Introducing voluntary donations to fund primary care acupuncture – a user survey
Jonathan Freedman, Marion Richardson

Abstract
An acupuncture clinic has been running in general practice without any funding for nine years. However, reorganisation of the health service meant that it had to become self-funding. A scheme for voluntary donations was introduced, with a target of £15 per treatment. In the first six months, the scheme covered the clinic’s costs. A user survey was undertaken to elicit patients’ views on the scheme. The majority of patients thought that the scheme was a good idea, and the amount about right. However, a few patients found payment difficult, and stated that they would be less likely to use the service for that reason, or feel guilty about using it without paying. This information should be used to try to obtain public funding through public funds in the future.

Keywords
Acupuncture clinic, funding, primary care, voluntary donation.

Introduction
The first author has been practising acupuncture as a full time general practitioner (GP) within a partnership in the National Health Service (NHS) since 1993 and attained the Diploma in Medical Acupuncture from the BMAS in 2002. Since 1996 he has run a weekly acupuncture clinic seeing 20-24 patients in two hours. Patients with a wide variety of clinical complaints are treated, mostly musculoskeletal conditions. The clinic is arranged so that up to four rooms are available allowing simultaneous treatments. New patients are assessed separately in routine surgery appointments so that the clinic can be focused primarily on acupuncture.

The second author is an academic nurse who completed her BMAS Foundation course in 2004 and has been working in the acupuncture clinic in a training capacity.

The acupuncture clinic has never received funding despite vigorous efforts by the GP to get support from the Health Authority and latterly the Primary Care Trust (PCT). The Bedfordshire and Hertfordshire Health Authority has suffered from an historic financial deficit which has had knock on effects on all aspects of the local health care and acted as a restraint against the development of new services.

In April 2004 the new GP contract took effect and, as in other practices, it became necessary to review every element of work which could have financial implications for the practice. Whereas acupuncture had previously been accepted and valued by the practice for its clinical benefits, suddenly its value was being questioned. The argument that the patients attending primarily for acupuncture also received standard health advice and prescriptions was not accepted by all partners. The partners no longer felt able to subsidise what some of them felt was a ‘luxury’ treatment, or indeed a secondary care speciality. Despite this, the majority of partners expressed support for ongoing acupuncture at the surgery and continued to refer patients for treatment, and the practice as a whole was keen to find a solution that allowed the clinic to continue. It was decided that it had to be self-funding. The costs of the needles would have to be met (approximately £75 per month), and the cost of a locum to replace the clinical time (one surgery per week).

The prospect of the PCT providing funding was as remote as ever (even with the new funding streams of the General Medical Services contract) so we proposed asking for voluntary donations from the patients. The Local Medical Committee and British Medical Association were consulted on the legality of asking for donations but were unable to give a definite ruling as this was a ‘grey’ area. However, they did give consistent advice that patients must be...
Education and practice

In the first six months of the scheme, donations averaged £500 per month. Whilst this represents a mean donation of only approximately £6 per patient visit, it exceeded the expectations of the practice staff and has enabled the practice to employ a locum for a surgery each week and to cover the cost of acupuncture needles. After the first six months, it was decided to elicit patient feedback on how this system is perceived.

Methods

A short survey questionnaire was designed by the authors consisting of five questions, each with four possible responses. In addition, the patients were given the opportunity to add any other comments they wished to make on the reverse of the questionnaire and many chose to do so. One of the authors explained the purpose of the survey to the patients, who were asked to complete it before leaving and place it in a designated place near reception. They were assured that the information they gave was entirely anonymous and that if they

In the first six months of the scheme, donations averaged £500 per month. Whilst this represents a mean donation of only approximately £6 per patient visit, it exceeded the expectations of the practice staff and has enabled the practice to employ a locum for a surgery each week and to cover the cost of acupuncture needles. After the first six months, it was decided to elicit patient feedback on how this system is perceived.

Methods

A short survey questionnaire was designed by the authors consisting of five questions, each with four possible responses. In addition, the patients were given the opportunity to add any other comments they wished to make on the reverse of the questionnaire and many chose to do so. One of the authors explained the purpose of the survey to the patients, who were asked to complete it before leaving and place it in a designated place near reception. They were assured that the information they gave was entirely anonymous and that if they
chose not to complete the survey, their care would not be affected in any way.

Results

During a two-week period in March 2005, questionnaires were made available to 31 consecutive patients attending the acupuncture clinic. Nine patients attended for treatment in both weeks and completed only one questionnaire. The response rate was 100% with all patients having answered all the questions and many having made additional comment.

The responses to the questions are shown in Table 1. Qualitative data were extrapolated from the patients’ free text comments. Thematic analysis highlighted two distinct areas of comment: (a) questions about who should fund the clinic; (b) concerns regarding patients unable to make a donation.

(a) Funding the clinic. A surprisingly large number of patients (58%, n=18) were willing to pay for their treatment but many were incredulous of the PCT’s unwillingness to fund the clinic, when they were willing to pay for all sorts of other treatments.

Typical comments were:

‘I am very happy to pay since the acupuncture is helping me greatly. However I wonder why this is not funded by the PCT. They seem to pay for medication which has not helped me in six years.’

‘Acupuncture has greatly changed my life, in that I don’t have to keep taking tablets and visit the surgery so often. Therefore I do feel the NHS should make provisions for this.’

(b) Inability to donate. Four patients who were willing and able to make a donation themselves expressed concern about those less able to pay. A typical comment was:

‘Although voluntary, people may feel guilty if they can’t always contribute. This could mean that they stop coming for valuable treatment.’

Other comments were made by patients who were not always able to contribute:

‘… my own personal circumstances make it hard to contribute because of severe financial constraints. Therefore I will only attend if I feel my problem cannot be managed by the normal NHS services.’

Three patients expressed guilt about their inability to donate:

‘Sometimes, I am not able to make a donation because of the change in my circumstances. I do feel a little guilty about this because I value the treatment so much.’

Table 1 Responses to user survey about making donations for acupuncture treatment (n=31)

<table>
<thead>
<tr>
<th>Question</th>
<th>Good idea</th>
<th>Neutral</th>
<th>Quite annoyed</th>
<th>Very annoyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 ‘How do you feel about the introduction of the voluntary donation scheme?’</td>
<td>18</td>
<td>13</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Q2 ‘Do you think the guideline amount of £15 is acceptable?’</td>
<td>1</td>
<td>5</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Q3 ‘Are you less likely to make a donation if someone other than Dr Freedman gives your treatment?’</td>
<td>0</td>
<td>27</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q4 ‘Are you less likely to come for treatment because of the voluntary donation scheme?’</td>
<td>0</td>
<td>27</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Q5 ‘Who do you think should pay the costs for the acupuncture clinic?’</td>
<td>PCT 29</td>
<td>The practice 0</td>
<td>The doctors 0</td>
<td>The patients 9</td>
</tr>
</tbody>
</table>

*some patients ticked more than one box
Education and practice

Discussion

A surprising number of patients (18, 58%) stated that the voluntary donation scheme was a good idea and that £15 was a fair amount to contribute for a treatment that they value highly. However, St Albans is an affluent area and it is acknowledged that results may be very different in other areas – a further and larger comparative study would add breadth to our findings.

The great majority of the patients surveyed (28, 90%) indicated that there was or would be no difference to their willingness to make a donation if a less experienced acupuncturist gave their treatment – which came as a relief to the authors since this would inevitably happen if training were to be undertaken in the clinic.

Our small convenience survey sample was self-selected as it comprised only those patients who attended the acupuncture clinic. Four patients said that they would be less likely to attend for acupuncture because of the voluntary donation scheme and some of those who did attend expressed feelings of guilt that their financial circumstances made it difficult or impossible to make a voluntary contribution. There is a high probability that there are patients who would benefit from acupuncture and would like to attend the clinic but who are deterred by the voluntary donation scheme. If this were found to be the case, it would raise numerous ethical issues and dilemmas about the current acupuncture service provision.

Unsurprisingly, the great majority of the patients (84%) in our survey felt that the PCT should fund the acupuncture clinic service. Many patients regard acupuncture as more useful than medication or as saving them from invasive investigations and hospital inpatient treatment, including surgery, and were incredulous of the PCT’s inability to see the cost-saving benefits of acupuncture.

The acupuncture clinic at this practice has been operational for many years and patients appreciated the value of the treatment prior to the introduction of the voluntary donation scheme. It is likely that this was, at least in part, responsible for the success of the scheme and for the extraordinary response rate of 100% in our survey. Introduction of a voluntary donation scheme to fund a new clinic may not be so easy or effective.

The survey was limited by its small, self-selected sample. In addition, the affluence of the area in which we live and practise means that the findings cannot be generalised. However, they do contribute to the current debate on the funding of acupuncture clinics by indicating that some patients may be willing to make a donation for a treatment that they value, even though they feel that the PCT should also recognise its value and be responsible for its funding.

Despite the success of this scheme, the authors feel it is an uncomfortable compromise and believe that continued pressure should be exerted on the PCT to fund acupuncture treatments for patients, particularly where benefits over other treatments can be demonstrated through high quality research. New hope for funding comes in the form of Practice Based Commissioning, which promises a mechanism whereby services can be commissioned directly from general practice with resources following the patient. The authors hope that the powerful feedback from the patients in this survey will be useful in influencing future decision-making on this issue.

Conclusion

The survey indicated that most patients who receive acupuncture were willing and able to make a donation and felt that £15 was about right. However, a few patients who were not able to contribute felt guilty or would not take full advantage of the service as a result.

Most patients felt that this treatment should be funded by the PCT, and we shall use these data in arguing for public funding for acupuncture clinics in future.

Acknowledgements

The authors wish to thank the partners at Parkbury House for their continuing support of acupuncture and efforts to find a pragmatic solution in difficult circumstances and, most importantly, the patients for their enthusiastic support of acupuncture in an NHS practice, despite the fact that a voluntary donation scheme was introduced.

Reference list

Introducing voluntary donations to fund primary care acupuncture – a user survey

Jonathan Freedman and Marion Richardson

Acupunct Med 2005 23: 137-140
doi: 10.1136/aim.23.3.137

Updated information and services can be found at:
http://aim.bmj.com/content/23/3/137

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://www.bmj.com/company/products-services/rights-and-licensing/

To order reprints go to:
http://journals.bmj.com/content/subscribers

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/