Service Evaluation for Glasgow Centre for Integrative Care

Introduction

In December 2013, an evaluation was conducted within the Glasgow Centre for Integrative Care (GCIC) for the purposes of assessing the usefulness of the care provided.

Methods

A convenience sample (n=51) was randomly selected from patients attending the GCIC. Respondents were asked to complete a service evaluation form that consisted of four questions, which can be found in Box 1. The first three questions were dichotomised, with Y/N answers, and there was space for patients to add any other comments, capturing more in-depth, qualitative data. The fourth question was about the value that they derived from their care at GCIC and this elicited further free-text, qualitative data.

Box 1: Service Evaluation Questions

Q1: Since attending the hospital, have you stopped or reduced any medication?
   
   If yes, which medication and by how much?

Q2: Since attending the hospital, have you changed the frequency with which you attend your GP?
   
   If yes, by how much?

Q3: Since attending the hospital, have you changed the frequency with which you attend other hospital specialities?
   
   If yes, which specialities and by how much?

Q4: Could you describe in your own words the value of your attending the hospital in terms of changes in your health?

As this was a random sample of patients attending GCIC, the data collected was based on patients with varied diagnoses receiving a variety of interventions and care options. The questionnaires administered were anonymous in nature and so no other information regarding the respondents is available. Anonymising the questionnaires was felt to reduce potential bias during data collection.

Percentages were calculated for the answers to the first three questions - for ‘Y’, ‘N’ and ‘not applicable/not completed’. A simple content analysis was conducted on the qualitative comments provided in all four questions, based on Green &Thorogood’s (2008) methods for thematic analysis. The responses provided were scanned line-by-line and discrete, meaningful units of text were extracted; each unit of text was considered to be a data item. The data was then coded and similar codes were grouped together into categories. Emergent themes were then identified and are presented below, using illustrative quotes to develop the narrative and evidence the final results.
Results

Over half of respondents reported decreases in medication use and frequency accessing of GP services and over one third reported reducing access to specialist care. The results from the dichotomous questions can be seen in Table 1, below.

<table>
<thead>
<tr>
<th></th>
<th>Y (n / %)</th>
<th>N (n / %)</th>
<th>Not Applicable/Not Completed (n / %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Medication changes</td>
<td>31 (61%)</td>
<td>18 (35%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Q2: GP access</td>
<td>39 (76%)</td>
<td>10 (20%)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Q3: Specialist access</td>
<td>18 (35%)</td>
<td>21 (41%)</td>
<td>12 (24%)</td>
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</table>

A total of 213 individual data items were extracted from the comments provided in the evaluation forms. Following initial coding of the data, three key themes emerged from the data, consisting of 7 sub-themes. The thematic structure is displayed in Box 2. It was arguably inevitable that themes of access to services and medication use would be prominent in light of the nature of the questions asked; these areas were consolidated into one theme. Each theme is presented within a narrative that was developed by and illustrated through the data extracted.

Box 2: Thematic Structure

1. Complementing Conventional Care
2. Living Better
3. Appreciating the Centre

- Interacting with health services
- Reducing the burden
- Centre ethos
- Medication use
- Nourishing yourself
- Centre services
- Self-efficacy

Complementing Conventional Care

The majority of respondents reported accessing their GP less frequently following their attendance at the Centre. There was a lot of variation in levels of access discussed within the forms, from once or twice a week to 3/4 times a year. Some changes described within the forms were less significant, some more:

“Since attending Dr Flannigan’s [pseudonym] clinic I feel it has had a huge impact on my life – where I would attend my GP monthly and get signed off work at times. This has reduced to not at all – only attending GP when they request an appointment to update on my condition.”

“I used to attend doctors twice a week for my extreme anxiety, now once or twice a month.”
Although less prevalent from the results, there were still a significant amount of responses that outlined a reduced access to secondary services ranging across the disciplines:

“I used to attend the allergy clinic at the Western every three months. Now I don’t need to attend at all.”

“Psychiatrist – before, every 3 months, now every 6 months.”

Most respondents also reported changes in their medication use, specifically focusing on a reduction in analgesia. Being able to reduce their intake of painkillers may lessen the side effects that patients experience, like gastrointestinal complaints, that sometimes require further medication to manage:

“The pain relief that I take (co-codamol) – I have reduced this from the maximum daily dose to once at night only.”

“Diclofenac – just 50mg per day instead of 150mg.”

Patients did report reductions in other types of medication as well, including respiratory inhalers, anti-histamines and other medication prescribed for managing the fall-out of significant medical conditions:

“I had medication for sickness and anxiety from the GP after a brain illness. I now no longer take this and haven’t in the last year.”

**Living Better**

An almost universal message from the data extracted was that patients felt that their overall wellbeing had been improved. Such improvements were the basis for the many positive reports, while respondents also identified experiencing a reduction in pain and other symptoms. Thus their subjective experiences during a normal day were better than they had been before. Furthermore, in some more compelling cases, respondents identified how a referral to the Centre managed to stop a decline in their general health in meaningful ways:

“Attending the Homeopathic Hospital [GCIC] rescued me from a downward spiral of ill health from which the GP could not solve. The hospital literally saved my life as I was rapidly losing weight and almost bedridden. Today my health is vastly improved and I feel well. I understand and can manage my health much better.”

During the analysis, the data described multi-faceted ways in which respondents felt that their lives were better as a result of attending the Centre. Patients spoke of appreciating the benefits of nourishing themselves, particularly in respect of feeling
more relaxed and being able to reclaim a positive outlook on life. They felt that Centre activities had helped to support them and contributed to them being able to cultivate resilience in the face of living their lives:

“*I feel stronger in mind and able to manage things in life in general thanks to [the] meditation course and follow up meetings. So helpful with daily life.*”

Arising out of these changes in their feelings of wellbeing, supported by the Centre’s philosophy of care, patients described how they felt more able to take ownership of their health and make corresponding lifestyle changes. The focus on health education within the Centre contributed to respondents’ increased knowledge and understanding in regard to their condition and this appeared to translate to a more long-term attitude:

“*I now have a much better understanding of my health problems and have learnt when and how to take better control.*”

“*I take better care of myself in a long-term way and do not look for a quick fix.*”

In respect of this developed long-term focus, some patients commented on being able to make sustainable and significant changes to their lifestyle that they hoped would improve their overall health:

“*I have also lost a stone through eating better food and drinking less alcohol.*”

Through this modification in their outlook and feeling empowered through the tools provided to them, some respondents reported a renewed ability to assume responsibility for not just managing their health but their lives in general:

“*Improved ability to deal with life issues and items that really need to be dealt with, which previously would’ve remained undone.*”

**Appreciating the Centre**

Most patients described how they appreciated the Centre, both the services provided and the philosophy of care underpinning those services. In particular, the holistic approach that the Centre takes was well received:

“*Further value is in finding someone who listens to the symptoms being suffered to determine root causes, as opposed to being offered medication that suppresses the symptoms.*”
There were other instances of respondents identifying dissatisfaction with medication provision alone, as the need to feel listened to came through from the data:

“Finding alternatives to pharma solutions offered by GP but which produce unacceptable side effects, which require further ‘solutions’.”

“I very much value this hospital as the doctor listens properly and I feel understood.”

In addition to out-patient services provided by the Centre, the in-patient rehabilitation service was well evaluated by those who attended:

“The week prior to my first stay as an inpatient was horrific, I was so poorly and constantly in bed. After the 5 day stay I was able to acknowledge that there was a chance of recovery for me. Thank you – I could not have done this on my own. There is life after being poorly for so long.”

**Discussion**

This evaluation shows that over half of respondents were able to reduce their medication use and access of health services after attending the Centre; the qualitative findings help to illustrate how this might be achieved. Improvements in general wellbeing and a greater focus on self-management may help patients to address the complexities associated with living with chronic illness and this may, in part, lead to a reduced reliance on their GP and other health services. There are methodological limitations to this service evaluation - including small sample and heterogeneity of respondents; however the results seem to point in one direction. Although the answers that patients provided about medication and service access are not independently verified, they are still compelling.

These results demonstrate significant potential in the Centre’s ability to relieve primary care services that are already groaning under extreme pressure, saving money and time so that resources may be redirected to others in need. We will continue to evaluate our work so as to generate evidence showing how the Centre can effectively fit into efficient, joined-up healthcare provision.