Provision of medical acupuncture service in general practice under practice-based commissioning

Acupuncture involves inserting small needles into various points in the body; the needles are normally stimulated by manual rotation or electrically. Western acupuncture uses the same needling technique as traditional Chinese acupuncture but is based on affecting nerve impulses and the central nervous system. A Western medical acupuncturist makes a medical clinical diagnosis in the conventional way, and uses acupuncture as a form of analgesia along with other drugs and other appropriate interventions, including surgery.

Myofascial pain is an extremely common presenting complaint, and general practitioners (GPs) are normally the first point of contact. Studies have indicated that acupuncture helps in different musculoskeletal pain, and migraine, and NICE has recommended the use of acupuncture in the management of low back pain. Acupuncture may be most effective in primary care to treat patients early and prevent deterioration in the patients’ condition while on a waiting list.

Charlton medical practice started to provide Western medical acupuncture for NHS patients registered with the practice in November 2008. The practice is situated in Telford, West Midlands with about 10 600 registered patients. Pain management is taken very seriously in our practice. Acupuncture provision in the practice aims at improving patients' symptoms and reducing re-consultations, prescriptions, and referrals to a physiotherapist, secondary care and pain clinic (reducing waiting times and costs). Improved pain control helps to improve patients' functional status, decreases times off work and prevents comorbidity (for example, depression with pain).

Practice-based commissioning (PBC) enables GPs and other primary healthcare professionals to commission and, thereby improve, local services for their patients. Initially, the acupuncture service treated only one patient a week. Funding for acupuncture clinics in general practice has been very difficult, but resources available under PBC offered an opportunity and I presented a business plan to the PBC commissioning team describing the benefits of acupuncture, including reduced referrals to secondary care. We also discussed monitoring the clinic. As a result, a weekly acupuncture clinic was funded using the available PBC resources; this will be reviewed in due course and the Primary Care Trust agreed to fund the service for another year under PBC.

The reception manager deals with the waiting list and appointments, and ensures smooth running of the clinics. We discussed in our clinical meeting which patients might be suitable for acupuncture and my GP colleagues have been given the referral criteria. The manager is informed about these patients and puts them on the waiting list.

During the first session, I assess the patient’s suitability for Western medical acupuncture and would decline to use acupuncture for

<table>
<thead>
<tr>
<th>Reason for acupuncture</th>
<th>Number</th>
<th>Number of patients with reduction in pain score</th>
<th>Decreased analgesia use</th>
<th>Average reduction in pain score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck pain</td>
<td>10</td>
<td>7</td>
<td>5</td>
<td>3.2</td>
</tr>
<tr>
<td>Shoulder pain</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>Lower back pain</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Upper limb pain</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Migraine</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
any who were deemed unsuitable. However, this has not yet been necessary owing to the referral criteria, and owing to discussions with my GP colleagues before patients are put on the acupuncture waiting list.

A weekly acupuncture clinic with eight appointments was set up in February 2009. The main condition treated is myofascial pain. When necessary, these patients have appropriate interventions organised alongside acupuncture. Response to treatment is assessed after each acupuncture session and treatment tailored according to patients’ response and symptoms. Initially, four consecutive weekly sessions are offered, and further sessions are provided depending on the response. Some patients may have fewer than four sessions if their symptoms resolve. For those who do not respond to acupuncture, further interventions may be organised—for example, physiotherapy or specialist referral.

An audit was carried out during the first year of the clinic to evaluate the effectiveness of acupuncture in symptomatic pain relief and in decreasing the use of analgesic drugs. A record was made of the baseline pain score (from 0 to 5, using a modified BMAS scale) and analgesic drugs used, if any. Pain score and analgesia use were reassessed at each attendance. The audit included 30 patients who had completed the course of treatment, a total of 116 acupuncture sessions. The most common age group was over 55 years, followed by patients aged 30–55 years.

The conditions treated and number of patients are listed in table 1. The mean duration of symptoms was 65.6 months. The mean number of sessions was 3.8 (range 1–8). The average reduction of pain score was 3, and 11 of the 20 patients taking analgesic drugs reduced their intake. There were no significant side effects.

One patient had one session only for frozen shoulder because he wished to proceed with physiotherapy only. Another patient had eight sessions for frozen shoulder as she found relief from acupuncture. She had been treated by the orthopaedics team and had had manipulation which had not helped. Nineteen patients reported a decrease in pain scores. Unfortunately, four patients did not respond to acupuncture: two patients had had chronic pain for 10 and 20 years, which may have accounted for poor response, and another had had no relief from treatments given by the pain clinic and orthopaedics team.

In the UK, 47% of people have used complementary and alternative medicine at some time and 10% use some forms of complementary alternative medicine each year. Users tend to be older women, and over 90% of the medicine is purchased outside the NHS. At least 10% of hospital doctors also use complementary alternative medicine in their practice. Acupuncture is particularly popular in pain clinics. Early provision of acupuncture in general practice is beneficial and helps to prevent complications. It is hoped that our experience can encourage other GP practices to develop an acupuncture service.

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REFERENCES
