

Acupuncture Multibeds – affordable and high-quality acupuncture



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What is acupuncture? – How does it work?

- The insertion of ultra fine needles into specific points on the body
- With each insertion we expect
 - Increased local microcirculation
 - Regulation of heart rate
 - Regulation of inflammation and immunological factors
 - Release of endogenous endorphins



More specific effects include

- Upregulation of the parasympathetic nervous system via a branch of the vagus nerve when a wrist point is stimulated¹
- Increased neural plasticity and protection by upregulating BDNF output and reducing neuronal apoptosis² (BDNF=Brain derived neurotrophic factor)
- Preventing free radical damage by increasing the output of superoxide dismutase³
- On the small toe we have a point that can help turn a breech baby and it is so well studied that we know the effectiveness rate is 70%⁴

Acupuncture for pain

A systematic review⁵ of high-quality trials involving over 20,000 adults with osteoarthritis, chronic headache or musculoskeletal pain (back, neck or shoulder) concluded:

- Acupuncture is more effective than control treatments for all pain conditions (pragmatic trials)
- Acupuncture is not a placebo for treatment of chronic pain, but has real effects
- The effects persisted over time (15% reduction at one year)
- Acupuncture is safe

NICE guidelines and WHO recommendations

- Chronic pain (published in April 2021)
- Headache and migraine (published in Sept 2012/Dec 2021)
- WHO lists 140 conditions for which it recommends acupuncture - mostly pain conditions, but also:

Allergic Rhinitis	IBS
Addiction	Nausea and vomiting
Depression	PCOS
Fibromyalgia	Stroke
Insomnia	Vascular dementia

Two clear examples where acupuncture excels

Osteoarthritis of the knee⁶

- Acupuncture safely and effectively reduces pain
- Its effect is comparable to steroids, not far shy of opioids
- Acupuncture can slow down OA progression
- It can prevent the need for knee replacement surgery
- As such acupuncture can lead to huge savings in cost and time for the NHS

Migraine⁷

- Acupuncture is effective
- Acupuncture is safe
- Any side effects are rare and mild (e.g. bruising or transiently feeling faint)
- Data from the National Health Service of Taiwan shows (across almost 10,000 patients) acupuncture not only relieves and prevents Migraine, but also reduces the chance of getting dementia in later life by up to 58%

What are multibed clinics

Acupuncture clinics with multiple beds, where several people are treated per hour and the treatments are offered at a lower rate, often with a sliding scale

Some multibed clinics receive funding to further increase affordability

There are around 100 multibed clinics across the UK



Multibed clinics optimise cost effectiveness

- Most multibed clinics treat three people an hour and charge between £20-40 per patient, often on a sliding scale
- Those that have integrated within the NHS are offering sessions for £13-25 per patient, depending on the set up.
- Migraine is one of the top two reasons for work absence and one of the most common reasons for seeing a GP
- NICE recommends 10 acupuncture treatments for patients suffering from migraines. In an integrated multibed clinic this costs £200, which compares favourably with the cost of NHS GP time.

Examples of multibeds

- Gateway Clinic – Fully integrated service running since the 80s offering treatment for chronic pain, headaches and migraine, self-referral for HIV, addiction, wellbeing, anxiety and depression
- Inner Gloucester PCN – via the British Acupuncture Council acupuncturists are subcontracted to run weekly sessions for anxiety and depression as part of enhanced access.
- The Leys PCN was contacted and 6 weeks treating chronic pain as part of enhanced access was arranged. Sadly, the ICB decided they didn't want to offer it sticking to the 4 year old CCG decision. Since then funding was found elsewhere and GPs from the Ley's PCN now refer patients.

Multibed audit data, an example

The Abbey Centre Community Acupuncture Clinic in Westminster London

The clinic was started in July 2022 and is open each week for 2 hours.

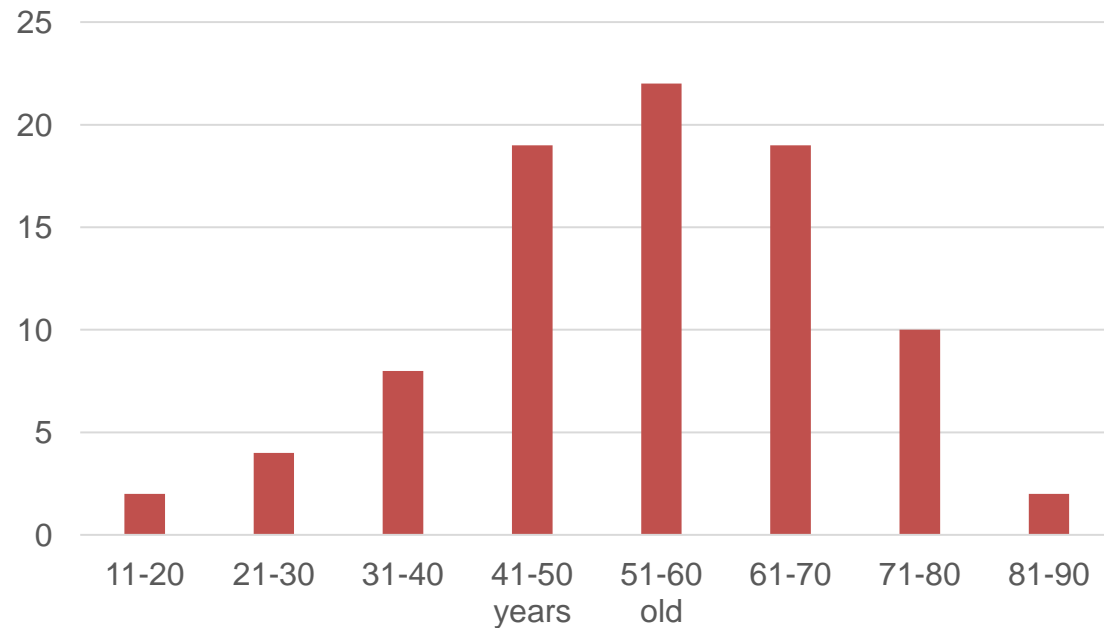
The Community Centre provides the space. Two acupuncturists volunteer their time and ask for donations (£5-£10) to cover the material costs.

- Over the last 22 months 75 patients (11 male, 64 female) have been seen
- These patients received a total of 530 sessions (average of 7 sessions per patient).

Multibed audit data (continued 1)

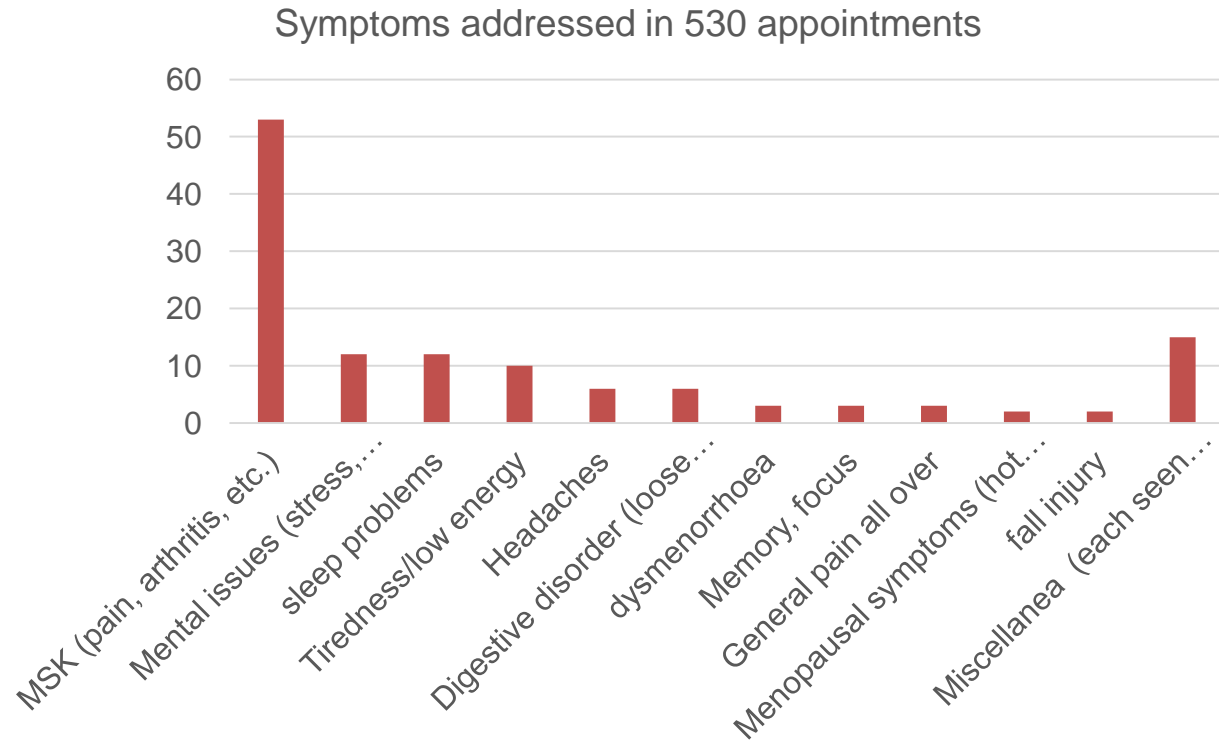
Abbey Centre
Community
Acupuncture Clinic
in Westminster
London

Age distribution of the 75 patients seen



Multibed audit data (continued 2)

Abbey Centre
Community
Acupuncture Clinic
in Westminster
London



Health economics of multibeds

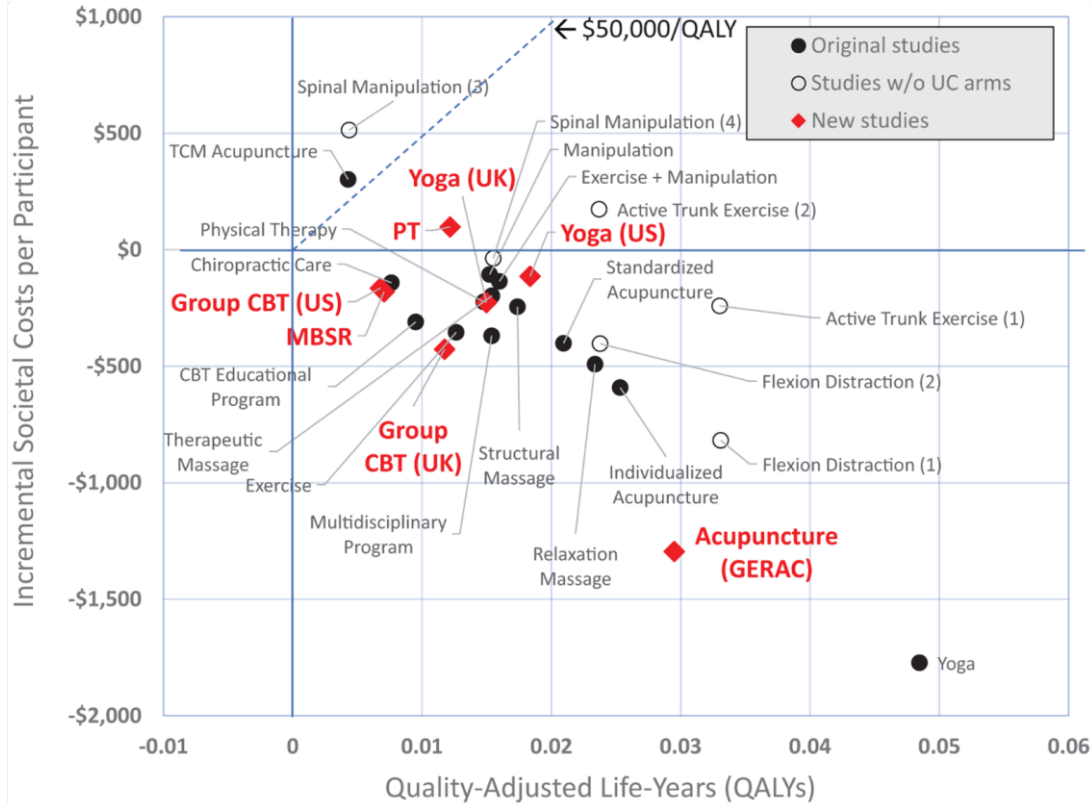
Two main studies on cost effectiveness of acupuncture.

1. **Depression:** Comparison of acupuncture with counselling or usual care for depression. Acupuncture significantly reduced depression and was more cost-effective than counselling.⁸

2. **Chronic primary pain:** *Acupuncture has been found to be cost effective in the chronic primary pain population, using pooled data from various trials to reflect the quality of life improvement over time from acupuncture, and taking into account the cost of the intervention.*⁹

Both studies were in settings of one-to-one sessions. Multibed settings would further improve these outcomes

Health economics of multibeds



This analysis from 2020 shows visually cost effectiveness of acupuncture when compared to usual care or a variety of other non-pharmaceutical approaches for chronic lower back pain.

Best cost effectiveness for Acupuncture was achieved when given in one-to-one sessions lasting 30 minutes¹⁰

Data from The Gateway Clinic

Paterson et al. found 'statistically and clinically significant improvements in physical and psychological health after six weeks and six months, in all categories of disease and degrees of chronicity. Both the written qualitative data and the Patient Enablement Instrument (PEI) demonstrated considerable improvement and, for some patients, the acquisition of new coping and self-care strategies.¹¹

Unwin et al. found 'referrals were for musculoskeletal conditions (38–44%), general and unspecified conditions (11–14%), blood and immune system conditions (6–12%), psychological conditions (8–13%), neurological conditions (6–9%), gynaecological conditions (5–6%) and digestive conditions (5–6%). Positive clinical experiences encouraged GPs to increase the range of conditions they referred for leading to the development of informal referral guidelines.¹²

Data from The Gateway Clinic continued

- All values of the presenting health problem were significantly improved through the course of 10 treatments.
- The most significant improvements were for the “main symptom” (from 4.70 to 2.48) and for “regular activity” that patients found difficult to achieve because of their main symptom (4.84 to 2.75).
(these values were scored 0–6 with lower scores indicating better health)
- Stopping pain medication due to the acupuncture treatments was also widely reported.¹³

Video testimonials

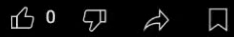
- 1) <https://www.youtube.com/watch?v=ueB9up4uLdA>
- 2) <https://www.youtube.com/watch?v=04gNFvB2NKA>



0:00 / 0:30



0:00 / 0:23



More videos
Tap or swipe up to see all



Summary

- Acupuncture is safe, effective and can be delivered in a cost-effective way.
- Acupuncture should be considered more often as an option in primary healthcare to help patients and support the NHS.
- A number of existing integrated multibed clinics show significant patient benefits.
- BAaC acupuncturist qualify for direct referrals from GPs due to Professional Standards Authority accreditation.
- Acupuncturists are keen to expand provision and are looking for NHS partners.

References

1. <https://acupuncturebiomechanisms.org/nei-guan-pc6/>
2. Qiao, L. et al. 2023 *J Tradit Chin Med*. 43(4):704-714: <https://doi.org/10.19852/j.cnki.jtcm.20230308.001>
3. Xie, Y.C. and Tang, F. 2008 *Journal of Acupuncture and Tuina Science*. 6(6):334–336: <https://doi.org/10.1007/s11726-008-0334-3>
4. <https://www.evidencebasedacupuncture.org/acupuncture-moxibustion-breech-presentation/>
5. Vickers A.J. et al. 2018. *Journal of Pain*. 19(5):455–474: <https://doi.org/10.1016/j.jpain.2017.11.005>
6. Birch, S. et al. 2017. *Journal of Alternative and Complementary Medicine*. 23(4):242–246: <https://doi.org/10.1089/acm.2016.0385>
7. Huang C.H. et al. 2022 *Neuropsychiatr Dis Treat*. 18:1895–906: <https://doi.org/10.2147/ndt.s372076>
8. Spackman, E et al. 2014. *PloS One*. 9(11):13726: <https://doi.org/10.1371/journal.pone.0113726>
9. NICE guideline NG193: economic analysis report. 2021. <https://www.nice.org.uk/guidance/ng193/evidence/acupuncture-in-people-with-chronic-primary-pain-pdf-9075291805>
10. Herman, P. M. et al. 2020. *Spine*. 45(19): 1383–1385: <https://doi.org/10.1097/brs.0000000000003539>
11. Paterson, C. et.al. 2010. *Complementary Therapies in Clinical Practice*. 16(1): 3–9: <https://doi.org/10.1016/j.ctcp.2009.08.001>
12. Unwin, J., & Peters, D. 2009. *Acupuncture in Medicine*. 27(1): 21–25: <https://doi.org/10.1136/aim.2008.000083>
13. 500 patients' acupuncture outcome study Gateway Clinic 2012/13 Available: <https://shorturl.at/GSptl>

Evidence resources

For further research check out:

EvidenceBasedAcupuncture.org

AcupunctureBiomechanisms.org

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Any Questions?

Please visit us at the British Acupuncture Council (BAcC) stand or look us up online:

Acupuncture.org.uk (BAcC)

Acmac.org.uk (Association of community and multibeds)