Evaluation

Complementary And Alternative Medicines Pilot Project

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CONTENTS

EXECUTIVE SUMMARY

This report presents the findings from an evaluation of a pilot project which provided patients with access to a range of Complementary and Alternative Medicine (CAM) through their GP practice. Overall 713 patients were referred to the project by their GP. Patients presenting to their health centre with musculoskeletal and mental health conditions, were referred for a range of CAM therapies including acupuncture, chiropractic, osteopathy, homeopathy, reflexology, aromatherapy and massage. The project was commissioned by the Department of Health, Social Services and Public Safety with a view to exploring the potential for CAM within existing primary care services in Northern Ireland. The project was implemented by Get Well UK in two primary care centres in Northern Ireland: Shantallow Health Centre in Londonderry and The Arches Centre in Belfast. The evaluation, conducted independently by Social & Market Research (SMR), is based on an analysis of project monitoring data provided by Get Well UK; and focus groups and surveys of patients, CAM practitioners and GPs from the two participating health centres.

Key Findings: The Patient Experience

Using the various data sources, the evaluation has found a significant level of health gain for the vast majority of patients who have received complementary and alternative medicine as part of the pilot project. This is evidenced by the following:

- Analysis of MYMOP (Measure Yourself Medical Outcome Profile) data, which was generated using a validated health instrument used for measuring patient health gain in general practice, found statistically significant improvements on each of the health outcome indicators measured i.e. the severity of patient symptoms; the level of patient activity associated with their symptoms; and, overall patient wellbeing (source, MYMOP);

- The proportion of patients reporting that the severity of their symptoms were 'as bad as it could be', fell from 31% prior to treatment to 5% following treatment (source, MYMOP);

- 80% of patients recorded an improvement in the severity of their main symptom, with 73% recording an improvement in their level of activity associated with their main symptom (source, MYMOP);

- 67% of patients recorded an improvement in their wellbeing (source, MYMOP);

- 81% of patients said that their general health had improved, with a similarly high proportion of patients (82%) reporting to be less worried about their symptoms following treatment (source, MYMOP);

- 81% of patients reported an improvement in their physical health, with 79% reporting an improvement in their mental health (source, patient survey);

- 84% of patients directly linked the CAM treatments to an improvement in their overall wellbeing (source, patient survey);

- 62% of patients were suffering less pain, with 60% having more control over pain (source, patient survey);

- There was a 14 percentage point reduction in the proportion of patients using medication between the pre and post-treatment stages (i.e. down from 75% to 61%) (source, project monitoring data);

- 44% of patients who were taking medication prior to their treatment, had reduced their use of medication (source, patient survey);

- Among patients using pain killers prior to treatment, 55% said that they use fewer pain killers following treatment (source, patient survey);

- In the majority of patient cases, CAM practitioners reported an improvement in: patient quality of life; relief of presenting symptoms; relief of chronic conditions; increased mobility; increased emotional stability; and, a reduction in patient worry (source, project monitoring data);

- 24% of patients who used other health services prior to treatment (e.g. other primary care services, secondary care services and Accident and Emergency), said they now use these services less often (source, patient survey);

- 64% of patients in employment said that following treatment they now take less time off work. Among patients not in employment, 16% said that having the CAM treatments had encouraged them to think about going back into employment (source, patient survey);

- 94% of patients would recommend CAM to other patients with similar health conditions (source, patient survey);

- 89% of patients expressed an interest in continuing with CAM, with just 30% saying they would be able to afford to continue with CAM treatments (source, patient survey);

- Patients were supportive of CAM being integrated into primary health care, with a call for increased public awareness of the potential of CAM for health gain (source, patient focus groups);

- Patients identified a need for CAM to be promoted among GPs in Northern Ireland, and for initiatives to be taken to help reduce the level of scepticism held by some GPs towards CAM (source, patient focus groups);

Key Findings: The GP Experience

- In 65% of patient cases, GPs documented a health improvement, with a high degree of correlation between GP and patient assessment of health improvement (source, project monitoring data);

- In 65% of patient cases, GPs said they had seen the patient less often following the patient's referral to CAM (source, project monitoring data);

- Improving patient health was found to be the main motivation for GPs getting involved in the pilot project (source, GP survey and focus groups);

- Most GPs said that their understanding and knowledge of CAM had improved by participating in the pilot project, with most conceding that their knowledge was limited at the initial stages. Some GPs had experienced difficulty initially in matching their patients with appropriate therapies, with most of the GPs supporting the need for further educational interventions such as seminars, talks with practitioners and having more written information on CAM (source, GP survey and focus groups);

- Half of GPs reported prescribing less medication for chronic or acute patients (source, GP survey);

- Half of GPs reported that the option to refer their patients to CAM had reduced their workload, with two GPs pointing to a financial saving for their practice. All but one of the GPs had seen the project as a positive development for their practice, with all agreeing that it provided them with more referral options (source, GP survey);

- Most GPs reported that their patients were using Allied Health Professionals less often, with half saying that their patients were using secondary care services less often (source, GP survey);

- Ten out of the 12 GPs surveyed had a more positive view of the potential for CAM within primary care, with all wishing to continue with the option of referring their patients to CAM (source, GP survey);

- In 99% of patient cases, the GP said that they would be willing to refer the same patient, or another patient, to the Get Well UK service. Also in 98% of patient cases, the GP said they would be willing to recommend the service to another GP (source, project monitoring data);

Key Findings: The CAM Practitioner Experience

- CAM practitioners reported a health improvement in 77% of their patients on average, with health gains including: pain relief; improved quality of life; improved mobility, stress relief and improved emotional wellbeing (source, practitioner survey);

- CAM practitioners identified a need for a series of educational interventions targeted at GPs to improve their understanding of CAM and to better support them with matching health conditions with appropriate therapies (source, practitioner survey and focus groups);

- CAM practitioners called for GPs to supply more information on patient medical condition as part of the referral process (source, practitioner survey and focus groups);

- CAM practitioners identified a tendency for GPs to refer patients with chronic medical conditions to the project, with practitioners concerned that the therapies may not be as responsive to this type of patient compared to, for

example, patients with acute medical conditions (source, practitioner survey and focus groups);

- Affordability was identified as the main barrier for patients wishing to continue with CAM (source, practitioner survey and focus groups);

- All CAM practitioners supported the integration of CAM within primary health care, with patient health gain cited as the key benefit (source, practitioner survey and focus groups);

- CAM practitioners reported a more positive attitude to CAM among GPs who had participated in the project, with ongoing contact and communication between GPs and CAM practitioners identified as a key requisite if CAM is to be rolled out more extensively across Northern Ireland (source, practitioner survey and focus groups);

Recommendations

(i) Given the evidence of health gain documented by patients, GPs and CAM practitioners, it is recommended that DHSSPS and the project partners explore the potential for making CAM more widely available to patients across Northern Ireland. Not only has this project documented significant health gains for patients, but it has also highlighted the potential economic savings likely to accrue from a reduction in patient use of primary and other health care services, a reduction in prescribing levels and reduced absenteeism from work due to ill health.

(ii) This pilot project has clearly demonstrated that CAM fits well within a primary health care context, with patients valuing the support and judgement of their GPs in accessing treatments. It is recommended that DHSSPS and the project partners examine ways of integrating CAM within primary care, taking on board the need for a strategy to promote GP knowledge and understanding of CAM to ensure that health conditions are matched appropriately with CAM therapies. A strategy to promote awareness and understanding of CAM among GPs, as well as the positive health gains for patients, should also go some way to addressing issues around scepticism held by some GPs.

(iii) To further assist the process of integrating CAM with primary health care, it is recommended that consideration be given to exploring the potential for sharing medical records with CAM practitioners. Furthermore, consideration should be given to exploring the potential for CAM practitioners to be involved in clinical meetings and case conferences, which may provide patients, particularly those with chronic health problems, with more treatment options. This may also lead to significant cost savings for the health service.

(iv) The project has highlighted a number of areas where the operation of a CAM service can be further improved. In particular, it is recommended that DHSSPS and the project partners explore ways of ensuring that patients are provided with accurate and up to date information at all points of the referral process, as well as at the point of receiving treatments. In addition, the evaluation has found that patients may benefit from a 'triage' system to ensure appropriate matching of health conditions and CAM treatments;

(v) Given that the pilot project has raised expectations among patients, DHSSPS and its partners should consider a mechanism for ensuring that patients who presented with long-term illnesses, and in particular those who experience pain, be offered booster or maintenance sessions beyond the life of the project.

(vi) Given the limited number of CAM practitioners in Northern Ireland, and the difficulties in identifying practitioners to participate in the pilot project, it is recommended that DHSSPS and the project partners consider ways of retaining this resource within a model for wider service delivery.

(vii) Given that the health outcomes for patients have been significant, it is recommended that DHSSPS and the project partners consider the development of a public health information campaign aimed at promoting the potential benefits of CAM. Allied to this point, it is recommended that DHSSPS and its partners examine the role of CAM in supporting health prevention and health promotion strategies, given the evidence that patients are likely to adhere strongly to the advice provided by CAM practitioners.

(viii) The evaluation has documented the positive impact of CAM on patients who are economically active, particularly in the context of helping people back into work following illness. It is recommended that the outcomes from this project be shared with colleagues in other departments (e.g. Department for Employment and Learning), to allow them to examine the potential for CAM within their own operational areas.,

(ix) Given that the evaluation outcomes are based on the perception of the various stakeholder groups (i.e. patients, CAM practitioners and GPs), it is recommended that DHSSPS and the project partners give consideration to integrating other approaches to measuring health impact (e.g. a formal case control study) on an ongoing basis.

1. INTRODUCTION

This report presents the findings from an evaluation of a pilot project aimed at integrating complementary and alternative medicine (CAM) into existing primary care services in Northern Ireland. The project was available to patients registered with two primary care centres: The Arches Centre in East Belfast and Shantallow Health Centre in Londonderry. The Arches Centre has seven GP practices and Shantallow health Centre has two GP practices. Between February 2007 and February 2008, 713 patients presented with a variety of musculoskeletal and mental health problems and were referred to a range of therapies including: chiropractic; osteopathy; reflexology; massage; aromatherapy; acupuncture; and, homeopathy. The pilot project was funded by the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) and administered by Get Well UK. The evaluation was conducted independently by Social & Market Research (SMR).

1.1 PROJECT OBJECTIVES

The pilot objectives were:

- To measure the health outcomes of the service and monitor health improvements;
- To redress inequalities in access to complementary medicine by providing therapies through the Health Service, allowing access for all;
- To contribute to best practice in the field of delivering complementary therapies through primary care;
- To increase patient satisfaction with quick access to expert care;
- To help patients learn self management strategies to manage / improve their health;
- To free up GP time to work with other patients;
- To identify any other relevant cost efficiencies; and,
- To deliver the programme to 700 patients within a budget.

1.2 THE GET WELL UK SERVICE

In December 2006, DHSSPI appointed Get Well UK to oversee the roll out of a pilot project within the identified health centres. Get Well UK is a not-for-profit organisation with a high level of expertise and experience in developing and implementing complementary health initiatives, with previous projects developed in London.

Get Well UK proposed to develop a service targeted at two challenging areas within general practice: musculoskeletal problems; and, depression, stress and anxiety. Patients with musculoskeletal conditions were referred to an osteopath, chiropractor or acupuncturist for assessment and treatment. The practitioner could refer patients on for massage, aromatherapy or reflexology treatments, if

appropriate. Patients with stress, depression or anxiety were referred to a homeopath for a full assessment and monthly treatments or to an acupuncturist who would typically offer weekly treatments. . If appropriate, homeopaths and acupuncturists were also able to refer patients for supporting 'complementary' treatments such as aromatherapy, massage or reflexology.

In developing the pilot project in Northern Ireland, Get Well UK worked closely with the health centres to agree appropriate referral criteria for the service. As part of this process Get Well UK developed GP Handbooks which included information about care pathways, the clinical team, liabilities and background information on Get Well UK. Referrals to the project were co-ordinated by Get Well UK's Central Customer Services Team, who on receiving a referral contacted the patient to discuss the most suitable time and location for their assessment, and to arrange any special facilities such as a female practitioner or language support. The patient was mailed a letter confirming their appointment details, the name of the assessing clinician, a map of the location, information about what to expect at the assessment and details of complaints and non-attendance policies. Patients agreed to a course of treatment at their first appointment, with each subsequent appointment booked with their practitioner and recorded on the Get Well UK appointment system.

At the point of patient discharge from the service Get Well UK provided the patient's GP with a report detailing diagnosis, treatment received, outcomes and recommendations. This report was appended to the patient's medical records, with a copy also forwarded to the patient themselves.

1.2.1 IDENTIFYING PATIENTS

A number of criteria were applied for the purposes of selecting patients to participate in the project, namely: be resident in the area covered by the GP practice; be aged 18 or over; have a musculoskeletal problem and / or have presented to their GP with depression, stress or anxiety; and, be willing to participate in the pilot project.

1.2.2 COLLECTION OF PATIENT DATA

A central element of Get Well UK's approach to this project was to ensure that stakeholder feedback was regularly collected and collated to allow for an independent assessment of project impact. Table 1.1 shows the data that were collected throughout the pilot project.

Table 1.1 Data Collected

Data	**Collection**	**Collection Agent**
Patient Demographics	1st Treatment	Practitioner
MYMOP 1 Data	1st Treatment	Practitioner
Patient Service Evaluation	Last Treatment	Patient
Practitioner Evaluation	Last Treatment	Practitioner
GP Evaluation	Last Treatment	GP
MYMOP 2 Data	Last Treatment	Practitioner
Supervision Feedback	Monthly	Supervision Led
Patient Complaints	On Demand	Customer Service
GP / DHSSPSNI Feedback	On Demand	Managing Director
Customer Services Feedback	On Demand	Customer Service

Patient Demographic Data: A range of data was collected on each patient including gender, ethnicity, educational attainment, housing status, occupation, religion and receipt of state benefits. This data allows an assessment of who has accessed the service.

Measure Yourself Medical Outcome Profile (MYMOP): With their consent, each patient was asked to complete Measure Yourself Medical Outcome Profile (MYMOP)[1] forms immediately prior to treatment and post treatment. This is a patient-generated validated instrument, developed by Somerset GP Dr Charlotte Patterson, which is used as a primary care research tool to capture a patient's self-reported health change. The patient identifies and grades on a seven point scale their most important symptom, an optional second symptom, a daily living activity which symptoms one and two prevent or interfere with, and their wellbeing. These four dimensions are used to monitor health outcomes.

Evaluation Forms: At the end of every package of care, patient satisfaction is surveyed. The treatment practitioner and referring GP also complete evaluation forms.

1.2.3 SUPPORTING PATIENTS WITH ACCESSING SERVICES

The musculoskeletal service was provided in the form of a six to eight week programme. Services directed at alleviating depression, stress and anxiety were provided via a six month treatment programme, due to homeopathic treatments being provided on a monthly basis. After a slow start to referrals in the early months of the project (February, March and April 2007) the number of referrals gradually increased. Patients were supported by Get Well UK throughout the referral process and in particular through the process of accessing the required services for their package of care (e.g. provision of a helpline number by Get Well UK which was accessible from 9am to 6pm). Get Well UK's Customer Services Team provided ongoing support to patients, GPs, practice managers and practitioners throughout the life of the project.

1.2.4 IDENTIFIYING CAM PRACTITIONERS TO SUPPORT THE PROJECT

A key challenge presented by the pilot project was the need to identify CAM practitioners to provide the necessary range of treatments to presenting patients. To address this need, Get Well UK applied a two stage recruitment process: a written application; and, a face-to-face interview. A total of 16 practitioners were recruited to the project.

1.2.5 IDENTIFIYING GPs TO SUPPORT THE PROJECT

Within the Belfast practices, 30 GPs were encouraged to refer their patients to the pilot project, with 5 GPs and a prescribing nurse in the Londonderry practices referring their patients.

[1] Patterson C. Measuring outcome in primary care: a patient-generated measure, MYMOP, compared to the SF-36 health survey. British Medical Journal 1996; 312: 1016-20.
Patterson C,. Britten N. In pursuit of patient-cantered outcomes: a qualitative evaluation of MYMOP, Measure Yourself Medical Outcome Profile. Jour Health Services Res Policy 2000; 5:27-36.

1.3 EVALUTION TERMS OF REFERENCE

The key focus for the evaluation was to conduct an analysis of data received as part of the pilot project and to produce a report describing in detail the effect the pilot has had on a number of key areas, to include:

- Health benefits to the patient;
- Health economics / cost analysis;
- Patient satisfaction with the services offered;
- GP satisfaction with the services offered;
- Effect on medication usage; and,
- Reduction in GP workload

1.3.1 KEY EVALUATION TASKS

In accordance with the Terms of Reference, the evaluation focused on:

- Examining and evaluating data collected by Get Well UK, for example using the MYMOP information and interpreting the findings;
- Carrying out five focus groups during the pilot year to ascertain satisfaction levels and get qualitative feedback from patients, GP's and practitioners;
- Preparing for and presenting an interim report at the formal steering group meeting in August 2007, and also giving an overview of the initial findings from the pilot at the final steering group meeting in March 2008;
- Preparing and presenting a final report for approval by the steering group by the end of March 2008.

1.3.2 EVALUATION METHODOLOGY

The evaluation is based on an analysis of data from the following sources:

- Referral forms: one part completed for the GPs and one part by the patient (n=713);
- Patient Monitoring Form: completed by patients at their first appointment and recording basic patient demographic information (n=419);
- MYMOP Forms: used as a tool for recording a patient's own assessment of changes in a symptom of their choice, any related functional impairment and their general wellbeing. A MYMOP form was completed at the first and last appointment in order to track any changes in these parameters (and in any variation in medication) made during the course of their treatment (n=339)[2];
- Patient Evaluation Form: completed at the final appointment (n=300);

[2] Note that 339 patients completed a MYMOP assessment before the commencement of their first treatment period and at the conclusion of their first treatment period.

- Practitioner's Evaluation Form: sought information on the patient's progress and some details of treatment provided and was completed at the end of a course of treatment (n=394);

- GP Evaluation form: sought views on the effect of complementary treatment on each patient, and any impressions GPs had of the way the service had affected the practice's use of resources in each case (n=231).

It should be noted that not all of the above forms were completed for all patients, and that the data presented in this report reflects the changing base figures for each of the above elements. Where changes in base figures occur, this will be reported in the commentary of the report. The main reason for an incomplete dataset is that the audit data was collected until the end of January, whereas the service continued to run until the end of March.

1.3.3 INDEPENDENT SURVEYS OF PATIENTS, GPs AND PRACTITIONERS

In addition to the above data, which was supplied by Get Well UK, the steering group also agreed to conduct independent surveys of patients, GPs and practitioners. Each of the three groups was mailed a self-completion questionnaire (see Appendix) seeking their views on different aspects of the project. This was followed up with reminder letters which were mailed two weeks after the initial mailing. Fieldwork for the surveys was conducted in February and March 2008.

Overall, 227 patients had returned their questionnaires by 20 March 2008, which equates to a response rate of 45%. Of the 16 practitioners contributing to the pilot project, 12 completed and returned a questionnaire, representing a response rate of 75%. Finally, among the 35 GPs surveyed, 12 completed and returned their questionnaire by the cut off date of 20 March 2008, representing a response rate of 34%.

1.4 NOTES ON TABLES

Due to the rounding of row and column percentages within tables and figures, sums may not always total to 100. Note that base totals may also change in tables. It should be noted that dash marks [-] are used in some tables to indicate that the figure is less than 1%.

1.5 STATISTICAL SIGNFICANCE

It should be noted that in this report, the following symbols have been used to denote statistical significance: * statistically significant at the 95% confidence interval; ** statistically significant at the 99% confidence interval; and, *** statistically significant at the 99.9% confidence level. Note also that differences alluded to in the text are statistically significant at the 95% level.

2 PATIENTS REFERRED TO THE SERVICE

This section of the report presents an overview of the profile of patients referred to the project, both in terms of their socio-demographic characteristics as well as their health status at the time of referral. Differences in health status and behaviour between different patient groups are also highlighted.

2.1 PATIENT PROFILE

A total of 713 patients were referred to the project between 6 February 2007 and 30 November 2007, with 147 patients referred for a second treatment. In terms of practice location, the Belfast practices referred the majority of patients to the project (n=389 or 55%) compared with the Derry practice (324 or 45% of all patients.

Table 2.1 Profile of Patients Referred to Pilot Project (n=713)

		%	N
Sex	Male	30	214
	Female	69	494
	Missing	1	5
Age	<40 years	28	202
	40 – 59 years	42	296
	60+ years	26	183
	Missing	5	32
Location	Belfast	55	389
	Londonderry	45	324
Health Condition	Depression, stress or anxiety	36	257
	Musculoskeletal	62	440
	Both	1	10
	Missing	1	6
Treatment (First)	Acupuncture	37	262
	Aromatherapy	2	14
	Chiropractic	20	145
	Homeopathy	13	92
	Massage	0.1	1
	Osteopathy	19	133
	Reflexology	0.4	3
	Missing	9	63

The majority of patients were female (69%) rather than male (30%), with 28% aged under 40, 42% aged between 40 and 59 and 26% aged 60+ years. Patients with musculoskeletal conditions accounted for most of the referrals (62%), with patients with depression, stress and anxiety accounting for 36% of referrals. Finally, 37% of first treatment referrals[3] were for acupuncture, with 20% for chiropractor and 19% for osteopathy. Thirteen percent of referrals were for homeopathy, 2% aromatherapy, 0.4% for reflexology and 0.1% for massage.

[3] Some patients were referred for more than once course of treatment.

2.2 COMPLETION OF MYMOP 1 FORM

The analysis of the MYMOP 1 data is restricted to only those patients where data was collected and recorded (n=419), and not all patients referred as part of the project (n=713). Table 2.2 presents a profile of those patients who completed MYMOP 1 forms, with a number of statistically significant differences. For example, a greater proportion of Derry patients completing MYMOP 1 forms were aged under 40 (35%) compared with Belfast patients (19%). There was also a highly significant difference in the religious profile of patients who completed MYMOP 1 forms, with almost all of the Belfast sample describing their religion as Protestant (94%) compared with the Derry sample of whom 98% described their religious tradition as Catholic. This reflects the criteria applied for selecting the practices to participate in the project, which was delivered in line with the equality framework of Section 75 of the Northern Ireland Act 1998.

Table 2.2 Profile of Patients Completing MYMOP Forms (n=419)

		All	Belfast	L'Derry
		%	%	%
Sex	Male	33	33	32
	Female	67	67	68
Age***	<40 years	27	19	35
	40 – 59 years	42	37	47
	60+ years	31	43	18
Social Class	ABC1	35	34	35
	C2DE	66	66	65
Education	Qualifications	62	63	62
	No Formal Education	38	37	38
Social Benefits	Yes	54	43	64
	No	46	57	36
Religion***	Protestant	45	94	2
	Catholic	55	6	98
Health Condition***	Depression, stress or anxiety	34	19	49
	Musculoskeletal	66	81	51
Treatment (First)***	Acupuncture	44	30	58
	Chiropractic	22	44	0
	Homeopathy	10	8	11
	Osteopathy	23	14	32
	Other	1	3	0
Duration of Symptoms***	Less than 1 Year	25	34	17
	1-5 Years	29	34	24
	More than 5 Years	46	32	59

* p<=0.05; ** p<=0.01; *** p<=0.001

Belfast patients were more likely to present for musculoskeletal conditions (81% vs. 51%), whereas the Derry patients were more likely to have presented for depression, stress or anxiety (49% vs. 19%). In relation to treatments, Belfast patients were more likely to have availed of the services provided by a chiropractor (44%), whereas Derry patients were more likely to have availed of acupuncture and osteopathy (58% and 32% respectively). Table 2.2 shows that although nearly half

(46%) of all patients who had completed MYMOP 1 forms had their symptoms for more than five years, proportionately more of the Derry patients (59%) had their symptoms for more than five years compared with the Belfast patients (32%).

2.3 HEALTH PROBLEMS IDENTIFIED BY PATIENTS

Table 2.3 presents a list of the conditions (main symptom) cited by patients when completing their first MYMOP form. The most common conditions were back pain (30%), neck pain (15%) and anxiety / panic attacks (9%). Of the 418 patients that listed a key symptom in their first MYMOP form, 89% listed a second symptom and in many cases this related to the key symptom (e.g. neck pain and headaches, lower back pain and stiffness, tiredness / lack of energy and depression etc.). In other cases the symptoms were quite distinct (e.g. pain and Irritable Bowel Syndrome, panic attacks and depression, depressive mood and back pain etc.).

Table 2.3 Conditions Identified by Patients on First MYMOP - Symptom 1 (n=418)

		%	N
Musculoskeletal	Back Pain	30.1	126
	Neck Pain	14.8	62
	Shoulder Pain	7.9	33
	General Pain	5.5	23
	Hip Pain	2.9	12
	Leg Pain	2.6	11
	Knee Pain	2.6	11
	Arm Pain	1.7	7
	Hand Pain	1.7	7
	Feet Pain	1.4	6
	Arthritis Pain	1.0	4
	Chest Pain	.5	2
Psycho Social	Anxiety / Panic Attacks	8.6	36
	Stress	4.1	17
	Fatigue	4.1	17
	Insomnia	2.4	10
	Depression	1.9	8
	Anger - Aggressiveness	1.4	6
	Emotional	.5	2
	Tension	.2	1
	Loneliness	.2	1
Other	Headaches Migraines	1.9	8
	Shakes	.5	2
	Abdominal	.5	2
	Chest Infection	.2	1
	Blood Pressure	.2	1
	Overweight	.2	1
	Psoriasis	.2	1
Total		100.0	418

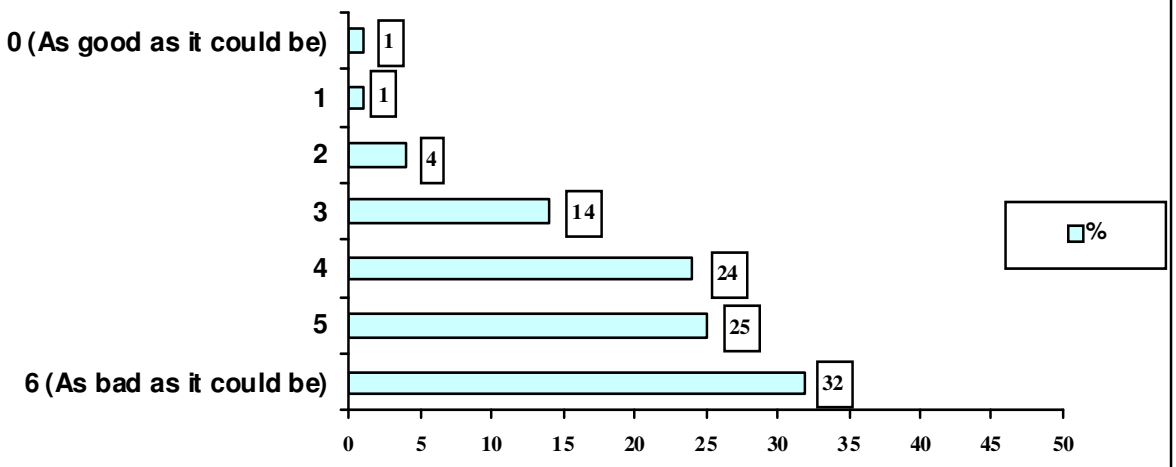
Patients with musculoskeletal conditions who represented the largest group of patients were mainly referred to an acupuncturist, a chiropractor or an osteopath, whereas patients presenting with anxiety, depression or tension were more likely to be referred to an acupuncturist or homeopath.

Table 2.4 Patient Conditions by First Treatment						
	Acupu'e	Chiro	Homeo'thy	Osteo'thy	Aromatherapy, Massage, Reflexology	N
	%	%	%	%	%	
Pain: Back, neck, shoulder, hip, arm, feet, chest, leg, hand, knee	33	32	1	34	-	277
Anxiety, depression, tension	67	-	24	1	7	70
General Pain	68	9	23	-	-	22
Headaches, migraine	63	13	12	12	-	8
Fatigue	65	-	35	-	-	17
Insomnia	60	-	40	-	-	10
Other	75	-	25	-	-	12

2.3.1 SEVERITY OF SYMPTOM 1

Patients were asked to rate the severity of their main symptom (physical or mental) i.e. to say how bad they felt it had been over the previous week, and to score it on a 7 point scale from 0 to 6 where 0 is *'as good as it could be'* and 6 is *'as bad as it could be'*. Figure 2.1 shows that almost one in three (32%) patients rated the limitations that their main symptom imposed on them, *'as bad as could be'*.

Fig 2.1: Severity of Symptom 1 over the last week? (n=421)



2.3.2 DIFFERENCES IN SEVERITY OF SYMPTOM 1 BY PATIENT GROUPS

The analysis also examined whether or not there were differences in the level of severity of patient's key symptom by different patient groups. For example, women compared with men recorded a higher mean level of severity for their main symptom (4.7 vs. 4.4), as did those in the lower social classes (C2DE, 4.7) compared with those in the higher social classes (ABC1, 4.4). Patients in receipt of social benefits were also significantly more likely to rate their main symptom as severe (4.9 vs. 4.3).

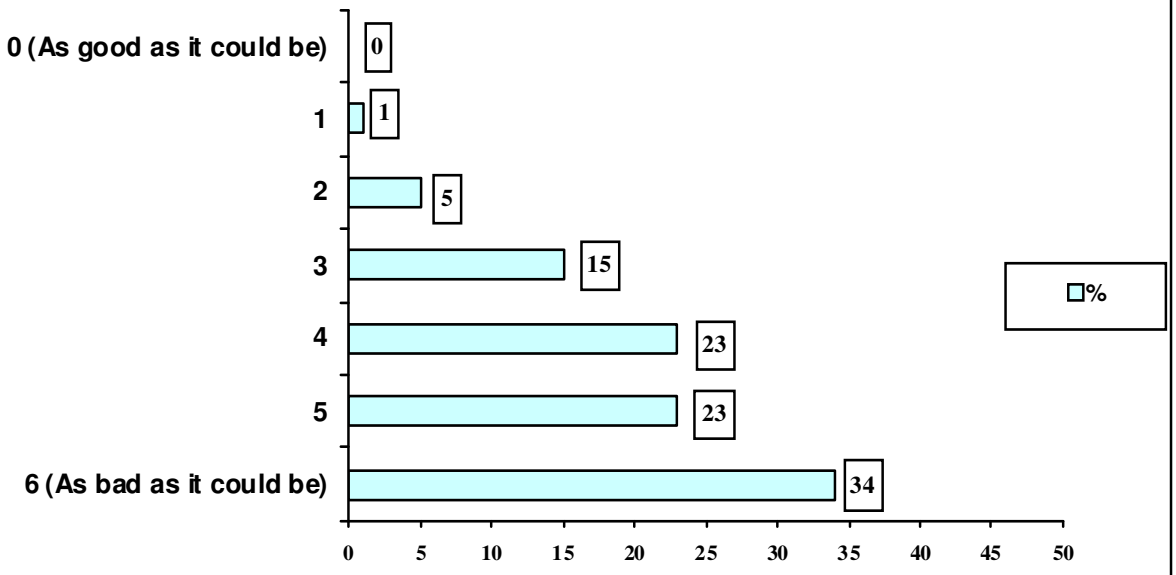
Table 2.5 Mean Level of Severity of Patient Symptoms by Patient Groups			
		Mean Severity	n
Sex*	Male	4.4	136
	Female	4.7	279
Social Class*	ABC1	4.4	120
	C2DE	4.7	231
Social Benefits***	Yes	4.9	218
	No	4.3	187
Religion***	Protestant	4.2	172
	Catholic	5.0	208
Duration of Symptoms***	Less than 1 Year	4.2	102
	1-5 Years	4.6	119
	More than 5 Years	4.8	190
Practice***	Belfast	4.2	205
	L'Derry	5.0	212
* p<=0.05; ** p<=0.01; *** p<=0.001			

Patients who had experienced their symptoms for more than five years (4.8) also recorded a higher level of severity compared with patients who had experienced their symptoms for between 1 and 5 years (4.6), and those who had experienced their symptoms for less than one year (4.2). Patients attending the Derry practice (5.0), compared with patients attending the Belfast practice (4.2), recorded a higher mean level of severity with their main symptom. This was also reflected when patient religion was analysed, with the Derry patients who are predominantly Catholic (5.0) also recording a higher mean level of severity with their main symptom compared with Protestant patients who were predominantly from the Belfast practice (4.2).

2.3.3 SEVERITY OF SYMPTOM 2

Among those patients who listed a main symptom, 88% (n=369) listed a second symptom (mental or physical) which bothered them. Figure 2.2 shows that approximately one in three patients (34%) rated their secondary symptom as 'as bad as it could be'.

Fig 2.2: Severity of Symptom 2 over the last week? (n=369)



2.3.4 DIFFERENCES IN SEVERITY OF SYMPTOM 2 BY PATIENT GROUPS

In line with the main symptom, the level of severity of the second symptom was consistent across the various patient groups, with those reporting a statistically significant higher mean level of severity being: women (4.7 vs. 4.4); in the lower social classes (4.8 vs. 4.4); be in receipt of benefits (4.9 vs. 4.3); Catholic (4.9 vs. 4.3); and, be a patient of the Derry practice (4.9 vs. 4.2).

2.3.5 RESTRICTED ACTIVITY ASSOCIATED WITH SYMPTOMS

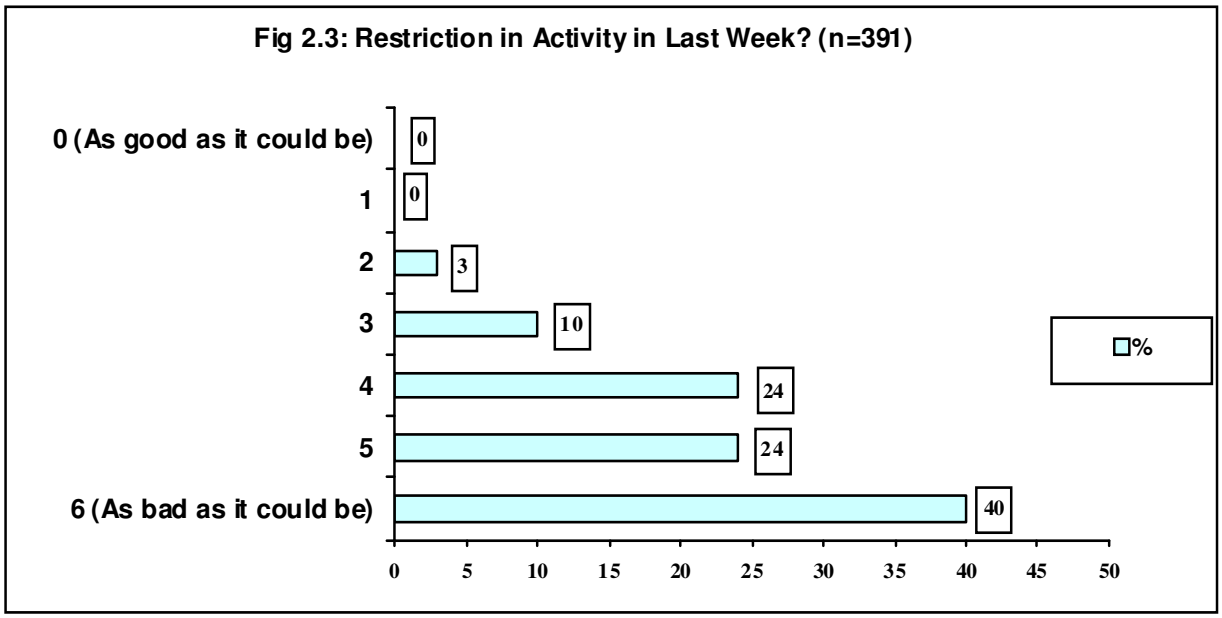
Patients were also asked to indicate if their symptoms prevented them, or made it difficult for them, to undertake one activity. The responses are presented in Table 2.6 and show that more than a quarter (28%) of patients said that their condition made it difficult for them to walk, with 13% saying that their symptoms made it difficult for them, or prevented them, from engaging in sport and physical activity.

Table 2.6 Activities Patients Find Difficult to Perform (n=388)		
	%	n
Walking	28.4	110
Sport / Physical Activity	12.6	49
Going out / Socialising	10.3	40
Relaxing / Reading	9.0	35
Everyday Living	6.2	24
Housework	5.9	23
Work	4.9	19
Sleeping	3.6	14
Sitting	3.4	13
Driving	3.1	12
Standing	2.8	11
Lifting	2.6	10
Gardening	2.3	9
Concentrating	2.1	8
Bending	1.5	6
Cooking	.5	2
Eating	.5	2
Shopping	.3	1

2.3.6 LEVEL OF RESTRICTED ACTIVITY ASSOCIATED WITH SYMPTOMS

After listing one activity which their condition restricted them from engaging in, patients were then asked to score on a 7 point scale (0 to 6) how bad this had been in the last week. Figure 2.3 shows that 40% of patients reported that their restricted activity in the previous week was 'as bad as it could be'.

Fig 2.3: Restriction in Activity in Last Week? (n=391)



2.3.7 LEVELS OF RESTRICTED ACTIVITY BY PATIENT GROUPS

The mean level of 'restricted activity' for the whole sample was 4.8, with those more restricted being: women (4.9); in the lower social classes (5.0); be in receipt of benefits (5.0); Catholic (5.2); and, be attending the Derry practice (Table 2.7).

Table 2.7 Mean Level of Restriction in Activity by Patient Groups

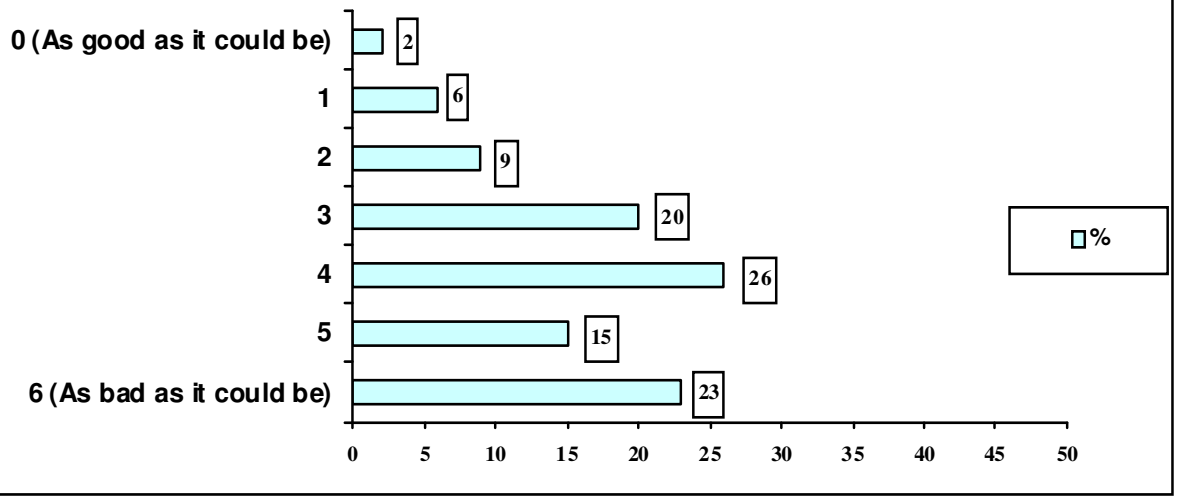
		Mean Severity	N
Sex*	Male	4.6	126
	Female	4.9	259
Social Class**	ABC1	4.6	109
	C2DE	5.0	220
Social Benefits***	Yes	5.0	206
	No	4.6	171
Religion***	Protestant	4.4	168
	Catholic	5.2	185
Practice***	Belfast	4.5	184
	L'Derry	5.2	203

* p<=0.05; ** p<=0.01; *** p<=0.001

2.3.8 LEVEL OF WELLBEING

As with severity of symptoms and restriction in activity, patients were asked to rate their level of wellbeing on a scale from 0 to 6 where 0 is *'as good as it could be'* and 6 is *'as bad as it could be'*. Using this approach found that almost one quarter of patients (23%) rated their mean level of wellbeing *'as bad as it could be'*.

Fig 2.4: Mean Level of Wellbeing in Last Week? (n=416)



2.3.9 DIFFERENCES IN LEVEL OF WELLBEING BY PATIENT GROUPS

Analysis by patient background characteristics found a number of statistically significant differences, with those more likely to report a poorer level of wellbeing in the previous week including: women; those in the lower social classes; those with no formal educational qualifications; those in receipt of benefits; Catholic patients; those availing of homeopathic treatments; those presenting with mental health problems; those who have experienced their symptoms for longer; and, those attending the Derry practice.

Table 2.8 Mean Level of Wellbeing in Last Week by Patient Groups

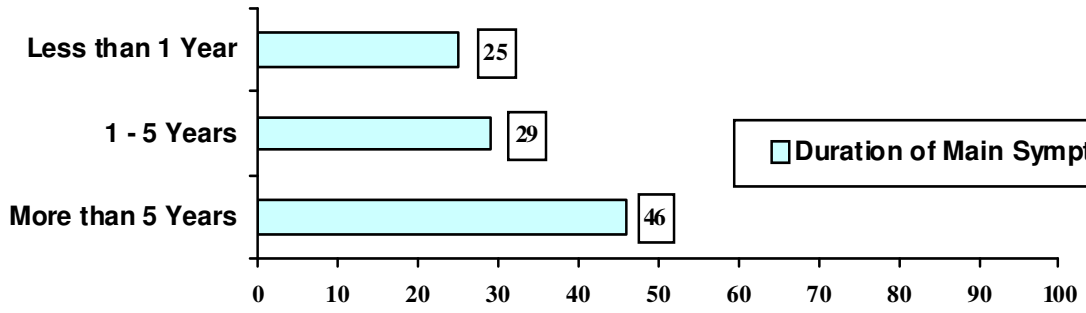
		Mean Severity	N
Sex*	Male	3.6	133
	Female	4.1	278
Social Class*	ABC1	3.7	120
	C2DE	4.0	229
Education*	Qualifications	3.8	226
	No Qualifications	4.1	140
Social Benefits***	Yes	4.3	216
	No	3.5	186
Religion*	Protestant	3.7	171
	Catholic	4.1	206
Treatment***	Acupuncture	4.2	185
	Chiropractic / Osteopathy	3.6	185
	Homeopathy	4.5	40
Condition***	Mental Health	4.4	138
	Musculoskeletal	3.7	264
Duration of Symptoms*	Less than 1 Year	3.7	102
	1-5 Years	3.8	118
	More than 5 Years	4.2	187
Practice**	Belfast	3.7	203
	L'Derry	4.2	210

* p<=0.05; ** p<=0.01; *** p<=0.001

2.3.10 DURATION OF SYMPTOM 1

One in four (25%) patients reported having had their main symptom for less than a year, with 29% having had their main symptom for between 1 and 5 years. Quite a significant proportion (46%) of patients had their symptoms long-term (i.e. more than 5 years).

Fig 2.5: How long have you had Symptom 1, either all of the t ime or on and off? (n=411)



2.3.11 DIFFERENCES IN LEVEL OF WELLBING BY PATIENT GROUPS

Patients who had experienced their main symptom for longer (i.e. more than 5 years) were more likely to be from the lower social classes, be in receipt of benefits, describe their religious affiliation as Catholic and be attending the Derry practice.

Table 2.9 Duration of Symptom 1 by Patient Groups

		Less than 1 Year	1-5 Years	More than 5 Years	N
		%	%	%	
Social Class**	ABC1	36	29	35	116
	C2DE	19	30	51	226
Social Benefits***	Yes	17	26	57	215
	No	35	33	32	181
Religion***	Protestant	31	37	32	167
	Catholic	19	23	58	205
Practice***	Belfast	34	34	32	199
	L'Derry	17	24	59	208

* p<=0.05; ** p<=0.01; *** p<=0.001

2.4 MEDICATION LEVELS PRIOR TO TREATMENT

At their first appointment to see a CAM practitioner, three out of four patients (75%) said that they were taking medication for their problem. Among this patient group, those aged under 40 were significantly less likely to be taking medication for their condition (61%), whereas those more likely to be taking medication for their problem were: from the lower social classes (81%); have no formal educational qualifications (83%); be in receipt of benefits (84%); and, have had their main symptom for longer (81%).

Table 2.10 Medication Use By Patient Groups

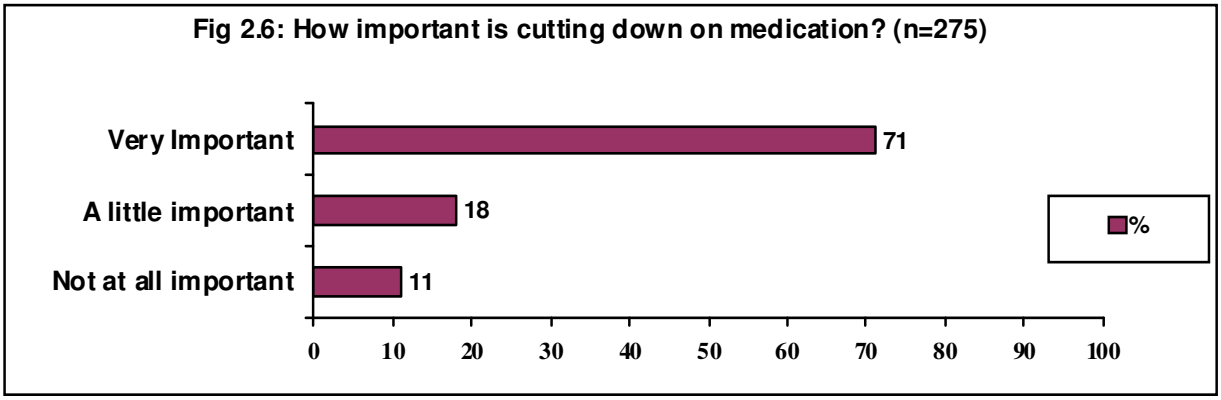
		Taking Medication %	N
All Patients		75	400
Age**	<40	61	103
	40-59	80	163
	60+	78	119
Social Class***	ABC1	58	113
	C2DE	81	222
Education**	Qualifications	69	216
	No Qualifications	83	138
Social Benefits***	Yes	84	211
	No	63	175
Duration of Symptoms**	Less than 1 Year	63	95
	1-5 Years	75	113
	More than 5 Years	81	185

* p<=0.05; ** p<=0.01; *** p<=0.001

2.4.1 CUTTING DOWN ON MEDICATION

Almost nine out of ten (89%) patients who were taking medication, said that cutting down on their medication was important to them, with those in the 40-59 age group (94%) more likely to say that cutting down on their medication is important to them, compared with patients in other age groups (under 40, 83%; aged 60+, 84%).

Fig 2.6: How important is cutting down on medication? (n=275)



2.5 WORRYING ABOUT SYMPTOMS

On presenting for their first appointment with a practitioner, approximately one third (35%) of patients said they were extremely worried about their symptoms.

Fig 2.7: How worried are you about your symptoms? (n=413)

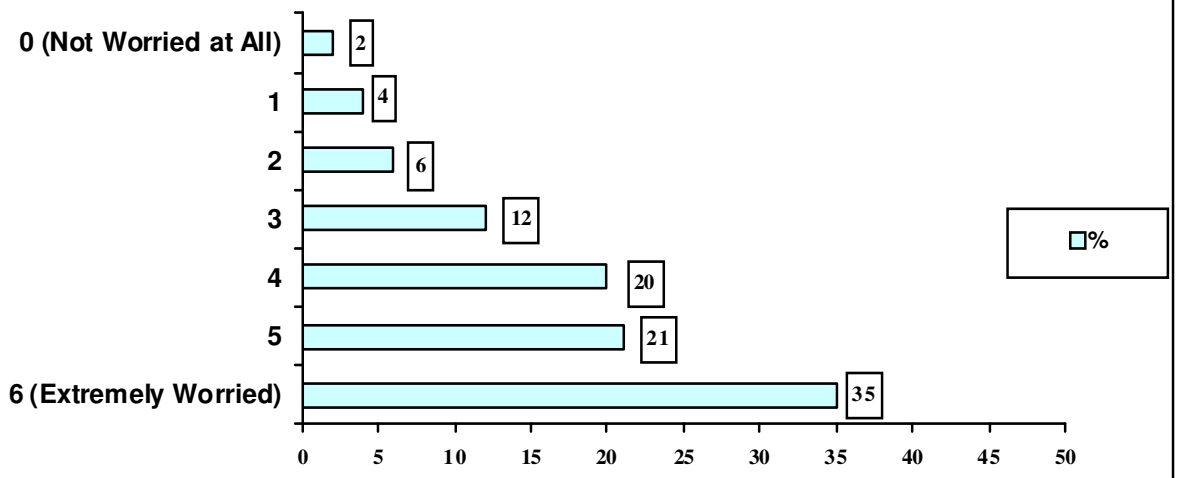


Table 2.11 shows that patients in the 40-59 age group were more likely to be worried about their symptoms (4.8), compared with patients in other age groups. Similarly, a higher mean level of worry was recorded by patients in receipt of benefits (4.8), Catholic patients (4.9), those with symptoms for more than 5 years (4.7) and those attending the Derry practice (4.9). Conversely, patients availing of chiropractic / osteopathy treatments were less likely to be worried about their symptoms, compared with other treatment groups.

Table 2.11 Mean Level of Worry About Symptoms by Patient Groups

		Mean Worry Level	N
All Patients		4.4	413
Age**	<40	4.5	109
	40-59	4.8	166
	60+	4.0	120
Social Benefits***	Yes	4.8	217
	No	4.0	182
Religion*	Protestant	4.0	166
	Catholic	4.9	207
Treatment*	Acupuncture	4.6	182
	Chiropractic / Osteopathy	4.2	185
	Homeopathy	4.7	41
Duration of Symptoms*	Less than 1 Year	4.1	100
	1-5 Years	4.3	115
	More than 5 Years	4.7	190
Practice***	Belfast	4.0	200
	L'Derry	4.9	210

* p<=0.05; ** p<=0.01; *** p<=0.001

3 IMPACT OF TREATMENTS

This section of the report details the impact of the treatments on the health status of patients, from the perspectives of the patients themselves, as well as from the perspectives of the GPs and CAM practitioners who participated in the project. The analysis is based on:

- a comparison of MYMOP (completed by patients) data before and after treatment;
- practitioner assessments of the impact of treatments;
- GP assessments of the impact of the treatments on patient health gain; and,
- an assessment of project impact from surveys of patients, GPs and practitioners.

3.1 CHANGES IN MYMOP SCORES BEFORE AND AFTER TREATMENT

As noted in Section 1 each patient was asked to complete a MYMOP (Measure Yourself Medical Outcome Profile) form prior to being treated with CAM as well as at the point the treatment programme was completed. MYMOP is used to identify changes, if any, in how patients perceive their symptoms, their activity levels and their general wellbeing.

The comparison of patient MYMOP scores between pre and post treatment was restricted to those patients (n=337) who had completed both a MYMOP form at the first appointment, and a MYMOP form on completion of their treatment programme.

Using a Paired-Samples T-Test found that the mean MYMOP severity scores for the whole sample had fallen significantly (p<=0.001) between pre and post treatment for each of the areas measured i.e. the severity of symptoms 1 and 2, patient activity and patient wellbeing. This indicates that the whole sample of patients had reported health improvement on each of the specific indicators. Indeed, the overall mean aggregate score (based on an index of the 4 individual MYMOP elements) for the whole sample, had also fallen significantly (p<=0.001) between the pre and post treatment stages, indicating that the sample of patients had reported a significant improvement in their health status.

Table 3.1 Changes in MYMOP Scores Before and After Treatment

	Before Treatment		After Treatment		Change	
MYMOP Score	Mean	Median	Mean	Median	Mean	Median
Symptom 1	4.61	5	2.74	3	1.87***	2***
Symptom 2	4.60	5	2.81	3	1.79***	2***
Activity	4.85	5	3.09	3	1.76***	2***
Wellbeing	4.00	4	2.68	3	1.32***	1***
Aggregate Score	4.50	4.5	2.82	3.0	1.68***	1.5***

* p<=0.05; ** p<=0.01; *** p<=0.001

In addition to a comparison of the mean MYMOP scores pre and post treatment, the analysis (using the Wilcoxon Signed Rank Test) also found a highly significant (p<=0.001) reduction in the median severity scores reported by patients. The

reduction in aggregate median score (i.e. based on all 4 elements) between pre and post treatment (1.5) was also found to be highly significant (p<=0.001), which again indicates a significant improvement in patients' self perceived health status between the two periods.

3.1.1 CHANGES IN MYMOP SCORES BY THERAPY

A similar analysis to that applied for all patients was applied to patients availing of specific treatments, and Tables 3.2 to 3.4 show that patients recorded highly significant reductions (p<=0.001) in the severity scores for each treatment. On each specific indicator, patients in the period between pre and post treatment recorded significant improvements in their health status regardless of treatment / therapy.

Table 3.2 Changes in MYMOP Scores Before and After Treatment (Acupuncture)

	Before Treatment		After Treatment		Change	
MYMOP Score	Mean	Median	Mean	Median	Mean	Median
Symptom 1	4.85	5	3.00	3	1.79***	2***
Symptom 2	4.88	5	3.24	3	1.63***	2***
Activity	5.00	5	3.48	4	1.53***	1***
Wellbeing	4.41	4	2.98	3	1.42***	1***
Aggregate Score	4.76	5	3.18	3.25	1.58***	1.75***

* p<=0.05; ** p<=0.01; *** p<=0.001

Table 3.3 Changes in MYMOP Scores Before and After Treatment (Chiropractor / Osteopathy)

	Before Treatment		After Treatment		Change	
MYMOP Score	Mean	Median	Mean	Median	Mean	Median
Symptom 1	4.46	5	2.62	3	1.84***	2***
Symptom 2	4.39	4	2.57	3	1.82***	1***
Activity	4.76	5	3.01	3	1.75***	2***
Wellbeing	3.56	4	2.53	3	1.02***	1***
Aggregate Score	4.28	4.25	2.66	2.75	1.61***	1.5***

* p<=0.05; ** p<=0.01; *** p<=0.001

Table 3.4 Changes in MYMOP Scores Before and After Treatment (Homeopathy)

	Before Treatment		After Treatment		Change	
MYMOP Score	Mean	Median	Mean	Median	Mean	Median
Symptom 1	4.33	4	2.06	2	2.27***	2***
Symptom 2	4.39	5	2.12	2	2.27***	3***
Activity	4.57	5	1.90	2	2.66***	3***
Wellbeing	4.40	4	2.12	2	2.28***	2***
Aggregate Score	4.42	4.5	2.05	2	2.37***	2.5***

* p<=0.05; ** p<=0.01; *** p<=0.001

3.1.2 CHANGES IN MYMOP SCORES BY HEALTH CONDITION

MYMOP scores were also compared pre and post treatment for patients presenting with mental health and musculoskeletal conditions. Tables 3.5 and 3.6 show that for both types of condition, the improvements in severity scores were highly significant (p<=0.001). Again on each specific indicator, patients in the period between pre and post treatment recorded significant improvements in their health status regardless of whether they presented with musculoskeletal conditions or mental health related conditions.

Table 3.5 Changes in MYMOP Scores Before and After Treatment (Mental Health)

	Before Treatment		After Treatment		Change	
MYMOP Score	Mean	Median	Mean	Median	Mean	Median
Symptom 1	4.69	5	2.68	3	2.00***	2***
Symptom 2	4.77	5	2.90	3	1.87***	2***
Activity	4.91	5	2.92	3	1.98***	2***
Wellbeing	4.42	4	2.61	3	1.80***	1***
Aggregate Score	4.68	4.75	2.78	2.75	1.90***	2***

* p<=0.05; ** p<=0.01; *** p<=0.001

Table 3.6 Changes in MYMOP Scores Before and After Treatment (Musculoskeletal)

	Before Treatment		After Treatment		Change	
MYMOP Score	Mean	Median	Mean	Median	Mean	Median
Symptom 1	4.57	5	2.76	3	1.81***	2
Symptom 2	4.52	5	2.78	3	1.74***	2
Activity	4.80	5	3.14	3	1.65***	2
Wellbeing	3.78	4	2.68	3	1.10***	1
Aggregate Score	4.40	4.5	2.83	3	1.57***	1.5

* p<=0.05; ** p<=0.01; *** p<=0.001

3.1.3 CHANGE IN PATIENTS REPORING HIGHEST SEVERITY LEVEL

On all of the MYMOP indicators, the proportion of patients scoring level 6 on the severity scale *('as bad good be')* fell, with the largest reduction in relation to the severity of their main symptom (i.e. a drop of 26 percentage points in the proportion of the sample rating the severity of their main symptom *'as bad as it could be,* down from 31% pre treatment to 5% post treatment).

Table 3.7 % of Patients Scoring Level 6 on MYMOP Before and After Treatment (n=337)

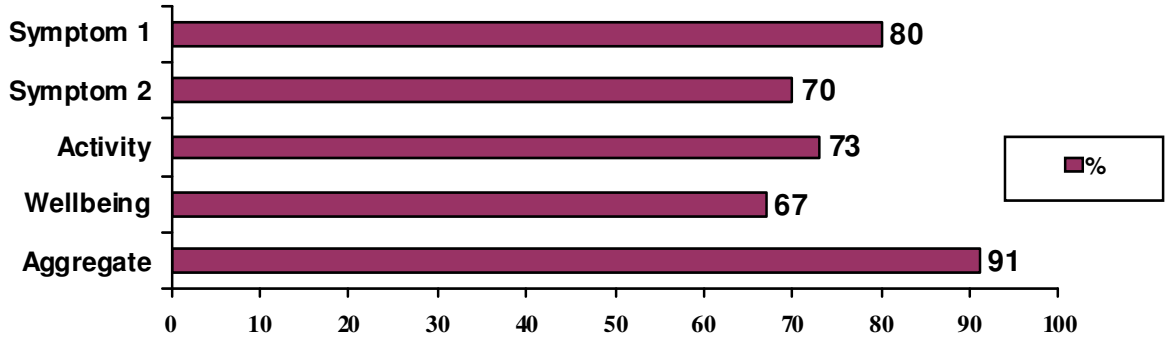
MYMOP Score	Scoring Level 6	
	Before Treatment	After Treatment
	%	%
Symptom 1	31	5
Symptom 2	33	8
Activity	38	11
Wellbeing	22	7

* p<=0.05; ** p<=0.01; *** p<=0.001

3.1.4 PATIENTS REPORTING AN IMPROVEMENT IN MYMOP SCORES

Figure 3.1 shows that 80% of patients reported an improvement in the severity of their main symptom, with 70% reporting an improvement in the severity of secondary symptoms. More than seven out of ten (73%) patients said that their level of activity had improved between pre and post treatment, with 67% saying that their overall level of wellbeing had improved following treatment. Overall, 91% of patients recorded an increase in their overall MYMOP score (i.e. a health improvement).

Fig 3.1: Proportion of Patients Reporting An Improvement in Severity? (n=337)



3.1.5 REPORTED IMPROVEMENTS IN MYMOPS BY PATIENT GROUPS

There were some differences in improvement levels by patient background characteristics, with those patients on benefits more likely to report an improvement in their secondary symptom (74% vs. 65%). Patients with no formal educational qualifications were also more likely to point to an improvement in the severity of their secondary symptom (76% vs. 66%).

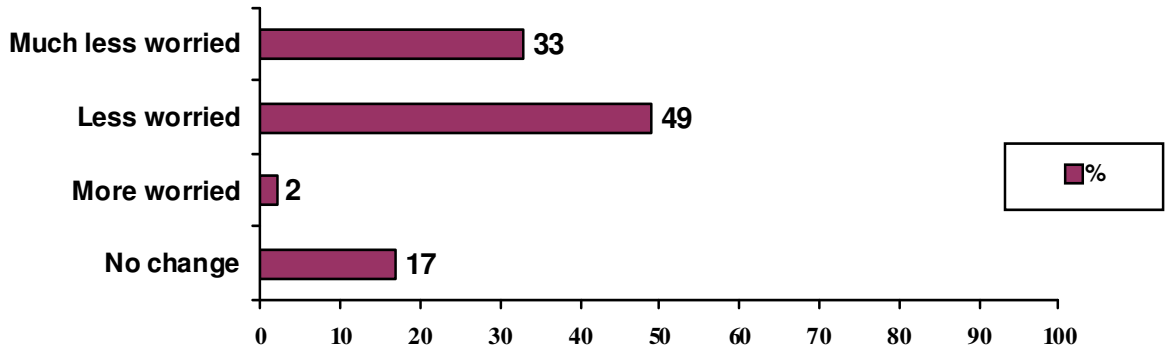
In relation to treatment programme, patients who availed of chiropractic and osteopathy treatments (56%) were less likely to record an improvement in their level of wellbeing, compared with patients availing of acupuncture (77%) and homeopathic treatments (79%).

Finally, a greater proportion of patients presenting with mental health problems, compared with musculoskeletal problems, recorded an improvement in their wellbeing between pre and post treatment (80% vs. 62%).

3.2 LEVEL OF PATIENT WORRY POST-TREATMENT

The vast majority (82%) of patients said that following their treatments they were less worried about their symptoms, with 33% saying they were 'much less worried' and almost half (49%) saying they were 'less worried'. Just 1% of patients said they were 'more worried', with 17% of patients saying that their level of worry had remained unchanged.

Fig 3.2: Thinking about your symptoms, compared to the worry you felt when you first came to see a practitioner, how worried are you now (n=330)



3.3 PATIENT PERCEIVED CHANGE IN GENERAL HEALTH POST-TREATMENT

On a very positive note, more than eight out of ten (81%) patients said that their general health had improved as a result of their treatments, with a greater proportion of those in the higher social classes (ABC1, 86%; C2DE, 77%), and those not in receipt of benefits (86% vs. 76%), reporting a health improvement. Also of note is the finding that patients presenting with mental health related conditions were also more likely to report a health improvement compared with patients presenting with musculoskeletal conditions (86% vs. 78%).

3.4 PATIENT USE OF MEDICATION POST-TREATMENT

The analysis also found a reduction of 14 percentage points in the proportion of patients who said they were taking medication following their treatments (a drop from 75% at the first appointment to 61% following treatment). Specifically among those patients who were taking medication at the pre treatment stage, 20% said that they had stopped using medication following treatment, whereas among those patients who were not taking medication at the pre-treatment stage, 9% were taking medication at the post-treatment stage.

3.5 PATIENT FEEDBACK

Patients were also given an opportunity to rate a number of other aspects of the service received, with all patients rating as excellent or good the friendliness and courtesy of the practitioner, as well at the level of respect shown to them by practitioners and the practitioner's attention to their privacy. Almost nine out of ten (89%) patients rated the effectiveness of the treatments in managing their health problem as either 'excellent' or 'very / good'.

Table 3.8 Patient Views on CAM Practitioners

	Excellent	Very Good	Good	Fair	Poor	n
	%	%	%	%	%	
Effectiveness of the treatment for managing your health problem	35	35	20	10	1	293
Explanations of Treatment	63	31	4	1	-	293
Attention given to what you had to say	78	18	4	-	-	294
Advice given about ways of avoiding illness and staying healthy	57	32	9	1	1	288
Friendliness and courtesy shown to you by your practitioner	92	8	-			295
Respect shown to you, or attention to your privacy	88	12	-	-	-	294
Amount of time you had with the practitioner during each visit	61	29	8	1	-	293

3.6 PRACTITIONER VIEWS ON EFFECTIVENESS OF TREATMENTS

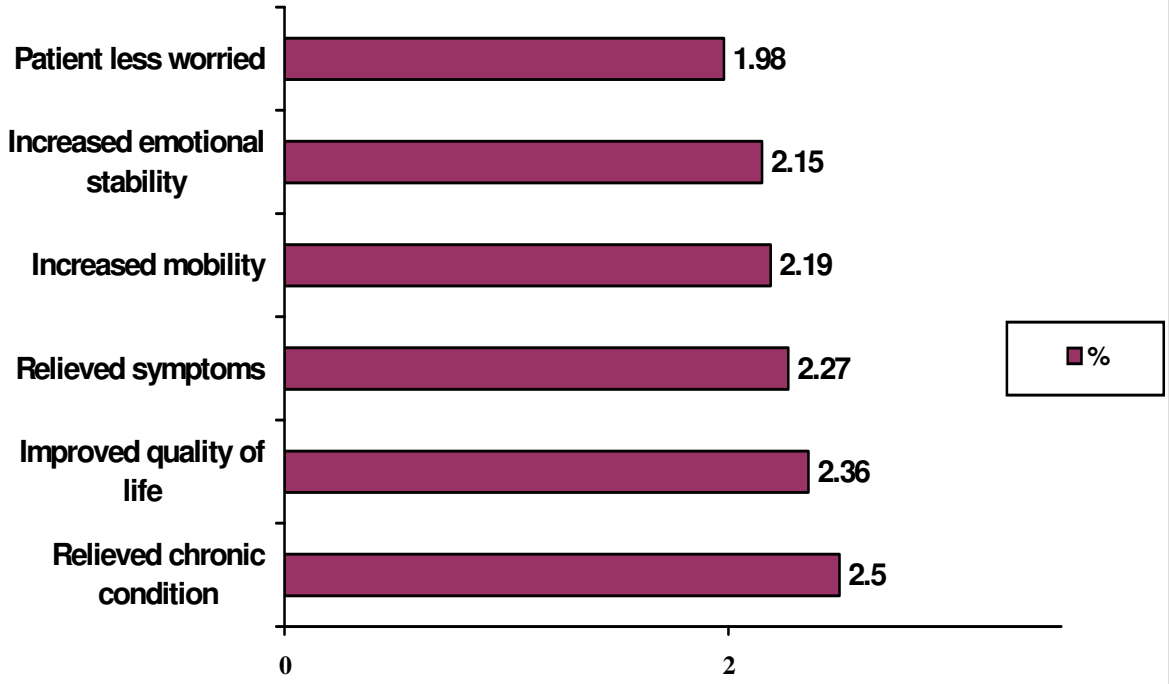
Practitioner evaluation forms were completed for 367 patients, with practitioners asked to rate how effective the treatment had been in relation to a number of indicators. Assuming that scores from 0 to 2 indicate 'effective', practitioners reported that the treatments had been effective in reducing patient worry in 71% of cases, with increased mobility deemed to be an effective outcome in 66% of patient cases.

Table 3.9 Practitioner Views on Effectiveness of Treatments

Outcomes	As good as it could be						As bad as it could be	n
	0	1	2	3	4	5	6	
	%	%	%	%	%	%	%	
Improved Quality of Life	8	20	30	24	9	5	4	367
Relief of presenting symptoms	9	23	29	21	8	6	3	367
Relieved chronic condition	8	20	28	22	10	7	6	355
Increased mobility	9	25	32	18	9	5	3	314
Increased emotional stability	10	23	31	22	8	3	3	362
Patient less worried	13	25	33	17	5	3	3	354

Figure 3.3 presents practitioners views on the effectiveness of the treatments in the form of mean scores, where the lower the score the more effective the treatment. Using this approach shows that practitioners judged the treatments to be most effective in reducing worry among patients, and least effective (relative to the other items) at relieving chronic conditions.

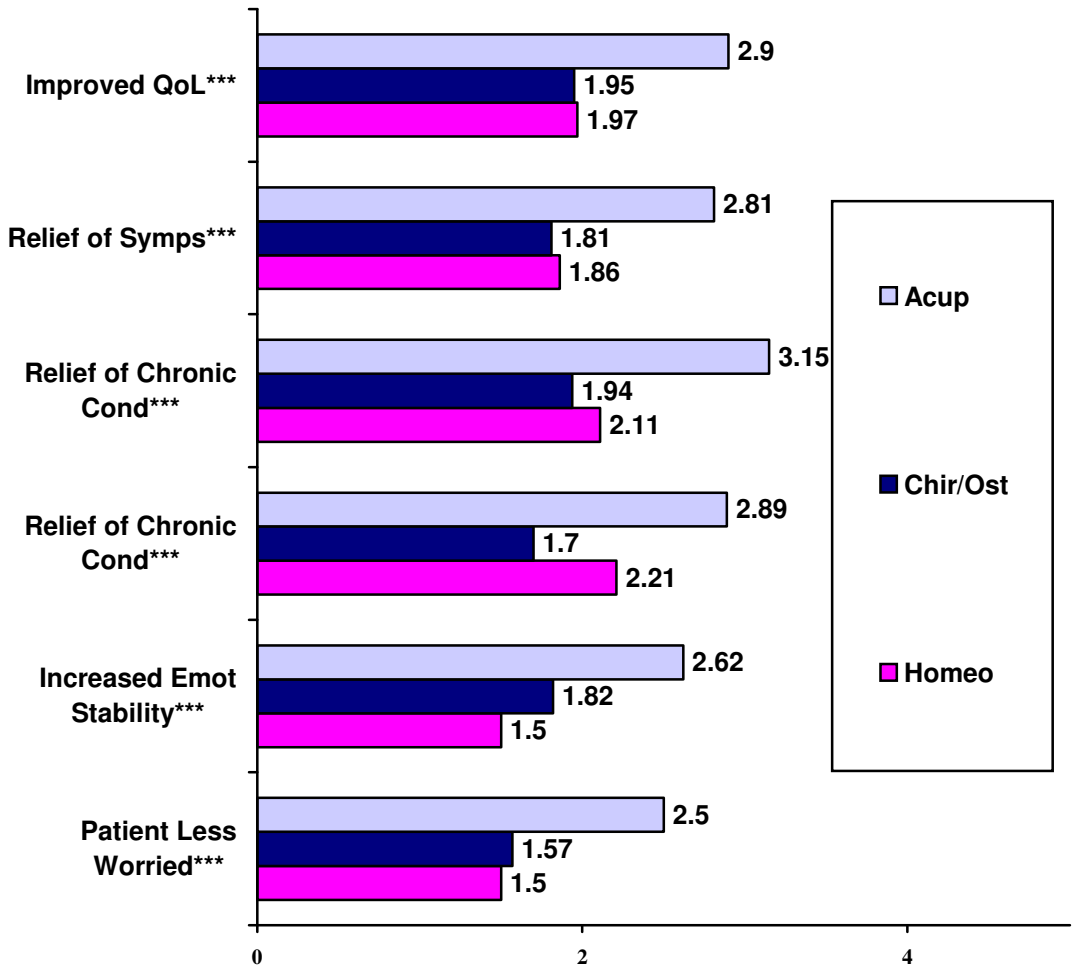
Fig 3.3: In what ways was the treatment effective? (n=367)



3.6.1 PRACTITIONER VIEWS ON OUTCOMES BY TREATMENTS

Figure 3.4 presents practitioners' views on the patient outcomes by therapy, with lower mean scores indicating that the practitioner perceives a better outcome. Using this approach shows that practitioners were more likely to perceive better patient outcomes for chiropractic / osteopathy and homeopathic treatments, compared with acupuncture. Note that there were no significant differences in practitioner perceived outcomes by patient health condition (i.e. musculoskeletal or mental health).

Fig 3.4: Practitioner Views - Mean Effectiveness Scores by Treatment? (n=339)



3.6.2 RELATIONSHIP BETWEEN PRACTITIONER AND PATIENT VIEWS

The relationship between practitioner and patient perception of treatment outcomes was assessed by correlating pre / post changes in (i) patient's mean MYMOP scores and (ii) patient's post treatment retrospective worry reduction scores, with the six perceived outcome scores from the practitioner post-treatment evaluation forms. This analysis found that the MYMOP symptom reduction scores were positively correlated with practitioner perceptions of patient reduction in worry, improved quality of life, relief of chronic conditions, increased mobility and increased emotional stability. This suggests that the patient's perception of treatment outcome is consistent with that of the practitioner.

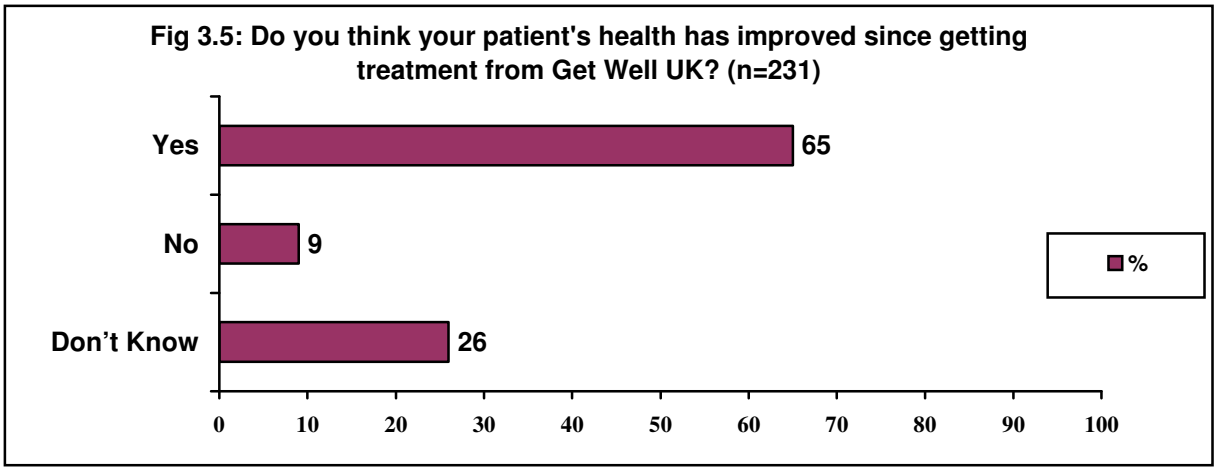
Table 3.10 Correlation Between Patient MYMOP Symptom Reduction Scores and Practitioners Perceptions of Change in Patient Condition

	r	p	r^2
Improved quality of life	0.53	P<=0.01	0.28
Relief of presenting symptoms	0.52	P<=0.01	0.27
Relief of chronic conditions	0.49	P<=0.01	0.24
Increased mobility	0.46	P<=0.01	0.21
Increased emotional stability	0.50	P<=0.01	0.25
Patient less worried	0.48	P<=0.01	0.23

3.7 GPs VIEWS ON HEALTH IMPROVEMENT AMONG PATIENTS

In almost two out of three patient cases (65%), GPs said that the patient's health had improved since receiving CAM treatments, with 9% saying there had been no improvement, and 26% recording 'don't know'.

Fig 3.5: Do you think your patient's health has improved since getting treatment from Get Well UK? (n=231)



Although just outside the level of statistical significance (p=0.06), GPs in Derry were more likely to say that a patient's health had improved (in 71% of cases), compared with their Belfast counterparts who recorded such an outcome in 58% of cases.

GPs were more likely to report a positive health improvement for patients in the higher social classes (ABC1, 76% vs. C2DE, 58%). The analysis found no statistically significant difference in GP view on outcome by either patient condition (mental health, 69% vs. Musculoskeletal, 64%) or therapy (acupuncture, 72%; Chiropractic / Osteopathy, 57%; and, Homeopathy, 64%).

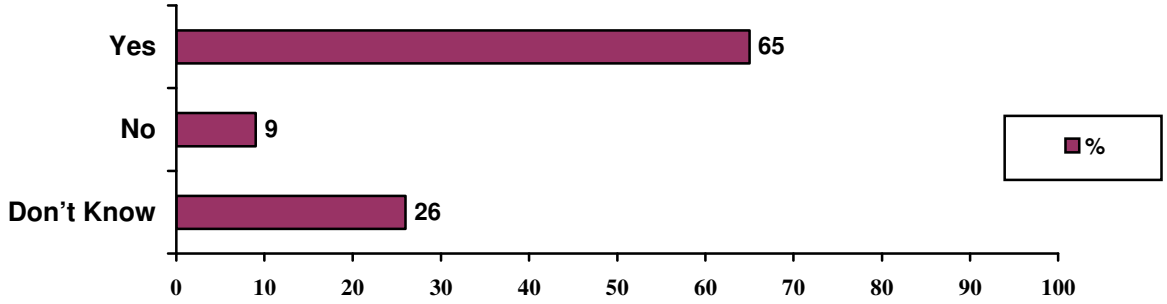
3.8 GP AND PATIENT VIEWS ON HEALTH IMPROVEMENT

There was a high level of correlation between both GP and patient views with regard to perception of a health improvement. Among those patients who reported a health improvement, this was supported by GPs in 73% of cases. Among all cases where a GP recorded a health improvement, this was supported by 86% of patients. The only patient demographic characteristic showing a significant difference in relation to GP perception of health outcome was social class, with GPs more likely to record a health improvement for patients in the higher social classes (ABC1, 76%) compared with patients in the lower social classes (C2DE, 58%).

3.9 PATIENT CONTACT WITH GP FOLLOWING TREATMENT

In the majority of cases (65%), the GP said that they had seen the patient less since their referral to Get Well UK, with 34% saying there had been no change in the frequency of seeing patients. GPs were more likely to say that they had seen less of patients who had their symptoms for between 1 and 5 years (69%), compared with patients who had their symptoms for less than one year (50%), and more than 5 years (48%).

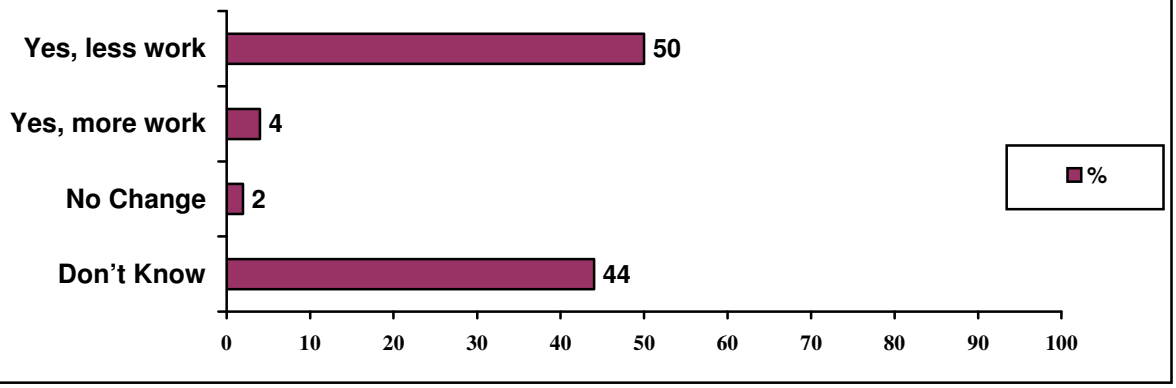
Fig 3.6: Have you seen the patient less since their referral to Get Well UK? (n=231)



3.10 GP VIEWS ON IMPACT OF PROJECT ON WORKLOAD

In half of cases where a GP assessment form had been completed, the GP said that the pilot project had meant 'less work' for them, with 4% saying that the project had meant 'more work for them' and 2% recording no change in their workload.

Fig 3.7: Has the service impacted upon your workload? (n=231)



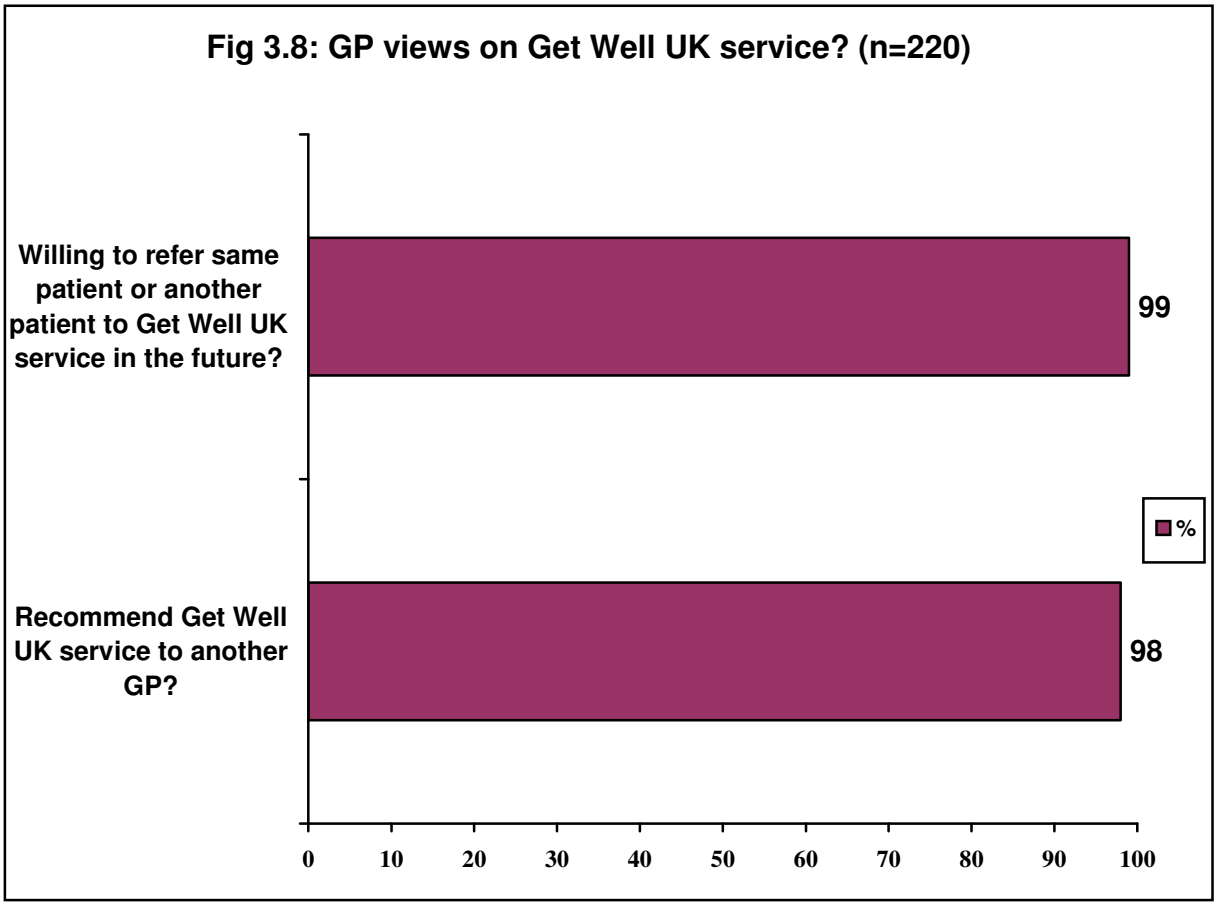
3.11 NORMAL COURSE OF TREATMENT IF NO ACCESS TO CAM

GPs were asked to say what their normal course of treatment would be if they had no access to CAM via the project. In almost half of patient cases (49%), GPs said that they would refer the patient for treatment, with 45% saying they would spend time with the patient. Just over one third of GPs (37%) said they would prescribe medication, with 10% conducting further investigation and 12% saying they would do nothing.

3.12 GP VIEWS ON THE REFERRAL PROCESS OPERATED BY GET WELL UK

In all patient cases, the GP said that they had found the Get Well UK referral process easy and straightforward, with GPs in only two patient cases finding it time-consuming. Finally, in 99% of patient cases the GP said that they would be willing to refer the same patient or another patient to the Get Well UK service in the future. Finally, in 98% of patient cases GPs said that they would recommend the Get Well UK service to another GP.

Fig 3.8: GP views on Get Well UK service? (n=220)



4 FOCUS GROUPS WITH PATIENTS

To provide a qualitative dimension to the evaluation, five focus groups were conducted with patients, GPs and CAM practitioners. This section of the report presents the outcomes from the three focus groups with patients.

4.1 PATIENT AWARENESS OF CAM

Most of the patients in the groups had been referred to CAM by their GP, some becoming aware of the project through local media coverage as well as via their practice nurse. In the Derry group most of the patients had heard of the various treatments but lacked any detailed understanding beyond recognition of the various treatment terms.

In contrast, the Belfast group appeared to have a better understanding of CAM, but not about the availability of treatments at the Health Centre; 'I knew about acupuncture and reflexology….but not that it was available here', 'I was aware of them and the range….but I didn't know they were available here'.

In Belfast four of the patients had previous experience of using acupuncture and reflexology services privately; 'I had a fall 9 years ago and had physio and acupuncture, it was very successful. I asked my GP for it then but was told that it wasn't available on the NHS'. Other sources of information about CAM included previous nursing job in the NHS, talking to friends who had used CAM services and TV and newspapers.

4.2 REASONS FOR REFERRAL AND THERAPIES RECEIVED

Patients within the groups listed a range of health conditions including; arthritis; anxiety; back pain; neck pain; neck pain; shoulder pain; spinal injuries, with back, neck ,head, shoulder and arm pain; ME; stress; and, depression. In response to these conditions patients had been referred for chiropractor, acupuncture, homeopathy, aromatherapy, osteopathy and reflexology, with most having had 12 treatment sessions, with 6 sessions per treatment.

4.3 PATIENT EXPECTATIONS

Patients had differing perceptions of CAM prior to treatment, although these were generally positive. In the Belfast groups 4 of the 15 patients felt that CAM treatments would offer an alternative to their GP; 'better than going to the GP', 'rather that (CAM) than going to my GP'.

Some of the group felt that CAM might help them reduce or cut out completely their intake of painkillers with comments such as: 'better than taking painkillers'; 'instead of the GP saying here take these pills again'; and, 'I hate taking painkillers'.

Two of the Belfast patients expressed strong feeling that CAM should be viewed as just another treatment option; 'I always though that CAM should go hand in hand with normal medical practice', 'alternative medicine should always be explored if you're getting nowhere with the normal channels'.

The patient expectations of using the CAM services were overwhelmingly positive. Many of the patients described their feelings at this time as hopeful. They looked

forward to being referred to the CAM services hoping to 'be cured', to become 'free of pain', or 'to get better'. Not all of the expectations were so high, with some patients having more modest expectations; 'slow relief from my ME symptoms but not a miracle cure', 'relief from pain to some extent, but not total relief', and 'to get some relief from pain', 'not to be so depressed'.

4.4 PATIENT REACTION TO A FREE SERVICE

The fact that the service was free was a major attraction for most of the patients in the groups, with all of those in the Derry group saying that they would have been unable to avail of the treatments if there had been a cost. This was also the view among the majority of Belfast patients, although some patients thought that they may be able to 'manage 2 or 3 treatments occasionally', but 'not a full course of treatments'. All of the Belfast patients felt that they would need to know the cost of a full course of treatment and that they were all unlikely to be able to afford regular CAM.

4.5 GP SUPPORT FOR CAM

The support of the GP was important for some of the Derry patients in that it accorded a degree of credibility to the project and encouraged patients to go forward for treatment. One patient had seen a leaflet about the project while waiting to see their GP:

> 'I seen it on the table [the leaflet] …still reading it when I went into the Doctors office and he asked me if I would like to go further into that. I jumped at the chance …great opportunity as part of a pilot project'.

Other patients made comments such as 'I'd rather have so many doses of therapy and cut down on my medication…..I've cut down using painkillers', with another patient saying that CAM is '….something that has worked for 4000 years, there is a fair chance it will work over her too'.

A few of the Belfast patients had suggested CAM to their GP's themselves; 'I saw a programme on TV about osteoarthritis and acupuncture. I asked my GP and this project was just starting', 'I suggested it to my GP, I was going to go privately'. The majority of patients in all of the groups had been told about the CAM project by their GP. One patient had been told about CAM by her diabetic nurse and then referred by her GP.

The Belfast patients were overwhelmingly positive and hopeful about being referred for CAM. None of these groups expressed any anxiety or apprehensions about the referral with some describing their feelings as being; 'excited', 'privileged', 'hopeful', 'relief', 'I felt great', 'hoping it would work'. One of the group summed up his feelings on referral as; 'when you're in pain you'll try anything' and the rest of the group agreed.

In general the Belfast patients did not find their GP's either enthusiastic or particularly positive about the CAM project, with these patients provided with limited information by their GP including information on the range of treatments and possible side-effects. Commenting on the information provided, patients said they were given 'basically nothing', 'very little information' or 'no great explanation'.

Some of the patients in Belfast said that their GPs attitudes towards CAM were seen as non committal and verging on the negative; 'my GP said he had nothing against acupuncture, it might help and it might not', '…..you might find it will work, you might find it won't', 'he made me feel he could do no more for me and this was a last resort'.

Only one of the Belfast patients found her GP positive about CAM; 'my GP said there's a pilot scheme and you might benefit, she was very positive about it'. The majority of patients felt that their GPs did not indicate to them that the treatments were complementary and not alternative. Only four of the Belfast patients had been told that the CAM treatments were complementary to their other medical treatment.

A few of the patients had received a leaflet about the CAM services from their GP. The majority of the patient group did not receive any written information from their GP, although all would have liked to have received a leaflet or some further information in writing. There were also suggestions in relation to further information about the full range of treatments available, what to expect, 'to give you an idea what you'll be facing' and 'a triage meeting to hand over detailed information'.

In Derry some of the patients said that their GPs explanation of the various treatments was limited, with a better explanation given at their first appointment with the practitioner. One of the patients felt that he had been inappropriately matched with a therapy, and felt that 'there needed to be a more accurate assessment rather than filling in a form...I would try acupuncture again though even though I had a bad experience'. This same patient made the point that the referral process may benefit from a triage system, where patients are assessed 'in between the GP and practitioner' before being referred for treatment. This patient however did recognise that GPs 'were finding their way', with the suggestion that more reading material for patients would have been helpful.

4.6 WAITING TIMES FOR TREATMENTS

Across all of the groups the waiting times from referral to first appointment with a therapist ranged from two weeks to three months, with the majority being seen within one month. There was general satisfaction with the waiting times; 'I was pleasantly surprised….only a few weeks'. There was an acknowledgement in both the Belfast focus groups that people who are in constant pain can be impatient; 'it seems longer than it really is when you're in pain'. Although it was agreed that waiting for two months or more was not acceptable; 'two months is too long when you're in pain.'

4.7 AVAILING OF TREATMENTS

The range of treatments utilised by patients were acupuncture, homeopathy, reflexology, chiropractic and osteopathy. Many of the patients received more than one type of treatment e.g. chiropractor and acupuncture, reflexology and acupuncture, acupuncture and homeopathy, homeopathy and acupuncture, homeopathy and chiropractic and osteopathy and acupuncture.

The locations where patients were treated were seen as suitable by everyone. The patients enjoyed the flexible approach to the timings of the treatments; 'we were asked when suited and we chose', 'we negotiated the times with the therapists'. The majority of patients had received or were just about to complete 12 treatment

sessions; often six of one type of treatment, followed by another six of a different type.

4.8 PATIENTS BEING PROVIDED WITH ADVICE BY PRACTITIONERS

Across the groups almost all patients reported being given some advice or information on managing their conditions. All of the patients welcomed this advice, with almost all saying that they were adhering to the treatment plan developed by their practitioner. In most cases this consisted of tailored exercises and advice about posture. The therapists also took time to explain in detail the reasons why some of the patients experienced severe pain. This advice was viewed as extremely helpful by all of the patients and was described as; 'wonderful advice', 'great advice', '…..it relieved my anxiety', 'she explained why the pain travelled and all about my condition…she was so very good', 'the not knowing why (you have pain) is awful, once she explained it, it was a great relief'.

All of the patients had acted upon the advice given to them by the therapists, resulting in a number of small but significant lifestyle changes. One patient who had stopped reading in bed because of her pain, now put a pillow on her knee to hold the book. One patient now sleeps with a pillow under her knee and is sleeping better, with another patient now able to sit up straight without any pain. Other patients said that they are now conscious about their posture; 'if I'm not sitting right now I'm trying to correct it'. None of the patients felt that the therapists could have provided them with anything additional; 'no; they were very informative'.

4.9 PATIENT COMMENTS ON QUALITY OF PRACTITIONERS

All of the patients in the groups had completed their treatments or were about to complete their course of treatments. They were all delighted with the therapists themselves, their pleasant, friendly, patient approach and particularly the skilled and professional way that they communicated with the patients. What stood out the most in the Belfast patient groups was how much each patient had benefited from and enjoyed talking and being genuinely listened to by the therapists. The therapists were described as being; 'excellent', 'listened so well', 'very relaxing', 'so lovely', 'very friendly', 'first class', 'putting you at your ease'. One very satisfied patient described the way she was treated by the homoeopath; 'he was excellent, he listens, he thinks, and then he sorts it out'.

The therapists were praised by the patients for their respectful way that they treated the patients; 'they showed us the highest respect', 'they were very respectful'. The genuine interest shown in the patients as people, the attention shown towards them though the quality of the listening and the friendly manner of the therapists were all commented on throughout the focus groups.

In general there was satisfaction with the amount of time given by the therapists, which ranged from half an hour to one and a half hours, with the average length of therapy session being one hour. However, most of the patients would have liked longer sessions if it were possible; 'very satisfied but would have taken more if offered'.

4.10 PATIENT UNDERSTANDING OF TREATMENTS

All the patients felt that they had an understanding of the treatments that they received. The majority of the patients had no problems in sharing their medical history with someone other than their GP. They generally had a pragmatic approach to this; 'no problem, they've heard it all before', 'it's a qualified person whose helping you out, so it's fine', 'they're trying to help you' and 'with one patient saying that 'having a good rapport is a strong aspect of it', and '…she [practitioner] knows more about my health than my own doctor does…'. There was just one patient who found it; 'a wee bit embarrassing'. The general experience of patients was that any anxieties or concerns they had were quickly addressed by practitioners providing them with reassurance and 'putting them at ease'.

4.11 IMPACT OF TREATMENTS

For many of the Derry patients their key motivation was to achieve pain relief, with one particular patient seeing a significant change to his condition:

> 'Prior to getting the acupuncture I was on 44 tablets a day and it was a waste of time going near my GP…there was nothing else he could give me…which was true…now after 6 sessions of acupuncture I am down to 17 tablets a day and I hope that continues…the only way I can see that continuing is to get a booster every 2 weeks or every 4 weeks. I have had ulcerated colitis for the last 15-20 years which means that I have diarrhoea 7 or 8 times a day…after the second session of acupuncture I haven't had diarrhoea since…acupuncture…absolutely fantastic…the practitioner explained everything to me…I was involved in a car accident and had my spleen removed…but the practitioner was working on the spleen, the nerve ends of the spleen and after the second treatment the symptoms had gone…unbelievable. People are coming up to me and asking what have you been doing? …what are you taking…what is making you so lively'.

For most of the patients in the focus groups their experience of the various treatments had been extremely positive, with the following comments made by patients in Derry:

'I'm finding that after my second session that my pain is not as bad… a reduction in pain and I'm able to get around more and I feel its brightened me up…maybe I shouldn't be saying that';

'It has been 100% positive…I have increased mobility and I'm in a better mood because I can do more and the pain has eased';

'I'm worrying less about my health and I'm taking fewer anti-inflammatory drugs now…it's positive'

'It has cancelled out the medication, stopped me from going on medication…I'm more confident and better able to cope with life…they got me through a situation';

'…brilliant…no mood swings…feel far better as a result of it';

In one of the groups, 7 out of 8 patients said that their symptoms had improved following treatment, with some patients saying that they no longer 'feel the need to take as much medication' and have 'more control over pain'.

One of the patients did comment on what they believed to be an inappropriate referral for their condition, with a breakdown in communication between their GP and therapist resulting in the patient incorrectly cutting down on their use of pain killers with the patient saying that

> '…my doctor cut the pain killers and the pain got worse…it was difficult to tell her and she should have let me stay on the tablets…I was in pain but didn't want to say…she was on a beaten docket and so was I!'

Although this patient's experience had been negative, he did say that 'maybe you have to try a number of different treatments before you find one that is effective'. In hearing this patient's testimony the group felt that it is important that the referral process from GP to practitioner is brought to closure with a meeting between the GP and patient to assess the impact the treatment has had, and to review medication use if appropriate.

Overall patients expressed very positive and favourable views on the impact of their treatments, with almost all experiencing relief of or an improvement in their symptoms, ranging from a slight improvement to a great improvement. The greatest reported improvement was in the reduction of pain.

Patients reported decreases in pain, 'easing of pain' and 'pain completely gone'. The impact of the pain relief on the patients' lives has been quite profound and wide spread, with shoulder, neck, head, back, knee and arm pain symptoms all reported as being affected; 'my back pain has practically cleared up now', 'I had chronic back pain and pain in my shoulder and arm, which I would say is nearly completely gone'.

Patients' quality of life, in terms of independence in everyday living tasks and ability to enjoy life more, had been improved in a number of different ways; 'able to sleep at night', 'move my neck for the first time in a long time', 'I can now sit in a chair and relax, my restless legs never move now…that's a big change', 'getting in and out of bed more easily', 'able to read a book in bed', 'I can hold the hairdryer now and do my own hair'. There were some graphic and moving descriptions of the impact of the treatment upon people's lives;

> 'I was in really severe pain, like being grabbed really tight…..the treatment has lessened the pain. The pain relief is fantastic. I'm not in anywhere near the pain I was in.'

> 'I couldn't sleep…..it's made a tremendous difference to my attitude and the way I'm treated.'

> 'I now get a better night's sleep…I can tolerate the pain much better, it's eased quite a bit'.

4.12 IMPROVEMENTS IN SOCIAL AND EMOTIONAL WELLBEING

In terms of the impact on social and emotional well being, some of the patients reported a positive impact on their mental health, their anxiety levels, their attitude to others and their relationships; 'I now have a good mental attitude', 'It's definitely helped me…they're teaching me techniques to relax. It's all about changing your way of thinking…it's slow, you don't just change over night', 'seemingly the wife's telling me that I was cross, because I was in pain all the time…I couldn't sleep. It's made me into a better person', 'it was so demoralising, I couldn't shower or wash myself…now I can do it all myself'.

4.13 CONTROL OVER PAIN

The majority of the patients felt that they had gained some more control over the pain associated with their condition; however the greater sense of control experienced came from having some choice over the kind of treatments they received and the good communication between themselves and the therapists.

Approximately one third of patients across all of the groups said that they had reduced their intake of painkillers in direct response to the success of the CAM treatments; 'I had chronic…pain…I've gone from 7 painkillers a day down to one'. 'I stopped taking them just before starting the therapies…I had had enough of them…I manage without them now', 'the doctor wanted to give me antidepressants and I didn't want them. That's why I went for the alternative therapy'.

4.14 RESPONSIVENESS OF THERAPIES

According to patients those symptoms that were the most responsive to the treatments were neck, back and shoulder pain and anxiety. Where treatments were less responsive, the therapists referred patients to other CAM treatments, always offering alternatives. This was greatly appreciated by those patients who were cross referred i.e. referred to another CAM therapist.

4.15 LEVEL OF PATIENT WORRY FOLLOWING TREATMENT

All of the patients felt less worried about their health conditions as a result of the treatments. This was felt to be the result of being listened to, the relief of symptoms, being able to talk to someone about their conditions on a regular basis as well as having a greater understanding of their conditions: 'I know I can get relief by the acupuncture', 'I have a better understanding of my own body now and my own life'.

4.16 OTHER IMPACTS OF TREATMENTS

Other changes in circumstance reported as a result of the project were being able to drive again, being able to work; 'I'm restricted in my movements but I can work' and giving up work; 'I resigned from my job….I'm unemployed and very happy…it's a positive change…I was so stressed'.

4.17 COMPLEMENTARY TREATMENTS

The majority of the patients viewed their therapies as being complementary to their existing treatments rather than alternatives; 'it (CAM) should be hand in hand with

mainstream GP services….should all be one service, under the umbrella of the NHS'.

4.18 COMPLETION OF MYMOP QUESTIONNAIRES

Only half of the Belfast patients completed the MYMOP questionnaires unaided, with patients needing help to complete these questionnaires because of poor eye-sight and concentration problems. There was some discussion among the patients about the accuracy of these forms, with a number of patients expressing views about the 'subjectivity of pain', 'everyone's idea of pain is so different'. Other criticisms of the MYMOPS were that they were not specific enough, had too many open ended questions and relied heavily on 'comparing present pain with previous levels of pain, expressed on the last form completed, which is sometimes hard to remember'.

4.19 SUGGESTED IMPROVEMENTS

Patients identified a number of changes/improvements to the CAM project. The most common issue highlighted was the lack of information given to patients by GPs. Patients wanted to see more information about the range of CAM services available, descriptions of each individual therapy and how many treatment sessions are available per patient; 'people don't know what the individual therapies are and what are the differences'. They also felt that the public in general, and GPs in particular, should be made more aware of the benefits of CAM. Other service developments suggested were; improved waiting times for referral to treatment, treatments available more often; 'once a week isn't enough', a triage meeting between the therapist, patient and the GP at the commencement of the course of therapy. There were also issues about having to go back to the GP to be referred again for additional CAM sessions or a different therapy; 'the amount of treatments should be determined by the therapists and not the GPs'. Patients also had concerns about the costs of continuing with the therapies, particularly those with chronic conditions who felt that they would require booster treatments. According to patients the key benefits of the therapies were that they were better able to engage with life with one patient saying that before the therapies 'I hadn't the energy to get out of bed'.

4.20 PATIENT PERCEIVED BENEFITS

The following is a list of what patients felt were the key benefits of the project:

- being listened to and being treated with respect and not being judged;
- health improvement and particularly relief of pain;
- availability of CAM on the NHS, and having an alternative to conventional medications;
- greater energy levels and more motivated to interact and engage with every day life, 'I feel alive again, instead of being dead'; 'I now have hope'
- avoiding or reducing reliance on medication;

- enjoyment of the treatment sessions, the quality of the therapists and high levels of compliance reported by patients;

- patients becoming advocates for the therapies and the project, with each saying that they had spoken with other family and friends about the benefits; and,

- an increased level of confidence in interacting with GPs.

4.21 PATIENT PERCEIVED WEAKNESSES OF THE PROJECT

Conversely, patients felt that the project could have been improved in the following areas:

- better promotion and profiling of the project;

- lack of support for CAM by some GPs / lack of recognition of CAM by the medical profession;

- more treatment sessions;

- more information for patients on the various treatments, and particularly in matching health conditions with therapies;

- more detailed assessment of patients' conditions, with a need for some form of triage system to ensure appropriate matching of health conditions with therapies;

- lack of a detailed briefing / meeting with their GP following treatment. A review of medication should be an essential element of this process;

- more information / education for GPs to ensure more effective matching of patient health conditions with treatments;

- a lack of a maintenance program of treatments to sustain improved levels of wellbeing among patients;

- GP scepticism of CAM, with a call for the service to be offered on a consistent basis rather than access being determined by the attitude of the GP towards CAM;

- a lack of integration of CAM within primary care, with some patients pointing to examples in other countries (e.g. USA) where CAM is fully integrated with primary care.

4.22 CONCLUDING COMMENTS

Finally, all of the patients said they would recommend CAM treatments to other people. They were unanimously distressed and disappointed at the end of the project with the majority of patients wishing that they could continue with the treatments privately but felt that they would not be able to afford it. Some said that they would try to manage a treatments every so often with four patients willing to forego their annual holiday in order to pay for CAM treatments. The lack of general

access to these treatments because of inability to afford private treatment was a recurring concern throughout the focus groups.

The concluding comments from the patient groups were that the project been a very positive experience; 'I really enjoyed myself even the pain was worth it' and that it should be funded and continued in the long term 'the project should continue beyond March', 'there should be more funding for CAM on the NHS'.

5 FOCUS GROUPS WITH GPs AND CAM PRACTITIONERS

This section of the report in based on the outcomes of two focus groups with practitioners and GP. The groups were convened in Derry and Belfast.

5.1 AWARENESS AND ATTITUDES TO CAM

The focus group discussion was initiated by asking GPs to comment on their perception and general awareness of CAM prior to participating in the project. The view from all of the GPs that their awareness was limited, having had little exposure to any of the therapies with the exception of acupuncture which one of the GPs had some exposure to within a hospital setting.

In one of the groups there was some negativity directed at the project from one of the GPs who felt that the 'project was foisted upon us', with this same GP of the view that 'it doesn't belong in the NHS'.

5.2 GP AND PRACTITIONER EXPECTATIONS FROM THE PROJECT

Commenting on expectations from the project, the practitioners wanted to see a high level of referral to the project and 'for GPs to see value in the treatments' being provided to their patients. For both the GPs and practitioners the project offered the possibility of 'a measurable trial', with the project outcomes supporting the integration of CAM into primary care in Northern Ireland. The project was also seen as offering alternative referral options for GPs, as well as improving their understanding of CAM.

The Derry practice is located within an area of high social and economic deprivation, lower levels of educational attainment and high levels of long-term unemployment. For some of the practitioners the project was an opportunity for them to work with a patient profile characterised by trauma and violence, which was fundamentally different from their normal patient profile in private practice 'with many of these patients presenting with mental health problems…with many for the first time getting an opportunity to talk about it'.

One of the practitioners providing services to the Derry patients felt that the patient profile was very different from their normal private practice with 'a lot of patients are very complex cases…not just one condition…but could be psychological, physical…good to have the option of referring on to other treatments…works well…leaves the door open to deal with these complex cases…'.

One GP said that 'we are at the end of our tether with some patients…some have back trouble and have been on countless medications …been to physio and been everywhere and nothing seems to work …give this a go and see what happens'. One of the GPs in Derry also said that initially 'there was a temptation to focus on the chronic patients, but these may not be the best people to refer…should maybe have focused on people with more acute problems but initially didn't really know to select patients appropriately because you didn't know what was possible'.

5.3 INITIAL CONCERNS ABOUT THE PROJECT

Some of the GPs expressed concern about what they felt was a lack of organisation at the initial phase of the project, which they felt led to some

uncertainty on their part with regard matching patient health conditions with the various treatments. Although all of the GPs appreciated the time pressures in getting the project established, it was felt that many of the initial problems could have been resolved by having meetings with the practitioners to discuss the services they provided, the treatments available and the general referral procedures which would operate throughout the life of the project.

Both the GPs and the practitioners said that the referral process was quite slow, with some contact between practitioners and patients to ensure appropriate matching of therapies with patient conditions. Indeed the GPs that took part in the focus groups underscored the importance of matching conditions with therapies, and the need for information / education to support them with this process. It should be noted however, that both the GPs and practitioners felt that GPs matching conditions with therapies became less of a problem as the project progressed.

It was also felt by some of the practitioners that the referral form itself could be redesigned to provide more room for GPs to list patients' medical conditions as well as providing more information on prescribed medications.

At the initial stages of the project, both practitioners and GPs agreed that it was mostly patients with chronic conditions rather than acute conditions who were being referred for CAM but that this became more balanced as the project progressed. However, the point was made by practitioners that the potential for patient benefit is greater if the patient is referred before their condition becomes chronic:

> *'there is an opportunity to treat just before they start on medication…ask them if they would be willing to try something, an alternative…give them the option which is free from medication initially and maybe prevent medication…in other cases you can complement the medication with the GPs help…'*

5.4 GP AND PRACTITIONER VIEWS ON PATIENT AWARENESS OF CAM

According to both GPs and practitioners, patient awareness of CAM was low, with some of the GPs mentioning that they had patients who had enquired about CAM but their own limited knowledge made it difficult to respond to such requests effectively. As the project progressed however, GPs were provided with an information leaflet which they were able to pass on to patients who found it very helpful. Nevertheless, although patient knowledge of CAM was limited, their reaction to being offered the therapies was very receptive, with GP concerns about a low take-up of a 'free service' proving unfounded. One GP said that 'patients were very receptive particularly if you are offering them an alternative to medication …patients with stress…acupuncture…very beneficial rather than medication…post natal depression is also another area where the therapies have proved effective'.

5.5 PATIENT COMPLIANCE AND EXPECTATIONS

Both the GPs and practitioners reported a high level of compliance with treatment programmes with a non compliance level of 'between 1 and 2%' estimated by practitioners and GPs. There was general agreement in the groups that waiting times for treatments was not a problem, with patient compliance with treatment programs very high and 'on a par with private practice'. One GP made the

comment that '…sometimes your experience of compliance with treatment in the NHS taints your view…you expect low compliance…in private practice…they are paying for your advice and maybe they value it more…one worry about this was that its free…but this hasn't been the case…most of the patients have been committed to the treatments'.

The GPs felt that the patients themselves did not have a high expectation of the potential for CAM, with one GP saying:

'…quite a lot of patients didn't have very high expectations of the treatments….they were just thrilled at the outcome….the problem is now most of the patients cannot afford to continue with their treatments…now at a low…knows what has happened but can't continue…', with another GP concerned about the '…problem is that once it goes it will create a vacuum…I feel there will be a gap'.

5.6 SUPPORTING GPS TO BETTER UNDERSTAND CAM

Some of the practitioners made the point that there can be a variety of reasons why a patient is suffering from stress with a call for GPs to widen their definition of depression which in turn broadens out the referral potential for patients. It was suggested that more communication between GPs and practitioners would help GPs to better understand the range of treatment options for this condition. One GP commented that:

> 'in future GPs would need to be educated on the range of treatments, nature, suitability before they start …with conventional medicines I know what the different specialties do…and I need this information for alternative therapies…what they are about and what they can achieve..'

In supporting GPs to better understand the work of CAM it was suggested by both GPs and practitioners that consideration be given to providing GPs with some or all of the following:

- a half day seminar on CAM;
- talks by CAM practitioners;
- what types of patients they expect and what will lead to the best outcomes;
- GPs to observe treatments;
- an induction for GPs '…you just couldn't drop this in on the NHS…would get a lot of inappropriate referrals…GPs need to know which patients to refer…wouldn't take long'; and,
- information leaflets for GPs.

5.7 TREATING PATIENTS

GPs said there was a small number of refusals with the main reasons being patient scepticism with others 'simply preferring a tablet'. Practitioners also offered advice on general lifestyle and maintenance which according to all of the practitioners was well received. There was a general view expressed by practitioners that patients with chronic conditions need more that six treatment sessions and also require more longer term maintenance, whereas six sessions were felt to be sufficient for patients presenting with acute conditions.

Being able to give patients enough time was seen to be of great benefit to patients, with the practitioners saying that this provides an opportunity to explore the patient's condition using a holistic approach. In contrast with general practice, GPs in the group said that usually their time is limited to around 10 minutes with one GP saying that it can be like '…opening a can of worms, and its difficult to get the lid back on'.

The therapists gave advice and information to all their patients on how to manage their condition and felt strongly that patient education was a significant and vital part of the service. The therapists agreed that patients were; 'slow at first to follow the advice' but 'once they could see the benefits, that they could help themselves', then there was almost total compliance. Patients reported to the therapists that they were regularly carrying out the individual exercise programmes that the therapists designed for them and making changes to their diet as advised. The therapists reported a number of lifestyle changes, some life changing; 'one of my patients says that now she can start planning her future'. Many of the changes were seemingly more mundane, yet significant for patients, involving the ability to carry out essential everyday living tasks; 'one of my patients can now change her own baby's nappy', another can 'brush her hair herself', 'is no longer incontinent'.

The therapists did not perceive any problems with the patients sharing their medical history with them. They agreed that they had much greater time to spend with their patients, put them at their ease and really 'get to know them'.

5.8 INCREASED CONTACT WITH GPS

The therapists felt strongly that there should be more contact between themselves and the GPs, that the project should 'be approached as an integrated health service'. They also would have liked to be provided with 'more information on patients medication' prior to treatment.

5.9 PRACTITIONER CONCERNS ABOUT MYMOP FORMS

The therapists had concerns about the MYMOP patient questionnaires and their patients' ability to accurately complete them; 'they are not easily completed by the average person'. The GPs had not seen the MYMOP forms. One of the therapists had; 'helped patients to complete the forms' as most of his patients couldn't complete it alone. He was concerned about the 'scope for manipulation with the forms', whilst making it clear that he was scrupulously careful not to sway his patients in any way.

5.10 GP AND PRACTITIONER VIEWS ON HEALTH OUTCOMES

In terms of impact on patient health, one practitioner felt that '80% to 90% of my patients have had a positive effect in relation to psychological wellbeing or musculoskeletal conditions…although its lower for chronic cases…better for acute…but very few patients where there has been no impact'. This was supported by the GPs in the group with one saying:

> 'I get very positive feedback from patients…there were a few patients who it didn't work for…mainly chronic…their expectations were low…most patients enjoyed the experience…patients are asking for the practitioners and they are getting great benefit from it…patients have multiple problems, for

example, chronic back pain makes them depressed…a holistic approach allows them to be helped in one sphere which can help in other spheres of their lives…better back, better mood…very positive feedback from patients'.

Another GP said that there were cases where the patients' medication had remained the same but that the patients had felt better even though their symptoms had persisted they experienced less pain and improved mood and better relationships with other family members.

In the Belfast group the GPs felt that they were not able to comment in detail on the impact of the treatments on their own patients, as none of the patients referred for CAM had been back to see their GPs, since commencing the therapies. They both agreed that this fact should speak for itself, as they had generally referred patients who were long term, regular attendees at their surgeries.

The therapists felt that in general their patients had experienced relief from pain and had benefited from 'the extra time we are able to spend with them'. The therapists had received small gifts of flowers and chocolates from grateful patients. There was some joking and mutual acknowledgement, that the GPs had never received any gifts in all the years of treating these patients.

The therapists agreed that the impact of the treatments on the patients' symptoms were individual and varied, however, chronic fatigue, relief or lessening of pain in the back, shoulder, arms and legs, were commonly reported effects. Feeling less anxious, less stressed and more able to enjoy life were other commonly reported outcomes. The symptoms most responsive to treatments were back pain, neck pain, chronic fatigue and irritable bowel syndrome. Individual patients reported that they were now able to brush their hair, change nappies, drive the car, move their neck from side to side and become continent after being incontinent. The therapists felt that their patients' general health had improved, with small improvements in some patients to great improvements in others.

Where therapies were less successful, the therapists referred on to other therapies within the project.

The therapists were aware that a significant number of their patients had been able to reduce or stop their intake of painkillers since commencing therapy. The GPs were not aware of any changes in use of medication as 'we aren't seeing these patients now, they rarely return to their GPs'.

Both the therapists and the GPs viewed the treatments as being complementary to their existing treatments and not alternative, although it was interesting to note that these patients had stopped regularly attending their GPs. One of the therapists said that she 'did not like the term alternative medicine…..as they are all appropriate treatments'.

The therapists found that the patients were all less worried about their health conditions as a result of the treatments. The therapists felt that they had built up good, warm and open relationships with their patients. The GPs felt that their relationships with their patients had changed in that they now 'see them less' or 'not at all'.

5.11 OTHER IMPACTS ON PATIENT HEALTH

A range of other impacts was also documented by GPs and practitioners including: a lower level of prescribing medication; patients themselves saying they need less medication; patients reporting a 'few extra pain free hours before they needed to use medication'; a reluctance by patients to say that their health was improving for fear of losing benefits such as the Disability Living Allowance (DLA); GPs seeing less of those patients who had attended with acute medical conditions (e.g. lower back pain); and, 'a dramatic reduction in the number of referrals to physio'.

5.12 IMPACT OF PROJECT ON WAITING LISTS FOR OTHER SERVICES

There was discussion in the groups about the lengthy waiting times for patients to access Community Mental Health services, with some of the GPs using the project as an opportunity to refer patients for CAM treatments. The point was made that using alternatives such as CAM removed the 'stigma' associated with Community Mental Health services. One GP said that the option of referral for CAM was very useful in 'depression borderline cases where the patient is maybe not that keen on antidepressants' and would like to try an alternative.

5.13 IMPACT OF PROJECT ON WORKLOAD / GENERAL PRACTICE

GPs were also asked to comment on what impact the project had had on their workload, with the general view from GPs that their workload had not changed significantly. One GP summed this up with the following comment:

> '…If I have a spare slot, someone will fill it up…patients are calling all the time…I'm in 4 hours today…my workload hasn't changed…yes the patients I see a little less…but the space or vacuum is filled by other patients…'.

One of the GPs felt that his work load had probably been reduced as he was seeing less of the patients referred for CAM; 'these patients are not returning regularly', 'only 2 or 3 of the patients that I have referred, have I seen back again'. The other Belfast GP had not experienced any reduction in his work load, although this same GP admitted referring fewer patients for CAM.

All the GPs and the therapists agreed that the impact of the project had been positive; 'all the feedback is good'. Neither of the GPs had noticed any changes in their levels of prescribing for these patients; 'no it doesn't stand out,' 'the study is too small for significant prescribing changes'.

5.14 IMPACT OF PROJECT ON OTHER SERVICES

Specifically on the issue of whether or not patients were using less of secondary care services, one GP stated:

> 'If you look at my physio referrals, they have gone way down…its not a service…patients don't actually get therapy (physio) anymore, they do very little manipulation or treatment…patients are getting more benefit from complementary therapists….and I'm now referring more to alternative practitioners…'.

'…one limitation is that you can't prove statistically that the patient is improving in say functional capacity, but the patient is coming back and feeling great...their quality of life has improved'.

5.15 GP AND PRACTITIONER VIEWS ON PATIENT AFFORDABILITY

Affordability was identified as a major barrier for patients wishing to continue with CAM treatments, with some of the GPs saying that they have had patients coming back to them 'in the hope that they get referred back again'. Some of the practitioners also said that some of their patients with chronic conditions will need 'to be kept at a certain level [in terms of treatment] for the benefits to be sustained'. Some of the focus group participants felt that the project in its current format was 'too short of a timescale to be able to properly assess the benefits to patients…and you might need something which is over a longer period like a clinical based case-control study'.

One of the Belfast GPs had strong views about the cost of this CAM pilot project; 'for £200,000 we could have 4 additional physios and cleared our physio waiting list', 'the therapies weren't a cheap option…they cost £200,000…..half of it is going on management and admin too'.

5.16 GP AND PRACTITIONER VIEWS ON PROJECT STRENGTHS

The participants identified the following as being the key strengths of the project:

- t was felt that the high quality of the therapists added significant value to the pilot project, with many of the GPs getting very positive feedback on practitioners from their patients;
- patients who would normally be able to access such treatments due to cost, have been given a new experience;
- the treatments have brought patients to 'a new level' in terms of an improvement in their overall health and wellbeing;
- the project has provided GPs with a greater number of referral options, and offered alternative therapies rather than conventional therapies;
- patients have had the benefit of more time with practitioners to talk about and explore their health conditions in a holistic way;
- the health improvement of patients evidenced by the views of both GPs and practitioners within the groups;
- the positive outcomes for patients have had a 'ripple effect' within the community, with other patients now presenting and asking to be referred for CAM;

5.17 GP AND PRACTITIONER VIEWS ON PROJECT WEAKNESSES

Practitioners and GPs were also asked to comment on areas where the project could be improved. Views expressed included:

- wishes for more educational input directed at GPs, particularly in improving their understanding of the various treatments and appropriately matching patient conditions with therapies;

- concern that some GPs were sceptical of CAM, which led to a lower level of referral by these GPs;

- concern at the initial stages of the project when it proved difficult to recruit therapists, as to whether there would be a sufficient number of trained therapists to respond to demand if the project were to be rolled out further;

- advice to revise and simplify the MYMOP forms;

- general acceptance among the therapists and GPs that there was not enough communication between them in terms of feedback on patients' progress.

- the issue of measuring outcomes accurately (as reported above, in connection with the homoeopath) in relation to patients' difficulties in completing the forms unaided.

5.18 GP AND PRACTITIONER CONCLUDING COMMENTS

Both the Belfast GPs would refer to other patients for CAM treatments, 'if the project continues'. One of the therapists felt that some of the patients from this pilot would continue with the treatments in a private capacity, whilst the other therapist was 'not aware' of the demand and had received no enquiries yet.

The GPs felt that their practices did support the CAM project. One of the GPs said he supported it because 'it was something for nothing'. The therapists and one of the GPs agreed that CAM should be available on the NHS, whereas the other GP felt strongly that 'it should not be funded by the NHS…..It has a place but not in the NHS….there's not enough evidence….show us the evidence first'. One of the therapists felt that if the CAM project were 'rolled out, expanded.....…then the GPs would see greater results and a bigger impact'.

The use of chaperones was not an issue for this project as the project was limited to people over 18, however one of the therapists said that chaperones could be arranged for minors or patients with reduced autonomy. Finally, the cost of accessing CAM treatments privately ranged from £30 to £60. The therapists and one of the GPs thought that complementary therapies fitted well into general practice and the other GP agreed that it 'would in an ideal world'.

6. SURVEY OF PATIENTS

This section of the report presents the findings from a survey of patients who availed of the different therapies. The purpose of the survey was to elicit patient opinion on awareness of the service, the referral process, and the impact of the treatments on patient health. As noted in Section 1 of this report, 500 patients were surveyed, with 227 completing and returning a questionnaire within the fieldwork period. This represents a response rate of 45%.

6.1 PROFILE OF THE PATIENT SAMPLE

Table 6.1 presents a profile of the patient sample, and shows that the sample is largely consistent with the overall patient profile referred to the project.

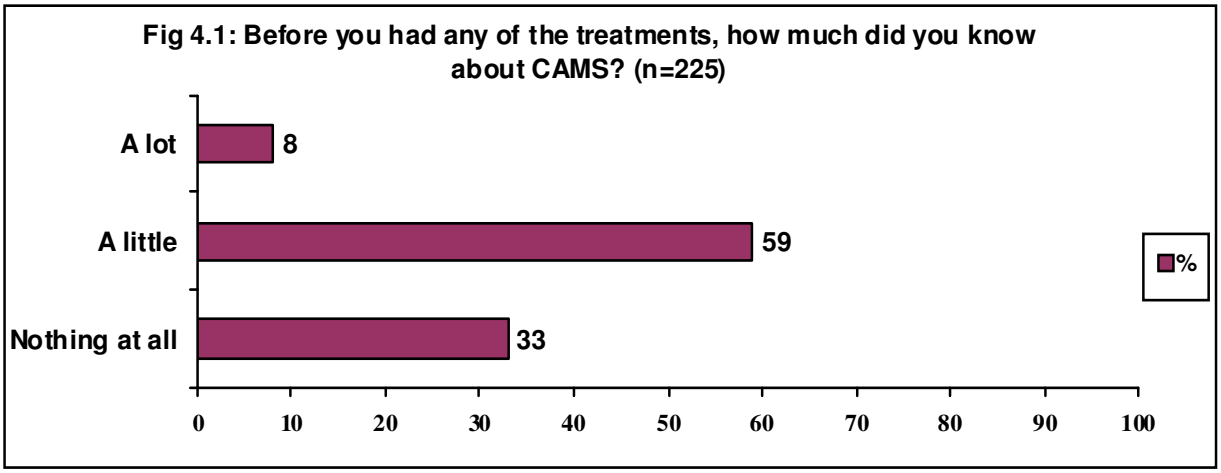
Table 6.1 Profile of Patient Sample

		%	N
Sex	Male	28	63
	Female	72	163
Age	Under 30	5	11
	30-49	34	78
	50-69	44	99
	70+	17	39
Marital Status	Single	15	33
	Married	61	138
	Divorced / Separated	12	28
	Widowed	12	27
	Civil Partnership	.4	1
Employment Status	Self-employed	6	13
	Working Full-time	22	47
	Working Part-time	11	24
	Seeking work for the first time	-	-
	Unemployed	1	2
	Looking after home and family	12	25
	Unable to work due to permanent illness or disability	15	32
	Not actively seeking work but would like to work	1	3
	Not working and not seeking work	-	-
	On a government scheme	-	-
	Retired	32	68
	Student	-	-
	Other	1	2
Dependents	Yes	37	80
	No	63	139
Receive Benefits	Yes	47	97
	No	53	111
Education	Qualifications	62	133
	No Qualifications	38	80
Housing Tenure	Own Home / Mortgage	75	165
	N I Housing Executive	11	25
	Private Rented	9	19
	Other	5	11
Religion	Catholic	42	85
	Protestant	52	105
	Other	6	14
Area	Derry	38	84
	Belfast	62	138

6.2 FINDING OUT ABOUT THE PROJECT AND AWARENESS OF CAM

Most patients surveyed said that they had found out about the availability of CAM through their GP (77%), with 11% finding out through their practice nurse and 12% from other sources. Awareness of CAM among patients was found to be limited, with only a minority of patients (8%) indicating that they knew 'a lot' about complementary medicine, with the majority (59%) saying that they knew 'a little'. The remaining 33% of patients said they knew 'nothing at all' about CAM.

Fig 4.1: Before you had any of the treatments, how much did you know about CAMS? (n=225)



6.2.1 AWARENESS OF CAM BY PATIENT CHARACTERISTICS

There were some differences in reported awareness of CAM between different patient groups, with higher levels of awareness reported by patients who were: economically active (81% vs. 61%); not in receipt of state financial benefits (75% vs. 63%); have a household income based mainly on employment rather than benefits (76% vs. 56%); have formal educational qualifications (81% vs. 44%); and, be owner occupiers (73% vs. 52%).

6.2.2 REASONS WHY PATIENTS AVAILED OF THE TREATMENTS

The importance of the patient's GP in directing patients towards CAM was borne out in the survey, with the finding that 62% of patients availed of treatments because their 'GP thought it would be a good idea'. Also for the majority of patients surveyed (56%), a motivation to improve their health was a reason for availing of the treatments, with the free cost of treatments cited as a factor by 31% of patients. Taking the treatments as a last resort, was found to be a reason for almost one quarter of patients (24%). 44% of patients listed a number of other reasons why they took the treatments, with a willingness to stop taking medication, an expectation of health improvement and pain reduction, being the most common (Table 6.2).

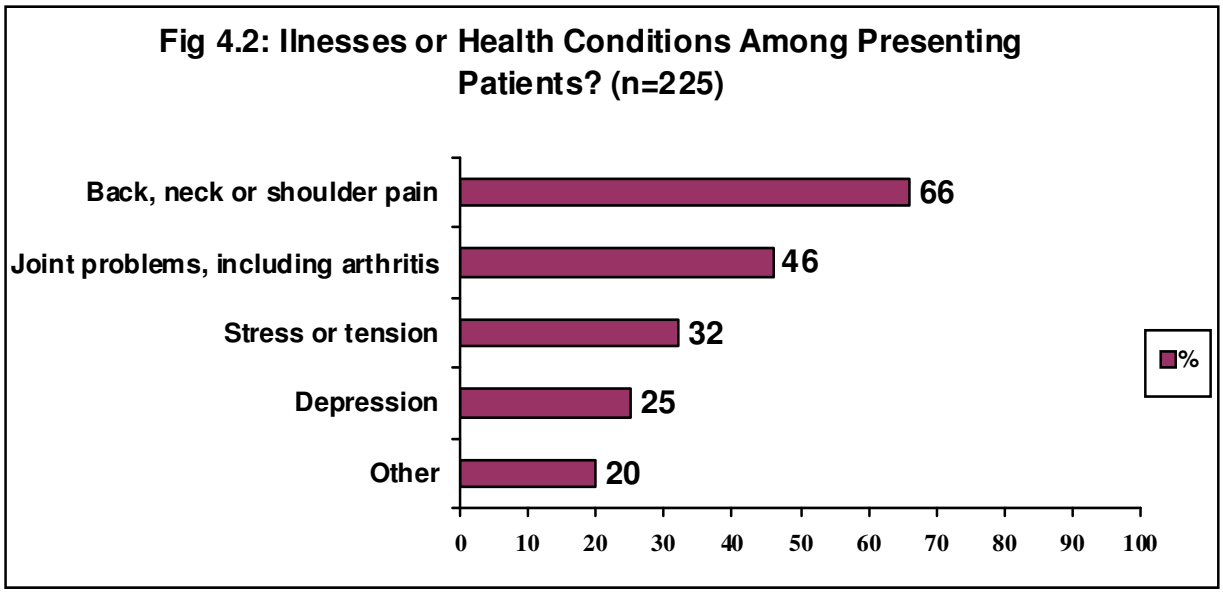
Table 6.2 Other Reasons Why Patients Took CAM		
	%	N
I Wanted To Stop Taking Tablets	20	18
Had Used CAM And Found It Helpful/Believed In CAM	20	18
I Was Suffering A Lot Of Pain/Pain Relief	18	16
Make Me Feel Better	9	8
Had Heard Good Reports About It	4	4
Curiosity	3	3
Recommended By A Friend	3	3
Saw A Programme On TV About Acupuncture	2	2
Medication Didn't Seem To Help	2	2
Advice From Practice Nurse	2	2
I Could Not Have Afforded It	2	2
It Was The Only Option Offered	1	1
Help Lift My Mind	1	1
Had Tried Other Things & Got Little Relief	1	1
I Did Not Want Any Type Of Surgery	1	1
Feeling Stressed	1	1
Always Been Interested In Alternative Medicines	1	1
To Avoid Radiological Intervention	1	1
Had No Faith In Drug Treatment	1	1
CAM Are Complementary With Traditional Medicines	1	1
Have Confidence In Complementary Medicine	1	1
Would Always Be Willing To Try Something New	1	1
	100	89

In most cases (83%) patients said that support for CAM by their GP practice influenced their decision to take the treatments offered. Three out of four patients listed comments on the support of their practice for CAM, with 44% of these patients happy to take the advice of either their GP or practice nurse.

Table 6.3 Why did support offered by your GP practice influence your decision to take treatments		
	%	n
Doctor / Nurse Knows Best / Advice	44	75
Had Already Tried It	11	19
Support From GP	11	18
I Could Not Have Afforded Such Treatment	8	13
Better Than / Want To Stop Taking Medication	6	10
Thought It Might Ease The Pain	5	9
Other Treatments Had Not Been Beneficial	3	5
Felt I Should Try It	2	4
Aware Of The Benefits	2	3
I Feel Complementary Medicine Has A Part To Play	1	2
Gave Credibility To The Treatment/Done Research Myself	1	2
Couldn't Travel Bad Mobility	1	2
It Was Good To Be In Your Own Health Centre	1	2
Reassuring That Conventional Medicine Was Incorporating CAM	1	2
Would Never Have Thought About It Had It Not Been Offered	1	1
Wanted The Treatment And This Was A Trial	1	1
Always Been Interested In Alternative Medicines	1	1
You Know It Is Safe	1	1
Nothing More Could Be Done Medically To Help Me	1	2
Leaflets Were Displayed	1	1
Access & Availability	1	1
		169

6.3 REFERRAL TO THE PROJECT

In most cases (90%) patients said that their GP had referred them for treatments, with a practice nurse making the referral in 10% of cases. As was the case with the analysis of the Get Well UK data, musculoskeletal conditions were the main reason why patients had been referred for treatment, with 66% being referred for back, neck or should pain, and 46% being referred for joint problems including arthritis. Similar numbers were referred for conditions associated with stress / tension (32%) and depression (25%).



6.4 PATIENTS BEING SUPPORTED BY GPS

In the majority of cases (89%), patients said that their GP fully supported them getting the treatments, with a similarly high proportion (81%) saying that the reasons for the referral were well explained to them. On the issue of whether or not patients felt that their GP had a good understanding of the treatments, most patients agreed (68%), with 19% recording 'don't know'.

Table 6.4 Patients' Views on Aspects of the Referral Process

	Agree	Neither	Disagree	Don't Know	N
	%	%	%	%	
My GP fully supported me getting the treatments	89	5	1	5	217
The reasons for the referral were well explained to me	81	10	6	4	200
My GP had a good understanding of the treatments	68	9	3	19	205

6.5 PATIENT INFORMATION LEAFLET

In the vast majority of cases (76%) patients remembered receiving by post an information leaflet on the project, with almost all finding this leaflet helpful (99%). One in five (20%) patients felt that they should have been given more information about the treatments they were referred for, with male patients (29%) more likely to hold this view compared with female patients (17%).

6.6 COMPLEMENTARY NATURE OF TREATMENTS

In 59% of cases, patients reported that their GP had told them that the treatments were designed to complement their existing treatments and were not meant to be alternatives to their existing treatments. Twenty two percent of patients (22%) said that their GP had not informed them of the complementary nature of the treatments, with 19% unable to recall if their GP had provided this advice.

6.7 PATIENT VIEWS ON GP MATCHING OF CONDITIONS WITH THERAPIES

Most patients surveyed (64%) felt that their GP knew enough about the different treatments to appropriately match the therapies with their illness or condition, with 9% holding the opposite view and 27% recording 'don't know'. Patients were given the opportunity to explain their answer to this question and their responses are listed in Table 6.5 below.

Table 6.5 Did GP Know Enough About Different Treatments To Match Appropriately with Patient Illness or Condition?

	%	n
GP Agreed / Recommended I Should Try The Treatment	29	39
Explained Fully What Was Going To Be Happening	27	37
Practice Nurse Referral	8	11
Not A Lot Of Info Given/ Didn't Know What Would Be Offered	7	9
I Asked To Be Placed On A Waiting List/Referral	6	8
I Was Given The Most Appropriate Treatment	4	5
Complementary In General Was Suggested - Not The Specifics	3	4
Didn't Discuss It With Me	3	4
GP Had Stated Other Patients Had Benefited	2	3
I Needed To De-Stress	1	2
Little Is Known About Frozen Shoulders	1	1
Never Had Aromatherapy And It Was Wonderful	1	1
No More Treatment To Offer Me	1	2
Written And Diagrams To Do Exercises At Home	1	1
I Presumed He Had Read My Medical History	1	1
At The Time I Was Very Low	1	1
Some Treatments They Seemed To Be Puzzled	1	1
Didn't Need GP's Advice	1	1
GP Not Overly Keen On Referral	1	1
Didn't Think The GP Was Very Aware Of The Program	1	2
GP Keeps An Open Mind And Is Willing To Try Alternatives	1	1
		135

Generally patients were found to be satisfied that the treatments they received were appropriate to their medical condition, with 84% saying that their GP had appropriately matched their illness with a therapy. Just 4% of patients felt that their GP had inappropriately matched their condition with a therapy, with 12% recording 'don't know'.

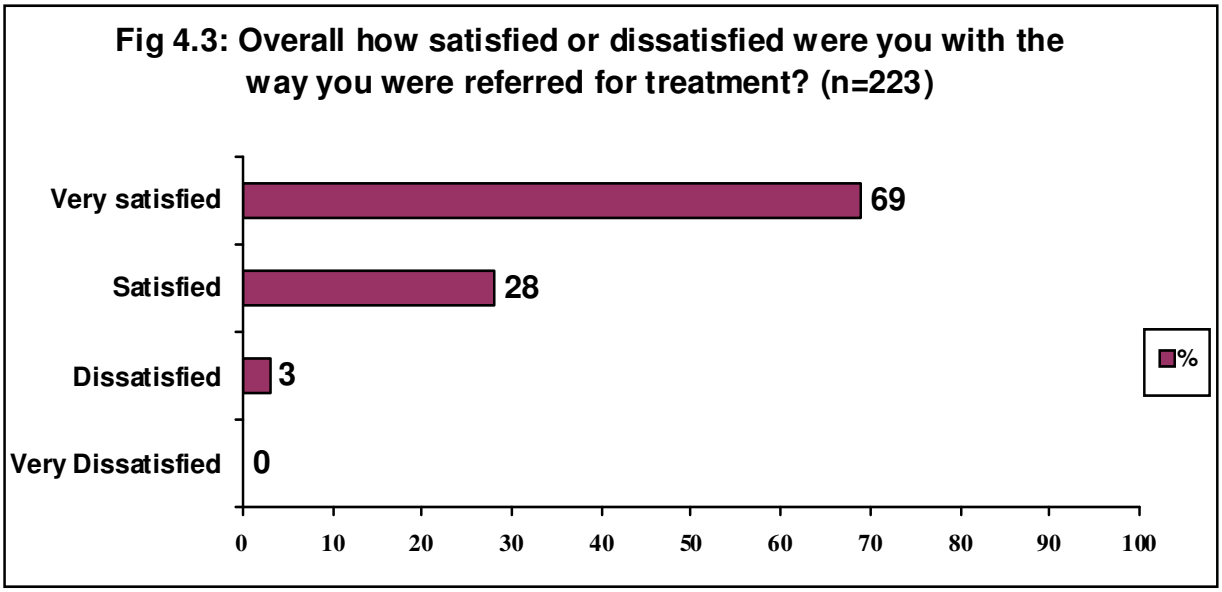
6.8 PATIENT CONCERNS OR ANXIETIES

Just 8% of patients (n=18) said that they had concerns or anxieties about being referred for complementary therapies, with patients in the younger age groups (under 30, 18%; 30-49, 14%) more likely to have had concerns compared with patients in older age groups (50-69, 3%; 70+, 5%). The main concern, cited by nine patients, related to uncertainty about procedures used by therapists in the treatment of patients, with three patients concerned about how effective the treatment would be.

6.9 PATIENT SATISFACTION WITH REFERRAL PROCESS

Almost all patients (97%) were satisfied with the way they had been referred for treatment, with 69% 'very satisfied' and 28% 'satisfied'. Just 3% were 'dissatisfied'.

Fig 4.3: Overall how satisfied or dissatisfied were you with the way you were referred for treatment? (n=223)

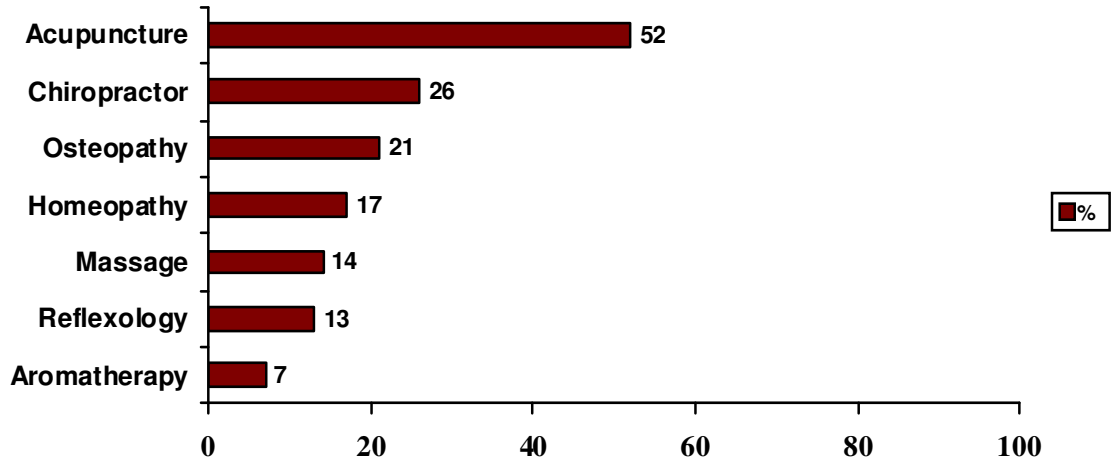


Among the six patients who were dissatisfied with the referral process, three alluded to the ineffectiveness of the treatments, with one saying that their referral had been lost. Other reasons for dissatisfaction included: no information given prior to attending (n=1); and, and not having been given a choice of treatments (n=1).

6.10 RECEIVING TREATMENTS

Following referral, the majority of patients (52%) received acupuncture treatments, with 26% receiving chiropractor treatments and 21% receiving osteopathy treatments.

Fig 4.4: Treatments Received by Patients (n=226)



4.11 NUMBER OF TREATMENT SESSIONS

On average, patients had eight treatment sessions in total, with 47% of patients having had six sessions and 17% having 12 sessions. The survey revealed that those presenting with mental health conditions reported having had a higher mean number of sessions (9 vs. 7), as did patients who had received acupuncture (10 vs. 6) and reflexology (11 vs. 8) treatments.

Most patients (56%) felt that they were offered enough treatment sessions, although a sizeable proportion held the opposite view (44%). There were no statistically significant variations in response to this question by any of the patient subgroups, including health condition or treatment given. In the majority of cases (66%), patients said that they were seen within one month of being referred for treatment.

6.12 PATIENT INTERACTION WITH TREATMENT PRACTITIONERS

Patients expressed an extremely positive assessment of their interaction with CAM practitioners throughout the duration of their treatments, with almost all saying that treatment practitioners: explained in detail what the treatment involved (96%); took sufficient time to find out about the patient's illness or condition (96%); and, that practitioners were courteous and professional (100%). Similarly high proportions of patients said that they were happy to share information on their medical condition with practitioners (99%), had trust and confidence in their practitioner (98%), and were given sufficient time by their practitioner (96%).

6.13 PRACTITIONERS PROVIDING PATIENTS WITH HEALTH ADVICE

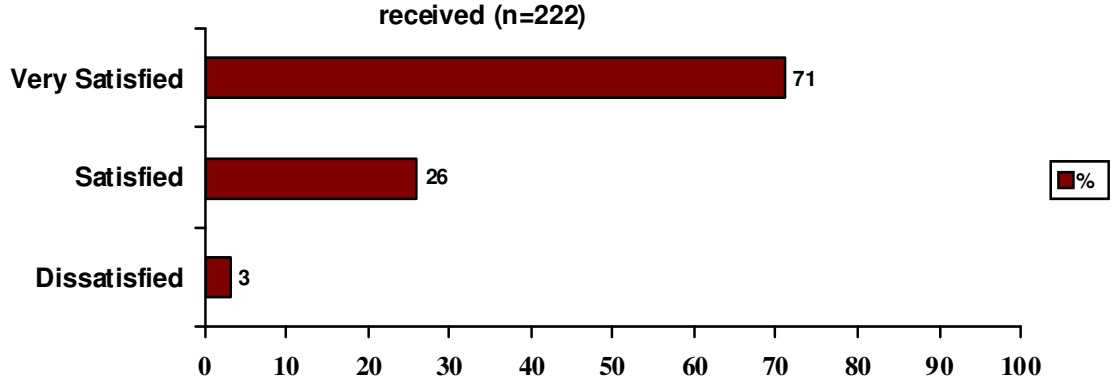
The health promotion / preventative role of practitioners was borne out in the survey with the finding that 87% of patients said that the practitioner gave them

advice on how to manage their condition, with almost all (97%) patients finding the advice helpful and easy to follow (85%). Patients also reported a high level of compliance with their treatment programmes, with 85% saying that they completed all of the sessions / treatments that they were referred to. Among those who were unable to attend all of the sessions, sickness / illnesses was cited as the reason for failing to do so by five patients, with other reasons including: appointment date being unsuitable due to work commitments (n=2); health condition got worse (n=2); forgetting the appointment (n=2); practitioner was ill (n=2); the treatments were unsuccessful (n=2); and, not having the appointment date arrive in the post (n=2).

6.14 OVERALL SATISFACTION WITH TREATMENTS RECEIVED

Overall 97% of patients said that they were satisfied with the treatments they received, with 71% 'very satisfied' and 26% 'satisfied'. Just 3% of patients in the survey (6 patients) were 'dissatisfied' with the treatments they received, with the main reason for dissatisfaction being what they perceived as lack of effectiveness in treating their condition (n=3). One patient was dissatisfied because the treatment in their view was 'too painful', with another patient saying that they 'should have had an x-ray first'.

Fig 4.5: Overall how satisfied or dissatisfied were you with the treatments received (n=222)



6.15 IMPROVEMENTS IN PATIENT EXPERIENCE OF GETTING TREATMENTS

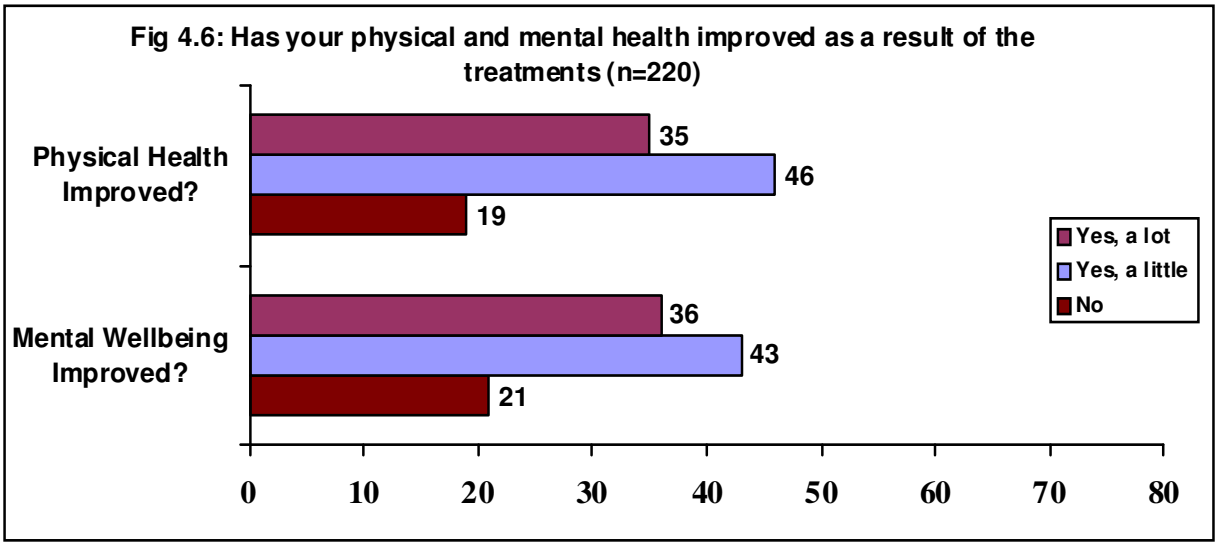
Approximately one in five (21%) patients felt that there were ways that their experience of getting the treatments could have been improved, with six patients calling for further treatments, four suggesting that more time should be allocated to the treatment sessions, and four saying that treatment should be made available as soon as the referral has been made by their GP. A number of other patient suggested improvements are listed in Table 6.6.

Table 6.6 How Could Your Experience Of The Treatments Have Been Improved?

	N
Further Treatments	6
More Time/Longer Sessions	4
Getting Treatment As Soon As Referral Has Been Made By GP	4
More Flexible Treatment Times	3
More Massage	3
Environment Too Noisy	2
Different Treatments Discussed	2
By Checking My Medical Notes	1
More Time To Consult With The Therapist Before And After Treatments	1
Care Taken When Handling Paperwork	1
The Room Was Always Cold	1
A Little Advice On What Suitable Clothing To Wear	1
By An Initial X-ray	1
Triage To Ascertain The More Appropriate Treatment	1
Fitness Class	1
	32

6.16 IMPACT OF TREATMENTS ON PHYSICAL AND MENTAL HEALTH

An important aspect of the patient survey was to get some indication of patient-perceived health outcomes as a result of the treatments received. Given this objective, it is encouraging to find that approximately four out of five patients who availed of the various treatments said that their physical (81%) or mental health (79%) had improved as a result of their treatments. Indeed 84% of all patients said that either their physical health or mental wellbeing had improved as a result of their treatments.



6.17 IMPACT OF TREATMENTS BY PATIENT GROUPS

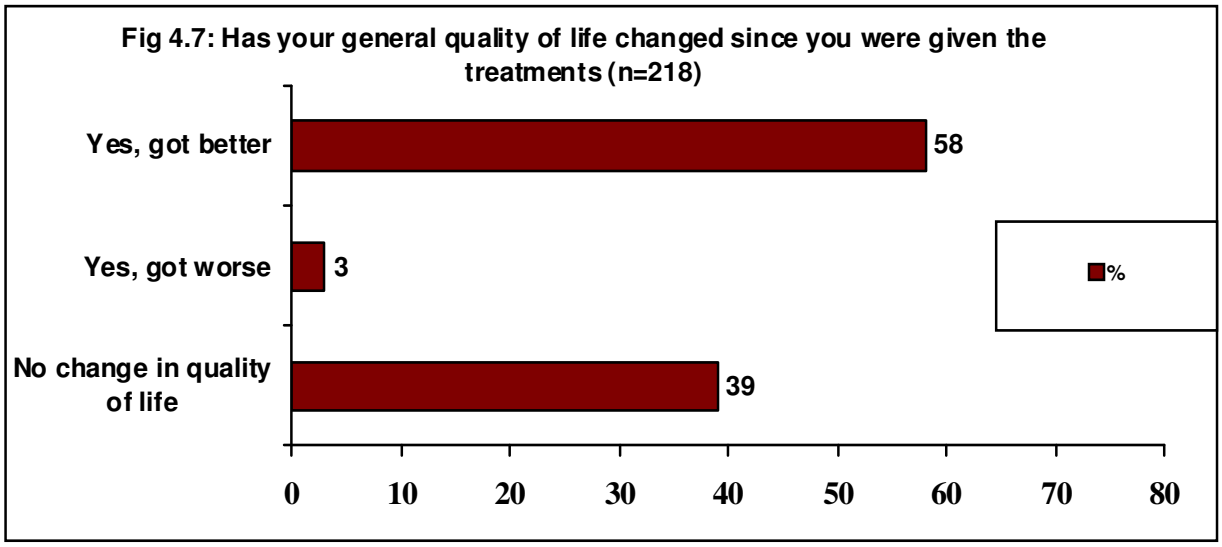
In relation to physical health, those who presented with musculoskeletal conditions were more likely to say that their physical health had improved as a result of the treatments (84% vs. 68%).

Among those patients who presented with mental health related conditions, those who were economically active were more likely to report an improvement in their mental wellbeing following treatment (89% vs. 72%), as were those with a higher level of educational attainment (85% vs. 71%) and owner occupiers (83% vs. 69%).

In relation to an improvement in either physical or mental wellbeing, health outcome was found to be significantly correlated with patient age, with all patients under the age of 30 reporting an improvement compared with 91% in the 30-49 age group, 80% in the 50-69 age group and 77% in the 70+ age group. Also economically active patients were also more likely to report an improvement in either their physical or mental wellbeing (94% vs. 79%), as were patients with a higher level of educational attainment (90% vs. 80%).

6.18 PATIENT PERCEIVED IMPACT OF TREATMENTS ON QUALITY OF LIFE

The survey also found that the majority of patients surveyed said that their general quality of life had improved (58%) since they were given the treatments, with just 3% saying that it had got worse, and 39% saying that their general quality of life has remained unchanged.



As with improved physical and mental wellbeing, economically active patients who availed of the treatments were more likely to say that their general quality of life had improved (75% vs. 50%), with better educated patients also more likely to report an improvement in their general quality of life (67% vs. 46%).

6.19 LEVEL OF PATIENT WORRY POST-TREATMENT

Almost three out of four (74%) patients said that they were less worried about their health as a result of their treatments, with one in four (24%) 'a lot less worried' and 50% 'a little less worried'. Note that there were no differences in response to this question by presenting health condition or treatment.

6.20 PATIENT PERCEIVED OUTCOMES FOLLOWING TREATMENTS

Patients were asked to consider whether a number of specific health outcomes applied to them following their treatments. Table 6.7 shows that the results are extremely positive, with almost seven out of ten (69%) patients reporting an improvement in their symptoms, with approximately six out of ten patients saying that they suffer less pain (62%) and feel as if they have more control over pain (60%). The majority of patients (57%) said that they feel that life is worth living, with 53% better able to get about. At the other end of the spectrum, 41% of patients reported having reduced mood swings, with 43% having improved relationships with other family members. Overall, 94% of all patients surveyed reported at least one of the health outcomes listed in Table 6.7.

Table 6.7 Patient Perceived Outcomes Following Treatments

Patient Perceived Outcomes	Yes	No	Don't Know	
	%	%	%	n
Have seen an improvement in your symptoms	69	23	8	196
Suffer less pain	62	33	5	190
Feel as if you have more control over pain	60	27	13	189
Feel more that life is worth living	57	26	17	172
Are better able to get about	53	36	11	176
Have a more positive outlook on life	50	32	18	182
Feel more in control of your life	50	34	16	175
Are more likely to get out and about	49	36	14	176
Feel more confident	48	38	14	189
Are less likely to worry or feel anxious	46	38	16	181
Have improved relationships with other family members	43	35	22	170
Have reduced mood swings	41	39	21	176
At Least One Of The Above	**94**	**6**	**-**	**227**

6.20.1 PATIENT PERCEIVED HEALTH OUTCOMES BY PATIENT GROUP

Analysis of patient perceived health outcomes by the different patient groupings found a number of statistically significant differences in response to the three most frequent outcomes reported by patients (i.e. improvement in symptoms, less pain; and, more control over pain):

- economically active patients (83% vs. 60%), and better educated patients (76% vs. 59%), were more likely to report an improvement in their symptoms;

- economically active patients (79% vs. 52%), and better educated patients (69% vs. 51%), were more likely to say that they suffered less pain following treatment;

- patients presenting with musculoskeletal conditions were more likely to report less pain compared with patients presenting with non-musculoskeletal conditions (64% vs. 53%);

- patients availing of chiropractor treatments were more likely to report less pain compared with other patients (79% vs. 56%); and,

- economically active patients (68% vs. 54%) were more likely to report having more control over pain following their treatments.

6.21 PATIENT PERCEPTION OF WELLBEING FOLLOWING TREATMENT

A number of additional questions were included in the survey to assess patients' general feelings at three specific points: before they took the treatments; immediately after they took the treatments; and, at the time of the survey (i.e. current level of wellbeing).

For each point in time, patients were asked to rate their responses on a 7 point scale from 0 to 6, with 0 indicating that their feeling of wellbeing was 'as good as it could be' and 6 indicating that their feeling of wellbeing was 'as bad as it could be'. Table 6.8 shows that the proportion of patients giving their general feeling of wellbeing a rating score of 6 ('as bad as it could be'), fell from 23% at the pre-treatment stage, to 4% immediately following treatment, and to 6% in the current survey. Similarly, there has been a significant reduction in the mean general wellbeing score (i.e. improved wellbeing) between the pre-treatment stage and each of the follow-up stages. This statistical pattern is also repeated when median scores are compared between the pre-treatment stage and each of the following up stages. This shows that the improvements in health had been sustained over time.

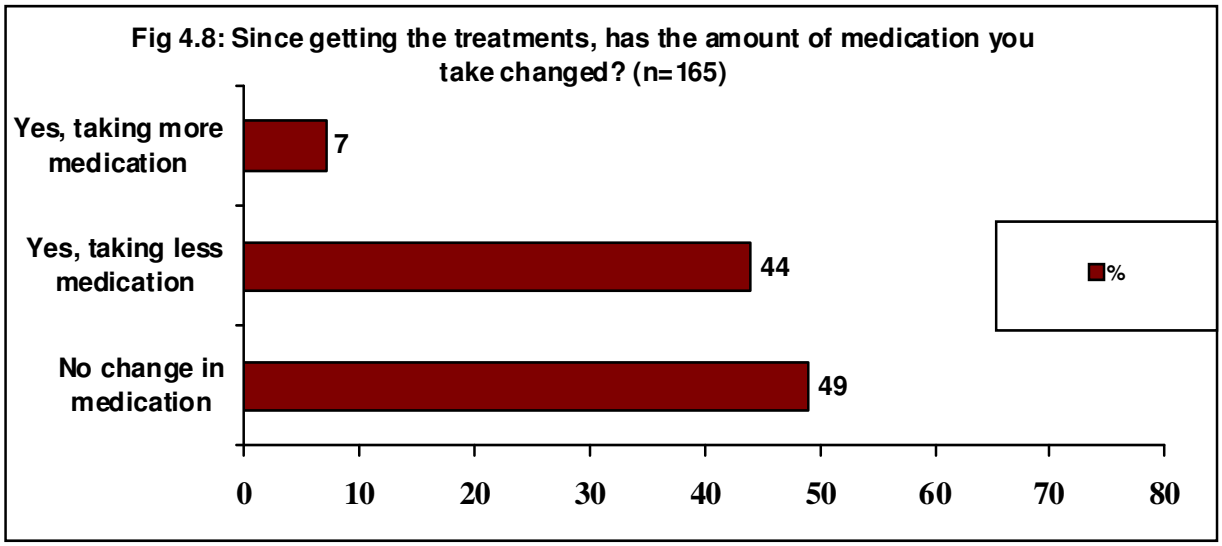
Table 6.8 Patient Rating of their General Wellbeing Before and After Treatment

	Before Treatment	After Treatment	Currently	n
% Scoring 6 'as bad as it could be' ***	23	4	6	213
Mean Scores***	4.36	2.57	2.71	213
Median***	5	3	3	213

* p<=0.05; ** p<=0.01; *** p<0.001

6.22 USE OF MEDICATION

Following treatment, 44% of those who were taking medication prior to their treatment said that they were now taking less medication, with 49% saying there had been no change in the amount of medication they take. Seven percent said that they now take more medication compared with the pre-treatment stage.



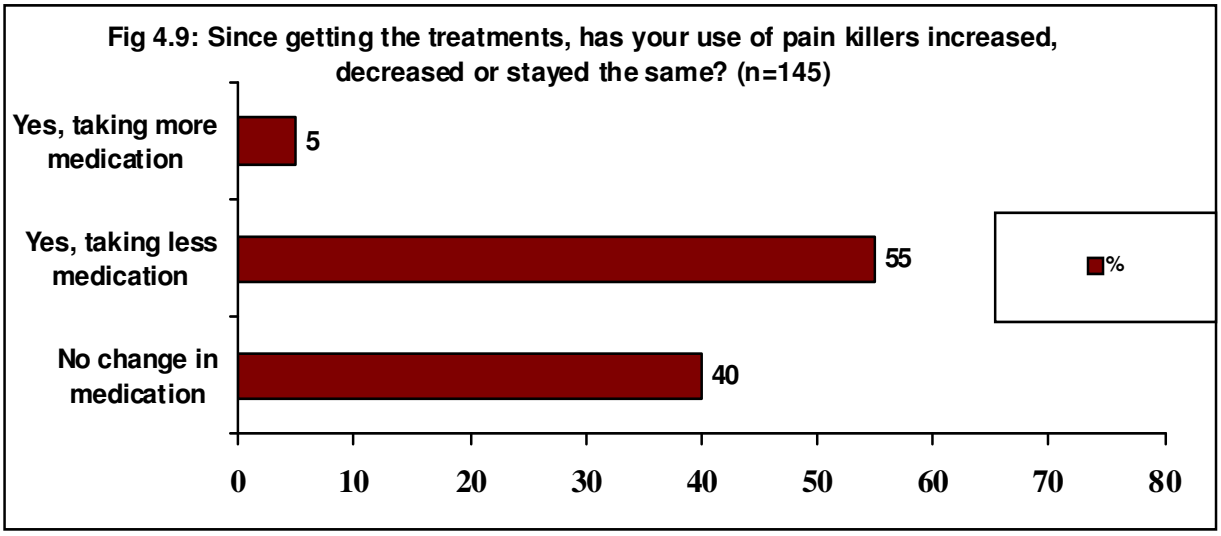
Among those who were using medication prior to their treatments, economically active patients were more likely to report taking less medication following treatment (66% vs. 36%).

6.23 USE OF PAIN KILLERS

Prior to treatment, two out of three patients (66%) said that they were using pain killers on a regular basis, with a higher level of usage reported by economically inactive patients (74% vs. 54%), those in receipt of benefits (79% vs. 54%), those with no formal educational qualifications (83% vs. 57%), and those who presented with musculoskeletal conditions (71% vs. 46%).

Among patients who were using pain killers on a regular basis at the pre-treatment stage, most (55%) said that they had reduced their usage following treatment, with 44% saying that their use of pain killers had remained unchanged, and 5% saying that their use of pain killers had increased.

Fig 4.9: Since getting the treatments, has your use of pain killers increased, decreased or stayed the same? (n=145)



6.24 PATIENT PERCEPTION OF THE APPROPRIATENESS OF TREATMENTS

In the vast majority of cases (91%) patients felt that the treatments they were given were appropriate for their condition, with approximately eight out of ten (81%) patients saying that their condition had responded well to the treatments they were offered ('very well', 37%; 'well', 44%).

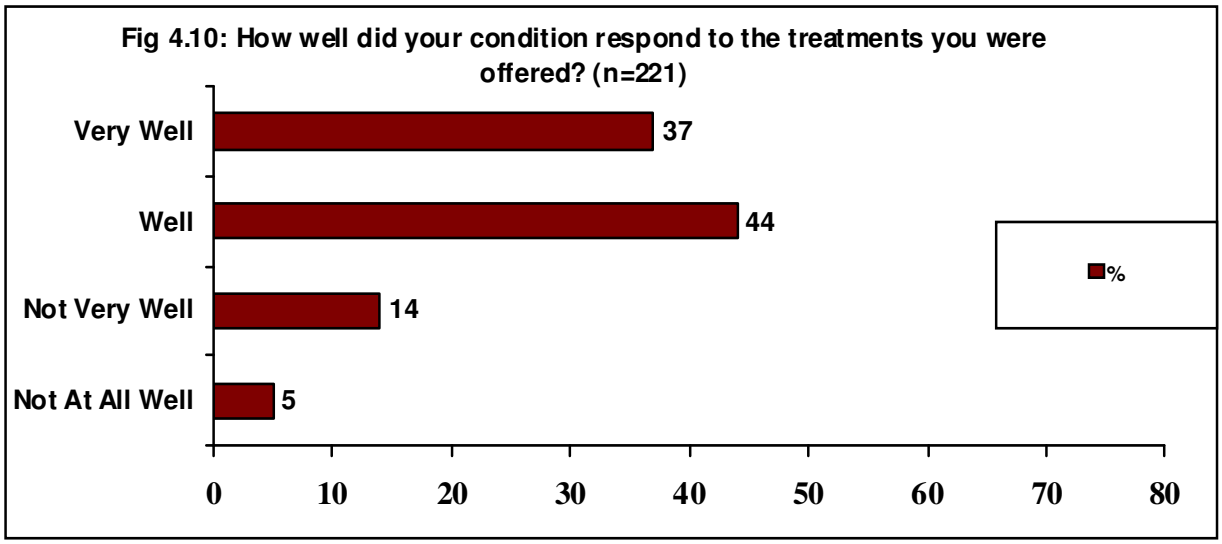


Fig 4.10: How well did your condition respond to the treatments you were offered? (n=221)

Again patients who were economically active were significantly more likely to indicate that their condition responded well to treatment (87% vs. 77%).

6.25 IMPACT OF TREATMENTS ON EMPLOYMENT

Most of those patients who had a paid job said that their illness or condition meant that they had to take time off work (64%). However following treatment, the majority of these patients (64%) said that they now take less time off work.

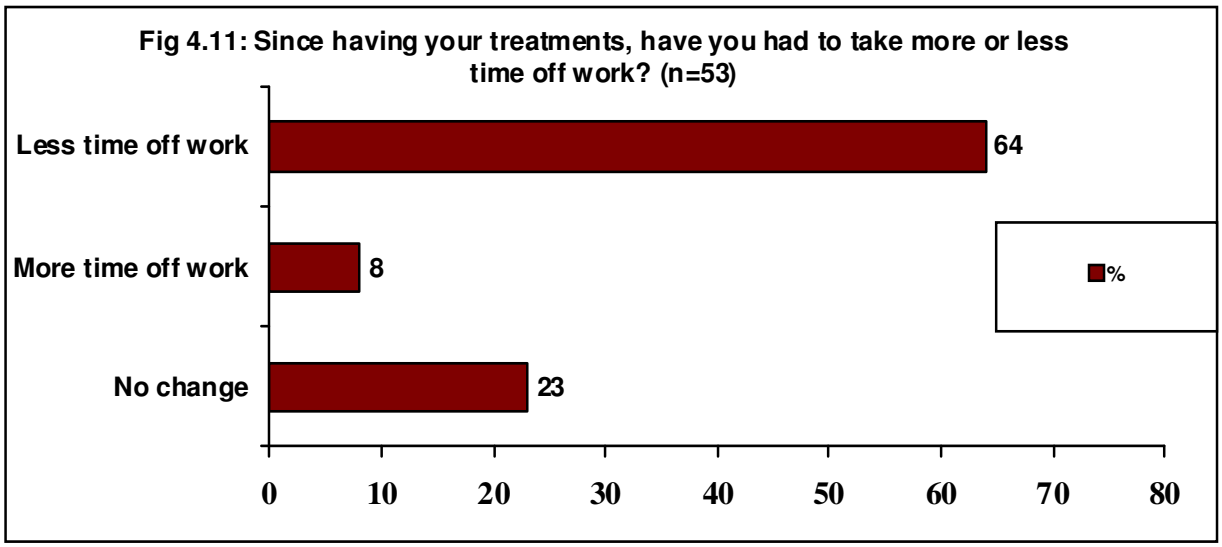
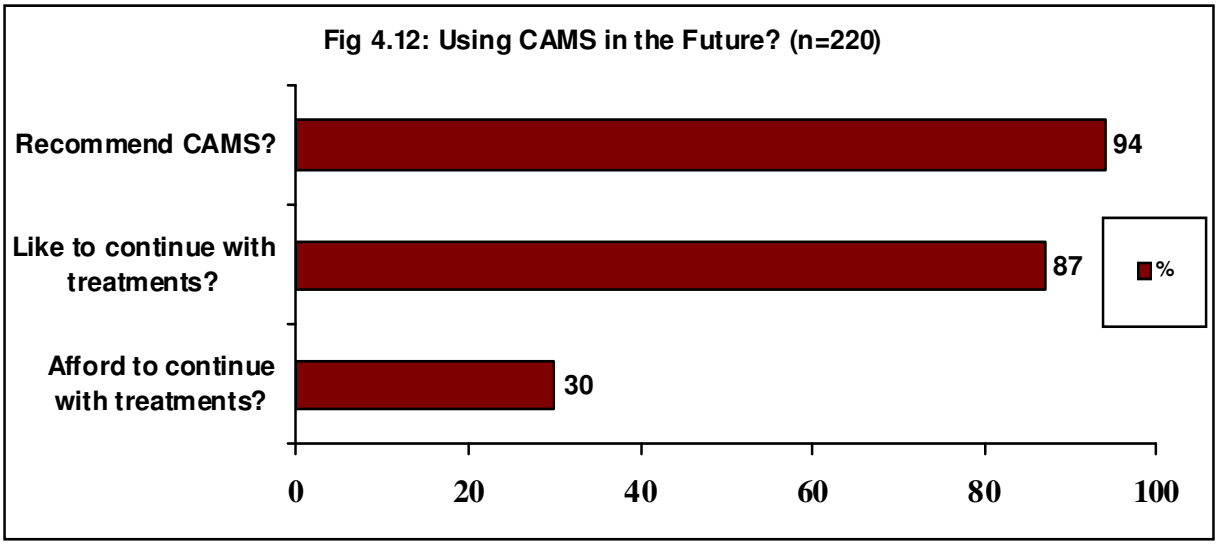


Fig 4.11: Since having your treatments, have you had to take more or less time off work? (n=53)

Among those not in employment, 16% said that having the treatments had encouraged them to think about going back into employment, with one in ten (10%) of these patients saying it was likely that they would get back into employment within the next 12 months.

6.26 USING COMLPEMENTARY THERAPIES IN THE FUTURE

Overall, 94% of patients said that they would recommend Complementary and Alternative Medicines (CAM) to other people with the same health problem as themselves. This response was consistent across all of the patient groups (i.e. age, sex, educational attainment level etc), and all health conditions and therapies.



Patient interest in continuing with CAM was high (87%), with patients presenting with musculoskeletal conditions more likely to express an interest in continuing with treatments (86% vs. 89%), as did patients who availed of reflexology (97%), compared with other treatments (81%).

Figure 6.12 also shows that just 30% of all patients said that they would be able to afford to continue with treatments, with those in receipt of state benefits less likely to say that they would be able to afford future treatments (22% vs. 39%).

6.27 PATIENT INTERACTION WITH GPS

The survey also sought to assess whether or not patients had discussed the impact of their treatments with their GP, with 40% of patients having done so. Patients presenting with mental health problems rather than musculoskeletal conditions (49% vs. 34%), were more likely to have discussed the impact of the treatments with their GP as were those registered with the Derry practice (48%) rather than the Belfast practice (35%).

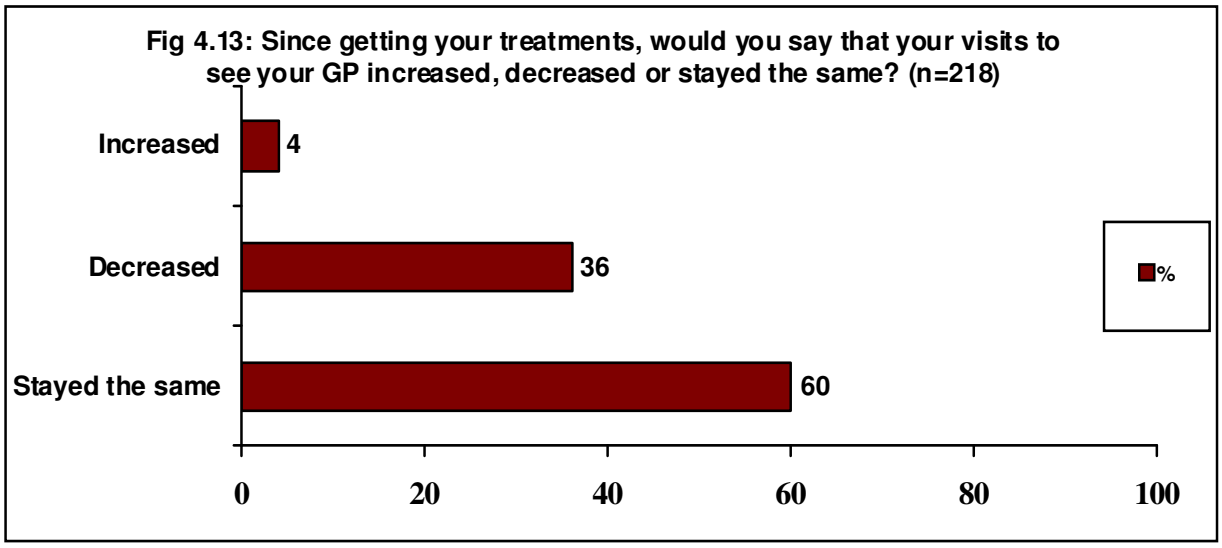
Patients were also asked to comment on their GPs' reactions to the treatments or general project. Excluding those patients who recorded 'don't know', 99% of patients said that their GP's reaction had been positive, with just 1 patient saying that their GP's reaction had been negative. A total of 23 patients listed comments on their GP's reaction to the project, with 13 saying that their GP had asked them how they felt, with 19 saying that their GP had been supportive of their treatments.

Table 6.9 Patient Views On The Reaction Of Their GP To The Treatments Or General Project		
	%	n
Been Asking Me How I Felt	22	13
GP Supported The Treatment	19	11
GP Encouraged/Referred Me To Go For More Treatment	7	4
The Amount Of Medication Would Reduce	5	3
During The Treatment I Felt Great	3	2
Getting Some Pain Relief	3	2
A General Impression	2	1
GP Has Recommended My Husband For Treatment	2	1
Pleased To See Me Trying More Things	2	1
Pleased The Treatment Worked/Benefit	40	23

Among those who had not discussed the impact of the treatments with their GP, most (55%) would have welcomed the opportunity to have done so.

6.28 IMPACT OF TREATMENTS ON USE OF GP SERVICES

Following treatment, more than a third (36%) of patients said that their visits to see their GP had decreased, with 4% saying that their frequency of visits had increased, and 60% recording no change. Note that there were no significant differences in frequency of patient visits to see their GP between patient groups.



6.29 IMPACT OF TREATMENTS ON USE OF OTHER HEALTH SERVICES

Among patients who previously used a range of other health services, approximately one in five (19%) reporting using other primary care services (e.g. practice nurse, pharmacy etc) less often, with 11% using hospital services less often, and 14% using A&E services less often.

Table 6.10 Patient Use of Services Since Getting Treatment					
Use of Services Since Getting Treatment	Less Often	More Often	No Change	Don't Know	n
	%	%	%	%	
Other primary care services (e.g. practice nurse, pharmacist etc)	19	3	74	5	168
Hospital Services	11	4	76	10	143
A&E Services	14	1	76	9	78

Overall 24% of service uses (i.e. other primary care, hospital services or A&E services) said that they had used these services less often since availing of the treatments, with younger patients using these services less often compared with other age groups (30-49, 31%; 50-69, 23%; and, 70+, 3%).

Patients using health services prior to their treatment, and who indicated using such services less often, were more likely to be economically active (32% vs. 18%), have dependents (36% vs. 18%) and have a higher level of educational attainment (30% vs. 16%).

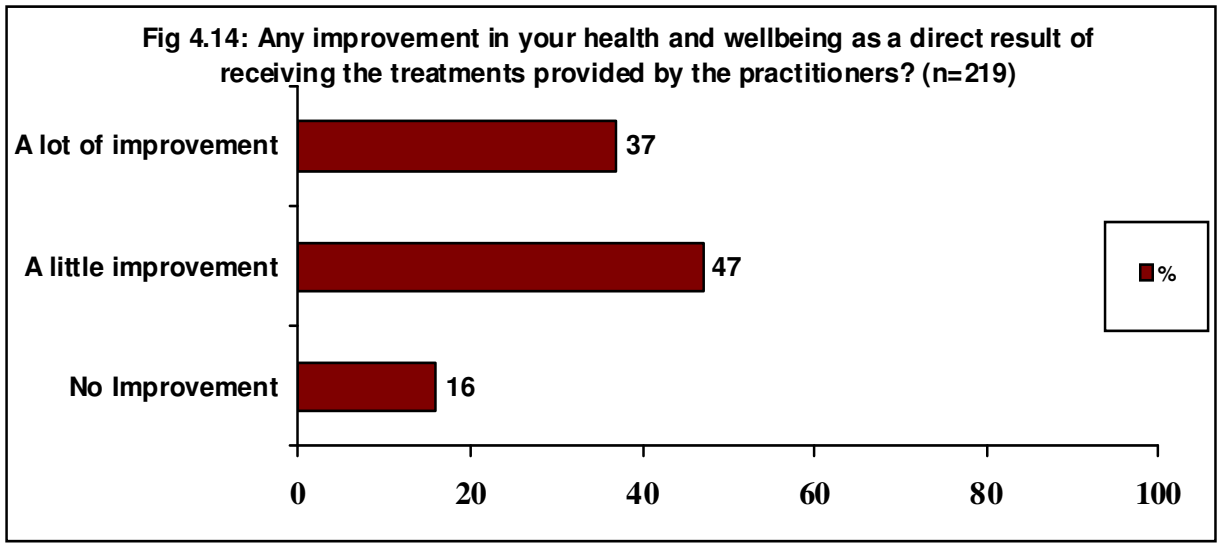
6.30 PATIENT PERCEPTION OF MOST IMPORTANT BENEFIT OF CAM

Sixty percent of patients listed what they felt was the single most important benefit from receiving CAM, with pain relief cited by 43% of patients and reduced stress cited by 10% of these patients.

Table 6.11 Patient Perceived Single Most Important Benefit of CAM (n=137)		
	%	n
Pain Relief	43	59
Less Stress/More Relaxed/Mental Well Being	10	14
More Mobility/Flexibility	9	13
Overall Well Being	9	13
Someone To Talk With And Listen	8	11
No Lasting Benefit/No Benefit	5	7
Great Advice	3	4
Sleeping Better	2	3
Find It Easier To Sleep	1	2
May Have Slowed Down The Deteriorations Of My Spine	1	1
Posture	1	1
Physical Health	1	1
To Get Me Out Of The House	1	1
Able To Eat Properly	1	1
More Energy	1	1
Positive Outlook	1	1
I'd Found A Treatment That Works	1	1
Try A Range Of Therapies	1	1
Hopefully Greater Success With IVF	1	1
No Medication	1	1
	100	137

6.31 PATIENT PERCEIVED IMPROVEMENT IN HEALTH AND WELLBEING

More than eight out of ten (84%) patients said that there had been an improvement in their health and wellbeing as a direct result of receiving the treatments provided by practitioners ('a lot of improvement', 37%; 'a little improvement', 47%).



6.32 IMPROVEMENTS IN PATIENT EXPERIENCE OF PROJECT

Approximately one in five (19%) patients surveyed said that their experience of the project could have been improved, with 43% of these patients calling for further treatments. Other suggested improvements included: having treatments which would be of most benefit (9%); longer sessions (5%); and, providing sessions according to need (5%).

Table 6.12 Patient Suggestions on How Project Could Have Been Improved

	%	N
Further Treatment	43	19
Choose The Treatment I Believe Would Benefit Me Most	9	4
Longer Sessions	5	2
Sessions Should Be Given According To Need	5	2
Should Be Available All The Time	5	2
Treat More Than One Condition	5	2
Less Waiting Time Between Referral And First Treatment	5	2
Better Appointment Times	5	2
No Judgement On Patients	2	1
Referred Sooner	2	1
A Warmer Room	2	1
Practitioners Arriving On Time	2	1
Less Noisy Environment	2	1
Follow Up With Practitioner	2	1
An Initial X-ray	2	1
Showing More Concern For Your Condition	2	1
Initial Interview With Someone Who Would Discuss Best Mix Of Treatments	2	1
	100	44

7 SURVEY OF GPS

This section of the report presents the finding from a survey of GPs who participated in the project. Of the 31 GPs who participated in the project, 12 completed and returned a questionnaire within the survey fieldwork period. This represents a response rate of 34%.

7.1 GP UNDERSTANDING OF CAM

GPs were asked to rate their understanding of different Complementary and Alternative Medicines (CAM) prior to their involvement in the project. GPs scored their understanding of the various CAM on a scale from 1 (excellent) to 5 (very poor), and Table 7.1 shows that relative to the other therapies, GPs reported having a better understanding of acupuncture (3.00) and a poorer understanding of reflexology (3.67).

Table 7.1 GP Understanding of Different CAM

Therapy	Excellent	Good	Fair	Poor	Very Poor	Mean
	n	n	n	n	n	
Acupuncture		4	4	4		3.00
Massage		2	5	5		3.25
Osteopathy			8	4		3.33
Aromatherapy		1	6	4	1	3.42
Chiropractic			7	5		3.42
Homeopathy		1	5	5	1	3.50
Reflexology			4	8		3.67

Three quarters of GPs (n=9) said that their experience of the project had helped improve their understanding of CAM, with two GPs saying that their understanding had improved 'a lot' and seven saying that their understanding had improved 'a little'.

7.2 GPS GETTING INVOLVED IN THE PROJECT

GPs listed a number of reasons why they got involved in the pilot project with two seeing the potential for improving patient wellbeing, and another two saying that the decision to get involved had been taken at the practice level with no input from themselves. Other reasons as to why GPs got involved in the project included: the explanation from Get Well UK; the potential of the service in benefiting patients; to assess evidence for the use of such treatments; a quick and easy service accessible to patients; a recognition of complementary medicine as an alternative treatment; and, because of a long waiting list to access psychiatric support services.

7.3 GP CONCERNS OR ANXIETIES ABOUT GETTING INVOLVED

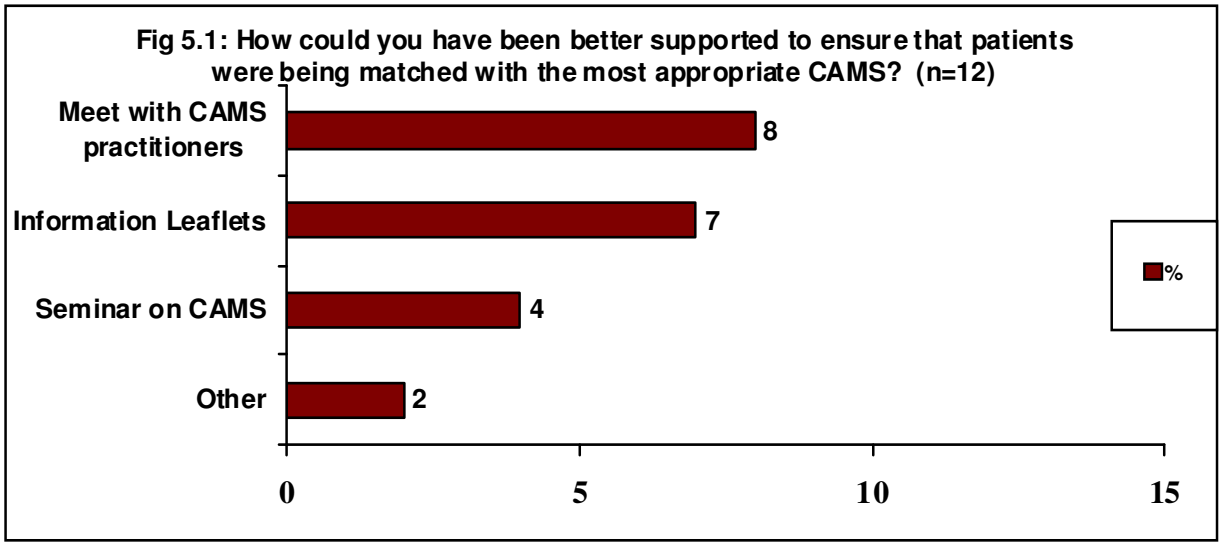
Just two out of the 10 GPs surveyed had initial concerns or anxieties about referring their patients for CAM treatments, with one concerned about the benefits of reflexology and another expressing general concerns about the likely benefits to patients.

7.4 GPS MATCHING PATIENT CONDITIONS WITH THERAPIES

When referring patients for CAM, five of the GPs (42%) said that they had difficulty in matching patient illnesses / conditions to the appropriate therapies available, with one GP struggling with referrals to chiropractic / osteopathy treatments. One of the GPs felt that lack of education on the scope of the various treatments had caused some initial difficulties, with another saying that the referral form did not allow for a 'broad spectrum of complaints' to be listed. Other comments by GPs included: being unsure of what treatments should be assigned to patients, and the need for more choice of treatments for patients.

7.5 SUPPORT FOR GPS

GPs were given an opportunity to say how they could have been better supported to ensure that their patients were being matched with the most appropriate CAM. Of the 12 GPs, most (n=8) said that a meeting with the CAM practitioners would have been helpful, with seven suggesting that information leaflets would be a helpful support. Other suggestions included having a seminar on CAM, and a mix of meetings with CAM practitioners, leaflets and seminars.



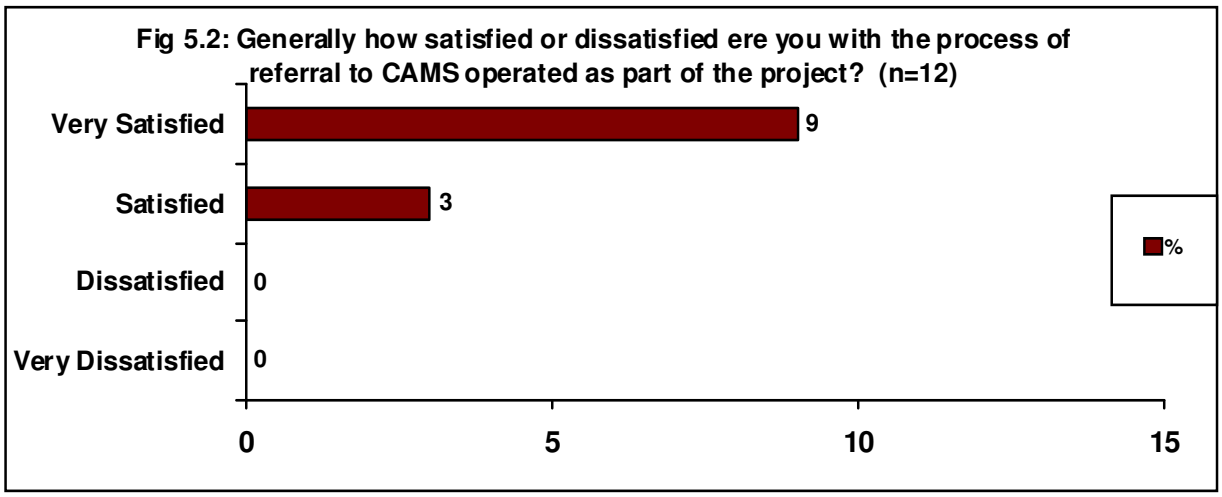
According to the GPs surveyed, most (n=8) said that they were more likely to refer patients with chronic medical conditions, with just one GP saying that they were more likely to refer patients with acute medical conditions. The remaining three GPs referred patients with both chronic and acute conditions.

7.6 PATIENT RECEPTIVENESS TO CAM

All of the GPs said that their patients were receptive to their suggestion to try alternative therapies, with 10 saying patients were 'very receptive' and two saying their patients were 'somewhat receptive'. Three out of the 12 GPs said that they had some patients who declined their invitation to avail of CAM treatments, with these GPs estimating that 10% or less of their patients had declined. According to these GPs, the main reason why these patients declined the opportunity to avail of CAM was 'general scepticism' (n=2), and 'fear of the unknown' (n=1).

7.7 GP SATISFACTION WITH THE REFERRAL PROCESS

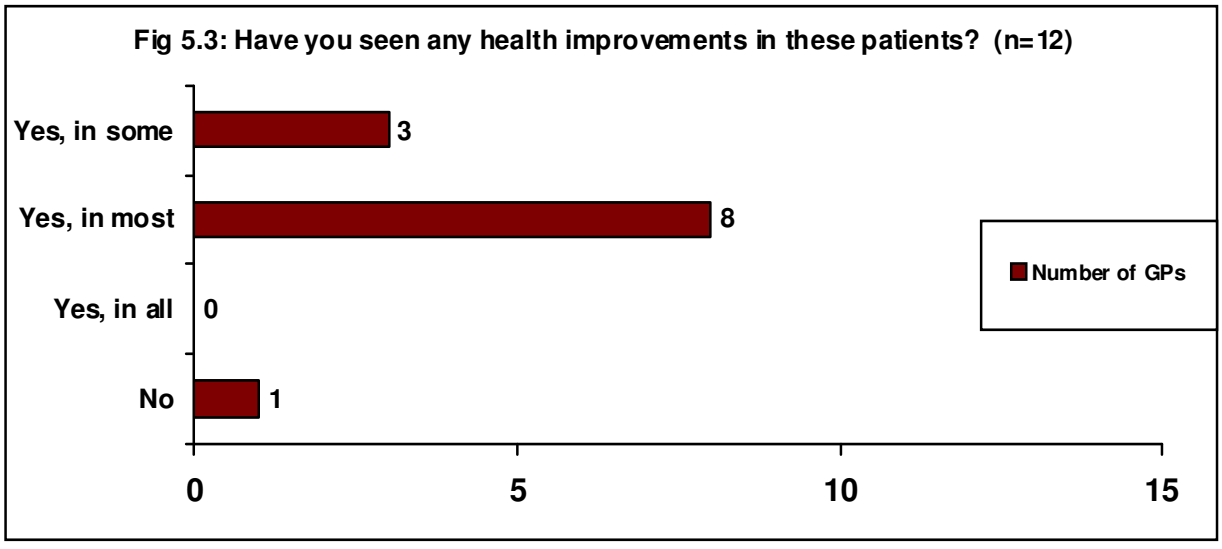
All of the GPs survey said they were satisfied with the process for referral to CAM which operated throughout the life of the project.



One GP believed that the referral process could be improved by including more options for treatment on the referral form.

7.8 GP PERCEIVED IMPACT OF CAM ON PATIENTS

On average, GPs said that they had referred 33 of their patients for CAM, with almost all (92% or 11 GPs) reporting an improvement in the health status of their patients. Among the GPs who had recorded a health improvement in their patients, on average these GPs said that they had seen a health improvement in 63% of their patients.



Of the various complementary therapies available, five of the GPs felt that patients with chronic conditions achieved better health outcomes, with two GPs saying that health outcomes had been better for acute conditions. Two GPs felt that health outcomes had been good for patients presenting with both chronic and acute conditions, with the final two GPs unsure which health conditions benefited most from the treatments.

GPs were also asked to comment on their perception of health outcomes by therapy, with 11 of the view that acupuncture had produced good health outcomes for their patients. Six GPs said that health outcomes had been good for patients availing of homeopathy, chiropractic and osteopathy treatments.

Table 7.2 GPs Views on Which Complementary Therapies Have Produced the Best Outcomes

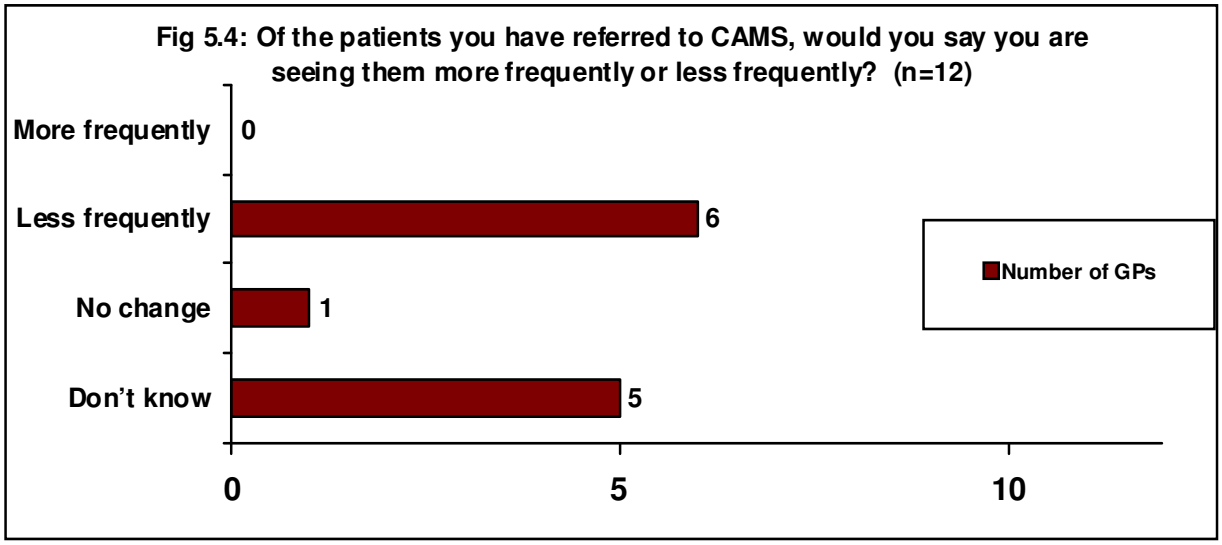
	n
Acupuncture	11
Homeopathy	6
Chiropractic	6
Osteopathy	6
Aromatherapy	3
Massage	3
Reflexology	-

7.9 GP PERCEPTION OF PATIENT COMPLIANCE WITH TREATMENTS

In terms of compliance, GPs felt there was little difference between patients with chronic or acute medical conditions, with 11 of the GPs saying that compliance had been *'excellent'* or *'good'* among their chronic patients, with 10 of the 12 GPs saying the same about their patients with acute conditions.

7.10 SEEING PATIENTS FOLLOWING THEIR CAM TREATMENTS

Half of the GPs surveyed said that they were seeing less of their patients who had been referred for CAM, with one GP saying there had been no change and 5 recording 'don't know'.



7.11 PATIENT BENEFITS FROM THE TREATMENT

All but one of the 12 GPs said that their patients had benefited from the therapies, with nine GPs listing what they felt have been the key benefits to their patients: improved mood / general wellbeing (n=3); satisfaction with treatment (n=2); patients being empowered to deal with their symptoms (n=2); and, having access to treatments which most would have been unable to afford.

Table 7.3 GP Perceived Benefits to Patients

	n
Many Had Improved Mood/General Wellbeing	3
Satisfied With Treatment	2
Most Felt Empowered To Deal With Symptoms	2
Most Would Not Have Been Unable To Afford It Privately	2
Almost All Enjoyed The Experience	1
Able To Have A Non-Pharmacological Treatment	1
Reduction In Medication	1
Better Understanding That It Will Take Time To Improve	1
Easy Access To Treatment	1
Time Spent With Therapist	1
Better Coping Skills	1
Offers Alternative Treatments	1
Seen Quickly	1

7.12 PATIENT USE OF MEDICATION

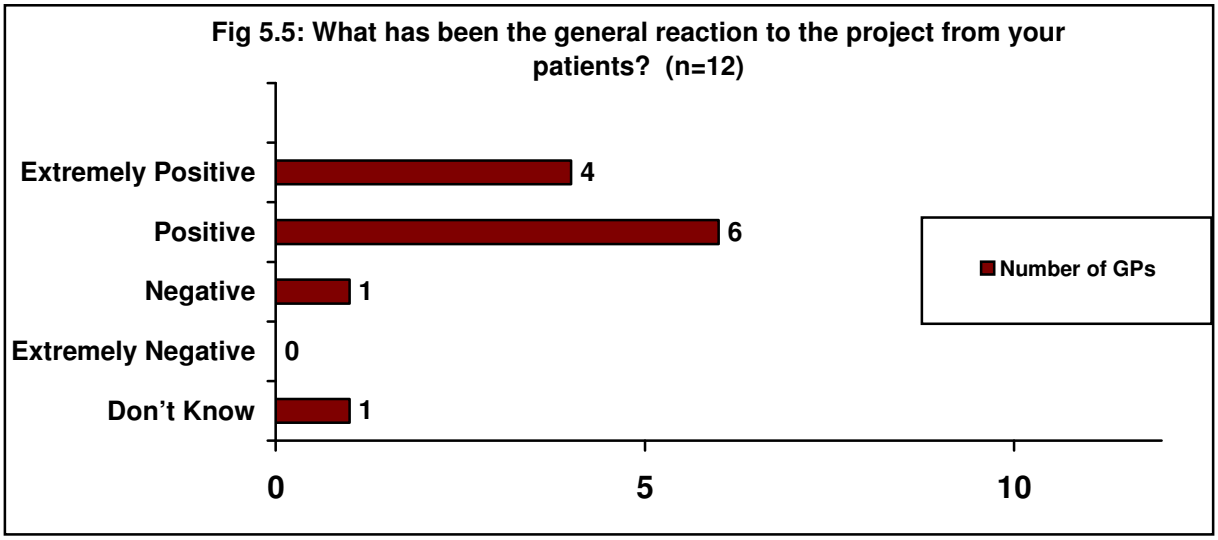
The survey also sought to gain some insight into whether or not the CAM treatments had led to any reductions in patient use of medication. With regard to patients with chronic conditions, four of the GPs said that they were prescribing less medication to these patients, with a similar number (n=4) of GPs prescribing less medication to patients with acute conditions.

Overall, half of the GPs indicated prescribing less medication to patients with either chronic or acute medical conditions, with four of these GPs saying that they have prescribed less medication to more than half of their patients who availed of the therapies and two saying that they are prescribing less medication to between 25% and 50% of their patients.

Six GPs said that patients themselves have said that they need less medication following the therapies, with most (n=4) of these GPs estimating that between 25% and 50% of their patients having indicated to them a need for less medication.

7.13 PATIENT REACTION TO THE PROJECT

According to GPs (n=10), patient reaction to the project has been positive with just one GP saying that patient reaction has been negative another GP 'unsure'.



GPs identified a number of reasons why their patients had found the project a positive experience such as: an appreciation of the therapists' time and skills; it was an opportunity to have the treatments; the patients were more involved in their treatments; and, general positive feedback from patients. The only negative comment from one of the GPs referred to the 'excessive cost' of running the project.

7.14 PATIENTS CONTINUING WITH TREATMENTS

Most of the GPs (n=9) said that they had patients enquiring about continuing with the treatments beyond the pilot project, with all of these GPs saying that they were supportive of their patients in this regard.

7.15 IMPACT ON PROJECT ON GENERAL PRACTICE

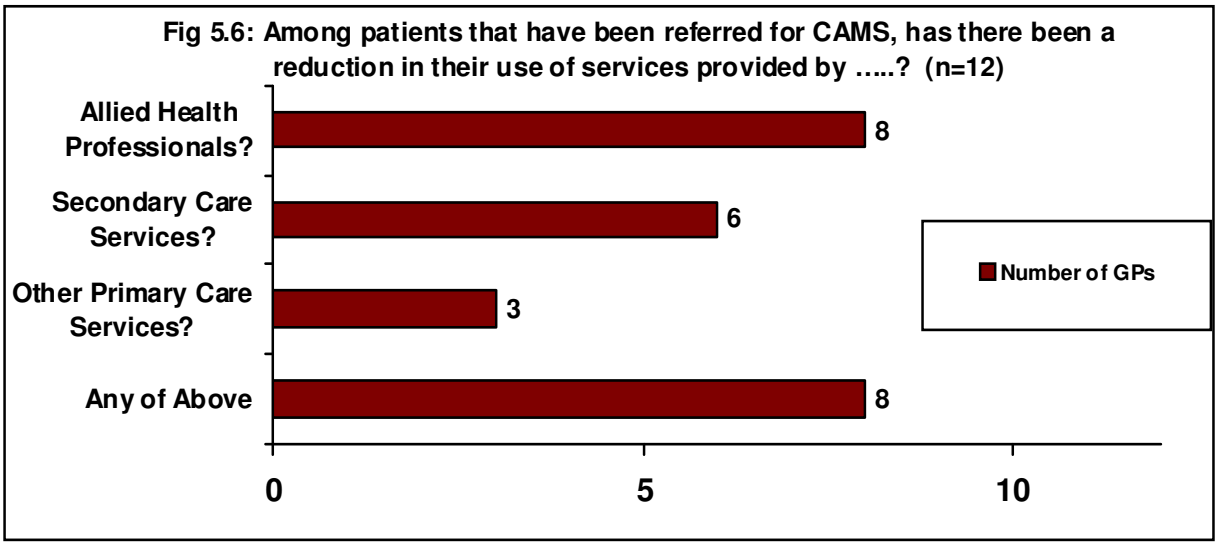
Half of the GPs surveyed (n=6) said that having the option of referring their patients to CAM as part of the pilot project had reduced their workload *('*a lot', n=1; 'a little', n=5), with 3 patients saying that their workload had not been reduced. A further three GPs recorded 'don't know' to this question.

Just two out of the twelve GPs said that there had been a financial saving to their practice as a result of offering their patients CAM treatments. GPs were asked to explain their answer to this question, with one GP saying that they did not record the amount of medication used. Other comments included: 'patient's wellbeing is not easily quantified in economic terms'; 'would have referred on to other agencies or tried different medications'; 'finance not an issue at present'; 'I don't deal with practice finance'; and, 'same problem, same patient'.

Eleven out of the 12 GPs agreed that the pilot project had provided them with more options for treating their patients, with the same number of GPs (n=11) identifying the pilot project as a positive development for their practice.

7.16 GP's VIEWS ON USE OF SERVICES BY PATIENTS

Most of the GPs surveyed (n=8) reported that following treatment, their patients were less likely to use services provided by Allied Health Professionals (e.g. physiotherapy, occupational health, dieticians etc) with six GPs reporting that their patients were less likely to use secondary care services. Three of the GPs reported a decline in patient use of other primary care services (e.g. practice nurse, pharmacists etc) following CAM treatments.



7.17 CHANGE IN GP PERCEPTION OF CAM

After taking part in the project, 10 out of the 12 GPs said that they now have a more positive view of the potential for CAM within Primary Care, with all wishing to continue with the option of being able to refer their patients to CAM. Ten out of the 12 GPs said that they would be likely to recommend CAM to other colleagues, with nine GPs saying that they now have a more positive view of CAM. Just one GP said that their view of CAM has become more negative, with another saying that their view of CAM has remained unchanged.

7.18 GPS VIEWS ON INTEGRATING CAM INTO PRIMARY CARE

There was a high degree of support among GPs for the integration of CAM with Primary Care (n=9), with the following comments made in support of this: 'acupuncture, osteopathy and chiropractics definitely have a role [in Primary Care]'; 'very helpful for chronic conditions; allows other treatment opportunities; definite impact on patients who were referred in a very positive way'; 'beneficial to patients'; and, 'another option for treatment'. The single GP who advised against integrating CAM into Primary Care felt that CAM is '…unproven, expensive therapy'.

7.19 GP VIEWS ON PROJECT STRENGTHS

GPs were asked to identify what they believed to be the key strengths of the pilot project. Five of the GPs cited plentiful appointments / reducing waiting lists as a key strength, with three GPs commenting on the good organisation of the project and good communication. Other points made by GPs are listed on a verbatim basis in Table 7.4.

Table 7.4 GP Views on Key Strengths of Pilot Project	
	n
Plentiful Appointment To Keep Waiting List Down	5
Well Organised/Good Communication	3
On-Site Therefore Direct Contact With Practitioners	2
Efficiency	1
Pleasant People	1
Enjoyed The Experience	1
Most Would Have Been Unable To Afford It Privately	1
Some Had Measurable Health Benefits	1
Diversity Of Treatments	1
Regular Reviews	1
Time Spent With Therapist	1
Alternative/Optional Treatments	1
Excellent Therapists	1
Beneficial To Patients	1
Greater Patient Choice	1
More Therapeutic Options	1
Support For Patients With Psychological/Physical Problems	1
Ease Of Use	1

7.20 GP VIEWS ON PROJECT WEAKNESSES

As with benefits, GPs were also given an opportunity to identity what they felt were the main weaknesses of the project. A number of points were made, including a lack of opportunity to assess outcomes, lack of feedback on the project and a lack of knowledge among GPs themselves (Table 7.5).

Table 7.5 GP Views on Main Weaknesses of Pilot Project	
	n
Lack Of Opportunity To Assess Outcomes	2
Would Have Liked Feedback	2
Lack Of Knowledge On My Part	2
That It Ended	1
Not Great Communication With Therapists	1
Still Not Convinced By Homeopathy/Reflexology	1
Limitation Of Treatment Times	1
Requests For X-Rays & Scans	1
Need To Re Refer To C/W Treatments	1
Assessment Form - Poor Format	1
Only Pilot - Needs To Be Carried On	1
Patients May Benefit From Different Therapies	1
Most Need 2 Courses Of Treatment	1
Cost	1
Unproven Outcome	1

7.21 GP SUPPORT FOR CAM IN THE FUTURE

Finally, 11 of the 12 GPs said that if funding were available, they would continue to refer their patients to CAM. Half of the GPs felt that they could be better supported to further explore the potential of CAM for their patients, with suggestions including regular meetings with practitioners, regular updates and more learning days. Other comments by GPs included: 'this is an excellent service which should be continued'; 'a useful project'; and, 'the need for a better feedback form for GPs'.

8. SURVEY OF PRACTITIONERS

This section of the report details the outcomes from a survey of CAM practitioners who provided a range of treatments to patients. All 16 practitioners were surveyed, with 12 completing and returning their questionnaire within the survey fieldwork period. This equates to a response rate of 75%.

8.1 GETTING INVOLVED IN THE PROJECT

Of the 12 practitioners, five (42%) were recruited directly to the project by Get Well UK, with four (33%) recruited via another CAM practitioner and one practitioner reading about the project in the media. Two practitioners had been involved in developing the pilot project.

8.2 CONCERNS OR ANXIETIES ABOUT GETTING INVOLVED

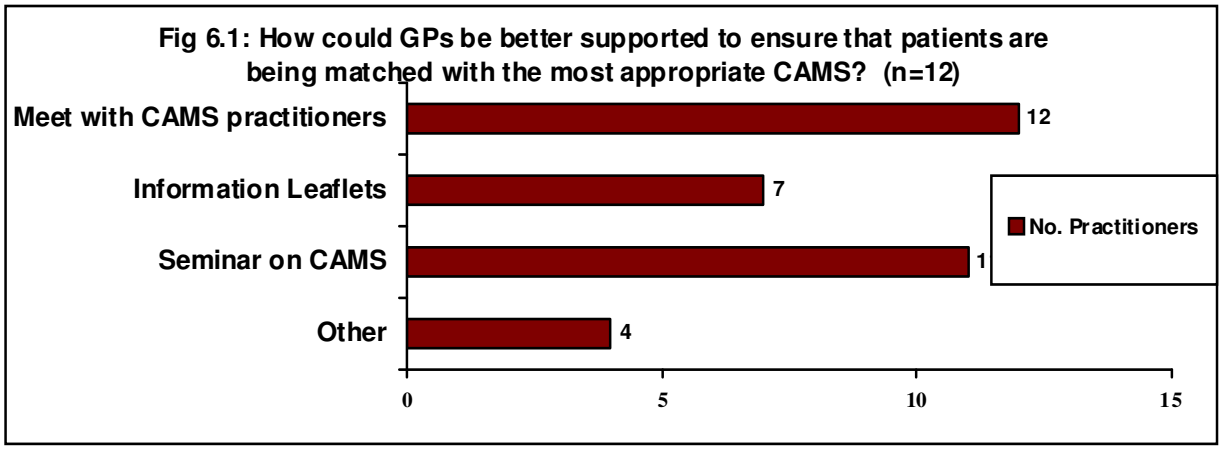
Five of the practitioners (42%) had initial concerns or anxieties about getting involved in the project, with two practitioners concerned about the general attitude of GPs towards CAM and the project itself. Other concerns related to: 'poor patient take-up of the treatments given that they were free'; 'the project should have been run from within Northern Ireland'; and, that some GPs 'would dump their awkward or chronic patients into the service'.

8.3 REFERRAL OF PATIENTS

Over the course of the pilot project, almost all of the practitioners felt that GPs were appropriately matching medical conditions with the treatments available, with three practitioners saying that this was the case *'some of the time'* and eight saying that this was the case 'most of the time'.

8.3.1 PRACTITIONER VIEWS ON MATCHING PATIENTS WITH THERAPIES

Most of the practitioners agreed that GPs matching of patients improved as the pilot project progressed (n=10), with practitioners saying that GPs could be better supported by meeting the practitioners and through the use of seminars on CAM. Leaflets on CAM were also deemed to be a useful support for GPs, with one practitioner saying that GPs should be provided with the opportunity to sit in on consultations. Other practitioners suggested that GPs be encouraged to attend meetings, and to avail of CAM therapies themselves.



8.3.2 PRACTITIONERS BEING PROVIDED WITH PATIENT INFORMATION

Less that half (n=5) of the 12 practitioners (42%) felt that they were being provided with enough information on patient history when patients were being referred, with most (n=7) holding the opposite view. In relation to patient type, almost all (n=11) practitioners felt that GPs were more likely to refer patients with chronic conditions to their service, with four practitioners saying that these patients were not responding or improving using conventional medications. All of the practitioners found that patients were willing to share their medical history with them.

Table 8.1 Practitioner Views on Why GPs Were Referring Mainly Patients with Chronic Conditions

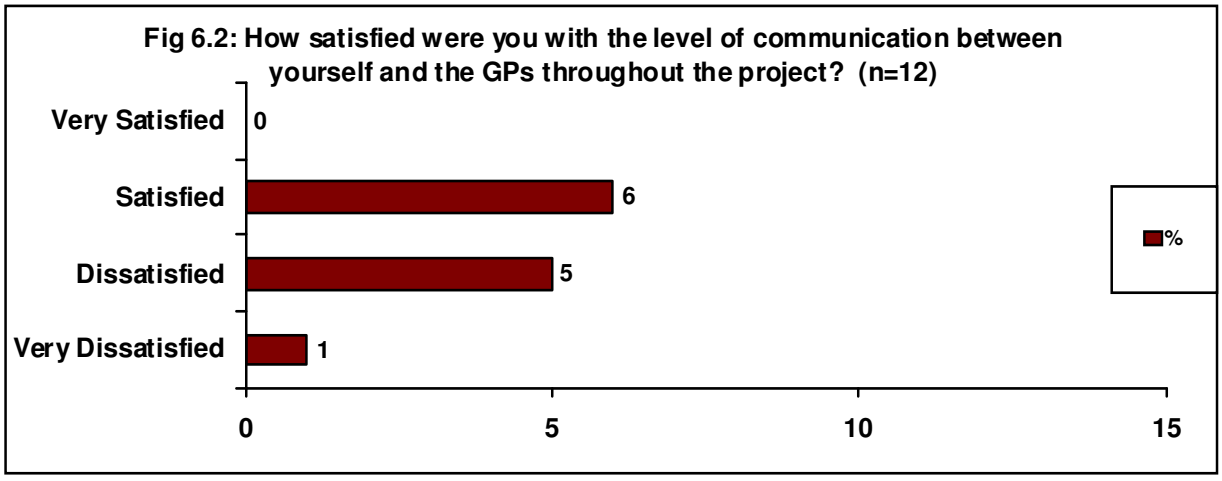
	n
These Patients Were Not Improving On Conventional Medications	4
To Try To Help Patient When Other Treatments Had Failed	1
GPs Discussed The Option Of Cam With Patient Whether Acute Or Chronic	1
There Are Know Effectiveness Gaps In The Conventional Medical Treatments	1
The Number Of Chronically Ill Patients Is A Huge Burden On The GP	1
Patients /GPs Fed Up Not Making Any Break Through In Their Health	1
In Most Instances Homeopathy Had Not Fully Addressed Nor Relieved Symptoms	1

8.3.3 PATIENTS BEING GIVEN SUFFICIENT INFORMATION BY GPS

Less than half of the practitioners (n=5) felt that patients being referred to them had been given sufficient information by their GP, with most practitioners (8 or 66%) saying that patients had concerns or anxieties about their treatments, most of which related to a lack of understanding of what the treatment involved. Other patient anxieties cited by practitioners included: fear of needles; having to undress; ineffectiveness of the treatment; and, lack of time given to them by their GP.

8.4 PRACTITIONER VIEWS ON COMMUNICATION WITH GPS

On commenting on the level of communication with GPs throughout the project, six practitioners said they were satisfied, five were dissatisfied and one was very dissatisfied. Among those practitioners who were dissatisfied, four said there was little or not communication with GPs, with one saying that the number of referrals to homeopathy was initially low. One other practitioner reported having had to go to a GP practice to provide information on the various therapies. Finally, one of the practitioners felt that there was insufficient patient information on the referral forms.



8.5 PRACTITIONER SATISFACTION WITH THE REFERRAL PROCESS

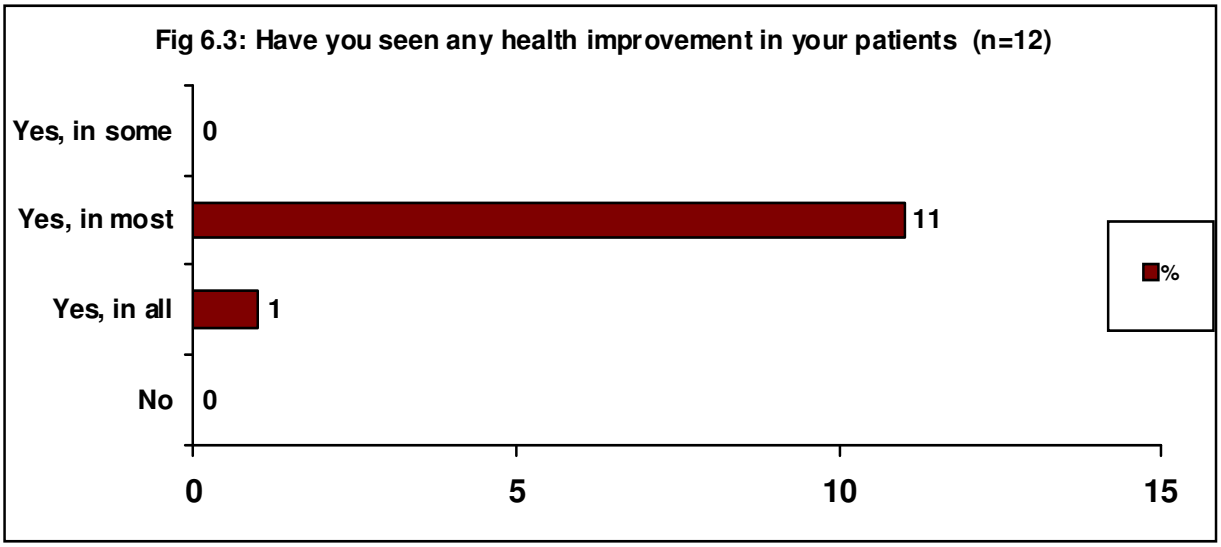
With regard to the referral process which operated during the project, most of the practitioners (n=11) were either 'very satisfied' (n=4) or 'satisfied' (n=7), with just one practitioner 'dissatisfied'.

Seven on the practitioners made suggestions on how the referral process could be improved, with three calling for more information / education for GPs, and regular meetings between GPs and practitioners (n=2). Other suggestions included: providing more detailed information to patients at the point of referral; and, more appropriate (GP) matching of patient conditions with CAM.

8.6 PRACTITIONER PERCEPTION OF PROJECT IMPACT ON PATIENTS

Over the life of the project, practitioners said that they seen an average of 44 patients, with all of the practitioners reporting a health improvement in most (11), or all (1), of their patients.

Fig 6.3: Have you seen any health improvement in your patients (n=12)



Practitioners said that on average, 77% of their patients had seen a health improvement. When asked to comment on health outcomes by health condition, five practitioners felt that the outcomes had been similar for patients with acute and chronic conditions, with four saying outcomes were better for patients with acute conditions and two saying that outcomes were better for patients with chronic conditions. As was the case with GPs, all of the practitioners rated patient compliance as either 'excellent' or 'good' regardless of whether the patient had presented for an acute or chronic health condition.

8.7 PRACTITIONER PERCEIVED BENEFITS TO PATIENTS

Nearly all of the practitioners (n=11) said that more than 50% of their patients had benefited from the therapies with the other practitioner saying that between 25% and 50% of patients had benefited from the therapies. Most of the practitioners (n=7) identified pain relief as a benefit to patients, with five practitioners saying that patients had benefited from improved quality of life.

Table 8.2 Practitioner Perceived Benefits to Patients (n=12)

	N
Pain Relief	7
Better Quality Of Life/Overall Well Being	5
Improved Mobility / Relief of Joint Problems	4
Stress Relief	3
Emotional/Mental Issued Improved	3
Improvement In Digestion System	1
Ability To Return To Work	1
Reduction Of Prescribed Drugs	1
Help With Conditions Poorly Served Conventionally	1
Improvement In Health	1
Health Issues Explained	1
Physical Symptoms Alleviated	1
Time With Practitioners	1

Improvement in patient's physical and mental health was reported by 11 out of 12 practitioners, with 10 practitioners reporting that more than 50% of their patients had seen improvements in their physical health, with the same proportion of patients seeing benefits in their mental health.

8.8 MEDICATION

The majority of practitioners (n=7) reported that patients with chronic and acute medical conditions had been using less medication since their treatments. Indeed overall, 11 out of the 12 practitioners reported a general decrease in medication amongst their patients.

Three of the practitioners said that more than 50% of their patients were using less medication since availing of the treatments, with half of practitioners saying that between 25% and 30% of their patients had reduced their medication.

All of the practitioners reported that they had patients who themselves had indicated to them that they need less medication, with four practitioners saying that this had been the case among more than 50% of their patients, with half of practitioners saying that this had been the case in between 25% and 50% of patients. Two practitioners said that between 10% and 25% of their patients had told them that they had reduced their medication.

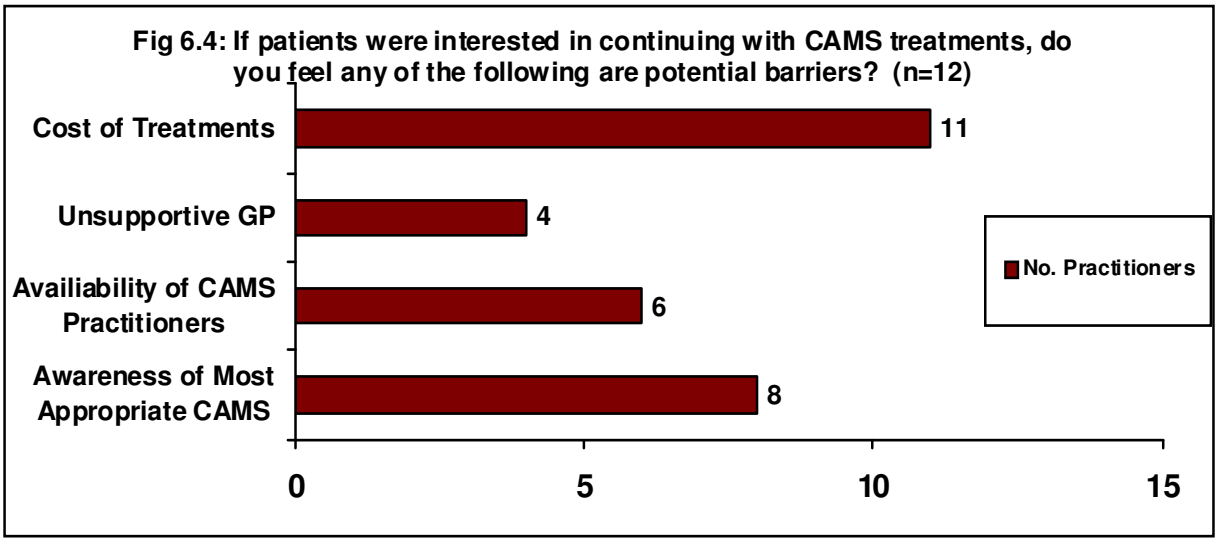
8.9 PATIENT REACTION

All but one of the practitioners (n=11) said that the reaction of patients to CAM had been 'extremely positive', with the other practitioner saying that the reaction had been 'positive'. In support of this view, practitioners said that patients were generally appreciative and thankful for receiving the therapies, and seen CAM as a

welcome alternative to what they had been offered previously. Some of the practitioners felt also that patients had become more aware of their own health and wellbeing as a direct result of receiving the various therapies.

8.10 PATIENTS USING CAM BEYOND THE PILOT PROJECT

All of the practitioners said that they had patients who had enquired about using CAM beyond the life of the project, with cost (n=11) and awareness of the most appropriate CAM (n=8) being the most significant barriers. When asked to identity which of the barriers was likely to be the most problematic, nine out of the 12 practitioners cited cost, with 11 practitioners directly identifying affordability as a problem for patients.

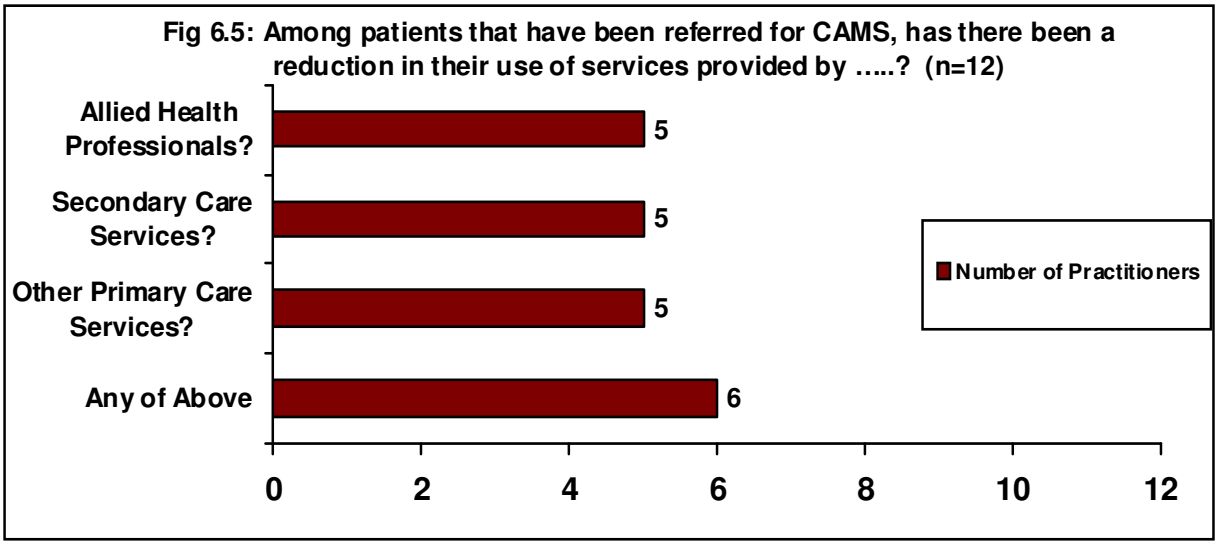


8.11 PRACTITIONER VIEWS ON IMPACT OF PROJECT ON GPS

Eleven out of the 12 practitioners felt that GPs having the option to refer patients to CAM as part of this pilot project had in some way reduced their workload, with 7 perceiving a financial saving to the GP practices. When asked to clarify their response to the question of financial savings, six of the practitioners made the point that if patient symptoms have been resolved, then there is no longer a need for consultations with GPs. One other practitioner stated that they 'would be very surprised if there were no savings'.

8.12 PRACTITIONER VIEWS ON USE OF SERVICES BY PATIENTS

Five of the practitioners reported that following treatment, their patients were less likely to use services provided by Allied Health Professionals (e.g. physiotherapy, occupational health, dieticians etc), with the same number of practitioners (n=5) reporting that their patients were less likely to use secondary care services. Five practitioners also reported a decline in other primary care services (e.g. practice nurse, pharmacists etc) following CAM treatments.



8.13 INTEGRATION OF CAM WITHIN PRIMARY CARE

All of the practitioners supported the view that CAM should be better integrated within Primary Care, with six practitioners specifically highlighting the benefits of CAM in improving patient health.

Table 8.3 Practitioner Views on Why CAM Should be Better Integrated into Primary Care

	n
Effective Tool In Treatment Of Patients/Everyone Benefits / Helping People	6
CAM Is An Excellent Additional Resource For The NHS	1
Provide Appropriate Treatments For Conditions Poorly Served By Conventional Medicine	1
A Number Of Patients Cams Are Their Choice	1
We Need To Be Seen As Being Part Of The Service	1
Cut Down On Anti-Depressants / Painkillers Therefore Less Cost For NHS	1
Would Like To Treat These Patients At The Early Stages Of Their Illness	1

8.14 PRACTITIONER PERCEPTION OF CHANGE IN GP ATTITUDES

Ten out of the 12 practitioners felt that the attitude of GPs towards CAM had become more positive over the course of this project, with the other 2 practitioners recording 'don't know' in response to this question.

8.15 PROJECT STRENGTHS

When asked to identify the key strengths of the project, seven practitioners pointed to the organisation and management of the project as a key project strength, with five practitioners citing the quality of the practitioners appointed to the project.

Table 8.4 Practitioner Views of Key Strengths of Project

	n
Organisation/Management	7
Well Qualified/Best Practitioners	5
Doctor More Positive/Aware Of CAM	4
Patient Focus	2
Commitment By DHSSPSNI	2
Patients Get Benefit From It	2
Effective Treatment	2
Access To Other Staff	1
Communication	1
Work As Part As A Primary Care Team	1
Rapport With Practice Nurses And Nurse Prescribes & H Visitors	1
Cost Effective	1
Patients Want CAM	1
Variety Of Practitioners	1

8.16 PROJECT WEAKNESSES

According to practitioners the main project weaknesses were concerns that some GPs lacked knowledge / education on CAM (n=5), and a lack of discussion / communication between practitioners and GPS (n=5).

Table 8.5 Practitioner Views of Key Weaknesses of Project

	n
Some GPs Lack Of Knowledge/Education	5
More Discussion With GP's / Lack Of Communication	5
No Follow Up With GPs	3
No Referrals From Some GPs	2
1 Yr Too Short A Time	2
Limitation Of Various Therapies	2
No Provision For Maintenance Treatment	1
Lack Of Adequate Working Facilities	1
Insufficient Time Given To Get Well UK	1
Inadequate Time To Design Project	1
Being Run From London Nobody On The Spot	1
We Had To Organise Talks - Get Well UK Should Have Done This	1
Should Have Been A Few More Places	1
Due To Lack Of Knowledge Referrals Were Slow	1

8.17 MOVING FORWARD

All but one of the practitioners (n=11) said that if funding were available beyond the pilot project, they would continue to provide services to the participating practices. All of the practitioners felt that there were ways in which GPs could be better supported to further explore the potential of CAM, with nine practitioners calling for more discussion and meetings with GPs.

Finally, practitioners make a number of additional comments on the project including: 'patients have benefited from the project'; 'some patients were anxious of telling us how much their health had improved because of a fear of having their Disability Living Allowance cut'; 'it would be helpful if GPs knew what we treated'; and, 'would really like to continue with this project'.

9. DISCUSSION

A key objective of this pilot project was to examine the potential for the integration of Complementary and Alternative Medicine (CAM) within primary care in Northern Ireland and to provide an evidence base to show the contribution that CAM can make to improving health gain for patients presenting with both chronic and acute medical conditions. Allied to this aim was a commitment within the project to redress inequalities in access to CAM by providing therapies through the health service, and to assess the impact of these therapies on different socio-demographic groups.

9.1 GET WELL UK DATA

Based on Get Well UK data which was supplied by patients, GPs and CAM practitioners over the course of the project, the evidence suggests that the CAM interventions have produced significant health gains for the vast majority of patients. From the perspective of patients, 81% said that their general health had improved, with 82% less worried about their symptoms.

Using MYMOP, which is a validated instrument for measuring health outcomes within general practice, shows statistically significant improvements on each of the health outcome indicators measured i.e. the severity of patient symptoms; the level of an activity associated with their symptoms; and, overall patient wellbeing.

Also of note is that health improvements identified have been consistent across the different CAM therapies, as well as being consistent for musculoskeletal and mental health conditions. Indeed, analysis of the MYMOP indicators pre and post treatment, shows that 80% of patients recorded an improvement in the severity of their symptoms, with 73% recording an improvement in their level of activity associated with their symptom and 67% recording an improvement their wellbeing. Specifically in relation to patient's main symptom, the proportion of patients saying that it was 'as bad as it could be', fell from 31% prior to treatment to 5% following treatment.

In addition to an improvement in the severity of patient symptoms, the MYMOP data also found a reduction of 14 percentage points in the proportion of patients using medication following treatment (down from 75% to 61%). This is likely to have led to a saving in the prescribing budget of both the participating practices.

The MYMOP data also shows quite clearly that the evidence of health gain documented by patients is consistent with the views expressed by the CAM practitioners, with practitioners saying that in the majority of patient cases there had been an improvement in: the patient's quality of life; relief of presenting symptoms; relief of chronic conditions; increased mobility; increased emotional stability; and, a reduction in patient worry.

Get Well UK's organisation of the project also provided the participating GPs with an opportunity to comment on health gain, if any, among their patients. On a very positive note, and echoing the views of patients and practitioners, GPs documented a health improvement in 65% of patient cases. The evaluation also found a significant correlation between GPs' and patients' views on health improvement, with GPs confirming a health improvement in 73% of cases where the patient

themselves had recorded a health improvement. In cases where GPs had recorded a health improvement, this judgment was supported by 83% of patients. With the level of health improvement recorded among patients using the CAM services offered through the pilot project, it is of little surprise to find that GPs had seen less of patients in 65% of cases. Indeed, in half of all patient cases the GP said that the CAM intervention had reduced their workload.

GPs have seen a positive outcome for their patients, which has led to a high degree of support for CAM. For example, in 99% of patient cases the GP said they would be willing to refer the same patient, or another patient, to the Get Well UK service in the future. Similarly, in 98% of patient cases, the GP said they would be willing to recommend the service to another GP.

Taken collectively, the project monitoring data supplied by Get Well UK shows significant health gain for most patients (e.g. 80% of patients reported an improvement in the severity of their main symptom with GPs recording a health improvement in 65% of patient cases) who availed of CAM as part of the pilot project. This assessment is based on a rigorous analysis of these data, and corroborated by the patients, the CAM practitioners and the participating GPs.

9.2 INDEPENDENT SURVEYS

9.2.1 PATIENT SURVEY

The independent surveys offered an opportunity to assess project impact at a point in time beyond the post-treatment stage. The surveys also provided an opportunity to corroborate and validate the data on patient outcomes provided by Get Well UK, and to examine other project impacts such as the financial impact of the project in terms of financial and other cost savings to health and social services in Northern Ireland.

From the patient's perspective the health outcomes, documented following an analysis of the Get Well UK data, were confirmed through the patient survey. On a very positive note approximately eight out of ten patients reported an improvement in their physical (81%) and mental (79%) wellbeing as a result of the CAM therapies. Indeed for the majority (58%) of patients the treatments had led to a general improvement in their overall quality of life, with almost three out of four (74%) saying that they worry less about their health compared with the period before they received the treatments. Similarly, more than eight out of ten patients (84%) directly linked the CAM treatments provided by Get Well UK to an improvement in their overall health and wellbeing.

Other positive indicators of health gain reported by significant numbers of patients include: an improvement in symptoms (69%), suffering less pain (62%) and having more control over pain (60%). There is strong evidence to suggest that many of the positive changes reported by patients have been sustained, with 23% of patients saying that prior to being treated their general well being was 'as bad as it could be'. At the point of being surveyed, which for most patients would have been six months after their treatment had ended, the proportion of patients saying that their general wellbeing was 'as bad as it could be' fell from 23% to 6%. Again this level of improvement is consistent with what was reported by patients through the project monitoring process operated by Get Well UK.

Not only did the patient survey provide indictors of patient perceived health improvement, but also produced evidence of a change in health behaviours, with 44% of those who were taking conventional medications prior to the treatments saying that they had reduced their use of such medication. Furthermore, given that relief of pain was identified by patients as a key expectation at the initial stages of the project, it is encouraging to find that more than half (55%) of those who were using pain killers prior to treatment, had indicated that they now use less of this type of medication.

For those patients in employment, it is also encouraging to find that for two out of three (64%), the CAM treatments have meant that they now take less time off work because of improvements in their health status. Also among patients not currently in employment, 16% indicated that the improvement in their health condition has encouraged them to think about going back into employment.

The survey also provided some positive indications that patients using CAM were using other health services less often as a result. This is evidenced by 24% of patients who had previously used other health services (i.e. other primary care services, secondary care and Accident and Emergency services) saying that they use these services less often following their treatment. Specifically in relation to GP services, 36% of patients, at the point of survey, said they now see their GP less often.

The patient survey also found that 94% of patients would recommend CAM to other people experiencing the same health condition as themselves. Having experienced the benefits of CAM, almost nine out of ten (89%) patients expressed an interest in continuing with their treatments, however less than on third of patients (30%) said that they could afford to continue with the treatments.

9.2.2 PRACTITIONER SURVEY

At the initial stages of the project some of the practitioners had concerns about the level of take-up of the service, particularly because it was 'free' to patients, with some practitioners also concerned that the project may be an opportunity for some of GPs to 'dump their awkward or chronic patients into the service'. A further concern expressed by practitioners was the level of knowledge and understanding that GPs had of the various treatments and their ability to appropriately match patient heath conditions with the various treatments. However, the consensus among practitioners was that as the project progressed GPs became more effective in matching illnesses with treatments, although it was felt that GPs could be better supported with the referral process through the use of seminars and other educational interventions.

Not being provided with enough information on the patient being referred was identified as a problem by more than half of the practitioners in the survey, which led to practitioners having to invest more time in patient assessment when they first presented for treatment. In contrast, patients providing information to practitioners was not found to be a problem, with all of the practitioners saying that their patients were happy to share their medical history with them. Allied to this point was the finding that less than half of practitioners surveyed felt that GPs had provided patients with a sufficient level of information on what the treatments would involve.

According to practitioners, there was tendency for GPs to refer patients with chronic health conditions, with the concern that the CAM interventions may not prove as effective in this patient group compared with patients with acute medical conditions. However, the evidence from the practitioners themselves, patients and GPs has shown that this concern has proved unfounded, given the health gains reported, regardless of whether the patient had presented with a chronic health condition or an acute health condition. On the referral process itself, all but one practitioner was satisfied with the system operated by Get Well UK.

Setting aside issues around the operation of the project, practitioners presented an extremely positive assessment of the health gains achieved by patients, with all reporting a health improvement in their patients. Practitioners reported that on average, they had seen a health improvement in 77% of their patients. According to practitioners, the key benefits to patients have been pain relief, improved quality of life, improved mobility, stress relief and improved emotional wellbeing. These findings are consistent with the outcomes from other aspects of the evaluation. On the issue of medication, almost all (11 out of 12) practitioners reported a decrease in the use of medication among the patients they treated.

As identified by patients themselves, CAM practitioners also cited affordability as the main barrier for patients wishing to continue with treatments beyond the pilot project. This is set against a belief among most of the practitioners that the project has produced a financial saving to the two participating projects, with practitioners also reporting a decline in the use of other health services among patients who they had treated (e.g. Allied Health Professionals, secondary care services, other primary health care services etc).

All of the practitioners supported the integration of CAM into primary care, with improved health gains for patients seen as the key benefit of such a development. All of the practitioners reported that the attitude of the GPs towards CAM had become more positive as the project progressed, which would be an essential prerequisite for change in health policy in this area.

Finally, practitioners identified the key strengths of the project as being its organisation and management, the quality of practitioners servicing the project and that GPs had become more positive in their perception and attitudes towards CAM. Conversely, a number of weaknesses were also cited, not least a need to address the knowledge and understanding of CAM among GPs, more discussion and communication between CAM practitioners and GPs and limited or no referrals from some GPs whose practice had agreed to participate in the project.

9.2.3 GP SURVEY

The GP survey revealed that improving patient health was the main motivation for GPs to get involved in the pilot project, with some seeing the project as an opportunity to provide evidence of the impact of the different treatments.

Concern expressed by practitioners about the knowledge and awareness of CAM among GPs prior to their involvement in the project is borne out in the survey of GPs, with most rating their understanding of the various treatments as either ‘fair’ or ‘poor’. However, from a very low knowledge base it is encouraging to find that three quarters of GPs surveyed said that their knowledge of CAM had improved through their exposure to CAM via the project.

In terms of improving knowledge of CAM, most of the GPs supported the use of meetings with CAM practitioners and for information leaflets to be made available. It was felt that more information would help them to better match patient health conditions with appropriate treatments, which at the initial stages of the project proved to be a problem for almost half of the GPs surveyed. All of the GPs said that their patients had been receptive to their suggestion that they be referred for CAM, with all satisfied with the referral process itself.

In terms of the impact of CAM on patient health, the results from the GP survey are extremely positive, with all but one GP saying that they had seen a health improvement in their patients. Patient compliance with treatments was also high according to GPs.

In following a consistent pattern, half of the GPs surveyed said that they now see patients who they referred for CAM less often, with none saying that they see them more frequently. Commenting on the perceived benefits to patients, GPs cited improved mood and wellbeing, satisfaction with treatment, feelings of empowerment to deal with symptoms and making the services available to patients who in normal circumstances would not have been able to afford the treatments. Reduced reliance on medication was also another positive outcome for patients, with half of the GPs saying that they now prescribe less medication for chronic or acute patients. Indeed half the GPs reported instances where the patient themselves had told them that they require less medication following the treatments.

Overall, GPs described patient reaction to the CAM services as positive, with most having had patients enquiring about continuing with the treatments, with all supportive of their patients in this regard.

GPs also documented a number of impacts on their own personal workload as well as the wider impact of the project on their practice and other health services. Half of GPs, for example, reported that the option to refer their patients to CAM had reduced their workload, with two pointing to a financial saving for their practice. All but one of the GPs see the project as a positive development for their practice, with all agreeing that it provided them with more referral options. In relation to the use of other health services by patients who availed of the treatments, most reported that their patients were using Allied Health Professionals less often, with half saying that their patients were using secondary care services less often.

In line with the Get Well UK data, 10 out of the 12 GPs surveyed reported having a more positive view of the potential for CAM within primary care, with all wishing to continue with the option of referring their patients to CAM. Ten out of the 12 GPs also said that, following their experience of the project, they would be likely to recommend CAM to their colleagues.

Among the main project strengths cited by GPs were plentiful appointments to reduce waiting lists, good project organisation and communication and having the practitioners onsite which facilitated direct contact. Finally, in terms of project weaknesses, GPs felt that there was a lack of opportunity to assess outcomes, a lack of feedback, their own lack of knowledge and that the project is ending.

9.3 FOCUS GROUPS

9.3.1 PATIENT FOCUS GROUPS

The focus groups with patients presented an opportunity to explore in greater detail the issues being highlighted by patients in the project monitoring data collected by Get Well UK.

On the issue of awareness of CAM, patients in the Derry group were found to have a limited awareness of the various therapies whereas patients in Belfast reported a relatively better understanding, with more patients in this group having had a greater level of exposure to the various treatments. The difference in socio-economic profile between the two areas may explain why this was the case, with patients in Derry less likely to be able to afford treatments in a private capacity due to being older, having had their symptoms for longer and be in receipt of social benefits.

Regardless of social circumstance between the two pilot areas, there was little difference in patient expectation or motivation for taking the CAM treatments, with pain relief, reduced reliance on medication and a willingness to explore alternatives, the main motivations for accepting the invitation to avail of the therapies.

When patients were asked specifically about the level of commitment and support of their GPs for CAM, the response was mixed, with patients in the Derry practice more likely to report a positive reaction from their GPs compared with their Belfast counterparts who in most cases described their GPs attitude to the project as indifferent. This resulted in many of the patients, particularly in Belfast, being provided with limited information on the CAM treatments as well as the potential side-effects with the various treatments. Indeed across both practices, patients called for more detailed information to be made available prior to their first consultation.

The vast majority of patients in the groups were satisfied with the referral process and the waiting times to get treatment, with all appreciative of the flexibility of times and dates for making appointments with practitioners. It was suggested in two of the groups that the project may benefit from some form of 'triage' system involving the patient, the GP and the CAM practitioner to ensure that patient medical conditions are matched with appropriate treatments.

All of the patients reported a high degree of satisfaction with their interaction with the various practitioners, with many in the groups highlighting the importance of the practitioner listening to what they had to say about their medical conditions within a holistic framework. None of the patients had any difficulties about sharing their medical history with practitioners, with most reporting that their practitioner had provided them with helpful advice on how best to manage their condition following their treatments.

In relation to health gain, almost all of the patients who attended the groups said that they had experienced an improvement in either their physical or mental wellbeing following the therapies. Again this is consistent with the outcomes from the other elements of the evaluation. Specifically, patients cited a range of health benefits including: pain relief; being better able to manage and control pain; relief

of symptoms; increased mobility; improved mood; less worry; less anxiety; improved mental wellbeing; and, general improved quality of life. For many of the patients their change in health status had been dramatic, even among patients with chronic health conditions which had persisted for many years. With many conventional treatments the side-effects can be debilitating, however the experience from this project has been that the side-effects have been positive, beneficial and welcomed by patients, with many of the patients pointing to an improvement in their general mood and overall wellbeing. With improved wellbeing among patients, many patients said that they were taking less medication, particularly pain killers. Indeed some of the patients said they were reluctant to say that they had experienced a health improvement for fear of losing benefits, particularly Disability Living Allowance (DLA).

Collection of patient data is a key aspect of Get Well UK's approach to monitoring the impact of therapies on patient health. It is of some concern that some of the patients, particularly in Belfast, experienced some difficulty in completing their patient assessment forms, with some patients requiring the support of a practice nurse or practitioner. Although patient assessment forms are an essential aspect of the monitoring process, it was felt that the forms could be simplified, which in turn would make it easier for patients to complete.

When patients were asked to reflect on their experience of the project, their assessment was overwhelmingly positive in terms of the health benefits achieved. Patients however did express concerns that access to such treatments should not be based solely on the attitude of GPs towards CAM, with the consensus view that CAM should be integrated into the health service and be made available to all patients within a primary care setting. Many patients also felt that the process of integrating CAM into primary care should be supported by campaigns to promote awareness of the benefits of the therapies to the wider public in Northern Ireland, and for therapies to be free of charge given that the cost of the therapies were beyond the financial reach of most patients who participated in the pilot project.

Finally, in terms of project improvements patients called for better promotion of CAM services and for more treatments to be made available, particularly for patients with chronic medical conditions whom some patients felt may require ongoing maintenance sessions to maintain their improved level of wellbeing over time. It was also suggested that the potential for CAM therapies be promoted among GPs, which it was felt would go some way to addressing a negative perception held by some GPs, with GP education seen as essential if CAM is to be integrated within a primary health care setting.

9.3.2 GP AND CAM PRACTITIONER FOCUS GROUPS

The focus group discussions with GPs and CAM practitioners found that despite a lack of awareness of CAM among GPs, there was a willingness among most of the GPs to use the project as an opportunity to explore their potential within an evaluation context, particularly as the project was designed to produce a range of health outcome indicators on the impact of CAM on patient wellbeing. GPs have also seen the project as a learning tool to improve their understanding of the various therapies. Among the practitioners in the groups, a key expectation was that at the end of the project GPs would see the value of the different therapies as an alternative but effective option for treating their patients. For many of the

practitioners, the project was also seen as an opportunity to explore the potential for CAM to be integrated within primary health care in Northern Ireland.

As was referenced in other elements of the evaluation, successful patient outcomes are dependent on the matching of medical conditions with appropriate alternative therapies. The experience of the GPs and practitioners in this project, suggests that this is a real difficulty, which requires an adequate investment in GP education coupled with improved communication between GPs and CAM practitioners. Based on the discussions in the groups, both GPs and practitioners not only acknowledge these difficulties, but are also supportive of looking at ways of addressing these problems such as greater use of seminars for GPs, talks by CAM practitioners, provision of written information on CAM, GPs observing treatment sessions and increased communication between GPs and practitioners.

There was also discussion in the groups about the type of patient being referred to the project, with both GPs and practitioners agreeing that it had been mostly patients with chronic medical conditions. Although the health outcomes for both chronic and acute patients were consistent, some of the practitioners in the groups felt that patients with acute conditions may have achieved better outcomes had there been more of a bias towards this type of patient. The GPs accepted this analysis, with some conceding that their limited knowledge of CAM may account for this disparity in patient profile.

Both GPs and practitioners felt that patient reaction to the project had been extremely positive, with the overwhelming majority of patients being receptive to the suggestion that they try CAM. Some GPs and practitioners had initial concerns about both a poor take-up of the service and patient compliance with the treatment programmes. According to GPs and practitioners both these concerns proved unfounded as the project was rolled out.

All of the GPs and practitioners in the groups said that patients had benefited greatly from the treatments, with practitioners saying that they had anticipated such outcomes, whereas GPs tended to be somewhat surprised at the positive outcomes for their patients. GPs in the groups cited examples of patients who had achieved pain relief, improvements in symptoms, less anxiety, less worry and reduced fatigue. Mention was also made of patients using less medication including a reduction in the use of pain killers. Indeed one of the GPs felt that the therapies had particularly benefited patients who were 'borderline' depression cases, and gave patients, and GPs, a real option rather than prescribing anti-depressants. Specifically in respect of musculoskeletal conditions, one of the GPs said that their level of referral to physiotherapists had 'gone way down' as a direct result of being able to refer patients for CAM.

The way in which the project was structured led to some concern among GPs and practitioners that patient exposure to CAM had raised expectations that CAM therapies should be available to them after the project had ended. The concern was that patients who had gained significant pain relief (e.g. musculoskeletal conditions) may be unable to continue with treatments in a private capacity due to affordability issues. It was suggested that some mechanism be found to ensure that these patients have access to booster or maintenance sessions to allow them to sustain their level of wellbeing achieved via CAM.

GPs identified health gain among patients as a key project strength, with the quality of the CAM practitioners specifically mentioned by GPs. Providing the treatments at no cost to patients was also cited a key strength of the project given that most of the patients in the pilot would not have been able to afford them otherwise. The project also provided GPs with more referral options for their patients, with patients themselves becoming advocates for the therapies within their local communities.

Areas where the project could have been improved included more education on CAM for GPs, strategies to address scepticism among some GPs, simplification and review of the MYMOP forms and improved communication between GPs and CAM practitioners. Finally, it was also suggested that a formal case-control study be commissioned to provide a more scientific basis to examine the relationship between CAM and health outcomes for patients.

9.4 MEETING THE PROJECT OBJECTIVES

In conclusion the evaluation has shown that the project objectives have been achieved. Not only have the health outcomes been measured, but health gain has been the experience for the vast majority of patients who received CAM as part of the project.

The project has also provided an opportunity for patients to access CAM through their local primary care service, with many patients provided with access to therapies which normally would be beyond their reach. On a very positive note, the evaluation has found that the health outcomes have been consistent across the various socio-demographic and equality groupings, which is in keeping with the core health service philosophy of seeking to ensure access for all, regardless of socio-economic circumstance.

The outcomes from this project have provided DHSSPSNI and the project partners with a rich source of learning as to how CAM can be integrated and delivered within a primary care setting in Northern Ireland. The project has served to provide a range of valuable learning points, and provided direction on best practice should a decision be taken for CAM be rolled out on a more extensive basis.

The feedback from patients was overwhelmingly positive, with patients welcoming quick access to expert care provided by a team of high quality and dedicated CAM practitioners. The interaction between the patients and CAM practitioners also led to patients being provided with opportunities to learn and acquire self management strategies to manage, and further improve their health status.

The evaluation has also provided some evidence of a reduction in GP workload, with many of the participating GPs indicating that they were seeing their patients less often. Furthermore, the evaluation has also produced evidence that patients, following their treatments, were using less medication, as well as using other health services less often. This points to the potential of CAM for reducing costs within health and social services in Northern Ireland. Finally, the overall project was delivered to more than 700 patients within the allocated project budget. This was a key objective at the outset.

APPENDICES

APPENDIX 1: PATIENT QUESTIONNAIRE

Complementary and Alternative Medicines Pilot Project

PATIENT SURVEY

&

Social & Market Research (SMR)

February 2008

Please be assured that this questionnaire is confidential and anonymous. Please complete the questionnaire by circling your answers or writing in your answer where required.

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY 28 FEBRUARY 2008 OR AT YOUR EARLIEST CONVENIENCE.

THANK YOU.

SECTION A: FINDING OUT ABOUT THE TREATMENTS

A1. We are interested in how you came to find out that Complementary and Alternative Medicines (CAMS) were being provided through your GP practice. Did you find out about CAMS through your GP, practice nurse or in some other way?
(PLEASE CIRCLE YOUR ANSWER)

My GP	1
The Practice Nurse	2
Other (please specify)	3

A2. Before you had any of the treatments, how much did you know about Complementary and Alternative Medicines? **(PLEASE CIRCLE YOUR ANSWER)**

A lot	1
A little	2
Nothing at all	3

A3. Looking back, were any of the following reasons why you took the treatments? **(CIRCLE ALL THAT APPLY)**

My GP thought it would be a good idea	1
The treatments were free – I'd nothing to lose	1
I had tried everything else and this was a last resort	1
I genuinely thought the treatments would help me get better	1

A4. Were there any other reasons why you took the treatments?
(PLEASE WRITE IN YOUR ANSWER)

A5. Did the fact that your GP Practice was supporting the use of Complementary Medicines influence you decision to take the treatments?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2

A6. Why do you say this? **(PLEASE WRITE IN YOUR ANSWER)**

SECTION B: BEING REFERRED FOR TREATMENTS

B1. Were you referred for the treatments by your GP or practice nurse?
(PLEASE CIRCLE YOUR ANSWER)

GP	1
Practice Nurse	2

B2. Can you please describe the illness or health condition that you were referred for treatment?
(CIRCLE ALL THAT APPLY)

Back, neck or shoulder pain	1
Joint problems, including arthritis	1
Stress or tension	1
Depression	1
Other (please specify)	1

B3. Please list the one or two symptoms (physical or mental) which bother you most.
(PLEASE WRITE IN YOUR ANSWERS)

Symptom 1

Symptom 2

B4. Thinking about the time you were referred for treatment, would you agree or disagree with each of the following?**(PLEASE CIRCLE FOR EACH)**

	Agree	Neither	Disagree	Don't Know
The reasons for the referral were well explained to me	1	2	3	4
My GP had a good understanding of the treatments	1	2	3	4
My GP fully supported me getting the treatments	1	2	3	4

B5. Do you feel that you should have been given more information about the treatments you were being referred for? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

B6. Do you remember receiving by post an information leaflet on the project. You should have received this leaflet after you booked your first appointment with a CAMS practitioner. **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to B7
No	2	-> go to B8

B7. Did you find the patient information leaflet helpful?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2

B8. Did your GP tell you that the treatments were designed to complement your existing treatments and were not meant to be alternatives to your existing treatments?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2
Don't Know	3

B9. Did you feel that your GP knew enough about the different treatments to be able to match the treatments appropriately to your illness or condition?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2
Don't Know	3

B10. Please explain your answer? **(PLEASE WRITE IN YOUR ANSWER)**

B11. Do you feel the treatments you received were appropriate for your medical condition?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2
Don't Know	3

B12. Did you have any concerns or anxieties about being referred for complementary therapies? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> B13
No	2	-> B14

B13. What was your main concern? **(PLEASE WRITE IN YOUR ANSWER)**

B14. Overall how satisfied or dissatisfied were you with the way you were referred for treatment? **(PLEASE CIRCLE YOUR ANSWER)**

Very Satisfied	1	-> go to C1
Satisfied	2	-> go to C1
Dissatisfied	3	-> go to B15
Very Dissatisfied	4	-> go to B15

B15. If you were dissatisfied, why was this? **(PLEASE WRITE IN YOUR ANSWER)**

SECTION C: RECEIVING THE TREATMENTS

C1. Which treatments did you receive? **(PLEASE CIRCLE FOR EACH)**

	Yes	No
Acupuncture	1	2
Aromatherapy	1	2
Homeopathy	1	2
Massage	1	2
Osteopathy	1	2
Chiropractor	1	2
Reflexology	1	2
Other (please specify)	1	2

C2. How many treatment sessions did you have in total? **(PLEASE WRITE IN THE NUMBER OF SESSIONS)**

C3. Do you feel you were offered enough treatment sessions?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2

C4. After you were referred for treatment, how long did you have to wait before you got the treatment (s)? **(PLEASE CIRCLE YOUR ANSWER)**

Got treatment immediately	1
Within 1 month	2
More than one month	3
Don't Know	4

C5. Thinking about the treatment(s) you received, please indicate if you agree or disagree with each of the following? **(PLEASE CIRCLE FOR EACH)**

	Agree	Neither	Disagree	Don't Know
The treatment Practitioner explained in detail what the treatment(s) involved	1	2	3	4
The treatment Practitioner took sufficient time to find out about my illness or condition	1	2	3	4
The treatment practitioners were courteous and professional	1	2	3	4
I was happy to share information on my medical history with the Practitioner	1	2	3	4
I had trust and confidence in the Practitioner	1	2	3	4
Each time I had a treatment I	1	2	2	4

was given sufficient time by the Practitioner	

C6. Did the Practitioner give you advice on how to manage your condition?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to C7
No	2	-> go to C9
Don't Know / Can't remember	3	-> go to C9

C7. Was this advice helpful?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2

C8. How easy or difficult was it for you to follow this advice?
(PLEASE CIRCLE YOUR ANSWER)

Very Easy	1
Easy	2
Difficult	3
Very Difficult	4

C9. Did you complete all of the sessions / treatments that you were referred to?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to C11
No	2	-> go to C10

C10. What was the main reason why you did not complete all of the sessions / treatments?
(PLEASE WRITE IN YOUR ANSWER)

C11. Overall how satisfied or dissatisfied were you with the treatments you received?
(PLEASE CIRCLE YOUR ANSWER)

Very Satisfied	1	-> go to C13
Satisfied	2	-> go to C13
Dissatisfied	3	-> go to C12
Very Dissatisfied	4	-> go to C12

C12. Why were you dissatisfied with the treatments?

C13. Were there any ways in which your experience of getting the treatments could have been improved? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to C14
No	2	-> go to D1

C14. How could your experience of the treatments have been improved?
(PLEASE WRITE IN YOUR ANSWER)

SECTION D: IMPACT OF THE TREATMENTS

In this section of the questionnaire we want to find out what effect, if any, the treatments have had on your health.

D1. Would you say that your general **Physical Health** has improved as a result of the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No, not at all	3

D2. And has your general **Mental Wellbeing** improved as a result of the treatments?
(PLEASE CIRCLE YOUR ANSWER)

Yes, a lot	1
Yes, a little	2
No, not at all	3

D3. Has your **General Quality Of Life** changed since you were given the treatments?
(PLEASE CIRCLE YOUR ANSWER)

Yes, it's got better	1
Yes, it's got worse	2
My general quality of life hasn't changed	3

D4. As a result of the treatments are you less worried about your health now ?
(PLEASE CIRCLE YOUR ANSWER)

A lot less worried	1
A little less worried	2
No	3

D5. And since the treatments would you say that you……?
(PLEASE CIRCLE FOR EACH)

	Yes	No	Don't Know
Feel more confident	1	2	3
Have seen an improvement in your symptoms	1	2	3
Have a more positive outlook on life	1	2	3
Are better able to get about	1	2	3
Are more likely to get out and about	1	2	3
Feel more in control of your life	1	2	3
Feel more that life is worth living	1	2	3
Have improved relationships with other family members	1	2	3
Are less likely to worry or feel anxious	1	2	3
Suffer less pain	1	2	3
Feel as if you have more control over pain	1	2	3
Have reduced mood swings	1	2	3

D6. Before you were given the treatment(s), were you taking any medication?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to D7
No	2	-> go to D8

D7. Since getting the treatment(s) has the amount of medication you take changed?
(PLEASE CIRCLE YOUR ANSWER)

Yes, I'm taking **more** medication	1
Yes, I'm taking **less** medication	2
No change in amount of medication	3

D8. Before you got the treatments were you using pain killers on a regular basis?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to D9
No	2	-> go to D10

D9. And since you got the treatments would you say that your use of pain killers has increased, decreased or remained the same? **(PLEASE CIRCLE YOUR ANSWER)**

Increased	1
Decreased	2
Stayed the Same	3

D10. Do you feel that the treatments you were given were appropriate for your condition? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

D11. How well did your condition respond to the treatments you were offered? **(PLEASE CIRCLE YOUR ANSWER)**

Very well	1
Well	2
Not very well	3
Not at all well	4

D12. How would you rate your general feeling of wellbeing **BEFORE** you took the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

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

D13. How would you rate your general feeling of wellbeing immediately **AFTER** you took the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

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

D14. And how would you rate your general feeling of wellbeing **NOW**? **(PLEASE CIRCLE YOUR ANSWER)**

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

D15. Do you have a paid job? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to D16
No	2	-> go to D18

D16. Has your illness or condition ever meant that you have had to take days off from your job? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to D17
No	2	-> go to E1

D17. And since having your treatments, have you had to take more or less time off due to illness? **(PLEASE CIRCLE YOUR ANSWER)**

More time off	1	
Less time off	2	-> go to
No change	3	E1

D18. Has having the treatments encouraged you to think about going back into employment? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

D19. And how likely is it that you will get back into employment within the next 12 months? **(PLEASE CIRCLE YOUR ANSWER)**

Very Likely	1
Likely	2
Unlikely	3
Very Unlikely	4
Don't Know	5

SECTION E: GENERAL POINTS

E1. Would you recommend Complementary and Alternative Medicines to other people with the same health problem as you? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

E2. Would you like to continue with the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

E3. Could you afford to continue with the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

E4. What has been your GP's reaction to the treatments or general project? **(PLEASE CIRCLE YOUR ANSWER)**

Positive	1	-> go to E5
Negative	2	-> go to E5
Don't Know	3	-> go to E6

E5. Why do you say that? **(PLEASE WRITE IN YOUR ANSWER)**

E6. Has your relationship with your GP changed as a result of you getting the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, our relationship has got better	1
No, our relationship has got worse	2
No change in our relationship	3
Don't Know	4

E7. Have you discussed the impact, if any, of the treatments with your GP? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to E9
No	2	-> go to E8

E8. Would you have liked to have discussed the impact of the treatment with your GP?

Yes	1
No	2

E9. After you got the treatments, would you say that your visits to see your GP have increased, decreased or stayed the same? **(PLEASE CIRCLE YOUR ANSWER)**

Increased	1
Decreased	2
Stayed the Same	3

E10. Would you say that since getting the treatments your use of other services such as the Practice Nurse and your local pharmacist has changed? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, I use these services **less often** now	1
Yes, I use these services **more often** now	2
No change in my use of these services	3
Don't Know	4
I never used these services in the first place	5

E11. And what about your use of hospital services (i.e. outpatients or to see a Consultant, get an X-RAY etc). Would you say you use **hospital services** less often since getting the treatments, more often or has there been no change? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, I use hospital services **less often** now	1
Yes, I use hospital services **more often** now	2
No change in my use of hospital services	3
Don't Know	4
I never used these services in the first place	5

E12. And what about your use of **Accident and Emergency services**. Would you say you use A&E services less often since getting the treatments, more often, or has there been no change? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, I use A& E services **less often** now	1
Yes, I use A& E services **more often** now	2
No change in my use of A& E services	3
Don't Know	4
I never used A& E services in the first place	5

E13. Are you interested in continuing with Complementary and Alternative Medicines?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2

E14. What has been the single most important benefit to you personally from receiving the treatments? **(PLEASE WRITE IN YOUR ANSWER)**

E15. Taking everything into consideration, please indicate if there has been any improvement to your health and wellbeing as a direct result of receiving the treatments provided by the Practitioners?

A lot of Improvement	1
A little improvement	2
No improvement	3

E16. Thinking back on the project and the treatments you received, is there any way in which your experience could have been improved?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to E17
No	2	-> go to E18

E17. What do you feel is the most important improvement which should be made?
(PLEASE WRITE IN YOUR ANSWER)

E18. Do you have any other comments on your experience with the project which you think might be helpful to the evaluation? **(PLEASE WRITE IN YOUR ANSWER)**

SECTION F: ABOUT YOU

F1. Are you….**(PLEASE CIRCLE YOUR ANSWER)**

Male	1
Female	2

F2. What age are you? **(PLEASE CIRCLE YOUR ANSWER)**

Under 30	1
30-49	2
50-69	3
70+	4

F3. What is your marital status? **(PLEASE CIRCLE YOUR ANSWER)**

Single	1
Married	2
Divorced / Separated	3
Widowed	4
Civil Partnership	5

F4. What was your employment status **BEFORE** you received the Complementary and Alternative Medicines? **(PLEASE CIRCLE YOUR ANSWER)**

Self-employed	1
Working Full-time	2
Working Part-time	3
Seeking work for the first time	4
Unemployed, i.e. not working but actively seeking work	5
Looking after home and family	6
Unable to work due to permanent illness or disability	7
Not actively seeking work but would like to work	8
Not working and not seeking work	9
On a government scheme	10
Retired	11
Student	12
Other (Please specify)	13

F4. What is your employment status **NOW**? **(PLEASE CIRCLE YOUR ANSWER)**

Self-employed	1
Working Full-time	2
Working Part-time	3
Seeking work for the first time	4
Unemployed, i.e. not working but actively seeking work	5
Looking after home and family	6
Unable to work due to permanent illness or disability	7
Not actively seeking work but would like to work	8
Not working and not seeking work	9
On a government scheme	10
Retired	11
Student	12
Other (Please specify)	13

F5. Where is your GP Practice located? **(PLEASE CIRCLE YOUR ANSWER)**

Derry	1
Belfast	2

F6. Do you have someone who is dependant on you, i.e. a child, someone with an incapacitating disability, an elderly person? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

F7. Do you receive state financial benefits? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to F8
No	2	-> go to F9

F8. Since getting the treatments, would you say that the monetary amount you are receiving in benefits has increased, decreased or stayed the same?
(PLEASE CIRCLE YOUR ANSWER)

Increased	1
Decreased	2
Stayed the same	3

F9. Is your household income mainly based on income from employment or income from benefits? **(PLEASE CIRCLE YOUR ANSWER)**

Mainly Employment	1
Mainly Benefits	2

F10. What is your highest level of educational attainment?
(PLEASE CIRCLE YOUR ANSWER)

No academic qualifications	1
GCSE's, O'Levels or equivalent	2
A-Levels, HNDs or vocational diplomas	3
University Degree	4
Post-graduate degree	5

F11. Do you live…..? **(PLEASE CIRCLE YOUR ANSWER)**

Own home (paid for or with a mortgage)	1
Housing Executive Accommodation	2
Private Rented	3
Other (please specify)	4

F12. Finally, for the purposes of equality monitoring please indicate your community background. **(PLEASE CIRCLE YOUR ANSWER)**

Roman Catholic	1
Protestant	2
Other	3
Other (please specify)	4
Don't wish to say	5

Thank you for taking the time to complete this questionnaire. Please return it in the FREEPOST envelope provided.
It does not need a stamp.

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APPENDIX 2: GP QUESTIONNAIRE

Complementary and Alternative Medicines Pilot Project

SURVEY OF GPs

Department of Health, Social Services and Public Safety

&

Social & Market Research (SMR)

February 2008

Please be assured that this questionnaire is confidential and anonymous.

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY 29 FEBRUARY 2008 OR AT YOUR EARLIEST CONVENIENCE.

THANK YOU.

SECTION A: GETTING INVOLVED IN THE PROJECT

A1. Before your practice got involved in the CAMS pilot project, how would you have rated your understanding of different Complementary and Alternative Medicines (CAMS)? **(PLEASE ANSWER FOR EACH)**

	Excellent	Good	Fair	Poor	Very Poor
Acupuncture	1	2	3	4	5
Aromatherapy	1	2	3	4	5
Homeopathy	1	2	3	4	5
Massage	1	2	3	4	5
Osteopathy	1	2	3	4	5
Chiropractic	1	2	3	4	5
Reflexology	1	2	3	4	5

A2. And has your experience with this project helped improved your understanding of CAMS? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
Not improved my understanding	3

A3. What was your main reason for getting involved in the project?
(PLEASE WRITE IN YOUR ANSWER)

A4. Did you have any initial concerns or anxieties about referring your patients for CAMS treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to A5
No	2	-> go to B1

A5. Briefly what were your main concerns? **(PLEASE WRITE IN YOUR ANSWER)**

SECTION B: REFERRING PATIENTS

B1. When referring patients for CAMS treatments, did you have any difficulty in matching patient illnesses / conditions to the appropriate therapies available?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to B2
No	2	-> go to B3

B2. Briefly say what your main difficulty was?

B3. How could you have been better supported to ensure that patients were being matched with the most appropriate CAMS? **(CIRCLE ALL THAT APPLY)**

Meet with CAMS Practitioners	1
Information Leaflets	1
Seminar on CAMS	1
Other (please specify)	

B4. Were you **MORE** likely to refer patients with chronic or acute medical conditions? **(PLEASE CIRCLE YOUR ANSWER)**

Chronic	1
Acute	2
Referred same number of each	3

B5. Why was this? **(PLEASE WRITE IN YOUR ANSWER)**

B6. Generally, how receptive were your patients when you suggested that they try alternative therapies? **(PLEASE CIRCLE YOUR ANSWER)**

Very Receptive	1
Somewhat receptive	2
Not very receptive	3
Not at all receptive	4

B7. Did any of your patients decline the invitation to avail of the CAMS treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to B8
No	2	-> go to B10

B8. Approximately what proportion of your patients declined the invitation to be referred for CAMS? **(PLEASE WRITE IN YOUR ANSWER AS A PERCENTAGE)**

B9. What was their **MAIN** reason for declining the offer of CAMS?
(PLEASE CIRCLE YOUR ANSWER)

General scepticism	1
Happy with current situation	2
Other Reason (please specify)	3

B10. Generally how satisfied or dissatisfied ere you with the process of referral to CAMS operated as part of the project? **(PLEASE CIRCLE YOUR ANSWER)**

Very Satisfied	1	-> go to B12
Satisfied	2	-> go to B12
Dissatisfied	3	-> go to B11
Very Dissatisfied	4	-> go to B11

B11. If you were dissatisfied, why was this? **(PLEASE WRITE IN YOUR ANSWER)**

B12. Is there any way in which the referral process could be improved?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to B13
No	2	-> go to C1

B13. Briefly how could the referral process be improved?
(PLEASE WRITE IN YOUR ANSWER)

SECTION C: IMPACT OF CAMS ON PATIENT HEALTH

C1. Approximately how many patients have you referred for CAMS?
(PLEASE WRITE IN YOUR ANSWER)

C2. Have you seen any health improvements in these patients?
(PLEASE CIRCLE YOUR ANSWER)

Yes, in some	1	
Yes, in most	2	-> go to C3
Yes, in all	3	
No	4	-> go to C4

C3. In approximately what percentage of these patients have you seen a health improvement? **(PLEASE WRITE IN YOUR ANSWER AS A PERCENTAGE)**

C4. Generally, would you say that the CAMS treatments have produced better outcomes in patients with chronic or acute health conditions?
(PLEASE CIRCLE YOUR ANSWER)

Outcomes better for patients with **chronic** conditions	1
Outcomes better for patients with **acute** conditions	2
Outcomes similar for patients with **both** acute and chronic conditions	3
Don't Know	4

C5. Of the various complementary therapies available, which do you feel have produced the best outcomes for your patients? **(CIRCLE ALL THAT APPLY)**

Acupuncture
Aromatherapy
Homeopathy
Massage
Chiropractic
Osteopathy
Reflexology
Other (please specify)

C6. Among patients that you have referred, what has been the level of compliance with the treatments among both chronic and acute patients?
(PLEASE CIRCLE FOR EACH)

	Excellent	Good	Fair	Poor	Don't Know
Chronic Patients	1	2	3	4	5
Acute Patients	1	2	3	4	5

C7. Of the patients you have referred to CAMS, would you say you are seeing them more frequently or less frequently? **(PLEASE CIRCLE YOUR ANSWER)**

More frequently	1
Less frequently	2
No Change	3
Don't Know	4

C8. Would you say that your patients have benefited from the therapies?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to C9
No	2	-> go to C10

C9. What have been the key benefits to your patients?
(PLEASE WRITE IN YOUR ANSWER)

1.

2.

3.

C10. Do you feel that this pilot project has provided you with more options for treating your patients? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

C11. And has the pilot project been a positive development for your practice?

Yes	1
No	2
Don't Know	3

C12. Among the patients that you have referred to the project, would you say you are prescribing them with more medication or less medication?
(PLEASE CIRCLE FOR EACH)

	More Medication	Less Medication	No Change	Don't Know
Chronic Patients	1	2	3	4
Acute Patients	1	2	3	4

C13. What proportion of your patients have had their medication reduced since availing of the therapies? **(PLEASE CIRCLE YOUR ANSWER)**

More than 50%	1
Between 25% and 50%	2
Between 10% and 25%	3
Less than 10%	4
None	5
Don't Know	6

C14. Are patients who have availed of the therapies themselves saying that they need less medication? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, more than 50%	1
Yes, between 25% and 50%	2
Yes, between 10% and 25%	3
Yes, less than 10%	4
No	5
Don't Know	6

C15. What has been the general reaction to the project from your patients? **(PLEASE CIRCLE YOUR ANSWER)**

Extremely Positive	1
Positive	2
Negative	3
Extremely Negative	4
Don't Know	5

C16. Why do you say that? **(PLEASE WRITE IN YOUR ANSWER)**

C17. Have any of your patients enquired about continuing with CAMS treatments beyond the pilot project? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to C18
No	2	-> go to D1

C18. Are you supportive or unsupportive of them continuing with CAMS therapies? **(PLEASE CIRCLE YOUR ANSWER)**

Supportive	1
Unsupportive	2
Don't Know	3

SECTION D: IMPACT OF THE PROJECT ON YOUR PRACTICE

D1. Did the option to refer patients to CAMS as part of this pilot project in any way reduce your workload? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D2. In your view has there been any financial saving to your practice as a result of offering your patients CAMS treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D3. Please briefly explain your answer? **(PLEASE WRITE IN YOUR ANSWER)**

D4. Among patients that have been referred for CAMS, has there been a reduction in their use of services provided by Allied Health Professionals (e.g. physiotherapy, occupational therapy, dieticians etc)? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D5. Has there been a decline in the use of secondary care services among those patients who received CAMS treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D6. Has there been a decline in the use of other primary care services (e.g. practice nurse, pharmacists etc.) among patients who have received CAMS treatments?
(PLEASE CIRCLE YOUR ANSWER)

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D7. Would you say that having taken part in this project you now have a more positive view of the potential for CAMS within Primary Care? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2
Don't Know	3

D8. Would you like to continue with the option of being able to refer your patients to CAMS? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2
Don't Know	3

D9. Would you recommend CAMS to other colleagues?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2
Don't Know	3

D10. Has your experience of the project in any way changed how you view CAMS?
(PLEASE CIRCLE YOUR ANSWER)

Yes, more positive	1
Yes, more negative	2
Not changed my view	3

D11. Based on your experience of this project should CAMS be better integrated within Primary Care? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2
Don't Know	3

D12. Why do say that? **(PLEASE WRITE IN YOUR ANSWER)**

D13. What do you feel have been the 3 key strengths of this pilot project?
(PLEASE WRITE IN YOUR ANSWER)

1.

2.

3.

D14. What do you feel have been the 3 main weaknesses of this pilot project?
(PLEASE WRITE IN YOUR ANSWER)

1.

2.

3.

SECTION E: ABOUT YOU AND YOUR PRACTICE

E1. Is your practice located in Belfast or Derry? **(PLEASE CIRCLE YOUR ANSWER)**

Belfast	1
Derry	2

E2. If funding were available beyond the pilot project would you continue to refer your patients for CAMS? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2
Don't Know	3

E3. Are there any ways that you as a GP can be better supported to further explore the potential of CAMS for your patients? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to E4
No	2	-> go to E5

E4. Please suggest how you can be better supported to further explore the potential of CAMS for your patients? **(PLEASE WRITE IN YOUR ANSWER)**

E5. Please provide any additional comments which you feel may be helpful to the overall evaluation. **(PLEASE WRITE IN YOUR ANSWER)**

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APPENDIX 3: CAM PRACTITIONER QUESTIONNAIRE

Complementary and Alternative Medicines Pilot Project

Survey Of CAMs Practitioners

Department of Health, Social Services and Public Safety

&

Social & Market Research (SMR)

February 2008

Please be assured that this questionnaire is confidential and anonymous.

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY 29 FEBRUARY 2008 OR AT YOUR EARLIEST CONVENIENCE.

THANK YOU.

SECTION A: GETTING INVOLVED IN THE PROJECT

A1. How were you approached to take part in the pilot project?
(PLEASE CIRCLE YOUR ANSWER)

Directly through Get Well UK	1
Through another practitioner	2
Through a GP	3
Read about it in the press	4
Other (please specify)	5

A2. And what was your main reason for agreeing to participate in the pilot project?
(PLEASE WRITE IN YOUR ANSWER)

A3. Did you have any initial concerns or anxieties about getting involved in the project?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to A4
No	2	-> go to B1

A4. Briefly what were your main concerns? **(PLEASE WRITE IN YOUR ANSWER)**

SECTION B: REFERRAL OF PATIENTS

B1. Over the course of the pilot project, did you feel that GPs were appropriately matching medical conditions with the treatments you were providing?
(PLEASE CIRCLE YOUR ANSWER)

Some of the time	1
Most of the time	2
All of the time	3
No	4

B2. Did their matching of patients with treatments improve as the pilot project progressed?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1
No	2

B3. How could GPs be better supported to ensure that patients are being matched with the most appropriate CAMS? **(CIRCLE ALL THAT APPLY)**

Meet with CAMS Practitioners	1
Information Leaflets	1
Seminar on CAMS	1
Other (please specify)	1

B4. Did you feel that you were being provided with enough information on patient history when patients were being referred? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

B5. Were GPs **more** likely to refer patients with chronic or acute medical conditions? **(PLEASE CIRCLE YOUR ANSWER)**

Chronic	1
Acute	2
Same number of each	3

B6. In your view, why was this? **(PLEASE WRITE IN YOUR ANSWER)**

B7. Did you find that patients being referred to you had been given sufficient information by their GP? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

B8. When patients presented for treatment, did they generally have any concerns or anxieties about the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1	-> go to B9
No	2	-> go to B10

B9. What were their main concerns? **(PLEASE WRITE IN YOUR ANSWER)**

B10. How satisfied or dissatisfied were you with the level of communication between yourself and the GPs throughout the project? **(PLEASE CIRCLE YOUR ANSWER)**

Very Satisfied	1	-> go to B12
Satisfied	2	-> go to B12
Dissatisfied	3	-> go to B11
Very Dissatisfied	4	-> go to B11

B11. If you were dissatisfied, why was this? **(PLEASE WRITE IN YOUR ANSWER)**

B12. Generally how satisfied or dissatisfied were you with the process of referral to CAMS which operated throughout the project? **(PLEASE CIRCLE YOUR ANSWER)**

Very Satisfied	1	-> go to B14
Satisfied	2	-> go to B14
Dissatisfied	3	-> go to B13
Very Dissatisfied	4	-> go to B13

B13. If you were dissatisfied, why was this? **(PLEASE WRITE IN YOUR ANSWER)**

B14. Is there any way that the referral process could be improved?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to B15
No	2	-> go to C1

B15. Briefly how could the referral process be improved?
(PLEASE WRITE IN YOUR ANSWER)

SECTION C: IMPACT OF CAMS ON PATIENT HEALTH

C1. Approximately how many patients were referred to you during the pilot project?
(PLEASE WRITE IN YOUR ANSWER)

C2. Have you seen any health improvements in these patients?
(PLEASE CIRCLE YOUR ANSWER)

Yes, in some	1	-> go to C3
Yes, in most	2	-> go to C3
Yes, in all	3	-> go to C3
No	4	-> go to C4

C3. In what proportion of these patients have you seen a health improvement?
(PLEASE WRITE IN YOUR ANSWER AS A PERCENTAGE)

C4. Generally, would you say that the CAMS treatments have produced better outcomes in patients with chronic or acute health conditions?
(PLEASE CIRCLE YOUR ANSWER)

Outcomes have been better for patients with **chronic** conditions	1
Outcomes have been better for patients with **acute** conditions	2
Outcomes **similar** for patients with acute and chronic conditions	3
Don't Know	4

C5. Among patients that you treated, what has been the level of compliance with the treatments among both chronic and acute patients?
(PLEASE CIRCLE FOR EACH)

	Excellent	Good	Fair	Poor
Chronic Patients	1	2	3	4
Acute Patients	1	2	3	4

C6. Among those patients that you have treated, what proportion do you feel have benefited from the therapies? **(PLEASE CIRCLE YOUR ANSWER)**

More than 50%	1
Between 25% and 50%	2
Between 10% and 25%	3
Less than 10%	4
None	5
Don't Know	6

C7. What have been the key benefits to your patients, if any?
(PLEASE WRITE IN YOUR ANSWER)

1.
2.
3.

C8. Approximately what proportion of the patients that you treated reported an improvement in their physical and mental wellbeing as a result of the treatments they received? **(PLEASE CIRCLE FOR EACH)**

	Physical Health	Mental Wellbeing
More than 50%	1	1
Between 25% and 50%	2	2
Between 10% and 25%	3	3
Less than 10%	4	4
None	5	5
Don't Know	6	6

C9. Among the patients that you have treated as part of this pilot project, have there been any general indications that they are being prescribed more medication or less medication? **(PLEASE CIRCLE FOR EACH)**

	More Medication	Less Medication	No Change	Don't Know	Patients hasn't discussed medication
Chronic Patients	1	2	3	4	5
Acute Patients	1	2	3	4	5

C10. What proportion of your patients, if any, have had their medication reduced since availing of the therapies? **(PLEASE CIRCLE YOUR ANSWER)**

More than 50%	1
Between 25% and 50%	2
Between 10% and 25%	3
Less than 10%	4
None	5
Don't Know	6

C11. What proportion of patients, if any, reported using fewer painkillers as a result of the treatments? **(PLEASE CIRCLE YOUR ANSWER)**

More than 50%	1
Between 25% and 50%	2
Between 10% and 25%	3
Less than 10%	4
None	5
Don't Know	6

C12. Are patients who have availed of the therapies saying themselves that they need less medication? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, more than 50%	1
Yes, between 25% and 50%	2
Yes, between 10% and 25%	3
Yes, less than 10%	4
No	5
Don't Know	6

C13. What has been the general reaction to CAMS from the patients you have treated? **(PLEASE CIRCLE YOUR ANSWER)**

Extremely Positive	1
Positive	2
Negative	3
Extremely Negative	4
Don't Know	5

C14. Why do you say that? **(PLEASE WRITE IN YOUR ANSWER)**

C15. Have any of your patients enquired about continuing with CAMS treatments beyond the pilot project? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

C16. If patients were interested in continuing with CAMS treatments, do you feel any of the following are potential barriers? **(CIRCLE ALL THAT APPLY IN COLUMN C16 BELOW)**

	C16	C17
Cost of treatments	1	1
Unsupportive GP	1	2
Availability of CAMS Practitioners	1	3
Awareness of CAMS which are appropriate to their medical condition	1	4
Other (please specify)	1	5

C17. Of the barriers you identified above, which do you feel is the greatest barrier? **(PLEASE CIRCLE ONE ANSWER IN COLUMN C17 ABOVE)**

C18. Have you found that patients are willing to share their medical history with you? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2

C19. Do you feel that affordability of the treatments is a problem for the patients you have seen as part of this pilot project? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a major problem	1
Yes, a minor problem	2
No, not a problem	3
Don't Know	4

SECTION D: IMPACT OF THE PROJECT ON YOUR PRACTICE

D1. Do you feel that GPs in having the option to refer patients to CAMS as part of this pilot project, has in any way reduced their workload? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D2. In your view has there been any financial saving to the GP practices as a result of offering their patients CAMS treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D3. Why do you this? **(PLEASE WRITE IN YOUR ANSWER)**

D4. Among patients that have been referred for CAMS, has there been a reduction in their use of services provided by Allied Health Professionals (e.g. physiotherapy, occupational therapy, dieticians etc)? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D5. Has there been a decline in the use of secondary care services (e.g. hospital services etc.) by patients availing of CAMS treatments? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D6. Has there been a decline in the use of other primary care services (e.g. practice nurse, pharmacists etc.) by patients availing of CAMS treatments?
(PLEASE CIRCLE YOUR ANSWER)

Yes, a lot	1
Yes, a little	2
No	3
Don't Know	4

D7. Based on your experience of this project should CAMS be better integrated within Primary Healthcare? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2
Don't Know	3

D8. Why do say that? **(PLEASE WRITE IN YOUR ANSWER)**

D9. Do you feel that the attitude of the GPs towards CAMS has changed over the course of this project? **(PLEASE CIRCLE YOUR ANSWER)**

Yes, they have become much **more positive**	1
Yes, they have become much **more negative**	2
No change	3
Don't Know	4

D10. What do you feel have been the 3 key strengths of this pilot project?
(PLEASE WRITE IN YOUR ANSWER)

1.

2.

3.

D11. What do you feel have been the 3 main weaknesses of this pilot project?
(PLEASE WRITE IN YOUR ANSWER)

1.

2.

3.

SECTION E: ABOUT YOU AND YOUR PRACTICE

E1. Did you treat patients in Belfast or Derry? **(PLEASE CIRCLE YOUR ANSWER)**

Belfast	1
Derry	2
Both Belfast and Derry	3

E2. If funding were available beyond the pilot project would you continue to provide services to the participating practices? **(PLEASE CIRCLE YOUR ANSWER)**

Yes	1
No	2
Don't Know	3

E3. Are there any ways in which you feel GPs can be better supported to further explore the potential of CAMS for their patients?
(PLEASE CIRCLE YOUR ANSWER)

Yes	1	-> go to E4
No	2	-> go to E5

E4. Please suggest how you think GPs can be better supported to further explore the potential of CAMS for their patients? **(PLEASE WRITE IN YOUR ANSWER)**

E5. Please provide any additional comments which you feel may be helpful to the overall evaluation. **(PLEASE WRITE IN YOUR ANSWER)**

Thank you for taking the time to complete this questionnaire. Please return it in the FREEPOST envelope provided.
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APPENDIX 4: DISCUSSION SCHEDULE – FOCUS GROUPS

The Complementary And Alternative Medicine Pilot Project

Questions, Issues and Themes
to be Addressed in the Focus Groups

October 2007

SMR
SOCIAL & MARKET RESEARCH

Patient Groups

1. **Introduction and Background to the Project**

2. **General warm-up discussion**
   - **CAMS services used;**
   - **Conditions being treated;**

3. **Understanding of CAMS prior to the project;**
   - **level of awareness of CAMS;**
   - **source of awareness;**
   - **perception of CAMS;**
   - **expectations about using the service;**
   - **ability to pay for treatments;**

4. **Referral to the Project**
   - **process of referral;**
   - **Interaction with GP / GP explain reasons for referral;**
   - **any apprehension or anxiety;**
   - **level and detail of the explanation given by GP;**
   - **Did GP indicate that treatments complementary and not alternative?**
   - **should you have been provided with anything additional?**
   - **how long did they have to wait;**
   - **issues around waiting time;**

5. **Treatments**
   - **Types of treatments;**
   - **Location accessible / timing of treatments;**
   - **How many treatments / sessions;**
   - **Given advice and information on how to manage condition?**
   - **Was this advice / information helpful;**
   - **Did patients make any lifestyle changes as a result of this info/advice?**
   - **Should you have been provided with anything additional;**
   - **Completion of Treatments;**
   - **If not completed treatments – why not?**
   - **Views on practitioners / explanation / communication;**
   - **Understanding the treatments;**
   - **Sharing medical history with someone other than GP;**
   - **Practitioner respect, interest, attention and friendliness etc;**
   - **Satisfaction with amount of time given by practitioner;**

6. **Impact of Treatments**
   - **Views on completing the MYMOP questionnaires;**
   - **General views on impact of the treatments;**
   - **Please list the effects if any (i.e. relief of symptoms; increased mobility; reduction in worry; reduction in pain; improvement in social and emotional wellbeing; reduction in social isolation etc);**
   - **Has quality of life improved;**
   - **Has general health improved?**
   - **Did symptoms improve?**

- **Did you feel as if you were getting a sense of control over the pain associated (if appropriate) with your condition?**
- **Which symptoms were more / less responsive to treatments;**
- **If treatments were ineffective, were alternative treatments offered and did you avail of these treatments if offered?**
- **Any reduction / increase in use of medications?**
- **Did they see the treatments as being complementary to their existing treatments rather than alternatives?**
- **Are patients less worried about their health / health condition as a result of the treatments;**

7. Other Impacts

- **any changes to circumstances as a result of the project e.g. change in employment status; benefits; uptake of voluntary / community work etc;**

8. Service Improvement / Development

- **Anything about the treatments / services they would like to see changed or improved;**
- **identify key strengths of the project;**
- **identify key weaknesses of the project;**
- **recommend treatments to others;**
- **likelihood of continuing with treatments in a private capacity;**
- **affordability issues;**
- **Concluding comments.**

GPs and Practitioners

1. **Introduction and Background to the Project**

2. **Understanding of CAMS prior to the project;**
   - **why get involved with the project;**
   - **level of awareness of CAMS (directed at GPs);**
   - **source of awareness (directed at GPs);**
   - **perception of CAMS (directed at GPs);**
   - **enquiries about CAMS (directed at GPs);**
   - **expectations about getting involved in the project;**

3. **Selection and Recruitment of Patients**
   - **identifying patients to participate;**
   - **patient reaction;**
   - **overview of patient profile – particular conditions etc / single conditions or multiple conditions;**
   - **capacity to deliver treatments;**

4. **Referral to the Project**
   - **process of referral – efficient, straightforward etc;**
   - **any apprehension or anxiety;**
   - **level and detail of the explanation given;**
   - **any other materials / support which should have been made available to patients;**
   - **level of uptake;**
   - **reasons why some patients declined – any pattern?**
   - **waiting times;**
   - **issues around waiting time;**

5. **Treatments**
   - **Types of treatments;**
   - **Location accessible / timing of treatments;**
   - **How many treatments / sessions;**
   - **Did the project offer enough treatment sessions;**
   - **Give advice and information on how to manage condition?**
   - **Was this advice / information accepted / compliance;**
   - **Did patients make any lifestyle changes as a result of this info/advice?**
   - **Should you have been provided with anything additional;**
   - **Completion of Treatments;**
   - **If not completed treatments – why not?**
   - **Sharing medical history with someone other than GP;**

6. **Impact of Treatments**
   - **Views on completing the patient questionnaires;**
   - **General views on impact of the treatments;**
   - **Please list the effects if any (i.e. relief of symptoms; increased mobility; reduction in worry; reduction in pain; improvement in social and emotional wellbeing; reduction in social isolation etc);**
   - **Evidence of any change in quality of life of patients?**
   - **Has general health improved?**
   - **Did symptoms improve?**

- **Which symptoms were more / less responsive to treatments;**
- **If treatments were ineffective, were alternative treatments offered and did you avail of these treatments if offered?**
- **Any reduction / increase in use of medications?**
- **Did they see the treatments as being complementary to their existing treatments rather than alternatives?**
- **Are patients less worried about their health / health condition as a result of the treatments;**
- **Relationship between GP/ Practitioner and patient;**

7. **Other Impacts**
   - **any reduction in workload of GPs;**
   - **impact of project positive or negative – explain;**
   - **has the level of prescribing changed;**
   - **has referral level of secondary care services changed?**
   - **any other economic benefits for the practice?**
   - **Savings versus outcomes?**
   - **Other impacts on patients;**
   - **Raising patient expectations?**
   - **Would they have liked to have referred more patients?**
   - **Any tensions between supply and demand?**
   - **Measuring outcomes – any concerns?**

8. **Service Improvement / Development**
   - **Anything about the treatments / services they would like to see changed or improved;**
   - **identify key strengths of the project;**
   - **identify key weaknesses of the project;**
   - **recommend / refer treatments to others;**
   - **likelihood of patients continuing with treatments in a private capacity;**
   - **practice support for CAMS;**
   - **should CAMS be available on the NHS?**
   - **Issue of using chaperones;**
   - **Role and skills of practitioners;**
   - **Capacity in N Ireland;**
   - **Cost of CAMS;**
   - **Evidence of patients availing of CAMS privately following project;**
   - **the fit between complementary therapies and general practice;**
   - **Concluding comments.**

Cabby:

Low point;
Building up;
Lucky practitioners;
Links practitioners with Get Well UK;