

# An appointment

Dr Michael Dixon, a practising GP and chair of NHS Alliance and the College of Medicine, talks about integrated health and therapy research



## Tell us about your successful integrated health centre.

We opened the Culm Valley Integrated Centre for Health in 2008 as a new conceptual approach to general practice. Based in Devon, the centre has a herbal and organic garden (tended by our patients), community café, and a health facilitator. We also offer a range of self-care sessions, including tai chi and yoga, and complementary therapies on site, which are paid for by the patient but subsidised.

The mainstay of the centre is our patients group, which has strong leadership and helps us to plan and 'co-produce' our services, taking into account our patients' opinions. As well as patients helping other patients, the group helps to facilitate an integrated library, exercise schemes, open days and talks. Members of the patient group are also ardent fundraisers.

More evidence on the overall cost effectiveness of the surgery is needed but we have been able to show, for instance, that the tai chi classes for patients with stroke, Parkinson's disease and depression reduced the amount of medication required and demands on the health service. Our exercise scheme showed similar results, with significant weight loss in patients who were previously overweight. The surgery also has a low referral rate compared to other NHS services and has scored high on Quality Framework indicators (the rule for any professional taking on integrated healthcare is that you must also be able to prove you can hack it as a conventional medical practitioner).

## When do you refer patients for complementary therapies?

In particular when conventional treatment has no – or incomplete – answers. Back pain and musculoskeletal problems are probably the most common, with these clients often being referred to our osteopath, sports therapist or masseur.

I refer patients variously to all the therapists at our centre – for manipulation, herbal treatment, homeopathy, acupuncture, massage, reflexology, mind/body approaches, healing and a number of other modalities. It is not only a question of selecting the most appropriate therapy but also, quite often, the personality of the therapist is taken into account.

Patients also benefit from being given more time than we are able to afford in a conventional medical consultation, and the whole process and 'ambience' is often seen as less threatening when having a consultation with a complementary practitioner.

The important thing, however, is that we all work together in the centre and patients don't have to choose between the conventional or the complementary, but can access the 'best of both worlds'.

## Lord Darzi's report stated that 'for the NHS to be sustainable in the 21st century it needs to focus on improving health as well as treating sickness'. Do you feel good progress has been made in this?

No, I don't. It was too focused on specialist medicine and the majority of NHS money continues to be swallowed up by rapidly expanding services. In my own surgery, for instance, none of our health or self-care

## When did you first take an interest in integrated health?

I was 'converted' in 1991 by the wife of a judge, a healer who was seeing a patient of mine with breast cancer. The patient sadly died as her condition was irreversible, but I think she survived longer and was much happier and more fulfilled as a result of receiving healing. It opened my eyes to the fact that a patient's experience and mindset is every bit as important as our often-unsuccessful attempts to 'cure', using orthodox treatment.

Shortly after, the healer suggested coming to work at the surgery, and as someone not to take 'no' for an answer, she came and set up a clinic. I was immediately impressed by all the healing elements of her approach, which seemed absent from the modern medical consultation. She also became the focus of a research project, which I published in the journals of the Royal Society of Medicine and the Royal College of General Practitioners (see page 50 for more details).



From left: Three views of Culm Valley Integrated Centre for Health; A visit from The Prince of Wales and Duchess of Cornwall; Dr Dixon speaking at the launch of the College of Medicine

# with Dr Dixon

initiatives are funded by the NHS – we have to be inventive with funding or ask GP partners to put their hands in their pockets.

I wish senior managers and politicians would stop ranting on about the importance of prevention without creating the right environment and funding to make it happen. Ditto for self-care and developing community health, which are the only means of us creating a sustainable NHS, when costs are soaring, the elderly population is getting rapidly larger, new technologies are getting more expensive and chronic diseases such as obesity and diabetes are on the rampage.

**The College of Medicine aims to create a more holistic, patient-centred, preventative approach. What progress has been made since its launch in 2010?**

I think the college is achieving as much as it can, given its modest funding and infrastructure. We have created the principle of bringing everyone together and of health professionals, scientists and patients being a joint force in putting patients first rather than struggling against each other.

Since our launch, we have had a fully booked cancer conference at Imperial College (November 2010) and first national conference at Mansion House in May. We have further conferences organised, a fairly comprehensive list of educational opportunities and more than 30 demonstration sites showing how the future might look.

Some of our faculties, such as those for self-care, the homeless and women's health, are moving forward rapidly. Our first student summer school held in Southampton in September was also a success.

So yes, I think we are doing all we can to forward the integrated message. It is just frustrating to be so limited by time and resource, but I believe that we are going solidly in the right direction.

**What are your thoughts on Personal Health Budgets (PHBs)? Do you think these have created good opportunities/inroads for complementary therapists?**

I think PHBs are a good and interesting idea. They put patients in the driving seat and present an opportunity for them to choose complementary alternatives, when they think that they might do better by these.

Currently, I think PHBs are a vital 'Trojan horse' in the NHS and need to be carefully researched in terms of their effectiveness. There is a potential danger that if every patient is choosing his/her own treatment within a budget then we might overspend or lose services that are much needed by a few, when the majority opt to use other services.

That said, I think these fears have possibly been exaggerated and are no reason not to try PHBs properly and extend them if they prove to work, as I suspect they will.

**What are your views on the CNHC, the voluntary regulator of complementary and natural healthcare?**

I think the CNHC is absolutely essential. Patients and other professionals looking after them (particularly GPs) need to know that the professionals they are dealing with are properly qualified and accountable. Having lots of different organisations and qualifications is confusing for patients and clinicians.

I know there has been some criticism but I think we need to build on what we have and strengthen the CNHC so that it can give complementary practitioners the credibility and status they need and deserve.

**Complementary therapy is often challenged over a lack of 'scientific evidence'. How can this be addressed?**

Complementary medicine gets a bad press because it is being judged by a restricted interpretation of conventional science.

The science council of the College of

Medicine is seeking to establish and publicise a scientific method that goes beyond the standard double-blind placebo-controlled trial. It is particularly concerned to champion 'applied' or pragmatic research, which compares the effectiveness of one treatment in a given setting with another.

The essence of complementary medicine is that you cannot divorce the practitioner and the context from the treatment itself, and we need to establish the cost effectiveness of the 'whole package' versus the current package that patients are receiving.

The outcome of that evidence will be of immense importance to health service commissioners (and patients accessing personal health budgets) and could change things. It would also help to get us out of the current trench warfare between complementary medicine advocates and enemies, which is based far more on emotion than reason.

**What do you do to relax and take care of your well-being?**

My work/life balance is awful. With a GP list of 1,600 patients, and being chair of the College of Medicine and NHS Alliance, I tend to work most evenings and a lot of weekends.

That's not bad, provided that things move forward and you have a very supportive wife and family, which I do. However, it does not leave much time for anything else apart from gardening, which I love, and fishing.

I have a mobile phone, but have avoided a BlackBerry or iPhone, or moving around with a laptop, because they abolish the most important parts of your life – when you reflect on what has happened, what you need to do and what you are enjoying.

I think daydreaming is quite important because it is a personal experience and is often where plans originate.



PICTURES: NICK QUINN; COLLEGE OF MEDICINE; JON SPAULL