Evaluating the Outcomes and Patient Experience of Group and Individual Acupuncture in an NHS Cancer Care Setting: A Mixed Methods Study

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Background

- Group acupuncture is cost effective (Yaguda et al 2019)
- For specific cancer-related symptoms, such as cancer pain or hot flushes, there is no difference in outcomes between group and individual acupuncture (Reed et al 2020, de Valois 2012)
- The experience of acupuncture is positive for group and individual clinics (Chuang et al 2018)
- Real-world data aims to understand interventions in routine settings (NICE 2022).

Aim

Using real-world data in an NHS cancer care setting, this study aims to compare group with individual acupuncture.

Research question

When comparing group with individual acupuncture in an NHS cancer care setting, what are the symptom-related outcomes and patient experience of acupuncture overall, and what are the relationships between outcomes and patient experience both within and between the study arms?





Methods

Service evaluation using a convergent mixed methods research design

Ethics & allocation

- Approved by the Trust's Quality Improvement and Audit Committee and Northern College of Acupuncture Ethics Committee
- Participants gave written consent
- Patients offered 6 weekly treatments
- Treatment setting allocated according to diary and patient availability

Eligibility criteria



- Aged >18
- Active cancer treatment or ≤ 12 months following the last day of treatment
- English-speaking
- Not an in-patient
- Not receiving concurrent acupuncture









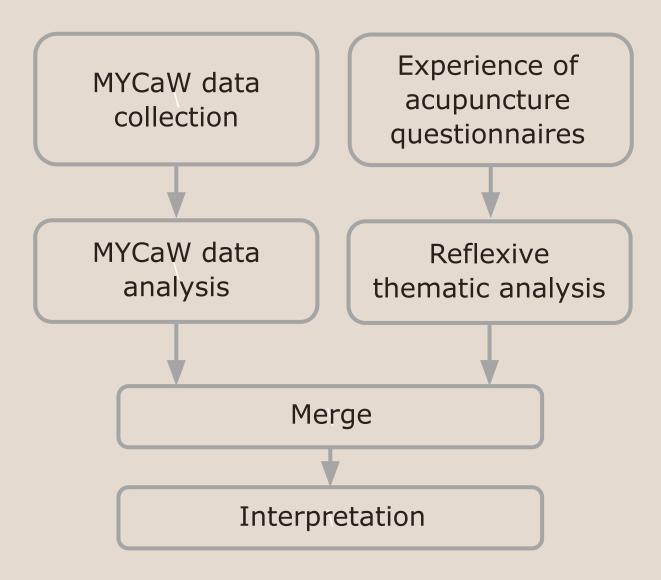
Acupuncture

- Traditional Chinese medicine
- Adjunctive components:
 - Auricular acupuncture
 - TDP infrared heat lamp
 - Indirect smokeless moxa
 - Ear pellets
 - Lifestyle advice





Diagram of procedures







Results

Setting	Number of participants
Group	28
Individual	15
Total	43

Demographics		Total
Age		58
Gender	Female	66.7%
	Male	33.3%
Ethnicity Blac	White	56.3%
	Black/Asian/ other	43.7%
Tumour group	Breast	41.7%
	Other	58.3%





MYCaW results

Figure 1
Change in scores for combined group (GA) and individual acupuncture (IA)

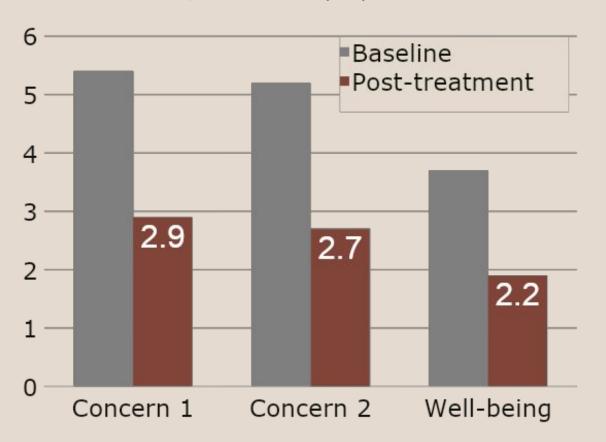
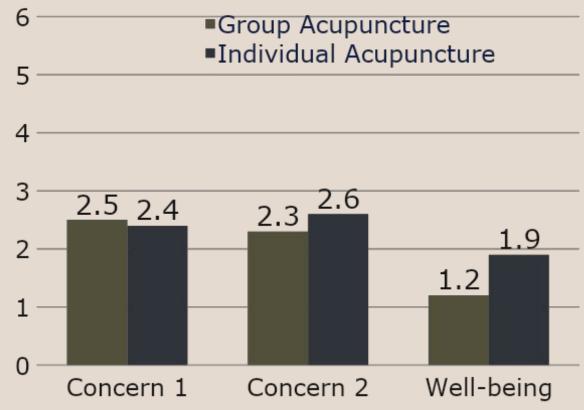


Figure 2
Comparison of improved scores between group (GA) and individual acupuncture (IA)



Reflexive thematic analysis

- Value placed on improved symptomatic change when reflecting on their expectations of acupuncture
- No difference between GA and IA

"The sessions were very relaxing and provided 'me time'."

The gift of time

- Physical and emotional change vs expectations
- "I was expecting to get better during the acupuncture period and it happened."

- Participants valued 'me-time' and time to talk to their acupuncturist
- Participants wanted more treatment
- One GA participant wanted more time to talk to their acupuncturist. Otherwise, no difference

"...just wished I could have more sessions as it helps me. What happens next for me?"

- Participants valued environmental factors such as conversation and sensory stimuli
- IA participants focused more on the relationship with their acupuncturist
- GA had a broader focus, including conversation, music and the presence of others
- 4 GA participants found the presence of others challenging

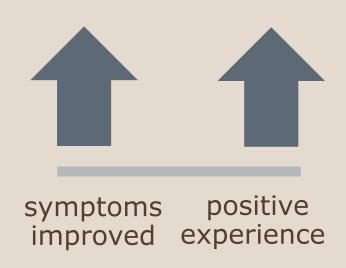
The clinical environment

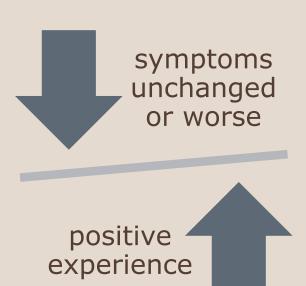
"We were all in it together in a way." "Had to remind myself to keep quiet..."

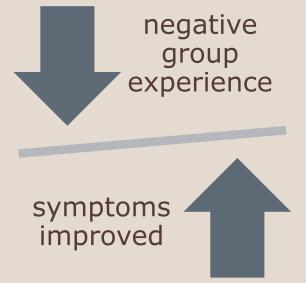




Merging the data



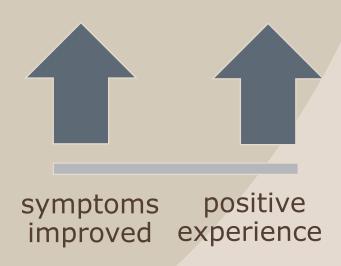








Discussion



Corroborated:

Outcomes improved equally between group and individual acupuncture (Reed et al 2020, de Valois 2012).

Added:

Real world clinic

More diverse population

More diverse cancer diagnoses





Experience of acupuncture remains positive when symptoms get worse



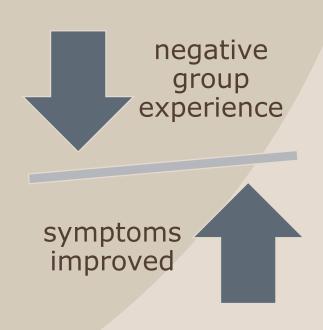
Non-specific

effactstic relationship, acupuncture consultation

The gift of time

Importance of being listened to, time to tell their story, unrelated to symptomatic change

New finding: negative experience not impact symptomatic improvement



Negative experience related to groupe and of one's behaviour

NOT impact non-specific effects of acupuncture

e.g. therapeutic relationship or consultation process

■ Relevant for future planning of supportive cancer care acupuncture clinics





Limitations

RESEARCHER-PRACTITIONER

Researcher participation bias

MISSING DATA

- o 3 patients not give consent
- o 5 lost to follow up

LOW DATA

Only a few examples from each triangulation formed basis of discussion



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thank you



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