

BACKGROUND

Acupuncture effectively treats a range of conditions, including chronic pain, without the detrimental side-effects of some medications [1]. NICE views acupuncture as an intermediately cost-effective treatment for chronic pain [2]. Multi-bed delivery models for acupuncture have been shown to deliver cost savings [3]. A novel multi-bed service has been implemented by the Northern College of Acupuncture (NCA) in York, UK, alongside its traditional teaching clinic. This provision allows multiple service-users to receive treatments simultaneously in the same room by the same clinician at a lower cost. Previous quantitative and qualitative studies into multi-bed acupuncture have shown that patients find the model beneficial for their symptoms and a positive experience [4,5]. This study takes a patient-focussed, mixed-methods approach to exploring the impact of the NCA's Multi-bed acupuncture teaching clinic (MBATC) on service-users and their self-reported clinical outcomes. This study was undertaken as part of final year MBChB studies at the University of Leeds, supported by the NCA. Findings will be presented at the ACMAC conference in 2022 and the ARRC Symposium in 2023.

METHODOLOGY

This Service Evaluation was conducted using a questionnaire containing a mixture of question styles including agreement statements, Likert scales and a free-text response. Participants were asked about their experiences in the MBATC, their reasons for choosing a multi-bed clinic and their perception of the outcomes of their treatment. Current service-users filled in a paper questionnaire and past service-users completed it online. Quantitative data was analysed using STATA software and simple descriptive statistical methods. Qualitative data was thematically analysed and verbatim quotes from participants used to illustrate and enrich the quantitative data [6]. Synthesis addressed themes relating to patient satisfaction, patient-reported outcomes, and perceived areas for change.

DISCUSSION

Emphasis on the **low cost** of the service is congruent with extant literature [3,4]. Further to this, many participants (**M49, M53, M67**) highlighted the **accessibility** of the MBATC, a finding less prominent in previous studies.

In a country where there is a shortage of clinicians and increasing clinical needs, there is a place for models of service delivery that can increase the ratio of clinicians to service-users. This study showed that participants did not feel their treatment was compromised by **sharing clinicians** with other service-users, which for some was unanticipated:

M55 - First time in Multibed – very surprised. It was much more relaxing than expected & staff were just as attentive.

This and other insights offered by service-users of the MBATC can be seen in contrast to their experience of the NCA's traditional 1-to-1 model teaching clinic, a comparison that could be explored further in subsequent research, potentially empowering patients to make informed decisions between the two models.

88% of participants either completely or mostly agreed that, despite sharing clinicians, their treatments were still given **enough time** in the MBATC. 93% of participants felt that their clinicians were able to **care for their needs**, a finding consistent with the patient satisfaction and perceived effectiveness of treatment found by other authors [7]. This perception may also have been positively impacted by the availability of **multiple clinical opinions** in the MBATC (**M66**, see quotation in box to the left), although some found this detrimental to continuity of care between appointments and compromising to communication:

M67 - only slight issue is needing to repeat history when seeing new students but that really isn't ... something that would put me off recommending the clinic).

This perhaps indicates a development priority for the MBATC.

Previous literature has previously highlighted **lack of privacy** to be one of the main drawbacks of the multi-bed model, particularly for mixed-sex groups [5]. This study found privacy to be a topic of concern for some participants, with only 38.9% fully agreeing that the multi-bed was private. Participants **M56** and **M68** suggested that a multi-bed environment was not ideal for talking about sensitive matters. Only 6% of participants, however, indicated that they were not happy overhearing, or being overheard by, other patients:

M56 - It can be quite noisy with lots of chatter, but it's always a friendly atmosphere, and I don't mind my appointments being overheard or observed by other staff and patients. There will be occasions where the private clinic is preferable - such as post surgery - but it's a good Plan B if a private appointment isn't available.

Future research could further explore service-users' perceptions of privacy in a multi-bed environment.

AIM/OBJECTIVES

This study's Aim was to evaluate the impact of the NCA's MBATC on service-users. This Aim was met by:

- Asking past and current service users about their experiences and satisfaction with the MBATC
- Analysing responses using a mixed-methods approach
- Synthesising the resultant quantitative and qualitative data to provide richer insight into service-users' experience

FINDINGS

The main reason for service-users to choose the MBATC was low cost, with 72% of participants stating this was the most important factor in their decision to use the service and 91% indicating that the lower cost made the service more accessible to them.

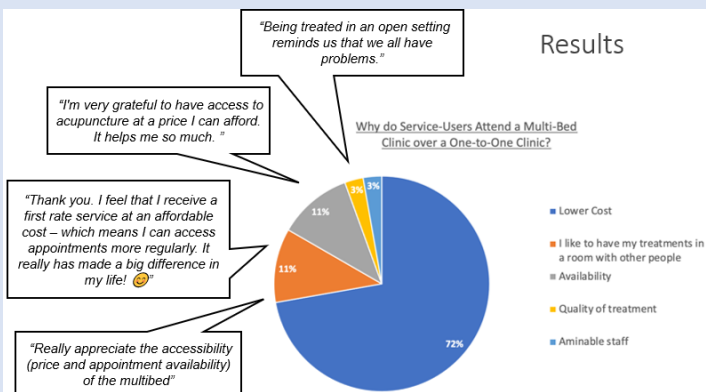
86.1% of participants reported that their acupuncture treatment had been beneficial for their symptoms and many indicated that sharing clinicians did not have a detrimental effect on their care. Despite some concerns regarding privacy, 94% of patients were satisfied with the level of privacy available at the MBATC.

Selected verbatim quotations from pseudonymised participants appear below and in the Discussion section of this poster.

The figures below show selected graphical representations of some of the study's findings.

A full version of the report can be obtained by emailing LaraMcClure@nca.ac.uk

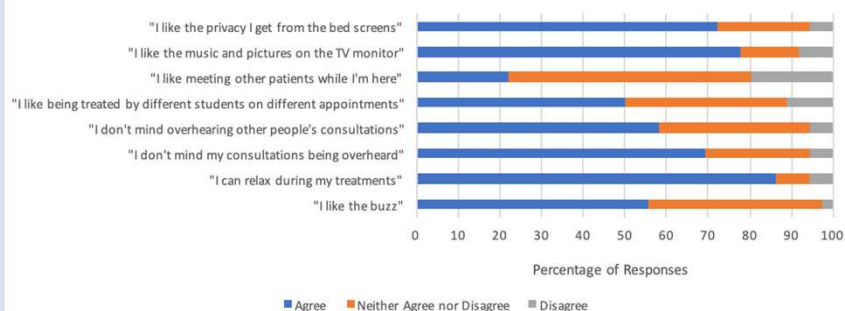
Results



M66 - I like having a variety of students as they all look at my problems from a slightly different view. They always listen carefully and make me feel as if my health is important to them... I like the friendly, calm atmosphere and the quiet professionalism of both students and supervisors.

M70 - I found the environment and staff (both students and supervisors) to be caring and calm and I always felt at ease. Being treated in an open setting reminds us that we all have problems.

Statements on the Multibed Experience



REFERENCES

- [1] Vickers AJ, Vertosick, E.A., Lewith, G., MacPherson, H., Foster, N.E., Sherman, K.J., Irnich, D., Witt, C.M., Linde, K., 2018. Acupuncture for Chronic Pain: Update of an Individual Patient Data Meta-Analysis. *Journal of Pain* 19(5): pp. 455-474
- [2] NICE, 2022. Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE. [online] Available at:

<<https://www.nice.org.uk/guidance/ng193>> [Accessed 3/10/22].

- [3] White, A., Richardson, M., Richmond, P., Freedman, J. and Bevis, M., 2012. Group Acupuncture for Knee Pain: Evaluation of a Cost-Saving Initiative in the Health Service. *Acupuncture in Medicine* 30(3), pp.170-175.
- [4] Tippens, K., Chao, M., Connelly, E. and Locke, A., 2013. Patient perspectives on care received at community acupuncture clinics: a qualitative thematic analysis. *BMC Complementary and Alternative Medicine* 13(1), pp.1-8.

- [5] Chuang, E., Hashai, N., Buonora, M., Gabison, J., Kligler, B. and McKee, M.D. 2018. "It's Better in a Group Anyway": Patient Experiences of Group and Individual Acupuncture. *The Journal of Alternative and Complementary Medicine* 24(4), pp.336-342.
- [6] Braun, V. And Clarke, V. 2022. *Thematic Analysis: A Practical Guide*. London, Sage.
- [7] Simcock, R., Fallowfield, L. and Jenkins, V. 2009. Group acupuncture to relieve radiation induced xerostomia: a feasibility study. *Acupuncture in Medicine* 27(3), pp.109-113.

CONCLUSION

This Service Evaluation found that multi-bed acupuncture is seen as both an accessible and cost-effective form of treatment, while still providing a safe, hygienic and effective service to service-users. This has implications for individuals wanting to undergo acupuncture treatments and for national guidelines, which currently see acupuncture as an intermediately cost-effective method of care delivery.