

Complementary Therapy Proposal

Apollo 35 Ward BRCH

Submission date: to be confirmed

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1. Proposal overview

The aim of this proposal is to pilot the provision of complementary therapies to adolescent patients and their supporters (family, friends and carers), cared for on Apollo 35.

The main purpose in the use of these therapies is to help:

- promote relaxation
- reduce anxiety, stress and tension
- ease symptoms such as pain, nausea, poor sleep
- support the recipient find coping strategies and feel more in control
- improve quality of life

2. Rationale

In recent years there has been an increasing recognition of the use of complementary and supportive therapies (defined as ‘an episode of treatment with therapeutic intent’) alongside more conventional forms of healthcare.¹ This is largely due to the growing body of evidence that some complementary therapies do improve quality of life.^{2,3} Nationally, growing numbers of healthcare professionals are training in one or more complementary therapies and integrating them into their everyday practice.

The NICE (National Institute for Health and Care Excellence) Service Guidance for Improving Supportive and Palliative Care for Adults with Cancer⁴ includes a chapter about the use of complementary therapies. The same year, the National Cancer Research Institute (NCRI) set up a Complementary Therapies Clinical Studies Development Group to develop high quality research into complementary therapies in hospitals and cancer centres in the UK.

Apollo 35 is a multidisciplinary ward catering for adolescent patients across multiple specialities excluding renal and cardiac, with some of these patients staying for many weeks for treatment and rehabilitation. This proposal has been discussed with the lead clinicians of specialities who treat patients on Apollo 35 and all have been enthusiastic about their patients having access to this complementary therapy service.

The specialities include:

- Trauma and orthopaedic
- Gastroenterology
- Neurology
- General medicine
- Surgical
- Endocrinology Rheumatology
- Infectious diseases
- Pain team
- Palliative care team
- Ear, Nose & Throat
- Eating disorder and dietetics team
- Phlebotomy services
- CAMHS & paediatric Liaison
- Physiotherapy and Occupational therapy

Currently patients on Apollo 35 with cancer and leukaemia's already benefit from a complementary therapy service including Reiki and parents often discuss their positive experience with other families on the ward. We would like to be able to offer the same opportunities to all our patients and families in keeping with Apollo 35's ethos of equality and inclusivity, treating people with respect and making patient wellbeing our priority. This would also support UH Bristol NHS foundation Trust's mission which is, *'to improve the health of the people we serve by delivering exceptional care, teaching and research every day'*

3. What do we want to provide?

For the purposes of this pilot, the complementary therapy we would like to introduce is Reiki. Reiki is an energy therapy that is usually done by placing the hands in a series of positions over or slightly above the body to bring a feeling of wellbeing and relaxation. There is an established evidence base of the potential benefits particularly as it can be delivered hands off if touch is a problem for patients with conditions such as autistic spectrum disorders and for patients in physical discomfort. Patients would be treated in their own cubicle or bedspace and the Ward Manager from Starlight has kindly offered the use of her meeting room for us to offer sessions to parents and family members. This is the room currently used by the oncology complementary therapist's and provides a relaxing and peaceful safe haven away from the young person's room in which they can de-stress and recharge.

The benefits Reiki could bring to these patients are multiple but include;

- stress relief and relaxation
- support with preparation for procedures
- supporting patients with needle phobias
- support concerns around surgery
- promotes general feeling of wellbeing and comfort.

Young people facing a hospital stay can often experience feelings of uncertainty, fear and apprehension. Because Reiki is a very supportive therapy for both mind and body and thus can help ease some of these feelings. The offer of Reiki we believe will also greatly benefit parents and carers of our patients who are often struggling to come to terms with a new diagnosis or the aftermath of a trauma which could be life changing for the patient and their family. Giving families a quiet space to have a treatment and clear their heads often gives them a renewed feeling of emotional strength to return to their child and continue to support them during their time in hospital and beyond.

For a 3-month duration, (proposed start date to be confirmed), we would like to offer 8 weekly Reiki treatment sessions every Friday which can be pre-booked. Patients and supporters may self-refer or may be referred via a staff member. The Ward Clerks and Therapist will oversee the bookings procedure.

The practitioner who will provide the service for the duration of the pilot is a fully qualified Reiki Therapist who has been in practice as a massage and complimentary therapist since 1994 and more recently specialised in Reiki in 2014. She has considerable experience of delivering therapies to people with health problems working closely with the Parkinson society, Cancer Café North Somerset, Weston Hospice care and staff wellbeing support for Charlton farm Children's Hospice as well as seeing clients privately in the community. The practitioner would be provided with an Honorary Contract by UH Bristol for the duration of the pilot.

4. Who would be eligible?

Our ward and services are for adolescent patients aged 11 to 16 and their supporters from all over the South West. As such, the reiki sessions would be open to any Adolescent patient or supporter on the ward or any qualifying outlier on other wards in the hospital waiting for repatriation to Apollo 35 during busy periods. For patients, the permission of the patient's consultant or site specific middle grade involved in their care will be sought and documented prior to any treatment taking place. Individuals may have more than one treatment but if the appointments become over-subscribed, priority will be given to those who have not had any treatments or who have a higher level of need.

5. Governance

The provision of complementary therapies at UH Bristol is underpinned by its Complementary Therapies Policy⁶. Each treatment will involve individualised assessment, treatment planning and written consent between the practitioner and the recipient.

The practitioner will be required to:

- conform to all UH Bristol policies and procedures (including health and safety, patient confidentiality, consent, equal opportunities etc.).
- provide valid certification of their qualifications / competencies in accordance with the Complementary and Natural Healthcare Council, the sector regulator.

- be accountable and responsible for their own practice, and provide evidence of adequate professional indemnity insurance if they are not employed directly by the Trust .
- demonstrate ongoing development and maintenance of their knowledge and competence of the complementary therapy they are qualified to practice.
- promote and safeguard at all times the interests, safety and well-being of patients and their supporters.
- ensure a record of their interventions are documented within Medway and the patient's notes, making notes of dates of assessment, prescribed treatment plan, treatment dates and evaluation of treatment.
- ensure they receive appropriate support for their practice

Written information will be available to patients and their supporters about the service (eligibility, referral, potential benefits of treatment and appropriate precautions) to assist them in making an informed decision.

Informed written consent will be required before any treatment takes place. Completed consent forms for patients will be kept in patient notes. Completed consent forms for supporters will be held securely by the Ward Manager in the management office on Apollo 35.

In accordance with national guidelines for complementary therapies, the therapy:

- must work alongside existing medical treatment without compromising existing care
- must be based on current evidence and best practice
- must be based on consultation, planning, education and demonstrable competence must comply with local policies

6. Evaluation

The impact of complementary therapy input to recipients will be measured in three ways:

- A questionnaire completed before and after treatment which will gather quantitative information via a Likert scale and qualitative information about the recipient's experience.
- A focus group at the end of the three month pilot, bringing together recipients of the service who are willing to discuss the impact of this on their wellbeing.
- Feedback from adolescent services health professionals re: the perceived value of complementary therapies to their patients and to the service.

7. Sustainability

If the evaluation of this pilot is successful and demonstrates a positive impact for individual recipients and for Apollo 35 in general, options regarding both the delivery and importantly the sustainability of the service will be explored. These are:

- To seek continued funding from a charitable source
- To seek continued funding from UH Bristol NHS Foundation Trust

- To discontinue the service if further funds are not available
- To reduce service delivery to less hours (e.g. 4 sessions per week)

The vision is that if we can sustain the service, we would like to broaden the range of complementary therapies available.

8. Costings

Hourly rate for complementary therapy practitioner: £25 per hour.

£25 x 8 sessions per week = £200 per week

£200 per week x 13 weeks (3 months) = **£2,600**

There are no additional costs for the pilot. Appropriate facilities are already in place and the practitioner will provide any additional materials such as massage oils. Travel expenses will not be provided.

References

1. Charlton J Tiran D Mackereth P Donald G (2011) Take me to a clinical reflexologist: an exploratory survey. *Complementary Therapies in Clinical Practice*. 2, 102-6
2. Mackereth P Maycock P (2010) Clinical reflexology and cancer: are you contraindicated? *Reflexions: Journal of the Association of Reflexologists*. Sept Edition, 14-15
3. Mackereth P Marland L (2009) Clive O'Hara (1948-2008) - pioneer of reflexology. *Complementary Therapies in Clinical Practice*.15:52.
4. National Institute for Health and Care Excellence (2004): *Service Guidance for Improving Supportive and Palliative Care for Adults with Cancer*.
5. University Hospitals Bristol NHS Foundation Trust (2010) : *Complementary Therapies Policy*.