An Audit of the Impact of Introducing Microacupuncture into Primary Care

Juliette Ross

Summary
In 1997, one of the partners in a general practice in NW London comprising 6700 patients began using microacupuncture - a very brief form of treatment described by Felix Mann. The computer system used for patient records was modified to allow easy recording of details of acupuncture treatments; the latter being performed opportunistically in standard 10-minute consultations. Over the course of three years, during which time a second partner began using acupuncture, referrals to acute physiotherapy (conditions present for < 3 months) fell by 86%, and referrals to outpatient rheumatology fell by 51%. This is likely to represent a considerable cost saving to the NHS.

Keywords
Acupuncture, audit, primary care.

Introduction
Following immediate resolution of an episode of back pain following acupuncture treatment at the hands of a colleague, the author was keen to learn the needling skill, realising the enormous potential within a consultation to avoid drug therapy and referral to secondary care – in particular physiotherapy and rheumatology.

Several practices locally were also using acupuncture and a joint audit was performed in 1998.1 Discussion at the North London Acupuncture Group encouraged the author to expand her knowledge by attending many more

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Patients treated with acupuncture up to 07/04/01 by the author.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age groups</td>
<td>0-4</td>
</tr>
<tr>
<td>Males</td>
<td>1</td>
</tr>
<tr>
<td>Base</td>
<td>222</td>
</tr>
<tr>
<td>Percent</td>
<td>0%</td>
</tr>
<tr>
<td>Females</td>
<td>0</td>
</tr>
<tr>
<td>Base</td>
<td>201</td>
</tr>
<tr>
<td>Percent</td>
<td>0%</td>
</tr>
</tbody>
</table>

Total males : 473 Base : 3442 Percent : 14%
Total females : 848 Base : 3322 Percent : 26%
Total both sexes : 1321 Base : 6764 Percent : 20%

Base - practice population.
courses. A combination of brief trigger point acupuncture described by Baldry, Ward and Rosted; periosteal pecking described by Mann, and more classical Chinese point approaches were used. Attendance at BMAS courses and conferences also encouraged more diversity in treatment methods. In addition to acute and chronic musculoskeletal problems, presentations such as migraine, stress, menopausal flushes and addiction were treated.

It soon became clear that our need for physiotherapy was reducing. We were interested to see what proportion of the population had been treated, the frequency of different needling interventions and what effect there had been on the referral rates.

Methods

Templates were set up on our computer system to allow accurate recording of treatment details. Data was collected prospectively. Frequently used points such as LR3 or GB30 were assigned codes in the software. Trigger points were coded by anatomical region. Codes were added to the system as the style of acupuncture used in the practice diversified.

Results

Twenty percent of the practice population received acupuncture treatment over the 4-year period. Over one in four women received treatment in our total practice population of 6700. Table 1 summarises the proportions of the practice population treated with acupuncture by age and sex.

Table 2 details the frequency with which specific areas were treated. It can be seen that trigger point approaches were the most common form of treatment. In the early years the cervical articular pillar, as described by Felix Mann, was a commonly used site for treating acute neck pain. The author very commonly uses periosteal needling on the coracoid process in shoulder complaints with good perceived effect.

Referrals to acute physiotherapy (conditions present for <3 months) fell by 86%, and referrals to outpatient rheumatology fell by 51% (see figures 1 & 2).

Discussion

This audit is limited by the fact that the recording of data has grown over the years; therefore description of points has been constantly evolving. Although treatment is always recorded in the standard written records, both partners do not record sites treated in a uniform fashion on the computer.

We do not advertise the service to our patients but offer treatment as part of a range of alternative management strategies. Many patients now ask for treatment especially with acute musculoskeletal problems as they have experienced quick relief before. Women would seem to prefer the treatment but this may reflect the fact that the author tends to have a predominantly female patient consultation pattern.

<table>
<thead>
<tr>
<th>Site treated</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trigger point</td>
<td>741</td>
</tr>
<tr>
<td>Sacroiliac</td>
<td>566</td>
</tr>
<tr>
<td>Cerv. Art. Pillar</td>
<td>350</td>
</tr>
<tr>
<td>LR3</td>
<td>217</td>
</tr>
<tr>
<td>BL57</td>
<td>217</td>
</tr>
<tr>
<td>Coracoid</td>
<td>193</td>
</tr>
<tr>
<td>SP6</td>
<td>84</td>
</tr>
<tr>
<td>Facial point</td>
<td>17</td>
</tr>
<tr>
<td>LI4</td>
<td>15</td>
</tr>
<tr>
<td>GB30</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>2411</td>
</tr>
</tbody>
</table>

Table 2. Number of treatments performed at some selected treatment sites.
Further research should examine patient outcomes as well as service related changes, and consider consultation rates to determine whether workload has increased as a result of offering this therapy to patients. So far we have no routine method of recalling patients for follow-up. We ask them to return for repeat treatment if their problem returns. This appears to be rare when treating acute conditions in general practice as compared to the more chronic conditions seen in secondary care pain clinics for example.

We cannot conclude that the reduction in referral rates was a direct consequence of the acupuncture, though it would seem very likely that this is the case, as there were no other substantial changes in the practice over the audit period.

Despite these dramatic reductions in referral rates, and a demonstrable reduction in the use of non-steroidal anti-inflammatory drugs (NSAIDs), the Primary Care Group (PCG) has not agreed to fund acupuncture. Whilst this audit does not present data on the cost effectiveness of acupuncture in general practice, it certainly lends support to other audits that indicate the potential for considerable savings.4,5

In conclusion, microacupuncture can be used very easily in a standard 10-minute consultation, and it appears to be very safe and effective. After its introduction to our practice, physiotherapy and rheumatology referral rates decreased dramatically, and there was a reduction in prescribing of NSAIDs. There is likely to have been considerable cost saving for the NHS as a direct result of using acupuncture in the practice. PCGs should consider our audit findings and formulate a way forward.

**Acknowledgements**

The author would like to thank her GP partner Jonathan Bernstein, without whose clinical work the results of this audit would not have been so dramatic, and Stewart Drage, the colleague who sparked her interest in acupuncture by treating her back pain.

**Reference list**

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