

BHOC

Complementary Therapies Policy



DOCUMENT DETAIL

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| Date of Equality Impact Assessment: | |
| Name of Trust Member responsible for implementation of Trust Policy : | |

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1. INTRODUCTION

Complementary therapies have become an increasing feature of services provided for cancer patients alongside conventional medicine. NICE Improving Outcomes Guidance on Supportive and Palliative Care for Adults with Cancer (2004), and the National Cancer Peer Review Programme Manual for Cancer Services (2008), both maintain that any practitioner delivering complementary therapies in NHS settings should conform to policies designed to ensure best practice, and these should be agreed by the Cancer Network.

This policy has been written with reference to the Avon, Somerset and Wiltshire cancer Service Network (ASWCS) criteria (2011). It should be noted, however, that ASWCS ceased to exist in March 2013, when it was replaced by the Cancer Commissioning Team - West & South, as part of the wider South West Strategic Clinical Network (SWSCN). The SWSCN works with providers, commissioners and other partners to deliver improvements in experience and outcomes in: Cardiovascular including cardiac, stroke renal and diabetes, Cancer, Mental Health, Neurological Conditions and Dementia, Maternity and Children's care.

1.1 Scope

The policy sets out the criteria for complementary therapists offering their skills to adult and teenage patients and their supporters in Bristol Haematology and Oncology Centre (BHOC).

This policy includes acceptable levels of training, qualifications and competence for practitioners. It clearly defines the individual roles of practitioners and their responsibilities and aims to standardise the provision of complementary therapies within BHOC to ensure safe practice. It recognises the holistic nature of the therapies offered and considers the whole well-being of the patient. It applies to all therapists.

2. PURPOSE

The purpose of this policy is to make sure that a framework exists within BHOC to ensure a consistent approach and safe practices are employed in the delivery of complementary therapies.

3. DEFINITIONS

Complementary therapies are holistic treatments used alongside conventional treatment to provide relaxation and a sense of wellbeing. They work alongside medical treatment without compromising prevailing care. Alternative therapies purport to offer a distinct alternative to orthodox cancer treatments, and are **not** considered in this policy.

'Complementary therapies are used alongside orthodox treatments with the aim of providing psychological and emotional support through the relief of symptoms.'

NICE Supportive & Palliative Care Improving Outcomes Guidance (2004)

For the purposes of this policy, the term 'complementary therapy' is used to cover the following range of specific therapies:

| | |
|--|---|
| <ul style="list-style-type: none"> • acupressure • acupuncture • Indian head massage • massage | <ul style="list-style-type: none"> • guided relaxation • reflexology • reiki • shiatsu • M technique |
|--|---|

4. DUTIES (Roles and Responsibilities)

- Therapists must at all times promote and safeguard the interests, safety and wellbeing of those in their care and ensure they receive appropriate support for their practice.
- All therapists must carry personal responsibility and accountability for their professional practice (including maintaining an appropriate level of knowledge, skills and practice) and must comply with Trust policies and protocols.
- All therapists must provide written evidence of the following:
 - A qualification in their area of practice.
 - Registration with the Complementary and Natural Health Care Council (CNHC) or appropriate professional body.
 - Personal professional indemnity insurance.

A photocopy of the above documents will be taken, placed on the therapist's personnel file and checked annually.

- Volunteer therapists must be appointed in accordance with University Hospital Bristol NHS Foundation Trust's volunteer recruitment policy, and attend all mandatory training. This will be supervised by the Information and Support Centre Manager in conjunction with the Trust Volunteer Co-ordinator.
- Paid therapists will be employed on an honorary contract overseen by University Hospital Bristol NHS Foundation Trust's HR department and should adhere to all relevant policies and procedures.
- Existing Trust employees who hold the relevant qualifications and wish to deliver complementary therapies in either a paid or voluntary capacity will also need to fulfil the requirements of this policy.
- All therapists will be subject to an enhanced criminal record check via the Disclosure & Barring Service.

5. DELIVERY OF COMPLEMENTARY THERAPIES

5.1 Co-ordination of the service

Adults

The Information and Support Centre will act as the central 'hub' for the coordination and delivery of complementary therapies for adults within the BHOC. The Centre's role will include, but not be limited to, the following:

- Recruiting suitably qualified therapists who meet the requirements set out in this Policy, and ensuring that they are properly registered with the Trust.
- Taking a photocopy of the therapist's qualifications, CNHC Registration and indemnity insurance, and checking that these are renewed annually as applicable.
- Advertising and promoting the complementary therapies available within the BHOC and letting staff, patients and supporters how these services can be accessed.
- Taking bookings for complementary therapy sessions and checking that users have up to date written information detailing the complimentary therapy they will be receiving.
- Keep BHOC patients' medical teams informed by sending a letter to the consultant stating that the patient is receiving a complementary therapy.
- Providing a lockable cabinet in which patients' treatment histories and notes can be securely kept. These notes will be kept separately from the patient's medical notes, however, copies of the patient's complementary therapy treatment history and notes can be requested by clinical staff if required.

Teenagers & Young Adults (TYA)

The Lead Nurse for the South West TYA Cancer Service and designated TYA staff member(s) will be responsible for the coordination and delivery of complementary therapies for TYA patients and their supporters within the BHOC. This will include, but not be limited to, the following:

- Recruiting suitably qualified therapists who meet the requirements set out in this Policy, and ensuring that they are properly registered with the Trust.
- Taking a photocopy of the therapist's qualifications, CNHC Registration and indemnity insurance, and checking that these are renewed annually as applicable.

- Advertising and promoting the complementary therapies available within the BHOC and letting TYA staff, patients and supporters how these services can be accessed.
- Taking bookings for complementary therapy sessions and checking that users have up to date written information detailing the complimentary therapy they will be receiving.
- Informing the Consultant of each TYA patient of their patients' decision to receive complementary therapy treatments.
- Providing a secure location in which patients' treatment histories and notes can be securely kept (in the TYA Office, Area 61, Level 5, BHOC). When a patient has finished receiving complementary therapy treatments, all documentation relating to the treatments they received will be filed in their Patient Notes. Documentation relating to treatments given to supporters will be kept in the TYA Office for the required period of 5 years and will then be destroyed.

5.2 Referral into the service

Patients receiving treatment within the BHOC and their supporters can self-refer via the BHOC Information and Support Centre or the TYA Wellbeing Co-ordinator. Patients can also be referred by health/ allied health professionals. Due to capacity issues this service will not routinely be extended to patients or supporters who are not current or previous BHOC patients.

The number of sessions offered will depend on availability. Where appropriate, staff can be offered complementary therapies where appointments have been cancelled.

5.3 Consent and Documentation

All therapists must read and complete the Trust's Information and Governance training, and read the Trust's Policy for Consent to Examination or Treatment.

Informed written consent must be gained from the patient prior to the first treatment and documented on the appropriate referral and consent form. Verbal consent to continue treatment should be sought by the therapist on all subsequent treatments for the same therapy.

The first treatment session will commence with an assessment which will be documented on a therapy specific Assessment Form. First and subsequent treatments will be documented on a form relevant to the therapy.

All documentation will be securely stored. For therapies delivered through the CISC paperwork will be stored in a locked cabinet in the departmental office.

All paperwork for TYA patients and supporters will be stored in a TYA Reflexology File kept securely in the TYA office.

5.4 Assessment

The patient or supporter will be thoroughly assessed by the therapist at the start of the first treatment session to ensure the referral is appropriate, and that the selected therapy is suitable.

Further assessment will be carried out at the start of each subsequent session to ensure the treatment remains appropriate and can be delivered safely. Where there have been changes in a client's condition, the therapist will decide whether treatment can be adapted and delivered safely. Where a contra-indication exists, or if the therapist has any concerns as to the suitability of the therapy in line with changes in the client's physical and/or emotional health, the therapy will **not** be given.

5.5 Written Information

Patients or supporters receiving a complementary therapy through the CISC will be given a copy of the Macmillan booklet 'Cancer and Complementary therapies'. If relevant they will also be given the Trust's information leaflet 'Reflexology and massage during breast cancer treatment'. TYA patients or supporters receiving reflexology will be given the Association of Reflexology booklet 'The Art of Reflexology' and the Association of Reflexology's 'After care advice' leaflet.

As services develop and new therapies are offered, the written information requirements will need to be reviewed to ensure patients are given reliable, up to date information on the new therapy.

5.6 Criteria for practice

Authorisation- Only therapists who have the appropriate qualifications, registration and insurances as stated in section 4 will be authorised to deliver complementary therapies within the BHOC. Therapists will not seek to use their work within the Trust to solicit paying customers for their private practice.

Consent- As a general rule, only patients who are able to provide verbal and written consent will be eligible to receive complementary therapies. Should the therapist be asked to see a patient who is unable to consent, this will be discussed with the CISC manager/TYA Wellbeing Co-ordinator and their clinical team. A decision will be made in the patient's best interests applying the principles of the Mental Capacity Act 2005.

Health and safety- All therapists will follow the Trust's policies in relation to health & safety and particular attention will be paid to hand hygiene, infection control and manual handling.

Documentation/ statistics/ record keeping- Written notes will be made after each therapy session and kept in accordance to data protection laws. Feedback about the service will be solicited, and any data generated will be anonymised.

Materials/ equipment- Any equipment used will be checked to ensure it is in good working order. Materials such as massage oil will be unscented and dispensed from a central source for single patient usage.

6. TRAINING

All complementary therapists should be either:

Health care professionals with oncology experience who hold a recognised complementary therapy qualification.

Or

Therapists with a recognised qualification in their therapy and additional training or experience on adapting therapies to treat people with cancer.

All complementary therapists must make arrangements to receive ongoing supervision from a more experienced therapist.

7. MONITORING TABLE FOR EFFECTIVENESS

| NHSLA requirement | Policy Reference/ what is required to be measured | What is the evidence (how) | Who reviews the evidence and the frequency | Who prepares the evidence |
|--|---|----------------------------|--|---------------------------|
| <i>See Section 7 of the Document Control Policy for an example</i> | | | | |

8. REFERENCES

NICE Improving Outcomes Guidance on Supportive and Palliative Care for Adults with Cancer (2004)

National Cancer Peer Review Programme Manual for Cancer Services (2008)

Avon, Somerset and Wiltshire cancer Service Network (ASWCS) criteria (2011)

APPENDICES:

APPENDIX EQUALITY IMPACT ASSESSMENT SCREENING

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| EQUALITY IMPACT ASSESSMENT SCREENING FORM | | | |
| Title: BHOC Complementary Therapies Policy | | | |
| Author: ██████████ ██████████ | Division: Specialised Services | | Date: March 2016 |
| Document Class: Policy | Document Status: Review | Issue Date: March 2016 | Review Date: March 2017 |
| <p>What are the aims/ objectives of the document?</p> <p>The aim/ objectives of the document are to make sure that a framework exists within the BHOC to ensure a consistent approach and safe practices are employed in the delivery of complementary therapies.</p> | | | |
| <p>How will the effectiveness of the document be monitored?</p> <p>The document will be considered effective if the guidance set out within the policy is followed. This will be monitored through checking that patients have a signed consent form, that treatment records are made following each session and that therapists insurances and CNHC membership are renewed annually.</p> | | | |
| <p>Who is the target audience of the document (which staff groups)?</p> <p>This document is for hospital staff and complementary therapy practitioners working within the BHOC.</p> | | | |
| <p>Which stakeholders have been consulted with and how?</p> <p>Discussions have been held with the BHOC Operations manager, volunteer therapist</p> | | | |

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| and the Trusts clinical effectiveness group. | | | | |
| Who is it likely to impact on? | | | | |
| Staff | Patient | Visitors | Carers | Other |
| X | X | X | X | (please specify): |
| Does the policy/strategy/function or proposed change affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010 ? | Yes / No | Give reason for decision | | What evidence was examined? |
| | | | | |
| Age (younger and older people) | No | Therapies will be available for both older and younger people- with the appropriate additional safeguards in place for young people. | | N/A |
| Disability (includes physical and sensory impairments, learning disabilities, mental health) | No | Therapies will be offered irrespective of disability, as long as the proposed treatment is deemed to be safe for the individual following the assessment process. | | |

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| Gender (men or women) | No | The policy applies to both men and women. | |
| Pregnancy or maternity | Yes | Some therapies may be contra indicated in pregnancy or require additional training which individual therapist may not have. | <p>NHS Choices suggest that In general, you should avoid taking any unnecessary medicines or treatments when you're pregnant. Some complementary therapies, such as acupuncture and massage, can be suitable during pregnancy. However, there are still times during pregnancy when they may not be safe.</p> <p>http://www.nhs.uk/chq/Pages/957.aspx?CategoryID=54&SubCategoryID=129</p> |
| Race (includes ethnicity as well as gypsy travellers) | No | Therapies will be offered irrespective of race, as long as the proposed treatment is deemed to be safe for the individual following the assessment process. | |
| Religion or belief (include non-belief) | No | Therapies will be offered irrespective of religion or belief, as long as the proposed treatment is deemed to be safe for the individual following the | |

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| | | assessment process. | |
| Sexual Orientation (lesbian, gay and bisexual people) | No | Therapies will be offered irrespective of Sexual orientation, as long as the proposed treatment is deemed to be safe for the individual following the assessment process. | |
| Transgender people | No | Therapies will be offered to transgender people, as long as the proposed treatment is deemed to be safe for the individual following the assessment process. | |
| Groups at risk of stigma or social exclusion (eg offenders, homeless people, sex workers) | No | Therapies will be offered to groups at risk of social stigma or exclusion as long as the proposed treatment is deemed to be safe for the individual following the assessment process. | |
| Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment) | No | All clients receiving therapies will do so in a manner that upholds their human rights. | |
| <p>Are there opportunities for promoting equality and/or better community relations? YES/NO: NO</p> <p>If YES, please describe:</p> | | | |
| Please state links with other relevant policies, strategies, functions or | | | |

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| services: | | | |
| Actions Required: | Ongoing monitoring and evaluation to ensure policy is adhered to. | | |
| Action Lead: [REDACTED] | To be delivered by when: May 2018 | | |
| Progress to date: N/A | | | |
| Next steps: N/A | | | |
| <p>How will the impact on the service/policy/function be monitored and evaluated?</p> <p>Those benefitting from a complementary service will be asked to provide written feedback using a simple evaluation sheet. The feedback gained will be used to further develop the service offered.</p> | | | |
| Person completing the assignment: [REDACTED] | Date: May 2017 Review Date: May 2018 | | |