Establishment of a CAM Agency (outline)

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Aims and Functions

1. To integrate CAM (Complementary and Alternative Medicine), allopathic ('conventional') medicine, social services and voluntary organisations.

2. To maximise effectiveness and utilisation of existing resources of health and social services

3. To standardise and regulate CAM

4. To provide continuous assessment and evaluation of CAM in the treatment of different conditions

5. To integrate and develop research

6. To meet public demand and facilitate patient choice

7. To provide public education

8. To promote cross-disciplinary understanding between various forms of medicine

9. To promote public self-empowerment and increased self-reliance

10. To provide alternative evidence-based pain management strategies

Benefits

a) Reduction of waiting lists (GP surgeries and possibly hospitals), especially in areas where orthodox treatment is not effective;

b) Provide comparative studies between various disciplines, illnesses and alternative treatments in 'real' time;

c) Co-ordination of requirements and research between different health trusts and organisations who participate in the scheme;

d) Provide information for GP's, about various forms of alternative treatments and diciplines, and source for referrals if they or patients opt for complementary medical treatment;

e) Promote safe self-help awareness and preventative medicine such as:
   i) stress management,
   ii) consultancy etc to private companies including staff management and work environment issues,
   iii) natural self-help health information for groups, associations, groups of patients sharing the same conditions, etc;

iv) short courses and workshops (including use of media) for the public such as Introduction to Massage, Nutrition, Stress management, baby massage, holistic view of health, etc

f) Provision of Complementary Medicine service to fulfil public demand;

g) Provide savings (financial/resources): save on reduction of medicaments, GP's time and sick time lost from work;

h) Provide training and promote understanding of different disciplines for nurses and other health professionals, volunteers and carers;

i) Provide physical and psychological support for nurses, GPs, carers, and other professionals involved in the health and social care, by making services available to them e.g. stress management, complementary therapies, etc;

Explanations and key points

- **Primary consultants:** One of the problems with using complementary medicine in the NHS seems to be that the medical profession lacks the knowledge of the vast array of therapies on offer. It is difficult for a GP to decide on what kind of therapy would be most suitable for a particular patient, or which therapist is appropriately trained and insured for instance.

  Protocol: Primary consultants can be seen as the equivalent of GPs in complementary medicine. They should have a good general understanding of complementary medicine as well as having counselling skills. Please refer to enclosed chart.
  Primary consultants receive referrals both from NHS and Social Health Department and are directly responsible to the person who originated the referral (e.g. the patient's GP). From this point on, the primary consultant will be responsible for the patient/client's progress until the conclusion of the 'alternative' treatment. At the end the patient goes back to the GP for assessment.

  The role of the primary consultant is to have a first interview with the patient/client, discuss his/her needs, discuss the therapies available, assess the most suitable therapy for the patient's needs, refer the patient/client to the appropriate therapist and monitor the patient's progress.

  After an agreed number of treatments the patient goes back to the primary consultant (who has the report from the therapist) to have a review of the treatment(s) received. Eventually, after the last review, the patient/client is referred back to the originator of the referral, who will re-assess the case.

  There are more details which are beyond the scope of this document. This system has been successfully used in public-funded 'stress clinics' in Glasgow for the past 6 or 7 years.

- **Database:** With the setting up of a central database, treatment results from various locations can be collated, giving an idea of what treatments work best for what conditions (and which are not successful). There is a need to have a purposely-designed database in

order to evaluate the results from 'alternative' treatments (quantitative and qualitative)

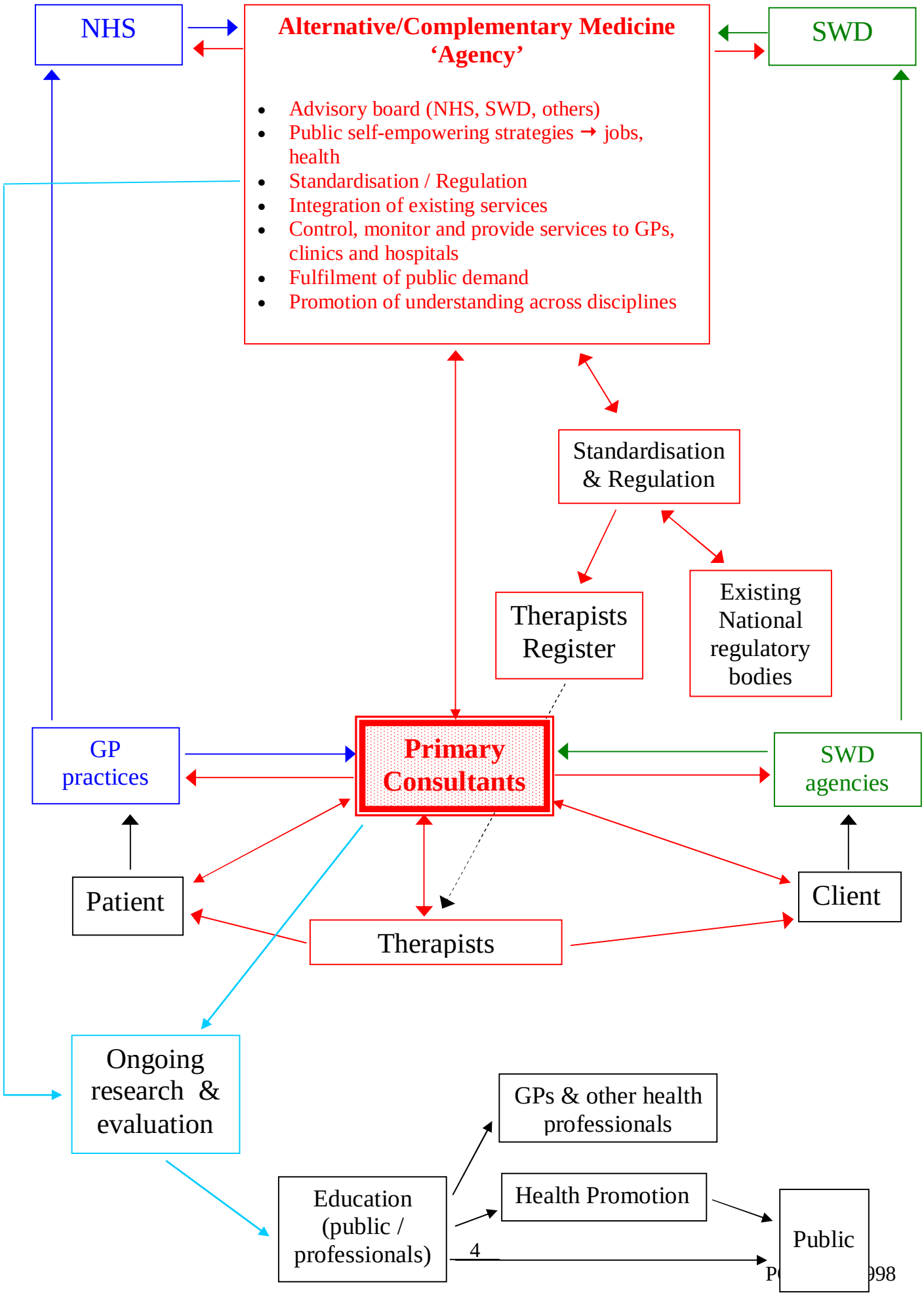
This also prevents the waist of resources that occur when different health centres/trusts unwittingly duplicate research previously done. The various research organisations could also have an input.

- **Integration of resources (NHS/SWD):** From experience at the centres where I have worked and work now, health problems and social problems are often interlinked. These centres were set up in 'priority areas' in Glasgow with a high level of unemployment, crime, and ill-health.

  This means that the 'agency' could co-ordinate the common needs of both NHS and SWD, taking some of the pressure from those departments.

- **Some financial facts (1998):**

  - One (average) centre costs £70,000 a year to run and this pays for a minimum of 3,000 treatments (this could potentially be doubled);
  - About 33 centres can provide well over 100,000 treatments;
  - Money can be saved through reduction of drugs, less time off work, etc (all evaluation reports from various organisations show figures akin to: 90% decrease in panic attacks, 85% improvement in backaches, 76% reduction in anxiety, 88% reduction in depression, 70% improvement in self-worth, 17% of unemployed became employed or under training since starting treatment, etc.


NHS
Alternative/Complementary Medicine 'Agency'
Advisory board (NHS, SWD, others)
Public self-empowering strategies → jobs, health
Standardisation / Regulation
Integration of existing services
Control, monitor and provide services to GPs, clinics and hospitals
Fulfilment of public demand
Promotion of understanding across disciplines
SWD
Standardisation & Regulation
Therapists Register
Existing National regulatory bodies
GP practices
Primary Consultants
SWD agencies
Patient
Client
Therapists
Ongoing research & evaluation
GPs & other health professionals
Education (public / professionals)
Health Promotion
Public