

Northern Ireland CAM Study – part one

It was highly successful, but not in the way you've heard

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Heidi Stevenson is a homeopath doing business in Stirling, Scotland as Gaia Therapy.

She grew up loving science and was delighted to learn of the Northern Ireland CAM Study, and read it to see if all the hoopla about it is true. What she found was, in fact, more interesting. Most of the hoopla wasn't quite accurate, but the most important and exciting factors weren't even being talked about. This article attempts to set the record straight.

Heidi produces the website, Gaia Health, www.gaia-health.com. She has a deep conviction that the earth's and humans' health are intertwined.

You've likely heard about the Northern Ireland study commonly touted as documenting the effectiveness of complementary and alternative medicine (CAM). It was quite successful in reaching its goals – but documenting the efficacy of CAM modalities was not one of them. Part one discusses the goals and accomplishments of the study, and part two examines claims that the study 'proves' CAM's and homeopathy's efficacy.

According to Ken Mayne, the homeopath who was the driving force behind the Northern Ireland CAM Pilot Project (The Project), its purpose was to evaluate whether and how CAM services could be integrated into the NHS, centring on resolving NHS problems of cost and GP effectiveness, patients' access to complementary and alternative and medical modalities, and treatment of conditions known to be resistant to allopathic treatment. The goals can be generally defined as:

- measuring health outcomes and monitoring improvement with CAM integrated into GPs' practices
- redressing patients' difficulties accessing CAM
- contributing to best practice in delivering CAM therapies
- increasing patient satisfaction in access to care
- helping patients learn to manage and improve their own health
- freeing GPs' time
- identifying cost efficiencies.

The Project was a year-long trial of actually integrating and providing CAM services within the NHS's primary care system. It was designed neither as a scientific clinical study nor to determine the efficacy of homeopathy or any other CAM modality. Therefore, it cannot – and does not – meet clinical or

scientific standards for identifying the efficacy of CAM treatment. It does, though, brilliantly meet the goals set, and also provides some limited documentation for CAM's efficacy.

This article focuses on The Project itself, discussing how it came to be and what it revealed. A companion article, 'Northern Ireland CAM Study, Part two', discusses what The Project does and does not do in terms of supporting CAM and homeopathy.

Boo Armstrong, whose social enterprise company, Get Well UK, managed the project, wrote in the *Journal of Holistic Healthcare*:

... the current trajectory of the National Health Service is unsustainable – as the Treasury's Wanless reports have amply demonstrated. Ever-increasing pharmaceutical budgets and technology pressures are straining the NHS at the seams, despite there being little evidence that they are meeting patients' human needs, and for so many NHS patients, health and health expectations remain poor.

So, let's see how The Project documents a means to integrate CAM modalities into the NHS to help meet human health needs.

Background

Ken Mayne had envisioned such a study as The Project about ten years earlier and had campaigned

tirelessly for patient access to homeopathy on the NHS, but had little success. As he stated, 'It takes someone to open the door for you, to give it impetus'. That someone finally arrived in the form of Peter Hain, Wales and Northern Ireland Secretary of State. After allopathy's lack of effectiveness in treating his son's eczema and asthma, it was resolved with homeopathy and avoidance of certain foods, so he was favourably disposed towards CAM.

During most of the years Ken tried to advocate for a feasibility trial on integrating CAM into the NHS, the political situation in Northern Ireland wasn't conducive to cooperation with such a study, but Peter Hain's appointment as Secretary was a significant change in the political climate. Ken approached him and was delighted to receive a positive response. Because of his backing, the Northern Ireland Minister of Health, Sean Ireland, met with Ken, which led to setting up a Steering Group to take The Project forward.

Once tasked with going forward, Ken said that the civil servants were 'great to work with' and took the task seriously. The Steering Group worked on defining goals and methods.

Ken found Boo Armstrong's social enterprise, Get Well UK, and was impressed with the ethical way in which she does business. She won the contract to manage The Project. Because he preferred to function as a homeopath in The Project, rather than managing it, Ken backed out of the planning process at this point.

Ken was quite clear that the purpose of The Project was not to



study the efficacy of CAM. As he said, it was an evaluation of a service. It looked to see how CAM could work alongside GPs, how it could work in a variety of ways ... and it did in every respect.

The Project's methods

Who?

The Project was arranged by the National Health Service (NHS) in conjunction with the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).

DHSSPS is a Northern Ireland government agency tasked with 'improving the health and social well-being of the people of Northern Ireland'. It funded Get Well UK, a non-profit company that provides complementary healthcare to the NHS, to administer the project. The evaluation was conducted by an independent agency, Social & Market Research (SMR), which also wrote the report on the study, 'Evaluation, Complementary And Alternative Medicines, Pilot Project, May 2008'. It should be noted that SMR reported to DHSSPS, not to Get Well UK, which is a strong indicator of independence.

What?

According to SMR, The Project is: ... based on an analysis of project monitoring data provided by Get Well UK; and focus groups and surveys of patients, CAM practitioners and GPs from the two participating health centres.

Where?

The Project was conducted in two primary care centres in Northern Ireland, Shantallow Health Centre in Londonderry and The Arches Centre in Belfast.

When?

It took place between February 2007 and February 2008, and the evaluation was published in May 2008.

How?

Get Well UK provided the CAM Practitioners. GPs were instructed to refer musculoskeletal patients to osteopaths, chiropractors, or acupuncturists. Patients suffering with stress, depression, or anxiety were referred to homeopaths for monthly treatments and to acupuncturists for weekly treatments. These practitioners could refer patients for massage, aromatherapy, or reflexology.

A total of 713 patients, suffering from musculoskeletal and mental

Belfast was one of the locations of The Project, Londonderry the other

health problems, were referred by their GPs to CAM practitioners.

Data was collected by Get Well UK throughout the project, as follows:

- Alternative / Complementary Practitioners:
 - Practitioner Evaluation (after last treatment of each patient; n=394 responses, 55% of the 713 patients)
- Patients:
 - Referral forms (part filled by patient, part by GP; n=713)
 - Patient Monitoring Form (demographics; n=419, 59%)
 - Measure Yourself Medical Outcome Profile 1 (MYMOP 1) (first treatment; n=339, 48%)
 - MYMOP 2 (after last treatment; n=339, 48%)
 - Patient Service Evaluation (after last treatment; n=300, 42%)
- GPs:
 - Referral forms (part filled by patient, part by GP; n=713)
 - GP Evaluation (after last treatment; n=231, 32%)
- Miscellaneous:
 - Supervision Feedback (monthly by supervision)
 - Patient Complaints (on



Profile of patients referred to The Project (n=713)			
		%	n
Sex	Male	30	214
	Female	69	494
	Missing	1	5
Age	<40	28	202
	40-59	42	296
	60+	26	183
	Missing	5	32
Location	Belfast	55	389
	Londonderry	45	324
Health Problem	Depression, stress, or anxiety	36	257
	Musculoskeletal	62	440
	Both	1	10
	Missing	1	6
Treatment	Acupuncture	37	262
	Aromatherapy	2	14
	Chiropractic	20	145
	Homeopathy	13	92
	Massage	0.1	1
	Osteopathy	19	133
	Reflexology	0.4	3
Missing	9	63	

Profile of patients who completed MYMOP forms (n=419)				
		All %	Belfast %	Londonderry %
Sex	Male	33	33	32
	Female	67	67	68
Age	<40	27	19	35
	40-59	42	37	47
	60+	31	43	18
Social class	ABC1	35	34	35
	C2DE	66	66	65
Education	Qualifications	62	63	62
	No formal education	38	37	38
Social benefits	Yes	54	43	64
	No	46	57	36
Religion	Protestant	45	94	2
	Catholic	55	6	98
Health condition	Depression, stress or anxiety	34	19	49
	Musculoskeletal	66	81	51
Treatment (first)	Acupuncture	44	30	58
	Chiropractic	22	44	0
	Homeopathy	10	8	11
	Osteopathy	23	14	32
	Other	1	3	0
	Missing			
Duration of symptoms	Less than 1 year	25	34	17
	1-5 years	29	34	24
	More than 5 years	46	32	59

- demand by Customer Service)
- Customer Services Feedback (on demand by Customer Service)
- GP/DHSSPSNI Feedback (on demand by Managing Director).

Other data was collected by the Steering Group. They included questionnaires sent to each of the three groups:

- Patients (n=227 returned, 45% of the number sent)
- Practitioners (n=12 of 16, 75%)
- GPs (n=12 of 35, 34%).

The evaluation was based on these elements (taken directly from the SMR report):

- Health benefits to the patient
- Health economics/cost analysis
- Patient satisfaction with services
- GP satisfaction with services
- Effects on medication usage
- Reduction in GP workload.

Demographics

The age range of patients, duration of symptoms, education levels, sex,

and other key demographic factors indicate a remarkable balance, with the exception of type of complaint. Approximately twice as many patients who filled out the first MYMOP form reported musculoskeletal complaints rather than mental health problems.

All patients were asked to fill out Measure Yourself Medical Outcome Profile 1 (MYMOP1) forms after the first appointment with a CAM practitioner, and MYMOP2 forms after the last visit. These are the same forms that GPs use to rate patients' views of how treatment affected their conditions. 419 of the 713 patients in The Project filled them out. Their demographic profiles are noted in the chart, 'Profile of Patients Who Completed MYMOP Forms'. Approximately twice as many women as men received CAM treatments. Ages ranged widely, though the majority were in their

Ken Mayne had envisioned such a study as The Project about ten years earlier

middle years. Social class tended towards the lower half. More than half received social benefits. Religion was split fairly evenly between Protestant and Catholic. About twice as many were seen for musculoskeletal conditions as for mental ones (though many complained of more than one, which is not reflected in the chart). See right hand table on page 26.

Results

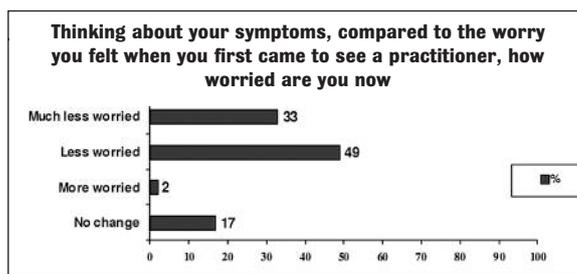
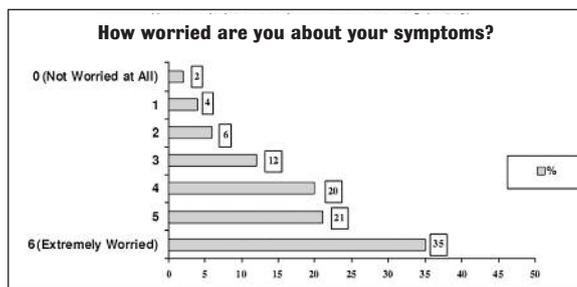
Northern Ireland CAM Study, part one focuses on issues related to CAM efficacy, including activity levels, sense of wellbeing, medication levels, ability to work, quality of life, and overall improvement.

The results show that the great majority of patients were suffering from long-term illness, they were quite worried about it, and they experienced significant benefits from CAM treatments.

Patients responded to a variety of questions about their ailments, including rating the severity, the impact on their ability to function, degree of pain, and duration of symptoms. A quarter of the respondents said that they'd lived with their problems for less than a year, 29% said they'd suffered one to five years, and 46% said it had been over five years. A full 75% had been dealing with chronic problems for at least a year, and close to half for more than five years.

75% of the respondents were taking medications. Of those, nearly nine out of ten (89%) said that reducing medication was important to them.

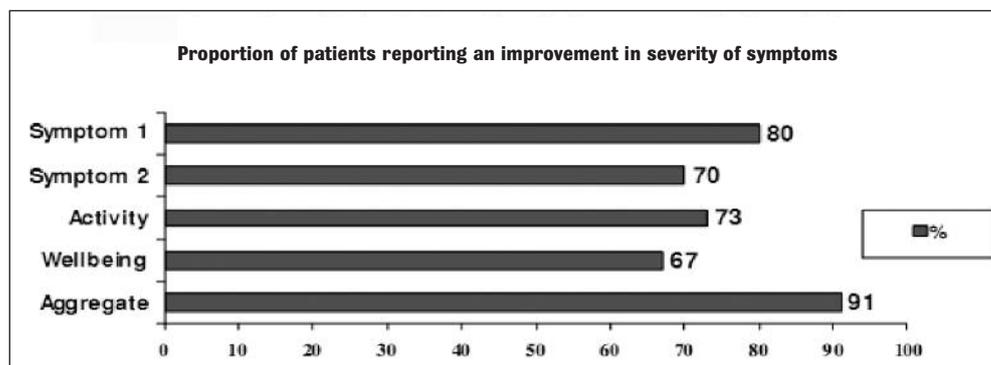
Patients expressed a high degree of worry about their symptoms. Ratings for each category could be 0 for 'not worried at all' through to 6 for 'extremely worried'. 35% indicated 6, extremely worried, while only 2% rated their concerns



at 0, not worried at all. The vast majority indicated moderate to great concern about their symptoms. Clearly, patients' chronic conditions caused them a great deal of anxiety.

After treatment, patients were asked if they were more or less

Patients were overwhelmingly happy with their CAM treatments



worried about their symptoms. Their concerns were significantly decreased. A total of 82% were less worried, with 33% much less concerned, 49% less concerned, 17% unchanged, and only 2% were more concerned.

Severity of symptoms

The percentage of patients who saw improvements in their symptoms was significant. Of their primary symptoms, a full 80% saw improvements, and 70% saw improvements in their secondary symptoms. 73% of the patients reported improvement in their activity levels, and 67% reported improvement in their sense of wellbeing.

82% of patients were less worried about their symptoms after CAM treatment, with 33% selecting 'much less worried' and 49% 'less worried', leaving 2% reporting 'more worried' and 17% saying there had been 'no change'.

Medication use

At the first CAM appointment, 75% of patients reported taking medication. After treatment, that figure was 14% lower, dropping to 61%. This finding isn't as simple as it appears, though. Of the 75% who'd been taking medication before treatment, 20% reported ceasing by the end of treatment. However, 9% of the 25% who were not taking medication before treatment had started by the end of treatment.

General health

Significantly, more than 8 out of 10 patients (81%) reported improvements in their general health. Interestingly, those patients in higher social classes were 9% more likely to indicate overall health improvement (86% in classes ABC1 and 76% in classes C2DE), and those who did not receive social benefits were 10% more likely to indicate improved general health (86% for those without benefits and 77% with benefits).

Patient feedback of intangibles

Patients were overwhelmingly happy with their CAM treatments. Rather than discuss them, the figures of the table on page 28 tell the tale very clearly.

Practitioners' views of results

12 of the 15 practitioners provided responses on questionnaires with

Patient views on intangibles	Excellent	Very good	Good	Fair	Poor	n
	%	%	%	%	%	
Effectiveness of the treatment for managing your health problem	35	35	20	10	1	293
Explanations of treatment	63	31	4	1	0	293
Attention given to what you say	78	18	4	0	0	294
Advice given about ways of avoiding illness and staying healthy	57	32	9	1	1	288
Friendliness and courtesy shown to you by your practitioner	92	8	0	0	0	295
Respect shown to you, or attention to your privacy	88	12	0	0	0	294
Amount of time you had with the practitioner during each visit	61	29	8	1	0	293

questions and rating scales that do not directly correspond to those patients filled out, so it isn't possible to draw a one-to-one comparison. Nonetheless, the general information elicited is similar, so comparing responses is reasonable. Practitioners tended to view results

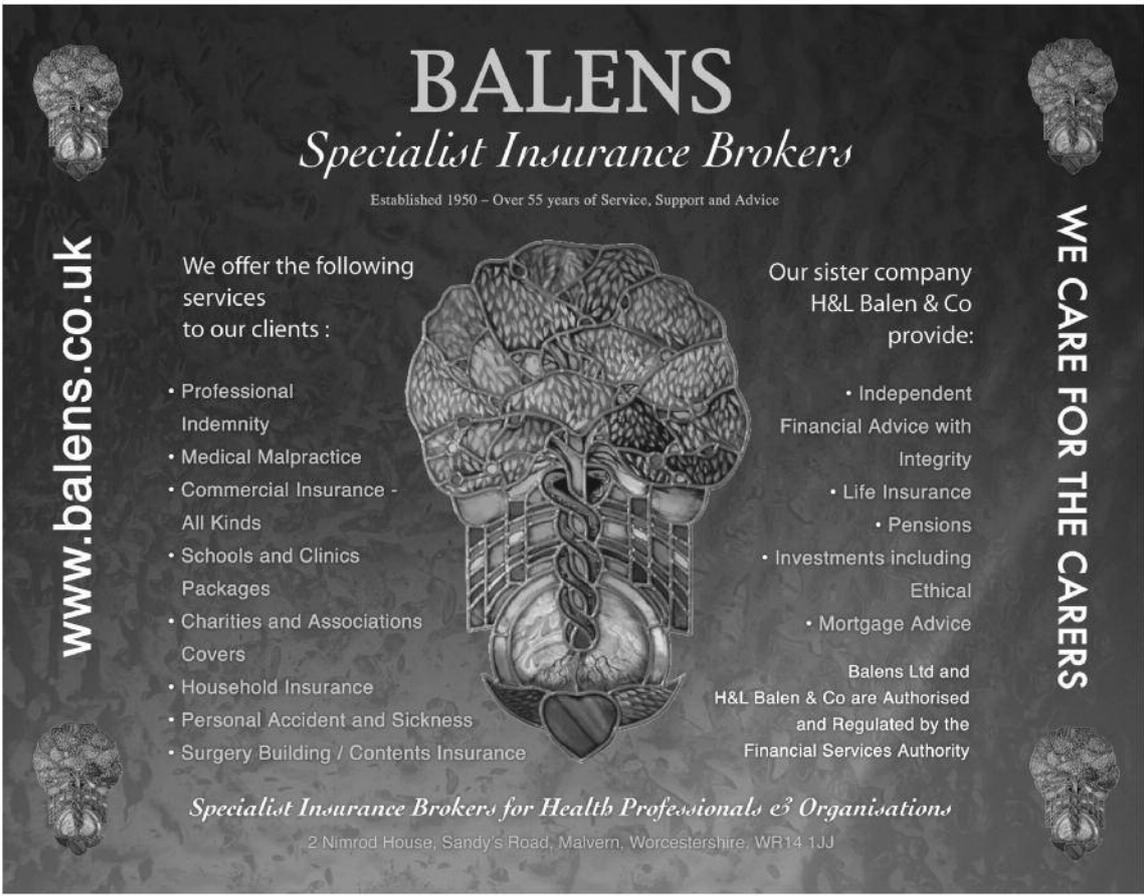
as somewhat rosier than patients, but not significantly so.

Although initially there were problems with GPs sending patients to the appropriate type of CAM modality, most practitioners felt that their ability to do so improved as The Project proceeded.

Seven of the 12 practitioners felt that they were not provided with enough information about patients' history, while five felt that they had. However, all practitioners found that patients were willing to share personal medical information, thus mitigating any problems.

Only five practitioners believed that the GPs had provided adequate information on what to expect from the practitioners. Eight of the practitioners found that patients were anxious about the treatments as a result of not understanding what to expect – though clearly, not this entire group felt it resulted from the GPs' not providing the information. Practitioners also said that some patients were concerned that treatment would be ineffective, that they might have to undergo, that they feared needles, and that they wouldn't have enough time with the practitioners.

Communication with GPs was cited as a problem. Six of the practitioners were satisfied with it, five were not, and one was very



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dissatisfied. Of the six who were unhappy with GP communications, issues cited included little or no communication with them, the low number of initial referrals to homeopaths, and insufficient information about the patients on referral forms.

One of the practitioners discovered that the reason for the initially low number of homeopathic referrals was a lack of understanding about homeopathy and what it could do. He took it upon himself to educate the GPs, which resulted in increased referrals.

Although the great majority of practitioners expressed satisfaction

with the referral process, suggestions were given for improving it. These included more and better information for the GPs so they could understand the CAM modalities better, regular meetings with GPs, more detailed information about patients, and better matching of patient conditions with CAM modalities.

Practitioners saw an average of 44 patients each during the course of The Project. Most believed that most patients' health had improved. They believed that patient compliance with treatment was excellent or good.

Practitioners found a lack of understanding of homeopathy amongst GPs

Communication with GPs was cited as a problem

Practitioner perceptions of patient benefits were similar to the patients'. Three practitioners said that more than half of their patients were using less medication, and half of the practitioners said that 25-30% were using less. All reported that some patients said they needed less medication; four practitioners indicated that more than half of the patients had told them that; and half said that 10-25% of their patients had reported they'd reduced their medication.

Eleven practitioners reported 'extremely positive' patient reactions and one simply referred to it as 'positive'. They also believed that patients had generally become more self-aware in terms of health.

Practitioners expressed concern about patients' ability to obtain CAM services after The Project. Cost was cited most often as an issue (n=11); awareness of the appropriate modality was also significant (n=8).

Practitioners generally felt that The Project demonstrated that NHS costs were reduced. They cited reduced GP workload (n=7) and resolving of patient symptoms (n=6) negating the need for GP visits.

Five practitioners believe that other health professionals' services, such as occupational health, physiotherapists, and dieticians, were required less as a result of CAM services. Five practitioners also reported less need for services of the GPs' offices, such as nurses and pharmacists.

Ten of the 12 practitioners believe that GP attitudes towards CAM had improved during the course of The Project. The other two didn't know.



➤ Practitioners were each asked to identify three key items as strengths of the project. These were not selected from a list, but individually specified. The results, followed by the number of practitioners who identified the same issue, were:

- Organisation / management (7)
- Well qualified / best practitioners (5)
- Doctor more positive / aware of CAM (4)
- Patient focus (2)
- Commitment by DHSSPS (2)
- Patients get benefit from it (2)
- Effective treatment (2)
- Access to other staff (1)
- Communication (1)
- Work as part of a Primary Care Team (1)
- Rapport with practice nurses and other support personnel (1)
- Cost effective (1)
- Patients want CAM (1)
- Variety of practitioners (1).

Each practitioner was also asked to list three weaknesses. Results were:

- Some GPs' lack of knowledge / education (5)

- More discussion with GPs / lack of communication (5)
- No follow-up with GPs (3)
- No referrals from some GPs (2)
- One year too short a time (2)
- Limitation of various therapies (2)
- No provision for maintenance treatment (1)
- Lack of adequate working facilities (1)
- Insufficient time given to Get Well UK (1)
- Inadequate time to design Project (1)
- Being run from London, nobody on the spot (1)
- We had to organise talks; Get Well should have done this. (1)
- Should have been a few more places (1)
- Due to lack of knowledge, referrals were slow (1).

Eleven of the practitioners said they'd continue beyond the pilot project if funding were available. They all felt that GPs should be better supported to learn more about the potential of CAM, and

nine wanted more discussions and meetings with GPs.

GPs' views of results

GPs' responses were remarkably positive and correlated well with patients' views of the results of CAM treatment. Of patients who reported improvement in their health, 73% of the GPs concurred with the assessment. Looking at it from the opposite point of view, when the GPs perceived an improvement in health, 86% of the patients agreed.

A significant majority of GPs noted that they saw patients less frequently after referral to Get Well UK for CAM treatment. In reviewing 231 patient cases, GPs noted that they saw 65% less often, 26% more often, and didn't know in 9% of the cases.

An interesting note is that there was a difference in frequency of contact associated with the length of time patients had lived with their conditions. When conditions had been chronic for one to five



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years, the greatest reduction in visits to the GP was noted: 69%. When patients had lived with their conditions for over five years, reduction in GP visits was 48%, and when it had been less than a year, visits were reduced by 50%.

One of the primary goals of The Project was to reduce GPs' workload. 50% of them reported that their workloads had decreased, 4% said it had increased, 2% said there was no change, and 44% said they didn't know.

When asked what they'd have done if there hadn't been recourse to The Project for referrals to CAM practitioners – that is, what their normal approach is – 49% of GPs said they'd have referred patients to allopathic treatment, 45% said they'd have spent more time with patients, 37% would have prescribed medication, 10% would have conducted further investigations, and 12% said they'd have done nothing.

Perhaps most revealing of all were the GPs' responses to whether they'd refer patients to Get Well UK services in the future, if they have the opportunity. GPs reported that they'd again send 99% of the patients referred to Get Well UK, and they'd also refer other patients. 98% said they'd recommend Get Well UK services to other GPs.

Patient focus groups

Focus groups were held with patients to get an informal sense of their impressions of The Project. Thoughts and ideas that weren't apparent from the questionnaires were noted.

Without the availability of CAM modalities through the NHS, most are unable to afford the therapies. Reasons for taking advantage of CAM treatments focused on a desire for pain relief, less reliance on medications, and a desire to try new treatments.

Patients indicated a lot of difference among GPs' apparent support for CAM treatments. Some said that their GPs were positive and supportive, while most seemed to be either negative or non-committal. Concern for referrals made to the wrong types of practitioners were expressed in some cases, with at least one suggestion that there be a system of 'triage', that is, the GP would make a general referral for CAM treatment, and then people who are knowledgeable

would review cases and refer on to the most appropriate modality.

Patients reported high levels of satisfaction with the practitioners they saw. They emphasised that the CAM practitioners listened to them. They had no difficulty talking with the practitioners about intimate details of their lives and conditions, and appreciated advice on how to manage their conditions.

A range of specific examples of how their wellbeing had been improved were cited, including pain relief, better ability to manage and control pain, symptom relief, increased mobility, improved mood, less worry and anxiety, better mental wellbeing, and an overall improved quality of life. Many said that the improvements had been dramatic. They expressed no negative side effects from treatments, and even suggested that there had

GPs' responses were remarkably positive and correlated well with patients' views of the results of CAM treatment

been positive ones, especially in mood and sense of wellbeing. Many were able to decrease medications, especially pain killers. Some even said they were reluctant to admit to health improvements because they were afraid of losing benefits.

Patients expressed concern that access to CAM treatment should not be based on the GPs' attitude towards it. They felt that it should be made available to all patients.

It's interesting that patient focus groups seemed to be even more positive in their feedback and enthusiasm for CAM treatment than was apparent from the MYMOP forms that they filled out.

GP and practitioner focus groups

Focus groups in which both GPs and practitioners discussed the project proved quite helpful in analysing the benefits and problems highlighted in the process of The Project.

It was noted that there was a lack of awareness about CAM among the GPs. However, CAM practitioners noted willingness among the GPs to, as stated in the analysis, 'use the project as an opportunity to explore their potential within an evaluation context', particularly as the project was designed to produce a range of health outcome indicators on the impact of CAM on patient wellbeing.

Practitioners saw The Project as a chance to see if it's possible to integrate CAM into primary health care.

A significant difficulty discovered during The Project, and acknowledged by both practitioners and GPs, was that GPs generally were at a loss to know which modalities were appropriate for different conditions. It was suggested that GPs be trained to better understand the different modalities and their benefits. Rather than viewing this as an obstacle, it was seen as an opportunity. Suggestions included seminars, talks by CAM practitioners, written information on CAM, GPs observing CAM sessions, and increasing communication.

The focus on types of health problems to refer for CAM treatment was on chronic conditions. Some practitioners suggested that better results might be achieved if patients with acute conditions were also referred. GPs agreed.

There had been concern on both sides about whether patients would take advantage of CAM services or comply with treatment programmes, but they agreed that it was unwarranted.

GPs tended to be surprised at how much benefit patients had received from treatments, and practitioners indicated that it's what they'd expected. GPs' enthusiasm was apparent as they cited examples of patients' experiences, especially pain relief, symptom improvement, easing of fatigue and anxiety. They also noted the reduction in medications, especially of pain meds. GPs felt that 'borderline' depression cases had benefited particularly well, giving them a

➤ ‘real option rather than prescribing antidepressants’. One GP said that referrals to physiotherapists had ‘gone way down’ because of being able to refer patients to CAM therapists.

Improvement in health was cited by GPs as ‘key project strength’. It highlighted the need for patient access to these modalities, as most were otherwise unable to afford them. GPs appreciated that The Project gave them more referral options.

Both practitioners and GPs expressed concern for patients who had achieved health improvements, especially those whose pain had been greatly alleviated, and who would be unable to continue the effective treatments after the end of The Project.

In general, areas in which GPs and practitioners believed improvement could have been made in The Project included:

- Finding ways to address scepticism among some GPs
- Improving GP education on CAM

- Reviewing and simplifying the MYMOP forms
- Improving communication between GPs and practitioners.

It was also suggested that a formal and proper scientifically based study be commissioned to investigate, as the analysis stated, ‘the relationship between CAM and health outcomes for patients’.

The Project’s objectives

All of The Project’s objectives were accomplished. Health outcomes were measured from the points of view of the patients, the CAM practitioners, and the GPs. All found the results to be quite good. The Project demonstrated how CAM could be integrated into NHS services. Identifying ways of improving delivery of CAM therapies is a contribution to best practice. Patients were generally better satisfied with their care for having received CAM therapies. They also became better able to manage and improve their own health through instructions from the therapists.

Improvement in health was cited by GPs as ‘key project strength’

Most GPs said that they had more time to devote to other patients as a result of being able to refer patients to CAM.

Cost efficiencies are not as readily described by the analysis. However, much can be implied. It appears likely that integrating CAM therapies into the NHS frees GPs’ time, which is a distinct cost savings. Decreases in medication

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lead to significant savings. Reductions in use of other personnel, such as nurses and physiotherapists, decrease costs. Less tangible, but implied by patient responses, is that some patients may be able to return to work and others are less likely to take time off from work because of their health. Patients became more functional in their daily lives, thus indicating that many who had been unable to

function normally might become more productive and require fewer services and benefits.

Although not readily quantifiable, patients' expressions of improved wellbeing are a benefit not specified by The Project as a goal, but they certainly are indicative of the potential of a healthier populace – and that, ultimately, is the goal of the healthcare system. At least, one would hope so.

Patient focus groups reported high levels of satisfaction

In light of the goals set, The Project was a brilliant success, clearly demonstrating not only that CAM therapies can be integrated into the NHS, but also that they should be. We owe Ken Mayne a debt of gratitude for his tireless efforts in advocating that The Project become a reality. It clearly documents that there is no question about whether CAM therapies are practical and useful adjuncts to healthcare or whether they can be integrated into the NHS system. It's now time to move on to the next phases. We need another program that can take lessons learned from The Project and iron out details of how to better integrate CAM into the NHS, to better identify cost efficiencies, and ... well, just to get on with it!

The Project, part two

It's wonderful that CAM treatments can be integrated into the NHS successfully. However, in homeopathy circles the buzz around The Project has been focused on claims that it 'proved' homeopathy is effective, and even that it's the most effective CAM modality. Its purpose, though, was not to examine these issues. Are we making claims that cannot be supported? Part two examines whether these claims are valid and what they mean for homeopathy.

Part two of this article will appear in the Winter issue of HIP.

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