

Attitudes of GPs towards the provision of acupuncture on the NHS

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SUMMARY. **Objective:** To investigate the attitudes of General Practitioners (GPs) to acupuncture, whether they think it should be available on the NHS and, if so, how it should be provided. **Design:** Attitudinal postal survey. **Setting:** All 65 practising GPs in the 12 GP practices of the Melton Rutland & Harborough Primary Care Group, UK. **Results:** A response rate of 83% was achieved. The main findings show that 59% of GPs agreed that acupuncture should be available on the NHS, 83% agreed that it can be clinically useful and 72% that it can be cost effective. Among GPs who acknowledged the potential for an increased role for acupuncture on the NHS there was support for the provision of treatment from either medical or non-medical practitioners, delivered at either NHS or non-NHS premises, and with the NHS providing some, or all, of the required funding. **Conclusion:** The findings suggest that a majority of GPs are in favour of acupuncture being more widely available on the NHS.

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INTRODUCTION

General Practitioners (GPs) and patients are known to have a growing interest in complementary medicine and especially in acupuncture.^{1,2} Local variations in the demand for primary care services provided much of the rationale for the formation of Primary Care Groups (PCGs), now Trusts (PCTs), which has led to an increasing role for GPs in decisions to commission services. However, there continues to be an idiosyncratic pattern of provision of acupuncture on the NHS.^{3,4} What is not known is how GPs would like to see acupuncture's role developing within the NHS. To find out, this study investigated the attitudes of GPs to acupuncture, whether they thought it should be available on the NHS and if so, where and how it should be funded.

LITERATURE REVIEW

The literature on complementary medicine has grown over the past 20 years as alternative medicine becomes complementary and some now even regard it as integrated.⁵ Earlier studies focused more on

attitudes to complementary medicine in general^{1,6} with later ones focusing on specific therapies, such as acupuncture.² Acupuncture is one of the most popular and often-used disciplines of complementary medicine, and many GPs have found a way to provide it as part of their primary care service.^{2,4,6-10} A 1989 MORI study of complementary medicine showed that 74% of the adult population supported complementary medicine being widely available on the NHS.¹¹ Of the therapies listed, acupuncture scored highly among those patients who would consider using complementary medicine. A more recent estimate suggests that 20% of people in the UK use some form of complementary medicine and that acupuncture is one of the most commonly used.¹⁰

A survey of primary care published in 1995⁷ found that 39% of GP partnerships provided access to complementary medicine for their NHS patients. The majority (21.4% of partnerships) provided access through treatment by a member of the primary care team. The figures may give a misleading impression of the ease of access within even these partnerships: GP providers of acupuncture were only giving on average five treatments per week and not all provision

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within GP practices was actually free for patients. Inequality in access to CM within the NHS has been a concern of various reports.^{4,7}

Acupuncture, both within and outside the NHS, may be practised according to different theoretical frameworks. The first, sometimes referred to as Traditional Acupuncture, sees acupuncture as part of traditional Chinese medicine, involving its own theoretical framework of how the body–mind functions and diagnostic categories. Most, although not all, of these practitioners are not qualified in Western medicine and are represented professionally by the British Acupuncture Council. The second, sometimes referred to as Western Acupuncture,¹² or dry needling, is practised by the majority of those qualified in Western medicine as well as by some physiotherapists. This approach is based on bio-medical theory. Medical practitioners using this approach often describe their practice as ‘medical acupuncture’ to make clear that they see acupuncture as an adjunct to Western medicine. Training courses in this type of acupuncture are usually short since it is not seen as necessary to study Chinese medicine. The majority of medical practitioners using this approach are represented professionally by the British Medical Acupuncture Society (BMAS). Whilst there is some blurring of boundaries—a survey in 1995¹³ found that 56% of BMAS members described their practice as “mainly” rather than “wholly” Western—there are clearly two distinct orientations. One purpose of the survey was to discover whether GPs were familiar with this distinction and, if so, whether they expressed any preference as to who should provide acupuncture.

This study was intended to raise the issues associated with the availability of acupuncture on the NHS and discover GPs’ views about them. It is hoped that it will add to the growing literature that informs developments in the field.

METHOD

The study involved a postal survey of all 65 practising GPs in all 12 GP practices of the Melton Rutland Harborough Primary Care Group (MRH PCG), now a Primary Care Trust. The local PCG provided a boundary to a study limited by funding and other resources. It was hoped that it might provide a starting point for discussion of local provision of complementary medicine and acupuncture within the new PCG setting, since there had been no such discussions to date in this PCG board forum (personal conversation with Public Representative of the Melton Rutland Harborough PCG, 2000).

The first mailing, sent in August 2000, included a previously piloted, self-administered questionnaire, a stamped addressed envelope and a covering letter which explained that the Chair of the PCG had endorsed the survey. Non-responding GPs were sent

the same documents a second time. A third mailing, a postcard containing only four key questions taken from the initial questionnaire, was sent to non-responding GPs. This was designed so that the GP removed a sticker to reveal a stamp and address for reply.

The questionnaire covered two sides of A4 paper. Over half was concerned with questions about GPs’ views on acupuncture on the NHS. In addition information was sought on age, sex and activity related to acupuncture. The last included whether GPs had either received acupuncture treatment or practised acupuncture themselves; whether they had had any conversation with patients about acupuncture in the previous 12 months and, if so, who had initiated such conversations; whether they had considered that acupuncture might be helpful for a patient but not suggested it. They were also asked to list any acupuncture organisation or qualifications of which they were aware. This provided useful contextual information for the remaining part of the questionnaire, which focused on GPs’ views.

The section on GPs’ views made extensive use of statements which respondents rated according to the Likert 5-point scale. The options were “strongly agree”, “agree”, “neither agree nor disagree”, “disagree” and “strongly disagree”. In addition, respondents were given a “don’t know” option. The statements covered the following areas: whether the integration of acupuncture into the NHS was inevitable, whether it was desirable and whether integration would limit it; whether acupuncture could be cost effective; whether there were differences between different styles of acupuncture. In addition, tick boxes were used to explore issues to do with who should provide acupuncture, where it should be provided and who should fund it. Reasons were asked of respondents who opposed the provision of acupuncture on the NHS (five options plus ‘other’). Two further questions asked respondents whether acupuncture could be clinically useful and, if so, whether for pain, musculoskeletal, mental disorders, etc. Respondents were able to tick as many options as they wished. In addition, space was left for them to make additional comments to enable the research to pick up issues which might not have been covered in the options provided by the questionnaire.

The four questions used for the final postcard mailing were: ‘ever been treated’, ‘acupuncture limited by integration’, ‘acupuncture should be available on NHS’, and ‘acupuncture can be clinically useful’. SPSS was used to analyse the data.

RESULTS

A total response rate of 83% (54/65) was achieved, 66% (43/65) after the first two mailings and the remainder after the final postcard reminder. This

GP response to statements	Agree	Neither agree nor disagree	Disagree	Don't know
Acupuncture should be available on the NHS (n = 54)	32 (59%)	16 (30%)	4 (7%)	2 (4%)
Acupuncture can be clinically useful (n = 54)	45 (83%)	6 (11%)	1 (2%)	2 (4%)
Acupuncture can be a cost effective treatment for NHS patients (n = 43)	31 (72%)	10 (23%)	0 (0%)	2 (5%)

response rate compares very favourably with other postal surveys of GPs.

As described in Section 'Method', respondents to the third mailing were only asked four questions. Results of these questions are thus reported out of the total number of 54 respondent GPs. Forty-three GPs responded to the first two mailings so most other percentages are calculated using this figure. Where the results relate to a particular subset, e.g. supplementary or conditional questions this is reported.

The GPs were 40% (17/43) female and 60% (26/43) male, with an average age of 41. This is comparable with the average for GPs in England at the time of the study of 32% female and 68% male; the average age was 45.5.¹⁴ Of the study sample, seven GPs had received acupuncture as patients and three had trained in (medical) acupuncture. Conversation between doctors and patients about acupuncture was reported by 98% (42/43), with 42% (18/43) initiating such conversations.

The main findings (see Table 1) are that 59% (32/54) of GPs agreed that acupuncture should be available on the NHS, 83% (45/54) agreed that it can be clinically useful and 72% (31/43) agreed that it can be cost effective.

The subset of 32 GPs who agreed that acupuncture should be available on the NHS were then asked how they thought it should be provided. Tables 2 and 3 show the results of this subset; 66% (21/32) of GPs indicated acupuncture should be delivered by non-medical acupuncturists, 59% (19/32) by GPs, 59% (19/32) by physiotherapists, 41% (13/32) by consultants and 31% (10/32) by nurses. Table 3 shows that 81% (26/32) of GPs suggested the location for delivery should be GP surgeries, 59%

(19/32) hospitals and 47% (15/32) private acupuncture clinics.

Eighteen GPs disagreed with or had reservations about making acupuncture available on the NHS. The main reason, cited by 78% (14/18), was limited NHS resources, while fewer than half, 44% (8/18), gave reasons of lack of evidence and lack of regulation 39% (7/18).

Nine GPs felt unable to suggest acupuncture to patients despite considering that it might be helpful; the most common reason (cited by all nine) was the lack of availability of referral on the NHS. Other reasons indicated include 'Patient inability to pay for private consultation' (seven GPs), 'Own lack of knowledge' (five GPs), 'Not know of suitable acupuncturist' (three GPs). No GPs indicated 'patient would be unable to travel to place of acupuncture'.

GPs' knowledge of acupuncture was limited. Only six GPs (14%, 6/43) knew there was a difference between dry needling (Western acupuncture) and traditional Chinese acupuncture. Even fewer, five, (12%, 5/43) knew the exact name of an organisation. Of these, four mentioned the British Medical Acupuncture Society, whilst one mentioned the British Acupuncture Council. Only seven GPs (13%, 7/54) indicated that they had experience of acupuncture, either as a practitioner or having been treated by acupuncture. This subgroup tended to take a more favourable view of acupuncture.

Thirteen GPs thought that acupuncture was useful for a wider range of conditions than just musculoskeletal conditions and pain. However, all of these GPs had different views as to what those wider conditions were. For example, some GPs thought acupuncture might be useful for gynaecological, but not necessarily for respiratory, problems, whereas some thought it useful for respiratory, but not necessarily for gynaecological, problems.

Provider	Number of GPs (total = 32)
Non-medical acupuncturist	21 (66%)
GP	19 (59%)
Physiotherapist	19 (59%)
Consultant	13 (41%)
Nurse	10 (31%)

Some GPs indicated more than one response.

Location	Number of GPs (total = 32)
GP surgery	26 (81%)
Hospital	19 (59%)
Acupuncturist's private clinic	15 (47%)

Some GPs indicated more than one response.

DISCUSSION

The main finding of this survey is that 59% (32/54) of GPs thought that acupuncture should be available on the NHS. This is slightly lower than other studies of complementary medicine which include acupuncture where 70%,¹⁵ 76%⁶ and 65%⁹ of doctors thought it should be made available. It is considerably lower than the 79% figure in the BMA report on acupuncture² which was published whilst this survey was being undertaken. The difference may be due to the higher response rate of the current survey (83% as compared with 56% in the BMA survey); alternatively, the difference may be due to one being a national and the other a local survey.

The findings of both this and the BMA survey confirm that GPs take a favourable view towards both the efficacy and cost effectiveness of acupuncture. Our survey asked GPs about the “clinical usefulness” of acupuncture rather than its “proven efficacy” and received a correspondingly higher level of endorsement (83%, 45/54). Slightly fewer believed acupuncture to be cost effective, but the level was nevertheless very high at 72% (31/43). What is perhaps surprising, however, is that a number of GPs who believed acupuncture to be a cost-effective therapy nevertheless did not support its provision on the NHS. The main reason given for not supporting the provision of acupuncture on the NHS was lack of resources.

A substantial minority (38%, 12/32) of those supporting NHS provision believed that patients should make some financial contribution. There are various models for NHS funded provision, between a service completely free at the point of consumption and one which is wholly paid for by the patient. Patient contributions to NHS-equivalent services are more common in European public health insurance. The issue of NHS funding for complementary medicine may need to be considered within the context of a wider debate about how health care should be funded.

GPs who thought that acupuncture should be available on the NHS were happy to see a wide range of providers with the largest single category being non-medically qualified practitioners (66%, 21/32), followed by GPs and physiotherapists. A total of 50% (16/32) of GPs supporting NHS provision of acupuncture were happy for it to be provided by any of the groups listed; GP, Consultant, Practice nurse, Physiotherapist, Non-medical acupuncturist, Other. Those who expressed a preference for only one group, however, were less likely to cite non-medical acupuncturists (16%, 5/32) compared with other providers 28% (9/32). This is at variance with the BMA survey where there was a more definite bias towards medical practitioners. Both surveys draw attention to the barriers to GPs actually making referrals. The BMA survey found that whilst 42% would like to refer to a traditional acupuncturist, only 5% actually did so. Similarly, some MRH

GPs did not feel able to refer their patients to an acupuncturist because they did not know a suitable practitioner, despite the presence of both medical and non-medical practitioners in the local area.

Five MRH GPs identified their own lack of knowledge as a barrier to suggesting acupuncture to patients. This issue is not new, as highlighted by Reilly in 1983: “The whole person deserves a whole doctor who can assess his whole problem and who can refer him to a specialist, orthodox or alternative if required”.¹ For GPs to refer patients confidently for acupuncture, they would need to know about the practitioner’s qualifications or registering body. This type of knowledge appears limited among MRH GPs where only five GPs had specific knowledge of acupuncture organisations. It is interesting to reflect that although the majority of GPs in the survey wish to see acupuncture available on the NHS, very few seemed to know very much about acupuncture itself or its organisational structures.

From one of the first studies on complementary medicine and the NHS in 1983¹ to a recent one in 2000,² there have been calls for GPs to be better informed. The Health Improvement Programme is considered an appropriate tool for this, but unfortunately the local programme for Leicestershire Health Authority did not mention complementary medicine or acupuncture specifically, nor was there a complementary medicine policy available.¹⁶

Most GPs thought that acupuncture should be carried out in NHS premises (GP practices or hospitals) and indeed acupuncture is now reported to be available in 86% of NHS chronic pain services,² but is only used for those patients with (usually musculoskeletal) pain. Pain clinics do not cater for patients with other conditions considered to be helped by acupuncture, including those indicated by some of the MRH GPs, such as respiratory, gynaecological or mental health.

Evidence is a salient issue in the UK health services as a whole, not only in acupuncture. However, only eight MRH GPs cited lack of evidence as a reservation or reason why acupuncture should not be available on the NHS and 83% (45/54) considered acupuncture to be clinically useful. Moreover, the BMA survey found that the “proven efficacy” of acupuncture was the most common reason why GPs wanted acupuncture to be available on the NHS.²

The findings have various implications for research and policy. First, we now have evidence from a number of surveys that GPs are in favour of the incorporation of acupuncture into the NHS and that limited resources is the main stumbling block. If resources are the central issue, then the views and priorities of other stake-holders, NHS managers in particular, need to be considered. There may also be implications for research funding. Research which compares outcomes and costs of acupuncture treatment as compared with usual GP care may be more

relevant to facilitating the integration of acupuncture into the NHS than placebo and other randomised controlled trials.

Secondly, if acupuncture is to be provided on the NHS, expansion of capacity is unlikely to be a problem. Medical acupuncturists are usually already working in the NHS and may find it difficult to expand provision within the confines of normal general practice. However, the BMA General Practice Committee has already stated that delegation to non-medical practitioners is acceptable if the GP has knowledge of and belief in the efficacy of the therapy.¹⁷ This survey demonstrates that GPs are happy to work with non-medical acupuncturists and have belief in the efficacy of acupuncture.

In common with other surveys, however, it suggests that GPs' knowledge is really quite limited. This has often restricted patients' access to treatment, since GPs did not know how to go about making a referral. On the other hand, GPs' views of the usefulness of acupuncture were more favourable than organisations such as the BMA would regard as justified by existing published research. An interesting future qualitative research project might involve exploring in more depth how GPs' views are actually formed.

In conclusion, the level and type of acupuncture activity currently available on the NHS is patchy and falls a long way short of the current demand. As GPs move towards playing a larger role in commissioning in Primary Care Trusts, they have a greater opportunity to close the gap between aspirations and actual provision. Such provision could involve referrals to existing NHS staff or contracts to independent providers. Future research might explore the implications of different models of delivery from the perspective of both patients and practitioners.

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