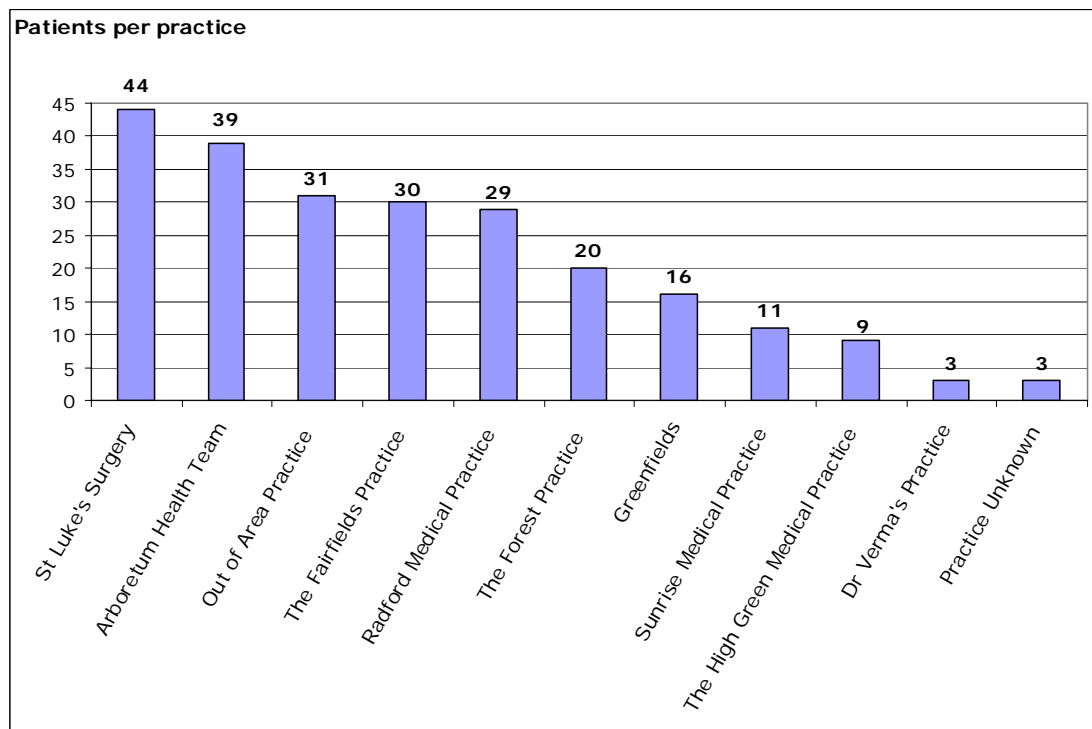
*On his second visit, the patient mentioned a neck/shoulder injury from a road traffic accident a year ago. He was on the waiting list for physiotherapy and/or a cortisone injection, and had an open appointment with an orthopaedic surgeon. After 5 further treatments, his neck and shoulder were completely pain free, and he no longer requires physiotherapy, cortisone or surgery.*

## Referrals

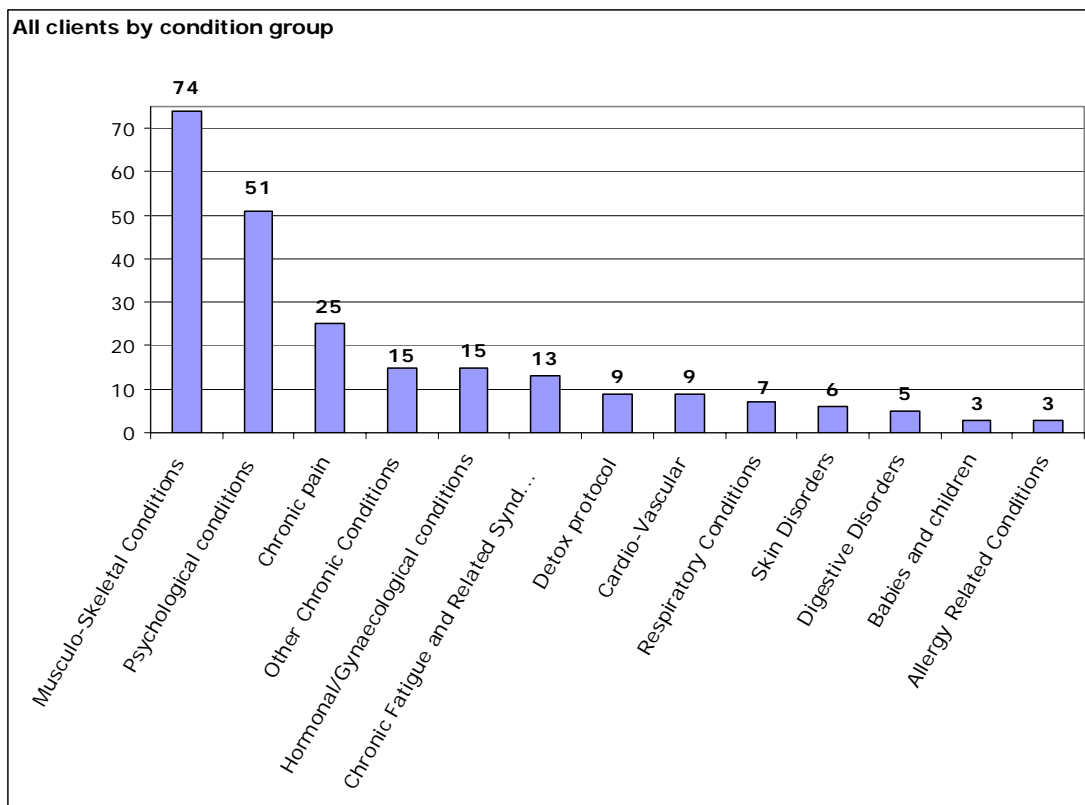
Our referral system was developed in conjunction with Nottingham City PCT and local practices, and allows for both GP/health professional referral and self referral. We also receive referrals from other voluntary/community sector organisations, including Framework and Hostels Liaison Group.

Currently, 70% of patients are self referred, and the remaining 30% have either been referred directly by their GP, practice nurse or other health professional (24%), or been told about Impact by their GP, practice nurse or other health professional (6%). 27 people have self referred after hearing about Impact directly from NDC – 63% of our patients are NDC residents, and the rest live in the remaining areas of Radford or Hyson Green not included in the NDC domain.

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



We have categorised patients according to their presenting complaints; whilst this gives a useful guide to why patients are referred or self refer, it is not a completely accurate picture of our patients, who often present with more than one complaint. However, it is very clear that for both referred and self referred patients, the three most common presenting complaints are musculoskeletal conditions, psychological conditions, and chronic pain. The majority of Impact patients – 70% - are suffering from chronic symptoms/conditions, which they have had for at least 2 years, and in many cases, much longer.



***“I am really lucky to have been able to use the service at Impact – it is a wonderful resource for local people. The people are so friendly and make you welcome, but also they take you seriously so that you can make sense of what’s wrong with you. I can’t really think of any improvements you could make to your service – it manages to be efficient and professional, friendly and caring and lets me choose the kind of treatment I want – thank you”***

***“Almost all of the patients I have referred to Impact have made a point of reporting to me the improvement in pain levels and mobility they have experienced, and clearly therefore improvement in their quality of life. One lady who has had a wide variety of aches and pains in various joints commented on how "one type of pain had been eradicated making her residual aches and pains more tolerable" and she was so pleased that these were also being addressed during follow up appointments. The ability to refer into such a service has also added to my ability to offer holistic care to a wider group of clients. I do hope that the area which you cover can be widened so that more patients can experience the benefit and equity of care can therefore be achieved”<sup>18</sup>***

<sup>18</sup> Practice nurse, Mary Potter Health Centre

## **Integrated working**

When patients are referred or refer themselves to Impact, we offer an initial assessment to ascertain which intervention may best suit their needs. Many patients present with chronic and complex conditions and histories, and suffer from a range of physical and psychological symptoms. Sometimes more than one intervention is required – it is important that patients receive the best possible package of care, so that improvements are significant and long-lasting.

Currently, 76 patients (32%) are receiving more than one form of treatment. The ‘lead’ practitioner (who initiated treatment with the patient) decides what is clinically appropriate and refers accordingly; she continues to manage the case until treatment is completed. We have regular discussions on our joint work, so that each practitioner involved is aware of the progress made.

***“The whole team has proved to be extremely sympathetic and supportive throughout, and each therapist has worked together in giving me all of the available therapies at the most receptive times in my healing process. Which through time, has proved to have been very effective indeed. They have helped me to understand how to manage my feelings around my illness and also given me treatments that I have responded well to. In fact, I don't think I would be attempting to set up my own business had I never had these available treatments. I am still aware that I am not totally over my illness and maybe I never will be, but had it not been for Impact, I believe I would still be a statistic that would have continued to live in pain and discomfort and as a result not have been able to attempt any type of employment. So for that I am eternally grateful”***

## **Lifestyle changes**

Whilst health education is not our main focus, we often discuss lifestyle issues with patients. In particular, diet and exercise are frequently addressed in acupuncture consultations, and our chiropractor advises patients on appropriate exercises. We often find that, as treatment progresses, patients make healthier lifestyle choices, which may include changes in diet, giving up smoking and reducing alcohol or drug intake.

9 patients have come to Impact specifically for smoking cessation treatment. The acupuncture detoxification protocols – involving auricular acupuncture – are used for this work; however, as treatment progresses, underlying health issues are often addressed, involving deeper work. As we now have two acupuncture consultation rooms, we have more capacity to provide this service. A further 3 patients have come to Impact wishing to recover from addictions, and have received acupuncture and/or homeopathy. Other patients are also dealing with addictions to tobacco, alcohol and drugs.

## Addressing health inequalities

There is widespread complementary and alternative medicine (CAM) provision in the private sector for those who have the income to afford it, and the knowledge and skills required to access it. Millions of people in the UK are now using acupuncture, chiropractic and homeopathy; most private health insurance companies now provide cover for these systems of medicine. A survey of CAM use in the UK found that 20% of the sample had used CAM in the previous year,<sup>19</sup> with other studies showing similar results. The main reason cited for using CAM was its perceived effectiveness.

Interest in CAM has also been shown by the medical profession. In another study,<sup>20</sup> 56% of GPs who responded had been involved in CAM activities with their patients. With regard to integration, 75% of UK doctors think that some form of CAM should be available on the NHS.<sup>21</sup>

It was our intention, in setting up Impact, to address inequality in provision locally, and to provide access to acupuncture, chiropractic and homeopathy to residents of Radford and Hyson Green. On our referral forms, we ask where the patient would be referred to/self refer to if Impact wasn't here. Less than 1 in 6 of our patients – 16% - said that they would access private treatment if they couldn't come to Impact. Nearly half would continue with medical treatment and/or didn't know of any alternative to coming here. 13 patients stated specifically that they couldn't afford private treatment. 11 patients would have been referred to secondary care if there was no possibility of a referral to Impact. It is clear, therefore, that for a large majority of our patients – 84% - the only way that they can access these services is via Impact.

Recent MSc research by Impact steering group member Nicholas Haines<sup>22</sup> has shown that there is a significant difference in health between private CAM patients and those that access services via their GP or services like Impact. Using both SF-36 and MYMOP, his research found that there were pronounced differences between the two groups, manifesting in both their initial health status and final outcomes status. Overall the GP referred patients started out with a more severe symptom rating, and their final rating finished approximately equivalent to where the self-referred patients started out.

Julie McKay, Impact chiropractor, carried out a comparative study of patients seen at Impact and in her private practice over a six month period.<sup>23</sup> Her private practice is located in NG2. There were some significant differences between the two patient groups, as follows:

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<sup>19</sup> Ernst and White (2001); Thomas et al, 2001; Emslie et al, 1996; Which? Magazine (1995)

<sup>20</sup> Perry et al (2000)

<sup>21</sup> Perkin et al (1994); NAHAT (1993); Wharton and Lewith (1986)

<sup>22</sup> 'An outcome and service evaluation of a pilot GP referral service to a Natural Health Centre' (2001)

<sup>23</sup> Between 1/6/04 and 31/12/04

	<b>Impact</b> Postcode NG7 Sample size 40	<b>Private</b> Postcode NG2 Sample size 57
<b>Average age</b>	44.6 years	47 years
<b>Gender</b>	11:9 (F:M)	2:1 (F:M)
<b>Ethnicity</b>	54% White 24% Black/Black British 22% Asian/Asian British	100% White
<b>Average duration of symptoms</b>	11.5 years	6.3 years
<b>Number of treatments required to complete</b>	9.6	3.5
<b>Psychosocial issues</b>	30% hard evidence of yellow flag issues (psychosocial issues e.g. alcoholism, drug abuse, depression & mental health problems)	3.5% hard evidence of yellow flag issues.

It is clear from this study, therefore, that Impact chiropractic patients have tended to present with more chronic complaints of much longer duration than those in NG2. Also significant is the much higher incidence of psychosocial issues in Impact patients. The effects of deprivation on health are well-documented – here is further evidence that patients living in Radford and Hyson Green are much more likely to have chronic, complex health issues than those living in more affluent areas.

The June 2005 Future Healthcare Network/NHS confederation briefing entitled 'Healthy, sustainable neighbourhoods'<sup>24</sup> highlights the need for community based services. The writers suggest that health professionals should 'identify those who can contribute to promoting activities that underpin health and wellbeing' and 'work to appreciate the way in which groups that experience the worst inequalities conceptualise health, and identify those who can work with them to improve their health status'.

In June 2001, NDC held a meeting with residents to discuss health needs; the residents made it clear that they wanted access to other treatment choices, which they couldn't afford and didn't have access to. Over the last eighteen months, Impact has provided these treatments to patients in one of Nottingham's most deprived communities.

<sup>24</sup> [www.nhsconfed.webhoster.co.uk/publications/](http://www.nhsconfed.webhoster.co.uk/publications/)

## Resource implications

We need to consider the resource implications of running Impact very carefully, taking into account the complexities of offering a unique service that meets the needs of a diverse community.

During the financial year 2004/2005, Impact cost a total of £153 208.85. 75% of this amount covers salaries for the 4 staff members. The running costs of the project have amounted to just under £38 000, equivalent to £730 a week.

The cost of providing acupuncture treatment – which includes needles, sharps collection and couch covers – comes to approximately £66.71 a month. There are an average of 69 acupuncture consultations each month (828 were held during the year) – so the cost of each consultation (less the practitioner's salary) is 97p.

At the start of the project, just under £1 000 was spent on a large stock of homeopathic remedies. Additional remedies have been required, and a further £284.21 has been spent during the last financial year. A typical homeopathic prescription contains 5 tablets, at a cost of just 16p. On average, each patient receives a prescription once a month.

Once the chiropractor's equipment was purchased – including a hydraulic couch, a model spine and an electronic sphygmomanometer – there have been no further costs of providing chiropractic treatment, other than head roll for the couch.

During the last financial year, 2 556 appointments have been booked. A crude cost calculation per appointment (dividing the overall project spend with the number of appointments booked) comes to just under £60. However, this gives no indication of value for money or the cost benefits that have accrued. Some of the practitioners' time – about one quarter – is spent managing the project, which diverts time away from service provision.

For a more sophisticated measure, we are in the process of calculating the quality-adjusted life year (QALY) 'score' for each patient who has completed treatment. "The QALY takes into account both quantity and quality of life generated by healthcare intervention. QALYs provide a common currency to assess the extent of the benefits gained from a variety of interventions in terms of health related quality of life and survival for the patient. When combined with the costs of providing the interventions, cost-utility ratios result; comparisons can be made between interventions".<sup>25</sup>

Further research needs to be done on the resource implications for Nottingham City PCT of the reductions in prescribed medication, GP attendance and take-up of secondary care that patients report.

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<sup>25</sup> Ceri Phillips and Guy Thompson, What is a QALY? [www.evidence-based-medicine.co.uk](http://www.evidence-based-medicine.co.uk)

## Ongoing research

Dr Linda Gibson, Senior Lecturer in Public Health<sup>26</sup> and chair of the Alternative and Complementary Health Research Network (ACHRN)<sup>27</sup> has undertaken in-depth interviews over a period of three months with key stakeholders in Impact. There are several further interviews to take place; however, from her work to date, Dr Gibson reports,<sup>28</sup> “the aims of the interviews were to explore the broader strategic issues relating to the project, reflecting on the origins of the service, process issues and future direction. A number of broad themes are briefly presented that raise a number of issues for stakeholders of this service to consider.

### Maintaining the holistic integrity of the service

It is clear that all the stakeholders interviewed recognise that Impact as a service has some unique qualities. The community development background of the co-directors, Fiona Robertson and Heather Fitton, and the link through New Deal for Communities (NDC), was seen as a strength of this service. It is recognised by all the interviewees that: ‘...*Impact has worked really hard to develop a service that is holistic, which has integrity...*’<sup>29</sup> The service is seen as demonstrating and being committed to strong ethical and holistic principles.

### Health Policy Context

Both NDC and Nottingham City PCT recognise that services such as Impact may have a strong role to play in helping them deliver their policy agendas locally. For the NDC it is about delivering sustainable services within local communities that help regeneration targets. Nottingham City PCT recognises that from a public health perspective of reducing health inequalities, Impact offers another mode of treatment choice that is free to residents and improves access to CAM. For the PCT there is also the potential impact on primary care activities such as reduction in GP visits and prescribing costs. Whilst at the moment the relationship between the service and the PCT is informal, there appears to be good relationship between the two.

### Conclusion

It appears that Impact needs to carefully consider the model of integration it might adopt in the future. The current flexibility of the service, its’ ability to adapt, change and be flexible is seen as a strength by many of the interviewees but this needs to be balanced against the need for sustainability in service provision and funding. The lack of strategic direction nationally on the provision of CAM means that PCTs are cautious. However, it does appear locally that there is support for Impact in relation to helping Nottingham City PCT deliver local health targets”.

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<sup>26</sup> University of Nottingham

<sup>27</sup> [www.achrn.net](http://www.achrn.net)

<sup>28</sup> Dr Gibson’s full report will be available later in 2005; a copy of her interim update from 18/8/05 is available from Impact

<sup>29</sup> Caroline Jordan, Nottingham City PCT and steering group member

## The future

In Impact's evaluation framework,<sup>30</sup> which was developed in 2003, the desirable long term (5 years) outcome was described thus:

'Impact/complementary services are seen as a legitimate, useful, credible, effective part of the range of free services offered to a deprived community. This service will be an integral part of community services'.

From the evaluation work that we have undertaken to date, it is clear that already we are viewed – by residents of Radford and Hyson Green, as well as GPs and other health professionals – as a useful, credible and effective service. Our outcomes demonstrate sound practice-based evidence of effectiveness for acupuncture, chiropractic and homeopathy in a wide range of conditions.

In the coming months, we will be working with Nottingham City PCT, NDC and other interested organisations to consider how our funding can be continued beyond March 2006, and how our services can best be used to meet the needs and extend the choices of patients in the city.

The calls for more accessibility to CAM within the NHS continue to come, from both patients and health professionals. "The majority of patients think that complementary medicine should be offered within the NHS and they feel that being able to choose complementary approaches is as important as having one's choice of surgeon".<sup>31</sup> The Impact team are proud to be delivering the first service in Nottingham that allows patients to make these choices at no cost, and are very grateful to NDC for the opportunity to do so.

***"Of course, conventional health care provides the spine of the NHS. But complementary treatment is increasingly adding valuable benefits and choices for people...The integrated approach is patient-centred, may be more effective and could save precious health service resources...It is a question of being open-minded about each others' abilities and perspectives. Ultimately this will be driven by the patients. We all want the best of all worlds, combining the benefits of both complementary and conventional NHS approaches to health"***<sup>32</sup>

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<sup>30</sup> Copies of the evaluation framework are available from Impact

<sup>31</sup> Dr Michael Dixon, NHS Alliance Chair, Clinical Governance for Complementary and Alternative Medicine (CAM) in Primary Care (2004)

<sup>32</sup> Peter Hain, whilst Secretary of State for Wales, 2004 – [www.alliance-natural-health.org/index.cfm?action=news&ID=103](http://www.alliance-natural-health.org/index.cfm?action=news&ID=103)

## **The Impact Integrated Medicine Project 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 opened 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.

Impact is advised by our steering group, which meets approximately six times a year. Each member of the group has generously given their time and expertise, and our work has been greatly enhanced by their input.

Current members include:

Caroline Jordan and Chris Todd: Nottingham City PCT  
Miranda Cumberbatch and Tim James: NDC  
Nicholas Haines: Nottingham Natural Health Centre  
Theresa Whitlam: Lay member, Nottingham City PCT

In addition to working in accordance with the codes of ethics and practice of our relevant professional organisations, we are also working to the guidelines laid down in the recent document 'Clinical Governance for Complementary and Alternative Medicine (CAM) in Primary Care'.<sup>33</sup>

### **The Society of Homeopaths Achievement Award 2004**

The Society of Homeopaths is the lead organisation for professional homeopaths in the UK. Three achievement awards, sponsored by health insurers HSA, are awarded annually. In 2004, the award for improving accessibility to homeopathic medicine was given to Fiona Robertson, in recognition of Impact's work.

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<sup>33</sup> Produced by the School of Integrated Health, University of Westminster and the Integrated Healthcare Network

## Acupuncture

Acupuncture originated in China and is now widely practiced in the West. The World Health Organisation has produced a list of the conditions which have been found to respond well to acupuncture.<sup>34</sup>

Impact patients with the following conditions have responded positively to acupuncture<sup>35</sup>:

- Anxiety
- Asthma
- Back pain
- Chronic fatigue syndrome
- Depression
- Fibromyalgia
- Eye problems
- Frozen shoulder
- Headaches
- Hamstring strain
- Hay fever
- Herpes zoster
- Insomnia
- Knee pain
- Pre-menstrual syndrome
- Post-viral fatigue
- Sciatica
- Sports injuries
- Tennis elbow

In addition, acupuncture has supported patients with addictions to drugs and alcohol, several of whom have undergone detox treatments.

*A 57 year old woman presented with insomnia, which she had suffered on and off for over 30 years. She slept an average of 3 – 4 hours a night. She had also been experiencing anxiety, which she felt was related to the lack of sleep. After 10 sessions of acupuncture, her sleep was averaging 6 hours a night and her anxiety had virtually disappeared. She went on to start full time employment, which she felt would not have been possible without the improvements in her sleep patterns and anxiety. She continues to receive infrequent treatment, as required.*

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<sup>34</sup> World Health Organisation: Acupuncture: Review and analysis of reports of controlled clinical trials – [www.who.int/medicines/library/trm/acupuncture/clinicreportsacupuncture.shtml](http://www.who.int/medicines/library/trm/acupuncture/clinicreportsacupuncture.shtml)

<sup>35</sup> Patients who have recorded a reduction of at least 0.5 in MYMOP scores

## Chiropractic

Chiropractic is concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health.

The recent UK Back Pain Exercise and Manipulation (UK BEAM)<sup>36</sup> trial was a randomised trial of physical treatments for back pain in primary care. The analysis of costs and benefits in this study shows that a package of care that includes spinal manipulation and exercise, when added to GP 'best care', gives best value for money and produces significant improvements across all outcome measures.

Impact patients have responded positively<sup>37</sup> to chiropractic treatment for the following conditions:

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

*A 60 year old woman presented with right elbow and wrist pain, which she had been experiencing for 10 years. Her GP had prescribed non-steroidal anti-inflammatory drugs (NSAIDs) and rest, and had advised her that he could do no more. She was unable to perform many daily activities.*

*By her fourth chiropractic treatment, the patient no longer required NSAIDs, and was gradually increasing her daily activity. She received a total of 7 treatments, and is now off all medication, and has resumed normal activity.*

<sup>36</sup> [www.york.ac.uk/healthsciences/centres/trials/ukbeam](http://www.york.ac.uk/healthsciences/centres/trials/ukbeam)

<sup>37</sup> A reduction of more than 0.5 in MYMOP scores

## Homeopathy

Over the last two hundred years, homeopathy has become widely used throughout the world. 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 RCTs<sup>38</sup> 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.<sup>39</sup>

Impact patients have responded positively<sup>40</sup> to homeopathic treatment for the following conditions:

- Anxiety
- Depression
- Stress-related conditions
- Anger
- Migraine
- Headaches
- Sleep disorders
- Chronic cough
- Muscular pains and spasms
- Fatigue
- Joint pains
- Hay fever
- Skin conditions
- Fibromyalgia
- Gynaecological pain
- Pre-menstrual syndrome
- Fainting

*A 32 year old woman presented with severe anxiety and depression, which began after the traumatic birth of her second daughter. She was also experiencing some digestive symptoms. Her GP had prescribed Atenolol. At her second consultation, she reported that her digestive problems had improved within 48 hours of taking the remedy, and have not returned. She was also feeling very little anxiety, and crying much less. By the fourth consultation, she had stopped taking the Atenolol. Her treatment was completed after five consultations, having repeated the remedy once. She continues to feel much improved, and no longer experiences anxiety or depression.*

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<sup>38</sup> The Faculty of Homeopathy: Homeopathy – A guide for GPs [www.trusthomeopathy.org](http://www.trusthomeopathy.org)

<sup>39</sup> The Case for Homeopathy: The Faculty of Homeopathy; Dr David Reilly, Lead Consultant Physician at Glasgow Homeopathic Hospital: The Evidence for Homeopathy [www.adhom.org](http://www.adhom.org)

<sup>40</sup> A reduction of more than 0.5 in MYMOP scores

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Fiona Robertson  
Co-director

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