NORTH KIRKLEES PCT HOMEOPATHY SERVICE PILOT PROJECT
April 2004

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1. INTRODUCTION

1.1 Interest in and use of complementary and alternative medicine (CAM) has increased in recent years[i]. In a survey of CAM use in England in 1999 13.6% of respondents had visited a practitioner of one of eight named therapies in the preceding 12 months[ii]. The NHS paid for an estimated 10% of these. There has been rapid growth in provision of CAM in the UK with ¾ million consultations per annum in the NHS in the primary care environment[iii]. The same survey also showed 74% of respondents said they would choose complementary therapies if they were available in the NHS.

1.2 In December 2000 the House of Lords Select Committee on Science and Technology published their report on CAM following a 15 month enquiry[iv]. The report looked at a wide range of issues mainly from the perspective of the public as consumer. Since then the government has taken steps to provide information on CAM therapies to the public (through NHS Direct), to fund a research programme and to ensure the protection of CAM users through better regulation.

2. HOMEOPATHY IN PRIMARY CARE

2.1 Homeopathy is a safe, non-toxic treatment that takes a holistic view of the patient. It has been in existence for over 200 years world-wide and is used by over 30 million Europeans[v]. Homeopaths work with people whose diagnosis may come from a wide range of disease categories.

2.2 Based on the available evidence the House of Lords report on CAM placed homeopathy in Group 1 (of three) alongside acupuncture, herbal medicine, osteopathy and chiropractic. These are the therapies that have some scientific evidence of effectiveness, are professionally organised and have recognised systems of training practitioners.

2.3 Homeopathy has been available on the NHS through the four NHS homeopathic hospitals, by doctors trained in homeopathy, and through ad hoc arrangements for referrals to individual practitioners or CAM centres. There have been several health authority initiatives such as pilot projects. During the period of GP fund-holding some practices contracted with a homeopath to provide a service to their patients. The Society of Homeopaths has published reports which audit several of these experiences.[vi] [vii] [viii]

2.4 In 1995 a six month project introduced six complementary therapies into GP practices in Kirklees. Therapists worked alongside GPs in GP surgery premises. The conclusions and recommendations of that report are discussed in section 7.

3. DESCRIPTION OF THE PROJECT

3.1 Introduction

3.1.1 In November 2000 North Kirklees PCG approached two registered homeopaths with a view to establishing a local homeopathy service for patients across the PCG area. Following discussions the North Kirklees Homeopathy Service Pilot Project was established in April 2001. The two year project had a budget of £30,000 per year and was completed in March 2003.

3.1.2 North Kirklees was one of the first PCTs to attempt to establish a homeopathy service with equality of access to all patients. When this pilot project was being set up there was little relevant experience to draw on so an action research model was built into the study from the start so that any problems encountered could be quickly resolved.

3.2 Aims and Objectives

3.2.1 The aims of the Project were:

- to determine whether a homeopathy service can be successfully established within the primary care sector in North Kirklees
- to explore the benefits to NKPCG/T, GPs and patients of the provision of homeopathy locally within primary care.

3.2.2 The objectives set to meet the aims were:

1. Assess patient accessibility and uptake of the homeopathy service
2. Determine patient satisfaction with the homeopathy service
3. Assess the working relationship between GPs and homeopaths
4. Determine GP satisfaction with the homeopathy service
5. Evaluate the advantages and disadvantages of the model of implementation adopted
6. Assess the effect of homeopathic treatment on patients' presenting complaint and overall health

3.3 Model of Delivery

3.3.1 The homeopathy service was delivered by a practising GP and homeopath (MFHom) and two practising homeopaths working in private practice (RSHom).The homeopaths together provided an average of 12 hours patient contact time per week from four locations spread across the district. Initially two homeopaths worked from the health centres at Batley and Mirfield and in September an additional clinic was started at Earlsheaton Medical Centre. In November 2001 they were joined by the GP working from his surgery in Liversedge. The homeopaths serviced the 33 practices and 80 GPs under the NKPCG. The homeopaths worked on different days with their own caseload.

3.3.2 All patients accepted for treatment were offered an initial course of six sessions with a homeopath. Patients were usually seen every four to six weeks. Information about homeopathy was sent to the patient before their first appointment and they were free to withdraw from treatment at any time. If a patient who had benefited from treatment appeared to require further sessions, this was offered if agreed by their referring GP.

3.4 Referral Criteria

3.4.1 Patients were referred for homeopathic treatment by their GP according to a set of referral criteria established at the beginning of the pilot project. Patients were required to fall into one of four categories of medical conditions and to satisfy some general criteria. Overall clinical responsibility remained with the patient's GP.

3.4.2 The general guidelines for referral were set through four questions the GP answered about the prospective referral. Their aim was to ensure that patient and GP expectations matched what could be achieved by the homeopaths in the six sessions allowed. Although homeopathy can treat people with multiple problems, or on a range of long-term medication, it was felt unfair on homeopaths, patients and the Pilot project to attempt to resolve complex problems in this short time. Both these categories of patient were therefore excluded.

3.4.3 On the other hand, to encourage GPs to start making referrals, a range of common conditions were agreed on. These were chosen to be broad enough to include a reasonably wide range of patients, but narrow enough to indicate the type of patient that would be suitable. The categories chosen were those with some evidence of effectiveness, but were mainly based on the

experience of homeopaths in practice on the types of problem that respond well to treatment. The four conditions were:

- A psychological problem such as anxiety or depression
- A 'women's' problem - PMS, menopausal symptoms, period problems
- A child suffering recurrent infections - e.g. otitis media, glue ear, tonsillitis, bronchitis
- A general disorder of the immune system such as allergies, Myalgic Encephalomyelitis (ME), Rheumatoid Arthritis (RA)

3.5 Communication with GPs

3.5.1 The homeopaths wrote to the patient's GP after three months and at the end of treatment to report on the patient's progress. Where MYMOP2 was being used these scores were given. When a patient was discharged because they had reached the end of treatment or for another reason, the homeopath wrote to inform the GP.

3.5.2 When the service was launched the homeopaths offered to visit GPs to describe the new service and address any concerns. To promote the service further the PCT sent out an occasional newsletter informing GPs of developments.

4. ACTIVITY

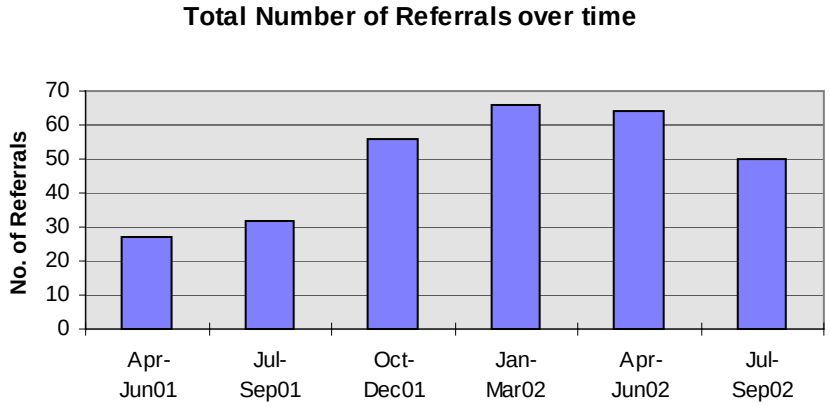
4.1 Introduction

4.1.1 This section describes the pattern of referrals and patient numbers and characteristics. It aims to address Objective 1 (3.2.2) to assess patient accessibility and uptake of the service.

4.2 Pattern of GP Referrals

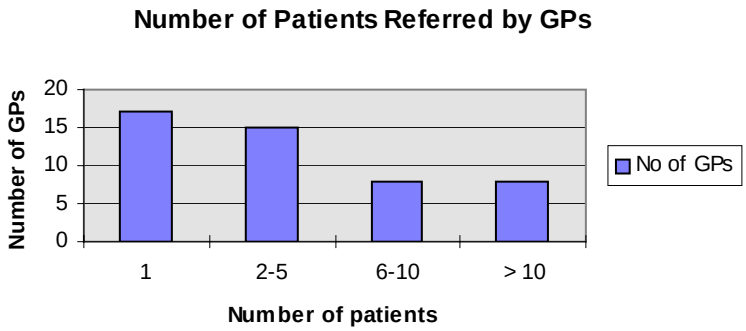
4.2.1 Over the two years of operation a total of 287 patients were accepted for treatment. At least 25 referrals were made where, for a variety of reasons, the patient did not start treatment. *Figure 1* shows the number of referrals over time. There is a large increase from October to December 2001 when the third homeopath joined the Project. Referrals increased over time reaching a plateau between January and June when the workload was at a maximum and the homeopaths stopped promoting the service. Towards the end of the project the number of new referrals declined as the homeopaths' caseloads were full. In October 2002 the service stopped taking referrals because projections for the budget were close to the limit.

Figure 1



4.2.2 The number of GPs who made at least one referral during the time of the Pilot Project was 48 from a potential total of 83 (58%) (*Figure 2*). This number was still rising when the homeopaths stopped taking referrals in October 2002. Sixteen GPs referred more than five patients each and eight referred more than ten.

Figure 2



4.2.3 The total number of appointments was 1399. The mean number of visits was 4.9.

4.3 Case Mix and Patient Characteristics

4.3.1 Of the 287 patients who started treatment there were 229 females (80%) and 58 (20%) males. The age range of patients is shown in *Figure 3.*

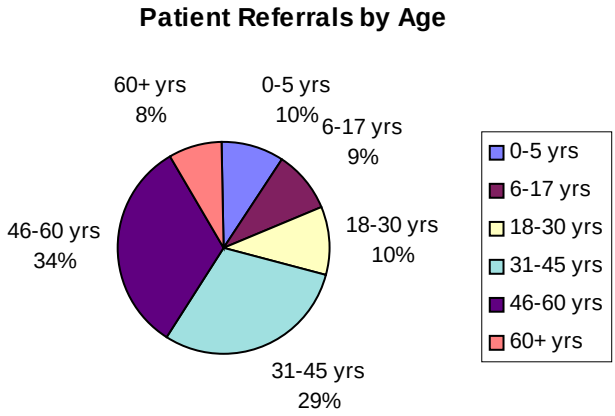


Figure 3

4.3.2 The largest number of referrals was for anxiety and depression (30.7%), though this covered a wide range of emotional disturbance. The second largest category was for menstrual and menopausal problems (26%) followed by 'other' (16.4%) which covered any condition which was not one of the four specified. The two categories with least referrals were auto-immune disorders (13.6%) and recurrent upper respiratory tract infections (13.2%). See *Figure 4.*

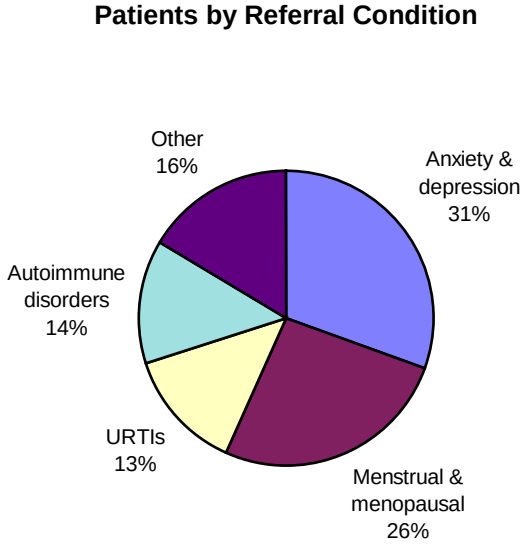


Figure 4

4.3.4 The home postcode of all referred patients was analysed by ward *(Figure 5)*. The results show a good geographical spread.

Figure 5

ward name	count	ward name	count
Batley East	25	Spenborough	21
Batley West	30	Thornhill	14
Birstall&Birkenshaw	12		
Cleckheaton	18	Deighton (Huddersfield)	1
Dewsbury East	37		
Dewsbury West	30	Horbury (Wakefield)	1
Heckmondwike	40	Ossett (Wakefield)	2
Mirfield	55	NO MATCH	10

4.4 Costs

4.4.1 The total cost of the project was £46,710. In the year 2001-2 a reduction the budget of £5,000 was made due to financial pressures on the PCT. In total 287 patients had a course of treatment, the average total cost per patient was £163.

4.4.2 The charge made by the homeopaths was £50 per hour of contact with patients. This covered work done outside the consultation on cases and administrative tasks. It also covered the development of the project and time spent writing reports. All medicines and telephone support for patients whilst under the care of the homeopath are included as well as extraneous costs such as travel, stationery and other business and professional costs. DNAs were not charged for.

4.4.3 Comparison of costs is beyond the scope of this project. Other studies have shown that the bill for conventional drugs and procedures has fallen after the introduction of homeopathy[ix x]. There are other savings in GP time and in unnecessary referrals to consultants or other services. Our patient survey also showed that patients had tried fewer other treatments for their complaint after homeopathic treatment compared with before.

4.5 Discussion

4.5.1 Introducing homeopathy into primary care in this way is a relatively new development. Whilst individual GPs trained in homeopathy may provide homeopathic treatment for their patients, a service for all patients provided by non-GP homeopaths is relatively untried. When designing the service, advice was taken from the Society of Homeopaths and homeopaths working in similar projects in other parts of the country, but there is little collective experience and no tried and tested model. For this reason regular meetings were held between the Primary Care Development Manager at the PCG and the homeopaths to review progress and resolve any problems as they arose. This process worked well. The main issues addressed were

- patients with limited spoken English
- referrals not within the referral criteria
- patients with unclear expectations who quickly dropped out
- persistent DNAs
- uneven referral patterns
- GPs' lack of familiarity with homeopathy

5. EVALUATION

5.1 Introduction

5.1.1 Evaluation of the project was determined by the agreed aims and objectives (3.2). There are four aspects:

1. A clinical evaluation of a sample group of patients to assess the effect of homeopathic treatment on the patients' presenting complaint and overall health (Objective 6)
2. A survey by postal questionnaire of the same sample group of patients to determine patient satisfaction with the homeopathy service (Objective 2)
3. A survey by postal questionnaire to determine GP satisfaction with the service (Objective 4)
4. An analysis using a model which measures the quality of integration of a complementary therapy into existing health care: this evaluates the model of delivery and includes accessibility and working relationships (Objectives 1, 3 and 5)

5.2 Clinical Evaluation

5.2.1 A number of different outcome measures were assessed before deciding on MYMOP (a Measure Yourself Medical Outcome Profile). MYMOP measures the aspects and effects of illness that the patient decides are most important. It is sensitive enough to be a specific measure of the presenting problem and can be used across all conditions. Other measures were related to only a narrow range of conditions (HAD scale, Kupperman) or were too general (Glasgow Homeopathic Hospital Outcome Scale, SF-36). MYMOP has the additional advantages of being freely available, has been validated and produces quantitative results. Furthermore, although it is brief it is highly responsive to changes over time.

5.2.2 The medical outcome of all patients that commenced treatment in the period between November 2001 and September 2002 and treated by the two Registered homeopaths was measured using MYMOP2. This is an updated version of the original MYMOP that has been validated against the SF-36 health survey[xi]. Approval was sought and gained from the Local Patient Ethics Committee.

5.2.3 The MYMOP2 questionnaire (see Appendix 2) asks patients to score four aspects of their health: the symptom that is most important to them; a second symptom that is part of the same problem; an activity of daily living that symptom 1 and 2 interfere with and their general feeling of well-being. For each aspect a score of 6 is as bad as it can get while a score of zero is as good as it can be.

5.2.4 Patients were asked to fill in a MYMOP2 questionnaire before homeopathic treatment commenced, three months into treatment, at the end of treatment and, where possible, three months after the end of treatment.

5.2.5 Of the 80 patients that began, 19% dropped out before they had completed three months of treatment. Sixty-five patients continued with treatment for more than three months. The results from these patients were analysed to see whether there were any changes in the health of patients between the beginning of treatment and the end. There was nothing unusual in the profile of those who dropped out.

5.2.6 The results should be treated with caution. There may be bias due to patient drop-out. Furthermore, the study was not controlled, so other factors that may have affected the health of patients over the sample period, cannot be ruled out. The results do, however, show strong trends which suggest that homeopathy had an effect on the conditions treated.

5.2.7 The significance of the results was tested by Student's 't' test throughout. To verify the validity of the 't' test, the difference in means for symptom 1 for all patients was also tested by the Wilcoxon Signed Ranks test, a non-parametric test. This was again found to be highly significant (P<0.001) (SPSS v 11).

Average MYMOP Scores

5.2.8 The average scores for the main symptom treated and for well-being were significantly better at the end of treatment than at the beginning (Tables 1 & 2). Improvement was greatest in patients suffering from anxiety and depression hence, the average MYMOP for symptom 1 in patients with anxiety or depression was 4.44 at the start of treatment and 1.83 at the end. This is an average improvement of 2.4 points, a result that was highly significant (p=< 0.001) according to 't' test.

Table 1: Average Change in MYMOP2 Scores for Symptom 1 from the beginning of treatment to the end.

Condition	N	Mean MYMOP score	Diff. Between Means	95% Conf. Limits on the Difference Between the Means	Significance (t-test)
All patients:					
beginning of treatment:	65	4.48		Lower: 1.85	p< 0.001
end of treatment:	65	2.17	2.3	Upper: 2.76	
Menopause/menstrual disorders	22	4.68		Lower: 1.49	p< 0.001
beginning of treatment:	22	2.27	2.4	Upper: 3.32	
end of treatment:					
Anxiety/depression					
beginning of treatment:	18	4.44		Lower: 1.90	p< 0.001
end of treatment:	18	1.83	2.6	Upper: 3.32	
Upper respiratory tract infections	16	3.94		Lower: 0.97	p< 0.001
beginning of treatment:	16	1.88	2.1	Upper: 3.15	
end of treatment					
Auto immune disorders					
beginning of treatment:	4	4.75		Lower: -2.29	p< 0.5
end of treatment:	4	3.25	1.5	Upper: 3.82	
Other conditions.					
beginning of treatment:	5	5.2		Lower: 0.58	p< 0.05
end of treatment:	5	3.0	2.2	Upper: 3.82	

Table 2: Average Change in MYMOP2 Well-being Scores from the beginning of treatment to the end.

Condition	N	Mean MYMOP score	Diff between means	95% Conf. Int. of the Difference	Significance (t-test)
All patients:					
beginning of treatment:	65	3.60		Lower: 1.19	
end of treatment:	65	2.00	1.60	Upper: 2.01	p< 0.001
Menopause/menstrual disorders					
beginning of treatment:	22	3.45		Lower: 0.64	
end of treatment:	22	2.00	1.45	Upper: 2.27	p< 0.001
Anxiety/depression					
beginning of treatment:	18	3.89		Lower: 0.99	
end of treatment:	18	2.06	1.83	Upper: 2.67	p< 0.001
Upper respiratory tract infections	16	3.00		Lower: 0.92	
beginning of treatment:	16	1.31	1.69	Upper: 2.46	p< 0.001
end of treatment					
Auto immune disorders					
beginning of treatment:	4	4.503.25		Lower: -2.93	
end of treatment:	4		1.25	Upper: 5.43	p=< 0.5

5.2.9 MYMOP2 scores were significantly improved across all age groups and length of time that the patient had been suffering from Symptom 1 (Tables 3).

Table 3: Comparing Improvement In MYMOP2 Scores Over The Treatment Period In Patients Who Had Suffered From Their Symptoms For Different Lengths Of Time

Length of Time The Patient Had Suffered With The Symptom Prior to Treatment	N	Mean MYMOP score	Diff between means	95% Conf. Ints. Of the Difference	Significance (t-test)
Less than 3 months	3	4.67		Lower:-1.8	
	3	1.33	3.34	Upper:8.5	p>0.05
3 months to 1 year	16	4.31		Lower:0.97	
	16	2.31	2.0	Upper:3.03	p< 0.001
Over 1 year to less than 5 years	31	4.45		Lower:1.77	
	31	1.94	2.51	Upper:3.26	p< 0.001
More than 5 years	15	4.67		Lower:1.34	
	15	2.67	2.0	Upper:2.66	p< 0.001

Proportion Of Patients Showing Improved MYMOP2 Scores

5.2.10 Overall, Symptom 1 improved to some degree in 85% of patients. An improvement in the MYMOP score of 2.25 is equivalent to “much better” on the SF-36 scale. This improvement was seen in approaching 66% of patients over the treatment period. Improvement was again greatest in patients suffering from anxiety and depression. Symptom 1 was worse at the end of treatment in 6% of patients (*Figure 6*). Symptom 1 was scored zero, as good as it could be, at the end of treatment in 17% of patients.

5.2.11 The MYMOP2 score for well-being improved to some degree in 75% of patients and an improvement of 1.61, equivalent to “much better” on the SF-36 scale was seen in more 50%. Improvement was greatest in patients suffering from upper respiratory tract infections. 9% felt worse at the end of treatment than at the beginning (*figure 7).*

Figure 6

Changes In MYMOP Scores for Symptom1

All patients (n=65)

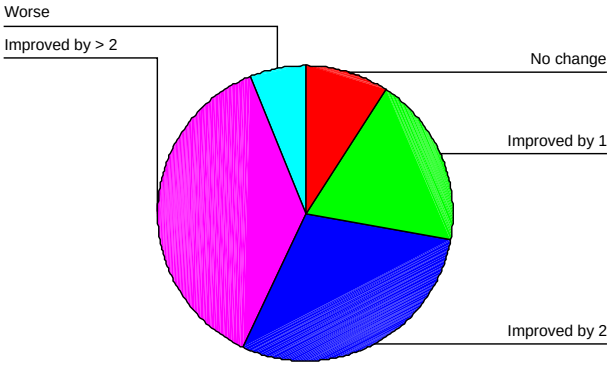
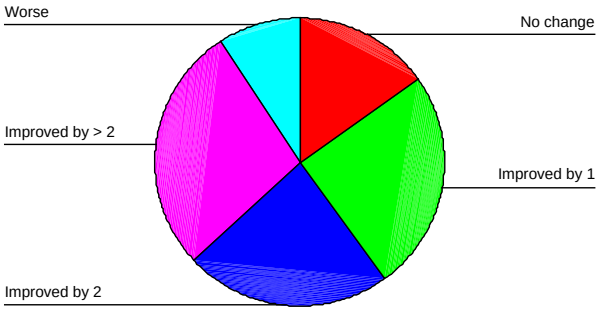


Figure 7

Changes In MYMOP Scores for Well Being

All patients (n=65)



5.2.12 19 patients returned MYMOP questionnaires 3 months after they finished their treatment. Symptom 1 was better than at the start of homeopathic treatment in two thirds of these patients. However, the results represented only 29% of the sample and they are therefore of limited value.

5.3 Results from GP Satisfaction Survey

5.3.1 A literature search produced no validated measure to look at GP satisfaction with the service provided. An interim questionnaire drawn up by the homeopaths and sent out by the PCT in March 2001 to assess initial GP response to the service was used as a basis for a longer questionnaire. This was sent out by the PCT in April 2003.

5.3.2 The questionnaires were sent to all 48 GPs who had referred at least one patient for homeopathic treatment. Twenty-five (52%) were returned. The results were independently analysed.

5.3.3 A response rate of 52% from busy GPs is positive considering that only one letter was sent out. Normal research practice for postal surveys is to send three letters at intervals followed by a phone call and then 65-70% is deemed to be a good response. Unfortunately these resources were not available.

5.3.4 No overall conclusions can be drawn from the results of this survey. However, those GPs that did respond were positive. Nineteen of the 25 responding GPs wished to see the service continue and ten regarded it as a priority for funding.

5.4 Results from Patient Satisfaction Survey

5.4.1 A search produced no validated measure of patient satisfaction so again a new questionnaire was drawn up by the homeopaths in consultation with the PCT.

5.4.2 A questionnaire was sent out by the PCT to the 65 patients who had their clinical outcome assessed by MYMOP2. Forty-three (66%) responded. These results may be prone to some bias as those patients who dropped out before completing three months of treatment were not surveyed. The results were independently analysed.

5.4.3 A large majority of patients were happy with their homeopath's professionalism, clinic times and location and the information provided. Asked whether they would recommend the service to a friend 93% of patients said they would. Almost a quarter of patients spontaneously suggested that homeopathy should be available on the NHS.

Discussion Of Results

5.6.1 The objectives set (see 3.2.2) to achieve the aims of the project were met by the evaluation methods used. However, poor response rates by GPs lessens the validity of this part.

5.6.2 Both the main symptom suffered and the well-being of 65 patients referred for homeopathy improved by an average of more than two points on the MYMOP scale over a period of treatment.

5.6.3 Where sample sizes were larger than six individuals, these improvements were statistically significant for all age groups, disease categories and lengths of time that the patients had been suffering.

5.6.4 The MYMOP results strongly suggest that homeopathy is an effective treatment for the conditions referred, but may also show a need for continued care of patients beyond the initial treatment period. This point is discussed more fully later in the report.

5.6.7 95% of patients were happy with the information they were given, accessibility of the clinics and the professionalism of the homeopaths and 93% said that they would recommend the service to a friend. The general tenor of the responses was overwhelmingly enthusiastic.

5.6.8 Feedback was received from just over half the GPs who had used the service. 76% of these wanted the service to continue and 40% felt that it should be a priority for funding. Considering the wide range of views held on the subject of alternative and complementary therapies amongst GPs, this level of support is encouragingly high.

6. CASE STUDIES

Case Study: NK152

A boy of two and a half was brought with repeated chest, throat and ear infections over the previous eighteen months. He had a constant runny nose and seemed to have a lot of mucous in his throat, often coughing until he was sick. He was on salbutamol syrup once a day increasing to three times a day when his cough was bad. He had had a course of antibiotics about once a month over the last year.

Over the first three months of treatment his condition improved steadily and after 6 months his chest had remained free of infection for three months, he had been taken off the salbutamol and he was generally happier, more willing and less aggressive. At this point he was signed off.

Case Study NK220

A woman of 50 was referred with menses-associated migraine with severe vomiting. She had had migraine for three days before each period since she was twenty-four years old. Since she became peri-menopausal her menses had been coming every two weeks. She was not able to take HRT because she had had breast cancer eight years previously. She was taking six imigran sprays a month to try to control her symptoms.

After two months of treatment she was having no migraines and this improvement continued for the following two months at which point the project ended.

Case Study NK56

A young woman of 28 was referred with a diagnosis of 'bulimia'. She had been suffering problems with eating since she was 15. Mary had seen a psychologist and been attended an eating disorders clinic but, whilst she had a good understanding of the reasons why she had the problem, she could not change her behaviour.

Over the first eight months progress was slow as Mary had difficulty keeping her appointments. When I saw her again after an absence of 5 months she had started to notice a change in her eating habits. Over the following year Mary went through a period of upheaval temporarily leaving her partner and being made redundant. Through all this her eating problems continued to improve.

By the end of the period of treatment Mary's eating was normal. Although she still had some cravings to overeat she was able to control them. She also noticed a positive shift in her feelings about herself and her relationships with others.

7.CONCLUSIONS

7.1 There is increasing demand for complementary and alternative therapies (CAM) to be available on the NHS. There is a growing body of evidence in homeopathy that demonstrates its effectiveness.

7.2 North Kirklees was one of the first PCTs to attempt to establish a homeopathy service with equality of access to all patients. When this pilot project was being set up there was little relevant experience to draw on. A number of small problems were encountered and resolved according to the model of action research. At the point where the homeopaths stopped taking referrals from GPs the service was working at its maximum capacity.

7.3 The long-term benefits cannot be assessed from this study but the positive results presented in the report show that the homeopathy service was associated with clearly identifiable short-term benefits to patients across a range of conditions.

7.4 Patients were overwhelmingly in support of the service.

7.5 More than half the GPs working in North Kirklees made at least one referral and this in itself can be seen as a success.

7.6 Results from West Yorkshire Health Authority's 1995 pilot study[xii], although differently organised, support some of the conclusions here. For half of the patients in that study there was no obvious other referral route and all the patients improved their health. The report also recommended that more work be done on the costs and benefits of providing complementary therapies.

7.7 In its recommendations the WYHA reflects the conclusion of this project when it states "The introduction of any service or therapy requires a meaningful dialogue at implementation and later stages based on a shared understanding of the service or therapy and a commitment to agreed objectives."

7.8 National priorities for health include mental health and 'improving the patient experience'. North Kirklees PCT's health priorities include mental health, musculo-skeletal pain and

improving GP services. This study has showed significant short-term benefits from homeopathic treatment for anxiety and depression and for chronic musculo-skeletal pain. The provision of an alternative to orthodox treatment enhanced patient and GP choice and patients valued the experience. The service made a contribution to an improved GP service.

7.9 We conclude that the aims of the Project (3.2) were largely met. A homeopathy service was successfully established in primary care in North Kirklees and the benefits of the service to patients, GPs and patients have been explored. Response rates from GP questionnaires were poor and would have been improved if carried out by researchers with adequate back-up.

8. SUGGESTIONS FOR DEVELOPMENT OF THE SERVICE

8.1. The HIMP[xiii] focuses on the prevention of ill health identifying both external and internal factors which affect this. Homeopathy, being a holistic discipline, aims to improve people's overall health and well-being. It addresses all levels of health - physical, emotional, mental and spiritual. The process of homeopathy can help people take more responsibility for their health and lives and bring about a clearer sense of direction and purpose.

8.2 Referral conditions

8.2.1 If the service is continued it is suggested that a working group be established made up of GPs, homeopaths and the PCT. This group would clarify guidelines for referral and recommend conditions to be treated by the homeopathy service. We suggest the following factors be considered.

- clinical evidence of effectiveness
- national and local health care needs and priorities
- how well the condition is served by existing available services
- patient choice and satisfaction

8.2.2 It is suggested that, among the North Kirklees health priorities, homeopathy could be an effective treatment approach in chronic disease management and mental health (including post-natal depression).

8.3 Structure of Service

8.3.1 More work needs to be done to ensure that patients referred for treatment fit the referral criteria. The initial assessment seems to be one way of achieving this. It also ensures that patients are making an informed choice.

8.3.2 It is suggested that the homeopathy service be placed on a three year contract and subject to annual review. To enhance continuity of care and give more flexibility to the service it is proposed that each patient has up to six initial sessions then a further six sessions to be taken as needed.

8.3.3 It is recommended that a follow-up appointment is arranged between GP and patient at the end of the homeopathic treatment to ensure full discussion of the patient's progress. At this point the homeopath would provide the GP with a report on the outcome of homeopathic treatment. If further treatment sessions are recommended by the homeopath the GP would discuss this with the patient before coming to a decision as to the best interests of the patient.

8.3.4 Demand for the service increased steadily over the period of the pilot project. Survey results show that patients and GPs would like the service to continue. An expansion of the service over

a longer time would give greater continuity of care for patients. In addition, if a wider range of conditions were treated, this would give more patients access to the service.

8.3.5 Whether the model of delivery of several centres servicing all the GPs should continue, or whether one providing a more local service for those GPs interested will need to be discussed. It is suggested that administrative arrangements for patient appointments, which were being carried out by the homeopaths, should be taken on by the treatment locations.

8.3.6 Only those homeopathic practitioners who are fully qualified and licensed to practise should be employed. Those with the qualifications RSHom are registered with the Society of Homeopaths and MFHom are registered with the medical Faculty of Homeopathy.

8.4 Clinical Audit

8.4.1 It is recommended that, in any development of the service, the evaluation of clinical outcome is continued to satisfy demands for evidence-based medicine and that this should be carried out by independent researchers funded as part of the overall budget.

8.4.2 Further studies, identified during this pilot project, might also be carried out. These include investigation of the longer-term results of homeopathic treatment and its cost-effectiveness compared with an orthodox approach.

Authors

This report was written by Clare Walters and Jan Batty, the two Registered homeopaths who developed and delivered the service. We analysed the data on MYMOPs for the clinical evaluation. We have been fortunate enough to have the assistance of Philippe Legrand on secondment to the PCT in putting this report together. He analysed the patient and GP survey questionnaires. We would like to thank Elaine Weatherley-Jones and Kate Chatfield for their help with this report, and Ian Townsend for his invaluable support throughout.

North Kirklees PCG Homeopathy Service
REFERRAL FORM FOR HOMEOPATHIC TREATMENT

Please check the following conditions are met before referring your patient:

- Is the patient willing to undergo homeopathic treatment and likely to give the treatment an opportunity to work?
- Was the patient relatively well before the onset of the presenting condition (not taking a range of drugs for a number of different conditions over a long period)?
- Is the patient prepared to make an effort to get well, accepting some responsibility for their own health?

Is the patient suffering from one of the following? Please tick:

- A psychological problem such as anxiety or depression ☐
- A 'women's' problem - PMS, menopausal symptoms, period problems ☐
- A child suffering recurrent infections - e.g. otitis media, glue ear, tonsillitis, bronchitis ☐
- A general disorder of the immune system such as allergies, Myalgic Encephalomyelitis (ME), Rheumatoid Arthritis (RA) ☐

Name of the patient:

Address: DOB
Male/Female

Postcode
Telephone Number:
Description of the presenting complaint:

Any other information that may be relevant to treatment

If the patient's first language is not English are they proficient enough to communicate well enough with the homeopath?

Please indicate preferred venue for patient to be treated Batley Dewsbury Mirfield

Referring GP's name and clinic

Date of referral:

MYMOP2 FORM

[i] Complementary medicine and the NHS: An examination of Acupuncture, Homeopathy, Chiropractic and Osteopathy, Scottish Office of Department of Health, November 1996
[ii] Ernst E and White A, 'The BBC Survey of Complementary Medicine Use in the UK' in Complementary Therapies in Medicine 8 (2000), 32-36
[iii] Thomas et al, National Survey of Access to Complementary Health Care in general practice, University of Sheffield August 1995
[iv] House of Lords Science & Technology Committee 6th Report 'Complementary and Alternative Medicine', November 2000
[v] Society of Homeopaths leaflet 'What is Homeopathy?'
[vi] Dempster, A, 'Homeopathy within the NHS; Evaluation of homeopathic treatment of common mental health problems 1995-7, Rydings Hall Surgery, Brighouse, West Yorks.' Society of Homeopaths 1998
[vii] Ward A & Christie Dr EA 'Report on NHS practice-based homeopathic project: Analysis of effectiveness and cost of homeopathic treatment within a GP practice at St Mary's Surgery, Bradford on Avon, Wilts', Society of Homeopaths 1996
[viii] Treuherz, F 'An Audit of 500 consecutive patients referred for homeopathy in general practice between 1993-1998, at Bounds Green Group practice, Society of Homeopaths 1999
[ix] Dempster, A, 'Homeopathy within the NHS; Evaluation of homeopathic treatment of common mental health problems 1995-7, Rydings Hall Surgery, Brighouse, West Yorks.' Society of Homeopaths 1998
[x] Ward A & Christie Dr EA 'Report on NHS practice-based homeopathic project: Analysis of effectiveness and cost of homeopathic treatment within a GP practice at St Mary's Surgery, Bradford on Avon, Wilts' Soc of Homeopaths 1996
[xi] Paterson C 1996. Measuring outcomes in primary care; a patient generated measure, MYMOP, compared to the SF-36
[xii] 'Introducing Independent Complementary Therapists into GP Practices in Huddersfield and Dewsbury - Evaluation Report', West Yorkshire Health Authority, March 1996
[xiii] Health Improvement and Modernisation Programme, North Kirklees PCT, 2002