Reviewer’s report

Title: What does a 'NHS friendly' complementary therapy service look like? A qualitative case study.

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Reviewer: Martyn R Partridge

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This is an interesting report describing what an "NHS friendly" complementary therapy service might look like. It is not an easy report to read and this is in part because the research question could perhaps be spelt out more clearly, and commissioning type jargon may impair comprehensibility by simple clinicians such as myself. I think that the research question is "What features of a service offering a complementary therapy might be likely to be purchased by a commissioner in the current NHS climate?" To answer the question the researchers examined two complementary medicine services providing care to patients within NHS facilities. A Total of nineteen health professionals were interviewed but it is not at all clear whether these were all providers of such services (whether managers or healthcare professionals) or healthcare employers or officials who were in some way responsible for purchasing this care. Comments such as "during interviews, NHS commissioners and clinicians appeared to be more..." are difficult to interpret without knowing who these people are. Why was a commissioner working in a site delivering complementary therapy? The results suggest that for a National Health Service to wish to commission a service it would prefer to commission a service for a specific clinical condition, where existing interventions were known to be unsatisfactory and where there was a reasonable body of evidence to suggest that the complementary therapy would lead to improvement in a recognisable outcome. A further rider was that any new service should not "suck in" those who were not currently being failed by existing interventions. The authors conclude that this was an impossible to achieve aim and that might be the reason why there is a scarcity of NHS complementary service provision. A simpler summary of this scenario might be the statement
that those spending NHS monies express the view that they only wish to spend money on services of proven value for patients for whom there is no other current effective intervention.

Specific Points

1. I do not think readers from overseas (nor me and many in the UK) will fully understand what on earth urban regeneration money is and how that was being given for services within an NHS practice but paid for by patients. It is not clear why in that first site after nearly four years of government funding, the funding was picked up in a reduced fashion by the local PCT. Was that because the regeneration money stopped or for some other reason?

The following paragraph suddenly mentions that a second site had a service that appeared "better regarded". What do these words mean and no comment appears in the preceding section to imply any problem on the first site.

2. The description of the second site is obtuse and one is left unclear as to who is referring who to whom? Are we talking about the women's health service doctors referring patients to the complementary therapy service or the complementary therapy service doctor referring to specific complementary therapists? What were the indications for referral? There then follows narrative about what subsequently happened to the service.

3. In the section on data collection and analysis, a description is given of how participants were selected for interviews but I find it difficult to follow the logic of not talking to therapists when the aim was "...to develop a complementary service model acceptable to NHS professionals."

4. Some novel aspects are reported such as analysis of the documentary data but this appears at the end of the method section but nothing is subsequently specifically attributed to that source.

5. On page thirteen I am unclear as to the point which is being made regarding evidence. These professionals were presumably being asked their views on what the NHS should fund, and they responded that they wanted evidence of benefit. However, as this was a hypothetical scenario I do not find it surprising that they could not all themselves
knowledgeably quote the literature reviews.

6. There is subsequently a comment about the PCT funding bid and I wonder whether this is an example of where the documentary data was used but the comment not attributed to that source?

7. The fact that clinicians referred to a service when it is available is not surprising but does not stop that same clinician when asked, having an opinion that in future if such services are going to be purchased there should be some evidence of benefit.

8. The first paragraph of the discussion is excellent and it is the clearest written part of the whole report.

9. I think there needs to be some discussion of the phasing of these hurdles to incorporation of complementary medicine services. The paper is clearly a report of a qualitative study but one senses that a need for evidence might for example have been a stronger point than the avoidance of sucking into the system patients currently outside it. In a lot of health service interventions we recognise this iceberg effect and I think commissioners are actually quite mature about this. For example, a service to educate GPs about how to give intra articular injections for frozen shoulder is likely to lead to an increase in the number of patients having such injections but the general increase in understanding and awareness of rheumatologic conditions might paradoxically lead to an increase in referrals to the specialist. In this scenario if a complementary service seems to fill an effectiveness gap and commissioners can see a beneficial effect on outcomes there would be no logic in them denying an enlargement of the contract subsequently to encompass these extra patients.

10. It appears that the opportunity to better understand why services were discontinued in the sites involved in this study was missed and that might have been enlightening.

Major revision is needed if this report is to be of value and comprehensible.

Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

An article of limited interest
I declare that I have no competing interests