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## SERVICE EVALUATION

# Evaluation of a group acupuncture service in a National Health Service outpatient physiotherapy department

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## Abstract

A large number of patients suffer from ongoing musculoskeletal pain, and a significant proportion of this population report that they find acupuncture helpful. However, this form of treatment can make demands on the UK National Health Service (NHS) that are often difficult to satisfy. Therefore, group acupuncture sessions were introduced in an NHS physiotherapy department in order to provide a maintenance therapy service for this population. The service was evaluated using a patient questionnaire and the feedback received was very encouraging. Respondents reporting benefits not only in terms of pain relief, but also with regard to peer support. In the future, this type of group treatment could also be offered to patients with other chronic problems such as rheumatoid arthritis and fibromyalgia.

*Keywords:* chronic pain, coping strategies, group acupuncture, patient questionnaire, service evaluation.

## Introduction

Chronic widespread pain affects approximately one in five adults in Europe (Croft *et al.* 1993; Breivik *et al.* 2006). Acupuncture has been shown to help people manage a variety of types of chronic pain (Carlsson & Sjölund 2001; Thomas *et al.* 2006; Haake *et al.* 2007; Mavrommatis *et al.* 2012). Some physiotherapy services are based in areas of significant economic deprivation and see higher numbers of patients with chronic widespread pain. Such services face constant challenges, such as the need to treat more patients and the pressure to accomplish more with less in the present restrictive financial climate. One of the greatest of these challenges is to make better use of the clinician's time since it is accepted that this represents the most expensive part of a

treatment. For example, band 6–8a physiotherapists incur costs of at least £20 per hour (NHS 2012).

Phillips *et al.* (2004) described the use of acupuncture in group settings, and presented evidence that the provision of this form of treatment can provide symptom relief. It has been proposed that treating patients in a group has many benefits for both the UK National Health Service (NHS) and the individuals undergoing needling, one of which is the maintenance of benefits over the long term (Mutrie *et al.* 2012).

The present author's physiotherapy team sought the views of patients with chronic pain who were receiving acupuncture treatment. The concept appeared to be popular with the majority of patients, and consequently, in September 2010, a group acupuncture session was introduced in the Musculoskeletal Physiotherapy Department of Medway Community Healthcare, Gillingham, Kent, UK, for those who met the inclusion criteria.

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### *Evaluation of a group acupuncture service*

## **Subjects and methods**

The inclusion criteria were that the patients should have:

- previously reported a positive response to acupuncture;
- shown evidence of chronic widespread pain;
- had continual pain for more than 3 months; and
- a requirement for maintenance therapy.

In order to maximize patient safety, the group was run by a physiotherapist who was experienced in the use of acupuncture. The participants were treated in a semi-recumbent position in half-lying and were in visual contact with the physiotherapist at all times. In such situations, clinicians should have a heightened awareness of patient responses to needling, and take into account the fact that patients who react strongly to treatment often report sensations of light-headedness and/or increased discomfort after treatment (White *et al.* 2001). The participants in the sessions were in control of the duration of their treatments and the physiotherapist regularly checked on patients to assess their comfort status. While each treatment was individually tailored, the average treatment time was approximately 10–15 min.

The team chose to focus on the use of distal acupuncture points, predominantly the “Four Gates”, i.e. Large Intestine 4 (*Hegu*) and Liver 3 (*Taichong*). This ensured ease of application across the group, and is a needle prescription that has found to be of value in the treatment of patients with chronic pain. The use of distal points such as the Four Gates was supported by Bradnam-Roberts (2007) in her paper reviewing the use of acupuncture within Western physiological models. Maciocia (1989) described the use of the Four Gates as being of value in easing pain and calming the mind. Disposable acupuncture needles (0.2 × 13 mm; Scarboroughs Ltd, Crewkerne, Somerset, UK) were used with guide tubes. The needles were not manipulated, and the depth of insertion was between 5 and 10 mm.

The team also decided that participants would not necessarily be required to receive treatment for 30 min or more with high-intensity stimulation. This was primarily for pragmatic reasons, including time availability, and was based on

experiential evidence from patients who had previously received treatment within the department. The decision was also supported by authors such as MacPherson *et al.* (2008), who described the similarities in functional magnetic resonance imaging scans of individuals who had received superficial needling and those who had undergone deep needling. Recent research also shows a plethora of evidence suggesting that verum acupuncture does not appear to have a significantly superior outcome to so-called sham approaches, which often involve superficial needling (Haake *et al.* 2007). It is the present author’s belief that evidence requires the inclusion of both empirical and experiential views in order to match research outcomes to the needs of patient populations (Schön 1991), and that the evidence base includes propositional knowledge, professional craft knowledge and personal knowledge (Higgs & Titchen 1995). In other words, it is important to incorporate evidence from more than just systematic reviews or double-blind randomized controlled trials (RCTs) in the determination of what is to be viewed as best practice. This is not intended to demean the evidence presented by RCTs, but rather, it is meant to supplement it.

On reviewing the current classes run by the department, it became clear that the patients’ preference was for the open class model. This allowed participants to attend at any time between 1700 and 1800 h. This period was chosen because it is a quiet time for the department, allowing up to seven plinths at a time to be utilized by patients without interfering with the normal activity levels within the clinic.

When the group was initially set up, it attracted approximately 10 patients to each session. This number increased over the next 6 months until, at the time of writing, it had almost doubled. Nineteen people now attend and there is a possibility that even more will participate in future: the team are currently seeing over 20 regular patients each week and the numbers can occasionally be as high as 28.

The team believed that it was appropriate to ask the group for their opinions in order to help evaluate the success or otherwise of this innovation, and therefore, group attendees were given the opportunity to offer feedback via a questionnaire. The NHS clinical governance policy

recommends the monitoring of services through service evaluation, audits and patient surveys (DH 1999). In view of the present work being a service evaluation and not research, it was unnecessary to obtain an ethical opinion, as per the advice given by the NRES (2009).

## Results

Questionnaires were distributed to all the patients, during class attendance with a concurrent 100% return rate. The feedback from patients attending the class helped to highlight the benefits, problems and outcomes from the class.

Question 1 asked, “Can you give your overall views on the concept of an acupuncture class?” This elicited a variety of positive responses, including:

- “ideal as no fixed appt.”;
- “So much better than 1:1, this way more people benefit in same time”;
- “[. . .] makes acupuncture available to everyone”;
- “[. . .] a brilliant thing”;
- “[. . .] invaluable [. . .]”;
- “[. . .] stunning [. . .]”; and
- “a resource [. . .] available to many clients”.

The second question was, “What do you find most valuable about the class?” which also generated a range of encouraging comments:

- “Pain relief [. . .] I don’t know what I’d do without this class”;
- “pain relief and feeling that I am not isolated”;
- “I see other people in the same position and can talk to them or the practitioner”;
- “that I can have ongoing acupuncture”;
- “Reducing pain, reducing medication”;
- “time helps me stay at work”; and
- “the open time of a 1 hour session”.

In contrast, question 3 asked, “What do you find unhelpful about the class?” Although most of the responses given simply stated, “Nothing”, two issues were raised, “Parking” and “Perhaps a class could be offered at 8am as well”.

The fourth question asked, “In your opinion, what would you change within the current set up?” The responses included:

- “[. . .] to meet up with others in group after”;
- “longer treatment time [. . .]”;

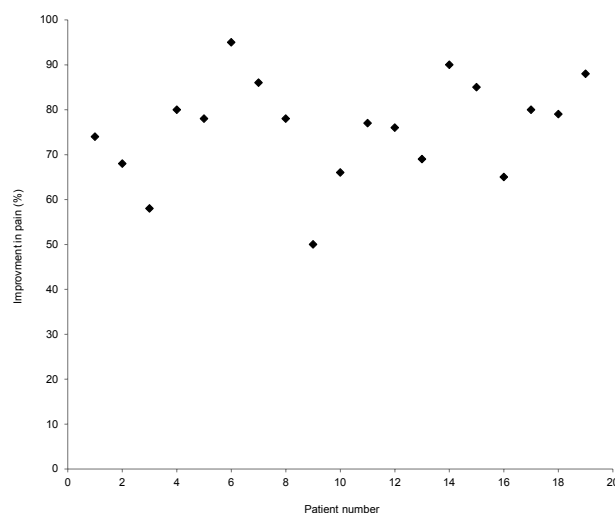


Figure 1. Percentage improvement in pain ( $n=19$ ).

- “make this service available to more people – inform GPs [general practitioners] about it”; and
- “Make available for 2<sup>nd</sup> time a week or make available at other venues as well.”

Question 5 was, “Would you be willing to pay a small fee to attend?” which elicited a 100% positive response, although with some qualifications, such as:

- “worried as a pensioner that cost may rise”;
- “[. . .] wouldn’t want to see it priced out of reason”;
- “I struggle to meet ends at the moment”; and
- “yes, but as a taxpayer [. . .] this should be provided on [the] NHS”.

The sixth question asked, “On a score out of 100, how much has attendance helped with the amount of pain that you normally suffer?” The team were expecting a score of about 30 here because of the fact that the patients who attend the group are commonly suffering from long-term complex pain problems. However, the responses given cited a range of scores between 50% and 95% (average score = 76%), suggesting that attendance is significantly easing the intensity of the pain that the participants suffer (Fig. 1).

Question 7 asked, “On a score out of 100, how much has attendance helped with your ability to cope with the pain?” This was intended to probe the effect of acupuncture on the participants’ well-being and their ability to cope with daily life while suffering from chronic pain. Once again, the replies were very encouraging with the respondents citing an improvement in their ability

### Evaluation of a group acupuncture service

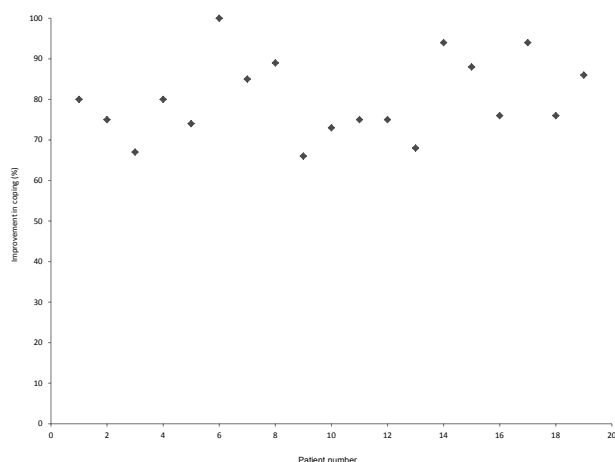


Figure 2. Percentage improvement in coping ( $n=19$ ).

to cope with pain of between 60% and 100%. The mean score for the group was 80% (Fig. 2).

The eighth and final question was, “Would you recommend this service to a friend?” This also elicited a 100% positive response, and additional comments included:

- “most definitely – thank you”;
- “[. . .] already have”; and
- “[. . .] I recommend this to everyone”.

## Discussion

The feedback received from patients attending the group acupuncture sessions was very encouraging. First, the participants were experiencing significant relief from their pain, and for some, this has led to a reduction in their reliance on pain medication. The patients appreciated the support that they received from other participants in the group and the realization that they were not the only ones with chronic pain (Griffiths *et al.* 2009). There have also been important social benefits for these patients, who have developed friendships that have proved to be long-lasting. Isolation has been reported as being a factor of living with chronic pain (Løyland *et al.* 2010), and therefore, the development of long-term relationships outside the group is encouraging because this suggests that these benefits could be enduring.

The participants in this survey would have liked to have seen more classes of this type. They liked the concept of having an open appointment, thus giving them ownership of when they attended within the parameters of the group, and they appeared to be happy with the set-up. Since this was a new service, it is important that it

should continue to be developed and improved on the basis of feedback from the service users. The class has been easy to run during a period of relative quiet in the department; however, finding times such as this elsewhere during the week is challenging. It has proved possible to increase the length of the class by 30 min, which now runs from 1630 to 1800 h. The provision of group acupuncture using point prescriptions such as the Four Gates could also be attached to exercise classes like those currently provided for patients with rheumatoid arthritis or fibromyalgia. This has now been accomplished within the present author’s department with some success. Interestingly, both of these groups are also drop-in classes.

It is encouraging that the findings from this service evaluation appear to echo those recently published in *Acupuncture in Medicine* by Asprey *et al.* (2012) and White *et al.* (2012), who showed both the cost-effective benefits of group acupuncture sessions and the acceptability of such treatments to patients. Both of these studies focused on groups set up for a condition-specific group, whereas the group discussed in the present paper was heterogeneous with regard conditions, the common factor being chronic pain. Further evaluation of offering acupuncture in group settings is indicated in view of its acceptability to patients, its value-for-money use of physiotherapy time and the ability to offer patients long-term supportive treatment.

## Conclusions

Further work is needed in this area, including well-designed research projects aimed at determining the most efficient and cost-effective methods of integrating approaches within physiotherapy in order to produce a rehabilitation programme that is both successful and popular. Having been associated with the running of this particular group for almost 2 years now, the present author has been consistently humbled by the patients whom we treat. Seeing them in a group pragmatically allows us to keep participants within the system, thus reducing their anxieties about being fully discharged, and if appropriate, they can then be seen for one-to-one assessments should the need arise. One concern is that, with the current building pressure to open

up departments for longer times and even offer 7-day services, it may prove increasingly difficult to offer services such as this in busy NHS departments.

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