

THE LINK

— NEWSLETTER —



Issue 31

Autumn 2011



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from the editor

Welcome to the Autumn edition of The Link.

What a fabulous conference – even though I say so myself. Funny (laughter therapist), meaningful & thought provoking (speakers on loss and life), satisfying (the great meal) and alarming (the fire alarm went off).

Well I've managed to do it again! In my last autumn edition I talked about "The Fall" and that was when I had a fall from a bicycle and broke my arm. This time my right hand "fell" into a faulty food blender and I'm now typing this with my left hand. Perhaps I was living with the times and thinking about digitising my soup. I can't take a leaf out of Joe Hoare's (the laughter therapist) article and laugh at it, but I can smile at what sometimes is meant to be and find out what lesson I've learnt – if any. (IF IN DOUBT SWITCH IT OFF AT THE WALL).

As you will notice, I have focussed a great deal on the laughter aspect in this edition. I'm sure those of you who were at the conference will remember, with a smile on your face, the laughter we enjoyed. In our line of work I think it helps to take the edge off what is sometimes a little serious and heavy. You can all laugh at me and my lack of awareness, if you wish. We all need a good laugh from time to time so let's make this one of those times.

Vedant Wood

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Copy deadline for the next Newsletter is: 20th of January 2012

Next issue will be published end of January 2012

YOUR LINK NEEDS YOU!

The Link is YOUR newsletter and I need YOUR contributions!

If you can provide an insight into your therapy; or would like to write an article on your religion's perspective on spirituality and complementary therapy; or report on events that have happened in your region; an experience you would like to share or send in some poetry then I need to hear from you.

Please send all contributions to me either by post
or by e-mail to vedantwood@aol.com

THANK YOU – Vedant

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www.nacthpc.org.uk



We are now on Facebook!

Sign up at:

comptherapy@groups.facebook.com

This is a private group. You will have to be approved by the moderator.

The posts can only be viewed by members of the group.

Letter from the Chair

Thanks to everyone who came to conference last month and contributed to its success. It was lovely to share the experience with so many of you and to have a few laughs as well. It was not without some sadness and debate, therefore, that the committee decided not to have a conference next year but to concentrate instead on furthering some of the other projects that have been outstanding for some time.

The strategy for 2012 is broadly outlined further in this issue of *The Link*. There is quite a lot of work involved and we look forward to working with members to deepen and strengthen our links and communication both within and outside of the association.

There have been a few changes on the committee. Erinna Turner has had to step down due to pressure of other commitments. We are sorry to lose Erinna from the committee but know that she will continue to contribute to the association via the regional group and no doubt we will continue to benefit from her expertise in other ways as well.

Gerry Crossman was co-opted on to the committee at the last meeting in October and has taken on the role of Education and Research Lead. The tasks of this role have yet to be clearly defined and will probably need to be supported by a subcommittee as it evolves. If you are interested in these areas then Gerry is the man to contact.

At conference we raised the idea of forming Special Interest Groups within the association to link together people with a common interest. These groups would be for discussion and support for their members but also a focus of specific expertise for the larger association to refer to. We envisage that the Special Interest Groups will start as an email group and then evolve according to the needs of that group with support from the association, for example, a master class or study day.

There are three new committee roles:

- 1) Special Interest Group Link (Ruth Davies),
- 2) Projects Link (Michele Gordon),
- 3) Press and Public Relations Officer (vacant)

We will be looking to the membership to be involved with the projects highlighted in the strategy and hope that you will feel able to contribute in some capacity.

Please do contact me or any of the executive committee if you would like to discuss this further.

With all good wishes.

*Chris West,
Chair*

Strategy 2012

Aims of the Strategy

- To improve communication across the association via the media available to us – regional group meetings, study and other networking days, our newsletter - *The Link*, the website, email groups, special interest groups.
- To deepen and broaden our links and improve the cohesiveness of our association

Priority Objectives

- Take ownership of *The National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care* and produce the 2nd edition.
- Take ownership of *A Guide for Writing Policies, Procedures and Protocols: Complementary Therapies in Supportive and Palliative Care* and produce the 3rd edition.
- Continue the dialogue that we have started with the National Cancer Action Team regarding the Complementary Therapy (Safeguarding Practice) Measures and evolve a position statement on the issues highlighted ie: regulation, written consent and lack of consultation.

- Form Special Interest Groups to develop expertise within specific areas of interest eg: clinical aromatherapy or Chi Gung

How to get involved

What do you want from your association?

If you are thinking of something, chances are someone else is thinking the same thing. Think about what you can achieve by collaborating with other members.

The association is only as active as its members and there is a great deal of expertise within the membership. We can learn from and with each other.

Write an email, join a regional group or special interest group (or start one), write something for *The Link* or the website, join the committee or a sub-committee. Make a start and see what unfolds.

Regional Group News

The South East Regionsl Group NACTHPC

Labyrinth Workshop – 30th June 2011

What another wonderful SERG Study Day we had at the Pilgrim's Hospice, Canterbury. After attending a SERG study day two years ago introducing the healing benefits of the Labyrinth, I could not wait to get back down there and walk the Labyrinth again and make my own finger Labyrinth.

Martyn Yates, once again organised a brilliant day for us. Starting with an introduction about the uses of the Labyrinth within Pilgrims Hospice and how it can be used in other caring environments and in palliative care. The Labyrinth has been used by many patients, carers, families and the staff and volunteers at the Hospice.

The Labyrinth looks like a maze, but there is only one way in and one way out. You cannot get lost or take a wrong turn. As one walks the Labyrinth or traces their finger around a finger Labyrinth it helps to clear the mind and release any worries the user may have. During the journey one may receive insight, guidance and thoughts that help give any direction and support that is needed.

We were given a lump of clay and instructions on how to create our own finger Labyrinth that we can take into our own hospitals or hospices for our patients. This in itself was a lovely experience and the atmosphere was very calm while we carried out our creations. They all looked brilliant and we were all very pleased with the results. Once the clay has dried (about three days) we can paint and varnish them and then be able to take them into our work places and show others the wonders of using such a healing tool.

After a lovely ploughman's style lunch we all walked the Labyrinth within the grounds of Pilgrims Hospice. The sun came out and it was just as lovely as the last time I walked it.

We all shared our experiences and our feelings afterwards. Many different feelings were reported including physical, mental, spiritual and emotional feelings.

I found that I felt a very strong vibration around me, my whole body was vibrating all the way through which lasted for about 15 minutes after I'd finished walking the Labyrinth. It was a very spiritual journey for me. I felt that there was a presence around me and it was very calming and reassuring. I realised how lucky I am in my life to be able to help others and ease some pain for them. I also know what is important in life, my fiancé, my family and my friends.

I love being able to volunteer in this field of work and am able to have these experiences. In turn I can pass on the knowledge to other people who are sure to feel the benefit too

*Sally Baker, Volunteer Complementary Therapist
Greenwich and Bexley Community Hospice*

The Central South of England Regional Group Meeting

We were delighted to welcome 35 complementary therapists at Phyllis Tuckwell Hospice, Farnham, on 6th July. It was a wonderful gathering with plenty of discussion, exchange of news and views, and much laughter throughout the day. Everyone commented that these meetings of like-minded therapists working in hospice and palliative care are always so inspiring and supportive.

The day began with introductions and a meditation. This was followed by a motivating talk by Linda Partridge, DHypPsych, who shared some practical self-help tips and techniques for relaxation and deeper breathing. We all agreed that these simple techniques would enhance our therapies and be really helpful for both our personal and professional lives.

The second speaker of the day was Sally Ann North, an Advanced Lightening Process Practitioner, who gave us an insightful and interactive introduction to the Lightening Process which many of us wanted to know more about. This process, which combines concepts from NLP, Hypnotherapy, Life Coaching and Osteopathy uses techniques based on the way the brain and body work together.

After a lively lunchtime break, we moved right back in time to learn more about the ancient art of healing with the horoscope. In this wide-ranging talk by Carol Dugdale we discovered our own strengths and weaknesses based on our date of birth. Carol gave us some fascinating handouts which helped support the information and offered further reading on this vast subject.

Our meeting closed with a tour of the hospice that has recently undergone some extensive renovation and building work. The new fully equipped complementary therapy room, decorated in beautiful lavender colours, is already being well used by the complementary therapy team and much appreciated by the patients.

Bridget Purser, Anne Bennett, Mary Atkinson

The North-East Regional Group Meeting NACTHPC

Welcome and apologies for absence

The Chair welcomed everyone to the meeting and acknowledged the apologies for absence.

Complementary Therapy (Safeguarding Practice) Measures

Lynne Gray, Complementary Therapies Lead for the North East Cancer Network (NECN), spoke on the Complementary Therapy (Safeguarding Practice) Measures.

Regional Group News

The guidelines set standards in:

- (i) Clearances – Criminal Records Bureau clearance, clearance for working with vulnerable adults (and children if appropriate), Professional Indemnity Insurance and an agreement to adhere to policies and procedures.
- (ii) Qualifications.
- (iii) Written information for patients – a statement that CTs are not an alternative to conventional treatments, a description of the therapy, a description of arrangements for delivery and a statement of the relevant qualifications or a declaration that the therapist does not possess such a qualification.
- (iv) Written informed consent.
- (v) Equipment and materials.

Lynne informed the group that a meeting is to be held with NECN CT Steering Group to discuss the new measures, which were agreed in August 2010. The review date for the measures is June 2011. Lynne, Glynis and Kathryn had been invited onto the Steering Group.

Lynne reported that the Internal Validation Report by the National Cancer Peer Review which took place on September 30 2010 had been released and showed 100% compliance by the sites/establishments who had submitted evidence and attended the Review (i.e.; Friarage Hospital/Holistic Centre JCUH; Butterwick Hospice Care; Hartlepool Hospice; Teesside Hospice). Established links with NACTHPC, Network Allied Health Professionals and Rehabilitation Groups and the Supportive and Palliative Care Groups were cited in the report as reinforcing robust communication.

Lynne reported that Sarah Rushbrooke, Network Nurse Director of the NECN, is looking to develop a Complementary Therapies (CT) Group within the NECN because the work of complementary therapists within cancer care crosses the boundaries of a number of existing NECN groups. The CT NECN group would be a network-wide strategy group with clear objectives and goals, including setting standards for education. Lynne informed the group that a meeting is to be held on 26th January 2012 with NECN CT Steering Group to discuss the new measures, which were agreed in August 2010 (The review date for the measures is June 2011). Lynne, Glynis and Kathryn had been invited onto the Steering Group.

Glynis Finnigan said it would be important to ensure representation from all organisations which deliver therapies in cancer/palliative care. Lynne agreed, adding that the views and suggestions of those stakeholders who are unable to attend due to lack of time and resources could be delivered to the CT NECN Steering Group on their behalf by representatives of NACTHPC North-East. Alternatively, their names could be put forward for nomination to be invited onto the group.

Members at the meeting all agreed that, currently, there are therapists practising professionally who are unaware of the specific safety implications of working with cancer. There is an urgent need to establish an effective level of awareness of conventional cancer treatment side-effects and safety implications, acute case management and disease progression within all complementary therapists who come into contact with cancer patients. This would ensure complementary therapists know their boundaries, integrate therapies into patient care safely and appropriately, and refer patients swiftly for urgent medical attention if required.

Glynis Finnigan stated that there are courses in palliative care/cancer for complementary therapists across the country, but standards vary widely. Sue Jones said that establishing recognised standards for such courses is very important. Kathryn Almond agreed and added that standards of initial training also need to be continually developed and upheld, not least to ensure newly-qualified therapists know to seek further specific training before they become involved with this client group.

It was agreed by the group that there is no reason for a nursing qualification to be a pre-requisite for practising CTs in cancer. It was agreed that it is safer to have robust, current and appropriate training for appropriately qualified complementary therapists than to assume that a nursing background prepares a therapist to practise CTs in cancer care.

All agreed that therapists currently working within cancer care, especially practitioners who work in isolation, should continually update their knowledge specific to cancer care and access some form of supervision, mentoring and peer review. It was agreed that bereavement and loss training in particular could help support therapist, patient and carer.

It was agreed that there could be difficult time and cost implications for voluntary organisations and individual practitioners, especially volunteers. Self-employed practitioners could also have difficulty both sourcing and funding such support.

Glynis Finnigan said that the introduction of the new measures could be daunting for some established practitioners who have been providing a good service, many on a voluntary basis. Support would need to be available to help with the implications of the measures and any subsequent transition. If practitioners feel unsupported they may leave/retire as a result, and that could have the effect of putting services at risk. Sue Jones suggested a phased introduction of such measures would limit this effect and help individuals and organisations manage budget, support services and training implications.

GRCCT Advisory Statement re: Guidelines for the Use of Complementary Therapies in Cancer Care

Glynis Finnigan reported that Carol Mayes Peer Review Co-ordinator NECN had forwarded her an advisory statement from

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the General Regulatory Council for Complementary Therapies (GRCCT). The GRCCT is one of two voluntary regulatory bodies for CT practitioners in the UK, the other being the Department of Health-backed Complementary and Natural Healthcare Council (CNHC). The statement states that following a meeting with the Acting National Co-ordinator for Cancer Peer Review, 'CAM practitioners who hold current registration with either the GRCCT or CNHC will be seen to meet criteria in relation to patient safety'.

Lynne said that currently the Department of Health recommends that, where the CNHC registers the professional discipline in question, anyone who wishes to access complementary therapies should consult with someone who is CNHC registered.

Lynne said that this endorsement suggests there are implications for all organisations which are overseen by the DoH, including the Cancer Network, and that there is a possibility that at some point membership of CNHC will be expected of all practitioners working in palliative care. As it costs £45 per person per year to register for one therapy, plus a further £10 each for a second, third and fourth therapy, this has serious cost implications for therapists.

It was agreed by all that, though robust regulation of CTs is to be welcomed, volunteers are already required to be insured and registered with a professional body and there is a danger that another set of subscriptions could make volunteering too expensive.

Lynne said she would contact Maggy Wallace, Executive Chair of the CNHC, to see if organisations which rely on volunteer therapists could apply for block registration for their practitioners at a reduced rate. Lynne will report back to the group with any response.

Glynis closed the meeting and thanked everyone for their attendance.

The South West Regional Group Meeting NACTHPC

Matters Arising from the Meeting held on 18 February 2011 Tina Roberts

Jean notified delegates that Tina Roberts, former Regional Coordinator, had now left the Prospect Hospice in Swindon and has taken up a post at St Peter's Hospice in Bristol.

Regulatory Bodies

Following on from the last meeting delegates agreed that the regulatory bodies need to get their own house in order. The cost

implications are alarming for CTs who have qualified and pay insurance and it was considered that this was sufficient. It was reported that the CNHC will produce a statement to networks which will be open to advice asking for thoughts.

Concern was voiced about the issue of two bodies and what happens if you join one and that then becomes obsolete. It was felt that direction would be welcomed from NACTHPC, and professional bodies.

Presentation – MYCAW

Consensus Leeds Meeting. Gave interesting results. Use for Day Care not on IPU.

Discussion amongst those present at the meeting suggested that those who have used McCaw have found it to be a valuable tool in providing quantitative and qualitative data. This helps to demonstrate patient focussed outcomes which are of benefit when seeking complementary therapy funding, but it also highlights the rich narrative of the patient experience.

Case Studies

Qualitative data is required for the service generally.

Angie Anderson asked how do you justify your work – a known quantity. She has been a CT for 10 years and feels that there is a clinical need for treatment. She felt that case studies help.

The question was raised regarding utilising case studies and raising the profile at the next MDT meeting. Some members are using case studies to demonstrate how complementary therapy provision to patients integrates into health care provision, e.g. symptom control, and also as an aid to tell the patient's story in terms of their experience.

There was also discussion on the value of qualitative data and how good rigorous qualitative studies are becoming more accepted within the health care community.

Appointment of New Regional Coordinator

Jean will step down from the position as Regional Coordinator after today's meeting. At present no one has come forward to take on the position and, therefore, she was asked to draft a resume of the Regional Coordinator position to place in the LINK magazine and forward to the South West Region mailing list. Jean felt that it would be preferable if the person taking on this position was a member of hospice staff as she often felt out of her depth when taking minutes, not totally understanding what delegates were discussing.

Regional Group News

The LINK magazine

It was agreed that a photograph of the group (below) be sent to Vedant Wood at NACTHPC to include in the next edition of the LINK magazine. Unfortunately there was no one to write an article for this meeting.



Speaker

The Speaker Martin Lawes gave a talk on “The Bonny Method of Guided Imagery and Music in Palliative Care” (“GIM”).

We listened to some music together and shared our experiences of it. Martin talked about music and its qualities and how it affects people, e.g. imagery experiences, stable rhythm, cathartic, uplifting, depressing, vibration. Music can be held at a very deep level and be emotionally healing and evoke the spiritual dimension. Martin illustrated this by presenting a case study. He encouraged delegates to listen to the music we use with our clients in a relaxed state and see how it affects us at a physiological level and emotionally. It was interesting to share the different types of music we use in our work whether provided by us or chosen by the patient.

Pamper Day – Great Oaks

Pam Morgan reported that Great Oaks held a pamper day in March at Cheltenham – “Look Good – Feel Better Day” for carers in conjunction with the College. Students gave manicure, pedicure and beauty treatments. Clarins had very kindly provided goodie bags and therapists free of charge. Eleven CTs gave different treatments. The event had been a great success.

Pamper Days and Evenings

Jan Norridge reported that Prospect have regular Pamper Days and Evenings for carers, approximately every six weeks. Prospect recently held a Pamper Evening for staff which proved to be

very successful and they hope to do it again soon. Delegates were surprised at the number of events Prospect hold. Jan said that Prospect have 24 CTs and are lucky that so many are able to volunteer.

Mandatory Training for Volunteers

The question was raised whether the respective hospices have mandatory training following induction as CTs and whether this is on-going. It was felt that when you are treating a patient/carer on a one to one basis that it would be advantageous to have attended training courses such as therapists working with cancer patients, palliative care and bereavement. Some hospices have study days and courses on clinical supervision, palliative skills care, lone worker and spirituality and communication skills. It was noted that hospices do not always have a training budget for volunteers. It was suggested that the hospices should get together to develop. They were asked to circulate details of any courses.

Date and Venue of Next Meeting

It was agreed to approach Suzi Chester/Amy Wheeler who had previously offered their facilities at St Margaret’s Taunton/Yeovil for future meetings.

Since the meeting I have been in contact with Amy and she has very kindly offered Yeovil Hospice as the venue on Friday 4 November 2011.

The Midlands Regional Group Meeting-NACTHPC

The next regional meeting has been booked for 8th December 2011, 10.00 am – 4.00 pm at:

The Shakespeare Hospice
Church Lane
Shottery
Stratford upon Avon
Warwickshire
CV37 9UL

(small charge for buffet lunch)

Talks: **Marit Hogerzeil** – Ayuvedia facial for stroke patients
Jacqui Garner – A case study of specific facial massage for a patient with jaw cancer
Elaine Tubbs – Bach flower remedies
Marit Hogerzeil – and her colleague will discuss their therapies at home project

Please reply to Carole Lomas and inform of any dietary needs: carole@theshakespearehospice.org.uk

NACTHPC 11th Annual Conference 2011



What a wonderful conference! Not without its practical upsets – random people walking through our meditation circle, speakers who were unwell and unable to attend and a Fire Alarm and evacuation!

There were 84 delegates and 68 evaluations which gave a percentage return of 81%. The conference evaluations were overwhelmingly positive and there was a buzz throughout that was a pleasure to be a part of. Much of the praise was for our wonderful speakers – Caroline McAfee, Jenny Grainger and Joe Hoare. We were very grateful to Joe for stepping in at the 11th hour to speak to us about laughter therapy when Charlotte Eaton became unwell. Unfortunately Felicity Warner, who was going to talk to us about her work as a Soul Midwife, also became unwell and was unable to attend on the day. The good news is that she is now recovered and will be running two separate full day workshops for us next year – one in the spring in a northern venue and one in the autumn in a southern venue.

The networking meeting and Capacitar taster on the Wednesday afternoon was a lovely start to conference and the dinner in the evening in a private dining room was a fun and relaxed way to get to know each other. There was a great deal of laughter so the conference began (and ended) with a good belly laugh. The food was very good too!

Many thanks to all of you who came for making it such a success. For those who weren't able to make it, here follows some reports written by delegates.

Conference Reports

Loss – Practical Spirituality; Caroline McAfee

Caroline McAfee, Senior Chaplain at Northern Ireland Hospice, talked to us about Practical Spirituality. Caroline was an inspiring and eloquent speaker and emphasised that spirituality and the giving of spiritual care is often seen as the remit of chaplains and that healthcare professionals are not always aware of their vital

role of caring for the spirit. We all provide spiritual care but we don't always acknowledge this in our own practice. We should be mindful that we are all spiritual beings!

Spirituality is about connectedness, with others, with ourselves, with our environment and if we have a religious believe system - with God. It is something intangible but innate and is expressed in the way we are in the world.

As death approaches, spirituality can be magnified. Some people will address spiritual issues while others will ignore them, sometimes preferring to focus on physical issues.

In order to integrate spiritual care into our practice, we have to start with ourselves. First, we need to develop and nurture our own spirituality, then we must become more self-aware and finally we must develop our own reflective practice. When patients see that we treat their bodies with deep respect, they often trust us with affairs of the spirit.

In a powerful exercise we all considered what qualities we would choose in the person who might accompany us in our journey of loss. Some suggestions were; non-judgemental, gentle, passionate, sensitive, empathic, understanding, calm, someone whom I could be myself with and someone who would be happy to 'be' with me rather than be constantly 'doing' – Someone who is happy to sit with me in my silence.

Spiritual care is about being true to ourselves while at the same time accepting the world view of the other person.

By telling their own story, patients can often begin to accept what's happening to them. They have to journey into the darkness which can be uncomfortable because they are left with only themselves and their presence. Sharing the powerlessness of others is the strongest and best friendship we can have.

The gift of being a good listener is most important in the healing of all matter of things. In order to hear and to understand, free of judgement, we need to listen to people while putting our 'agenda' and ego to one side.

We need to remember that we're not expected to fix everything and that it's ok to say that we don't know and that we need to refer on to others who may be more skilled and specialised.

Spiritual issues affect all of us, in life, in suffering and in death. It's the process of dying that scares people. How will I die? We have the ability to be 'hope holders' for people who have lost hope.

When dying, people often are faced with the fact that they haven't lived the perfect life or the life that they'd wished for themselves. We all need to forgive ourselves.

A Practical Spirituality – Loss, Life, Love, Laughter

It can be very difficult for partners of patients. A sick bed can often be a single bed and partners who were previously at the centre of someone's life can become isolated and periphery.

Acceptance is vital and we have to accept patients even when they're in a place that they don't want to be (i.e. with a fungating wound).

Creativity can be lost suddenly and complementary therapies such as art and music therapies can encourage people to enjoy the creativity that they may have been missing.

There can be many spiritual issues in palliative care and many unanswerable questions. Death can cause crises and conflicts of faith, particularly where belief system and experience don't marry up. 'I've been a Christian all my life and this is the way God treats me!' People often feel abandoned by God and feel unable to carry out their religious practice.

Ultimately, patients may need to ask questions, have an opportunity to talk or discover and affirm meaning in their lives and we may be in a position to support them in their journey.

Jen Wood, Scottish Regional Group lead

Loss – Practical Spirituality; Caroline McAfee

I had been very much looking forward to attending the conference this year; the theme being Spirituality; Love, Life, Loss and Laughter. We spent the previous evening relaxing and sharing experiences over dinner, and went to bed looking forward to the day ahead.

The morning session started with our guest speaker, Rev. Caroline McAfee from Northern Ireland. She had been a nurse for eighteen years before entering the ministry, and becoming involved with the hospital chaplaincy in 1996. She became senior chaplain in 2002. Her warm and relaxed manner held everyone's attention throughout.

"The spiritual nature of man is the total personality which links aspects together and is expressed through relationships, personal practices and beliefs. Spirituality is that which gives meaning to life, and may or may not include a religious belief system" (Labun).

In the course of our work in the hospice environment we all provide spiritual care, but perhaps we don't recognise this. Spirituality is all about connecting. A healthy spirituality incorporates:

- Reconciliation of the past
- Acceptance of the present
- Resources for the future

– and permits people to be at one with themselves, with others, and with God/ a higher being/ nature.

Integrating spiritual care into practice begins with me! I need to develop and nurture my own spirituality; become more self-aware. Reflective practice and trust comes from a patient if they can see the genuine person behind your professional role. People want your skills, but they also want you to be a companion on their journey; someone who can be authentic, accepting and real – listening and hearing.

As we listen to people's 'stories' we become a presence that will journey into the darkness and also return from it. Unanswerable questions need to be acknowledged and shared. People often have a belief system; it is important to find out whom their God is, and what he stands for.

So much of Caroline's talk resonated with my own experiences; the lowest points and those wonderful moments when you know a true connection has been made, and is deeply valued by the two companions sharing the journey.

To be mindful of our own spiritual needs, and to try to meet them, will ensure that we are the best that we can be to the people that we care for! Thank you, Caroline, for the inspiration that you have given us.

Jane Phillips, Complementary Therapies Co-ordinator, Overgate Hospice.

An Introduction to Quantum Laughter – Joe Hoare Mr. Chuckles Comes to Town

It wasn't long after Joe took to the floor that the first nascent chuckles were heard. Mr. Floppy was playing the game of 'living in your own body'. 'Ho Ho Ho' and 'Ha Ha Ha' brought Santa Claus and Tommy Cooper to mind. Shoulders began to rise and fall as people fought to keep their laughter muscles in check. Their struggles were all in vain. Strangled giggles gave way to some very strange gurgles as the laughter bacterium took hold until, finally, all resistance was futile.

If laughter is internal jogging, there were a few marathon runners in the audience.

Bringing some sort of order to the proceedings, Joe spoke of the physical, emotional, psychological, connective and spiritual elements of laughter and of how laughter had helped him in darker times. He introduced Norman Cousins book 'Anatomy of an Illness' in which Cousins details how he addressed and developed his own treatment (in particular how he discovered that 'ten minutes of belly laughter had an anaesthetic effect and would give me at least two hours of pain-free sleep') when diagnosed with ankylosing spondylosis in 1964.

Having delivered the 'serious bit' it was back to interactive fun

NACTHPC 11th Annual Conference 2011

time. Laughs, giggles and gurgles abounded. Shoulders heaved and smiles were beamed. There was laughter into life. I did find myself thinking that if we all laugh in the same language, we do have some weird and wonderful regional dialects!

Sometimes when people find a speaker particularly interesting they describe themselves as being 'glued to their seats'. That was certainly not the case during Joe's presentation. I think we would have missed the point if we were.

Paul Sheehy

General review of speakers (1)

On entering the building to register, we were greeted with a fire alarm playing its wonderful tune. We were quickly ushered outside and informed there was smoke in the basement. Fire engines duly arrived, but eventually we were allowed to enter, register then proceed to the lecture theatre, having enjoyed the morning sunshine outside – thank goodness it was a beautiful day!

The AGM began as soon as possible and business was dealt with efficiency and speed, due to the delay in starting.

After a quick coffee break, our first speaker was introduced – Caroline McAfee – Hospice Chaplain. Her topic was LOSS. She spoke about the nature of spirituality which is not just about religion but also about what is important to the individual and what gives meaning to their lives. She gave us an insight and understanding into the spiritual needs that are as essential for practical caring and nursing requirements. We had a thought provoking practical exercise, whereby we were asked to identify six of the most valued and important parts of our lives – i.e. favourite food; place you like to go to; something you enjoy doing; what you most like about yourself; a person you love; the most important thing in your life. We then had to throw them away one at a time and see how it felt to have loss. This was a very powerful exercise where many people got quite emotional.

After a very enjoyable lunch, we once again congregated in the lecture hall to hear Jenny Grainger – Life Coach. Her subject was Life – where she openly talked about her life, especially the latter years and how she had to look at her life, take stock and make significant changes to improve her spiritual well-being. She spoke of her mother's illness and death, sharing with us her 5 effective and non-religious practises which she uses, which have helped her and her clients over many years. These were:

Mindfulness – Be here now – Adopt an attitude of gratitude
Make time for you – Acceptance

Our final speaker was Joe Hoare, who runs the UK's Laughter Facilitation programme, and gave a very interesting talk on 'The

Power of Laughter'. He explained how laughter releases pent-up emotions and also releases certain hormones giving us the 'feel good' factor. We were encouraged to participate during the talk and demonstrations – how infectious laughter is – which had the desired effect, as several of us were actually 'in stitches' for much of the time! One of the lasting thoughts I came away with was how enhanced our lives would be, if we could drift into slumber each night with a smile on our face, then waking up with that same smile – ready to face another day. As Joe said, "Laughter is internal jogging".

This was my first conference. I was a little uncertain as to how helpful and enjoyable it would be, but I found all Speakers very interesting and all delivered their talks with deep sincerity. The conference was well organised and it was great meeting with like-minded people.

I can honestly say that I went home with a smile on my face, feeling more knowledgeable and having a deeper understanding of palliative care.

Rosalie Gooding, Iain Rennie Hospice at Home

General review of speakers (2)

This was my second conference and a very enjoyable one at that. During coffee and registration the fire alarm sounded and the whole of the building was evacuated. After the "all clear" we returned to the Physics building and commenced with the AGM, which was wonderfully short and sweet.

Our first presentation was by Caroline McAfee on the subject of Loss and spirituality and how our role as healthcare professionals aids in the role of caring for the spirit. In an interesting exercise we were asked to write on six pieces of paper something we loved or liked. We were either given the choice to let go of one of them at a time until there were two remaining. With the last two the choice was actually taken away from us and the person next to us removed one leaving us hopefully with the one we least wanted to let go. It put into context what could happen to us and the fear of loss if we became terminally ill and how we would like to be treated and cared for. It also questioned our spirituality.

Sorely missed was Felicity Warner and her work as a soul midwife she was ill at the time of the conference so we were given her apologies. It was such a shame for us who work in palliative care. This meant that the Love section was not covered in this session. After a superb lunch at the Rootes restaurant we returned to the lecture room. Our next speaker was Life Coach Jenny Grainger who spoke about the last four weeks of nursing her terminally ill mother and how she applied five practices for her spiritual wellbeing at this time and also through her life and the people she coaches. The five principles were:

A Practical Spirituality – Loss, Life, Love, Laughter

1. Practising mindfulness and meditation.
2. Practising being in the moment (Being here now)
3. Adopting an attitude of gratitude
4. Making time for you (Looking after yourself)
5. Acceptance (accepting the situation)

I'm pleased to say I practice most of these principals in some form or other.

Our last speaker was Joe Hoare who introduced us to the last section of the day which was Laughter. There were spontaneous outbreaks of laughter and infusions of endorphins throughout the room reminding us of how we need a good laugh and how it benefits our wellbeing.

I was so inspired by the day and what NACTHPC do that I've offered my services to the committee. I'm especially interested in research into complementary therapies in hospice and palliative care and how if we can all share our findings we will benefit ourselves as professional therapists as well as our patients and clients also.

Gerry Crossman



What is laughter?

(submitted by Joe Hoare
– the conference laughter therapist)

Quantum Laughter
– 'we don't laugh because we're happy,
we're happy because we laugh'.

Do you feel you laugh enough? Do you want to learn to laugh more? Can it help beat depression? Can you learn to be happy?

Joyful, good-natured, 'mirthful' laughter is a tonic for your body, mind, emotions, and spirit. Whether you're using it as a distraction, to cheer yourself up, or as a practice to energise and enthuse yourself, laughing impacts every part of you. In many ways it is the ultimate drug, with no harmful side-effects. On a physical level, laughter stimulates your cardiovascular and pulmonary systems by giving your heart and lungs a vigorous workout. It stimulates blood flow, oxygenates your blood and energises your whole physical system even if you're hospitalised. The US doctor Patch Adams has been using it professionally for years. Its endorphin-triggering effect makes it a strong painkiller for emotional and mental pain, as well as physical. It has been proven that higher levels of pain can be readily tolerated and the healing process is speeded up. Both the Norman Cousins experience, described in his classic best seller *Anatomy of an Illness*, and the current RX Laughter project with children in UCLA hospital in Los Angeles provide the evidence here (www.rxlaughter.org).

Psychologically, laughter is the antithesis of depression. If you're feeling any kind of anxiety, it is an excellent antidote. In fact, in 2002 in Austria Dr Koutek started using the sound of spontaneous group laughter as part of his treatment for patients with depression. In the Bristol laughter club (www.bristollaugherclub.com) there are countless examples of people whose lives have benefitted from the 'lightness' that laughter induces. People's faces change, their body language and posture become more open and relaxed, their communication become more playful and spontaneous. Even the simple smiling exercise based on the 1988 F. Strack, L.L. Martin and S. Stepper's pencil exercise produces lasting results. All you need do is smile genuinely three times a day for at least 10-15 seconds and some people find it transforms their lives.

Laughter and playfulness, in turn, unlock our natural creativity. "You can learn more about a person in an hour of play than a year of conversation," said Plato. Creativity is an essential part of a fun-filled life and helps neuroplasticity, our brain's learning ability, by strengthening mental flexibility and resilience. Because of this, as we see in Martin Seligman's Positive Psychology, optimism, positivity and happiness become learnable skills. In short, we learn to become happier.

On the self-development path, the practice of laughter is the practice of joyfulness. Ancient traditions as well as new ones encourage us to practice laughing – with a sense of willingness. What ancient traditions intuited and experienced, and neuroplasticity shows, is a practice is learning new skills until they become second nature. Current thinking is that it might be only 21 days, as in the Chopra 21-day meditation challenge. The key ingredients are single-mindedness, perseverance and tenacity to keep going until you become aware of the differences in your life. There are numerous recent psychological studies which show the beneficial impact of smiling especially when this is the genuine 'Duchenne' smile which uses the involuntary orbicularis oculi muscles. This genuine smile encourages an empathetic response and consequently stimulates sociability.

Top tips:

1. 'Start with a smile'. Start your day with a smile, a genuine good-natured and/or willing smile for 15-30 seconds. This simple practice is one that people find produces disproportionately large results. You can apply this to your work, your commute, your next phone call as well.
2. 'Look for laughter and laughter will find you'. Look for as many opportunities to smile and laugh in your day, and importantly, communicate them. Not only will you feel better, you will also be encouraging a positive ripple in others too.
3. 'Fake it till you make it'. Feeling grumpy? Sluggish? Irritable? When you're ready to change your mood, smile and laugh, even if you don't yet feel like it. Your system will release endorphins anyway because it can't tell the difference between the real joyful laugh and a fake one. The key is your willingness.

Poetry and Prose

Seeing that most of us who went to conference had a good laugh, I thought it might be nice to continue for a while and also share some laughs with those who didn't manage to go.



My husband and I divorced over religious differences. He thought he was God, and I didn't.

There are two times when a man doesn't understand a woman: Before marriage and after marriage.

An old man goes to the Wizard to ask him if he can remove a curse he has been living with for the last 40 years. The Wizard says, "Maybe, but you will have to tell me the exact words that were used to put the curse on you." The old man says without hesitation, "I now pronounce you man and wife."



A man goes to see the Rabbi. "Rabbi, something terrible is happening and I have to talk to you about it." The Rabbi asked, "What's wrong?" The man replied, "My wife is poisoning me." The Rabbi, very surprised by this, asks, "How can that be?" The man then pleads, "I'm telling you, I'm certain she's poisoning me, what should I do?" The Rabbi then offers, "Tell you what. Let

me talk to her, I'll see what I can find out and I'll let you know." A week later the Rabbi calls the man and says, "Well, I spoke to your wife. I spoke to her on the phone for three hours. You want my advice?" The man said yes and the Rabbi replied, "Take the poison."

All eyes were on the radiant bride as her father escorted her down the aisle. They reached the altar and the waiting groom; the bride kissed her father and placed something in his hand. The guests in the front pews responded with ripples of laughter. Even the priest smiled broadly. As her father gave her away in marriage, the bride gave him back his credit card

Women and cats will do as they please, men and dogs should relax and get used to the idea.

Because they had no reservations at a busy restaurant, my elderly neighbour and his wife were told there would be a 45-minute wait for a table. "Young man, we're both 90 years old," the husband said. "We may not have 45 minutes." They were seated immediately



Life does not cease to be funny when people die any more than it ceases to be serious when people laugh.

Seven days without laughter make one weak.

Laugh and the world laughs with you. Snore and you sleep alone.

A day without laughter is a day wasted.

There are some things so serious you have to laugh at them.

Laughter is a medicine with no side effects.

Laughter is the shortest distance between two people.

Laughter is not at all a bad beginning for a friendship, and it is far the best ending for one.

The most wasted day of all is that during which we have not laughed at somebody who makes you laugh.

There is nothing in which people more betray their character than in what they laugh at.

You can't stay mad at someone who makes you laugh.



Complementary Therapy Courses and Conferences

The Christie Research and Education School of Oncology

Stand alone Study Days	Dates
Accessible Massage	10th-11th Dec. 2011, 8th-9th Dec 2012
Acupressure for Complementary Therapists	19th May 2012
Acupuncture Approaches for Acupuncturists Working in Hospice Environment	20th May 2012
Adapting Chair Massage for Hospice and Cancer Care	18th-19th February 2012
Adapting Creative Imagery for Individual and Groups	19th-20th May or 17th-18th Nov 2012
Adapting Head Massage for Hospice and Cancer Care	5th-6th May 2012
Adapting Massage and Bodywork in Healthcare Settings	10th-11th Dec 2011 or 8th-9th Dec 2012
Adapting Reflexology for Hospice and Cancer Care	3rd-4th March 2012 or 17th-18th Nov 2012
Anxiety States	3rd Dec 2011 or 7th July 2012 or 1st Dec 2012
Aromatherapy 1: Making the most of the Oils	18th-19th February 2012
Aromatherapy 2: Clinical Applications and Developments	9th-10th June 2012
Aromatherapy 3: Using Essential Oils in Acute Cancer Care	14th September 2012
Breathlessness; Minimise distress and maximise the Breath	20th-21st October 2012
Clinical Issues in Cancer Care	7th April 2012 or 7th September 2012
Clinical Reflexology 1 – Expanding your skills	13th-14th October 2012
Clinical Reflexology 2 – Master Class	18th-19th February 2012
Cognitive Behavioural Therapy: Uses and Potential for Supportive Care	3rd March 2012 or 18th November 2012
Coordinating and Developing Complementary Therapy Services	9th-10th November 2012
End of Life approaches to complementary therapies	24th November 2012
Enhancing Relaxation Techniques	13th-14th October 2012
Evaluation, Evidence and Research for Complementary Therapy Coordinators	11th November 2012
Exploring Hand Reflexology	1st-2nd December 2012
Healing Modalities	24th-25th November 2012
Hearts Process	7th-8th July 2012
Hypnotherapy – Emotional Eating and Ethical Hypnobanding	4th-5th February 2012
Hypnotherapy – Confidence with Rapid Inductions	24th March 2012
Introduction to Mindfulness	7th-8th July 2012
Panic and Phobia	4th December 2011
Practical Issues in Cancer Care	6th April 2012 or 8th September 2012
Precision Reflexology – Palliative Care approach	29th-30th September 2012
Transactional Analysis: An Introduction to develop your skills	2nd March 2012 or 17th November 2012
Conferences	Dates
14th Annual Clinical Reflexology Conference Theme: Working in Challenging Areas of Practice	Saturday 25th March 2012
Packages and Diplomas	Dates
Aromatherapy and Cancer Care Diploma	Note: Start dates for diplomas occur at any time throughout the year
Aromatherapy Five-Day Post Graduate Certificate	
Clinical Reflexology Diploma	
Adapting Complementary Therapies for Cancer Care Diploma	
Relaxation and Creative Imagery Interventions Diploma	

To book please contact : Joanne Barber or Peter Mackereth joanne.barber@christie.nhs.net or tel. 0161 446 8328
Alternative booking: www.christie.nhs.uk/pro/cs/comp/training

NACTHPC Regional Group Organisation

In the past we have received enquiries from members asking how to organise an existing group or how to start a new group. This is a copy of a booklet produced from a collation of the group survey details carried out earlier this year (2011). It is not however, meant to tell regional groups how to run their groups. Firstly it can help to generate thoughts on other ways of operating their groups, if necessary or desirable for the members. Secondly, it will act as a guide for any new groups wishing to start or new group members who would like some overall guidance of how other groups are operating.

NOTES ON REGIONAL GROUP ORGANISATION

Mission Statement

NACTHPC is committed to the development of the use of complementary therapies in hospice and palliative care. We offer professional advice, promote good practice, and share knowledge and expertise amongst members and other professionals.

The objectives of the Association are:

- To develop a national and regional support network for members
- To encourage and promote an exchange of knowledge, experience and best practice
- To raise the profile of the use of complementary therapies at local, regional and national levels
- To provide professional advice on the development of complementary therapy services
- To collaborate with other professional bodies at regional and national levels

NOTES ON REGIONAL GROUP ORGANISATION

Our regional groups are one of the key functions of our organisation. Without them we would certainly not be able to be aware of what is actually happening in our organisation around the country. Feedback from the regional groups is vital if we are to operate as one voice in demonstrating what we stand for nationally and it goes without saying that our regional group leads are doing a great job of keeping things together in their region.

Style of Operation

Generally, the style of the running of the groups is as a committee with a chair person, an agenda and minutes, but with the possibility of informal discussions when appropriate. This method enables the agenda and the minutes of previous meeting to be circulated, thereby acting as a reminder to members of what occurred at the last meeting and the format for the next meeting. Usually the regional group lead would take the chair at the meetings although other members could do it either on a rota or as an alternative suggestion from the members. The regional coordinator is usually responsible for taking minutes but this can be varied by choice

Number of Members and Attendance

Attendance records can be kept and also a data base of all members details i.e. names, addresses, phone numbers, and e mail

addresses. It would be agreed by members that these details could be issued to all members and would provide a sound member communication link.

Meetings

Groups generally meet on an average of 2-3 times per year and in all cases with existing groups the venue is changed. However this is entirely up to the members as to whether this is suitable and whether there are available venues on offer within the region.

Speakers

All groups seem to engage outside speakers at some stage and all seem to want outside speakers, or at least consider suggestions. If a regional group is finding it difficult to find a speaker then the regional group liaison will be prepared to assist where possible. Generally members should be consulted as to the type of speaker they would like. Some members may want a workshop speaker so that they can have "hands on" participation. Others may prefer a topical speaker followed by discussion. Getting the opinion of the members in advance is recommended.

Group Expenses

What expenses you can claim for:

- Administration Costs eg: telephone, stationery, postage
- Speakers' fees
- Speakers' travelling expenses
- Cost of venue

How to claim for Expenses

To obtain expense forms contact Vedant Wood, Regional Group Liaison, (vedantwood@aol.com) or download from our website: www.nacthpc.org.uk – Regional Groups section.

Submit the expenses form as soon as possible after the event. Expenses not claimed within 1 year after an event will be forfeit. Receipts must accompany all expense forms.

If advance notice is given, reimbursement will be made by a cheque and could be issued for speaker in time for meeting. The speaker will need to sign a payment receipt for expenses submission.

Expenses could take up to 3 – 4 weeks before they are reimbursed.

Expense Limitations

It is expected that groups can plan ahead to estimate their possible expenses for a particular financial year to enable the treasurer to control cash flow.

Regional groups can claim expenses up to £200 per annum without informing committee in advance. If it is planned to incur an annual total expense of more than £200 then it is essential that the group liaison be informed as soon as is reasonably possible for executive committee approval

This expenses system will be reviewed annually.

Units Covered

It is important to try to establish the palliative care units within your region as these can vary quite considerably. It may be that some of them are not members of your group, or indeed members of NACTHPC and if invited to the group meeting they may well wish to join thus increasing membership.

Comments/Suggestions

It would be helpful to write a report of the meeting for publication in The Link and also perhaps on the web site

Encourage the group's creativity by considering leading on joint projects with the committee and other groups. For example if someone had a proposal for a bit of joint research, the committee could be approached for approval and financial support and advice

Examples of Types of Group Meetings

These are typical outlines of how groups might operate but they are meant only as suggested methods to give some kind of guidance to aspiring group organisers

Style A - Formal

Prior to the meeting:

Minutes of previous meeting, date and time of new meeting with new agenda. Travel directions to chosen venue and suggestions how individuals might organise joint travel.

At the meeting:

The attendees will be welcomed by someone from the chosen venue or by the regional coordinator and the chair person will take the chair. Apologies for absence taken and a register of attendees kept. Chair will outline details of "housekeeping", health and safety, break times, etc. Guest speakers can be introduced and give talk before lunch.

Break for lunch and some networking

Discussion on general and specific topics to follow. Any other business. Date time and venue for next meeting arranged. This is often followed by a guided tour of the hospice or institution

Style B – Informal

Prior to the meeting:

There is no formal agenda and no minutes or register is taken. There is no chair other than the host member who has organised the meeting. Members can be informed by e-mail, etc.

At the meeting:

The organiser will welcome members and a speaker if appropriate. "house keeping" details will be given to any new members. The meeting will then start with a speaker or with an informal "chat" style where all members will be able to bring issues. After a lunch break there may be a tour of the venue and then continue with as an informal "chat" or whatever the members would like to suggest. A date, time and possible venue can then be decided amongst members

Style C – 50-50

With this style a mix of the other two styles can work equally as well. For example you can have a chair perhaps chosen on the day of the meeting. An agenda and register can be kept as it helps to keep in touch with members. Minutes can be taken but in a very informal way and the meeting can be directed by the chair but kept at an informal level, in accordance with the members' wishes. Minutes can also be helpful if you want to send in a report for the LINK, although this can be done by simply taking brief notes

Generally speaking regional groups can be run in whatever way the members decide and periodically discussed to see if the method is fulfilling the needs of the members

Conclusion

It is hoped that this booklet will serve the purpose for which it is intended; as a guide and a help and perhaps to stimulate further links between groups. Each regional group will have its own method of operating but we can often learn alternate ways by networking with others. As you are aware the contact details are in the LINK newsletter for all groups and their leads so I hope that you can use this information and gain maximum benefit from your group meetings. I would welcome and consider any comments and/or further suggestions which may improve this booklet

Best of luck

Vedant Wood
Regional Group Liaison
(vedantwood@aol.com)

Job Opportunities



Position

Volunteer complementary therapist.

Qualifications & Training

St Oswald's Hospice is currently looking for an experienced Aromatherapist to work with patients on the in-patient unit. You will need to have NVQ or VTCT Level 3 in Aromatherapy Massage & have relevant professional membership & insurance.

Experience

- Experience working in a health care setting.
- Experience working within a multidisciplinary team.
- Experience working with patients with life limiting illnesses.

Personal qualities & attributes

- Demonstrate highly developed interpersonal and communication skills.
- Working with patients with life limiting illnesses and their families.
- High level of commitment to work.
- Reliability & flexibility.
- Able to work autonomously as well as under supervision.
- Confident & self assured to work within a busy environment.
- Calm & professional manner.
- Able to adapt to changed circumstances.
- Able to build effective relationships with staff & volunteers.

Gaenor Evans

**Complementary Therapy Team Leader
St Oswald's Hospice Ltd.**

Switchboard: 0191 285 0063 Ext: 270
<http://www.stoswaldsuk.org/>

Personal Profile – Gerry Crossman

Hi my name is Gerry and I've been involved with complementary therapies for about 16 years. Now I practise various therapies which you can checkout on my website :

<http://www.innerpersona.co.uk/>

My time in palliative care has been much shorter. I trained and started as a volunteer at the latter end of 2008. I am rather fortunate to have been contracted by Great Oaks as one of their therapists. I only became aware of NACTHPC last year by attending the conference with two of my colleagues.

This year I've offered my services on the committee and I'm interested in research in our field. Now where do I start?

Committee Vacancies

Nominations are invited for the following vacancies on the committee. You can nominate yourself or someone else (with their permission, of course).

Please contact Chris West to discuss your interest.

You do not need to have previous experience or knowledge as you will be supported in learning and developing the role. You will need to be able to commit to attending committee meetings 4 times per year which last a day and may require you to travel. You will also need to be able to devote some additional time to the fulfilment of the role.

Vice Chair

Support Chair with designated tasks and stand in for Chair in her absence

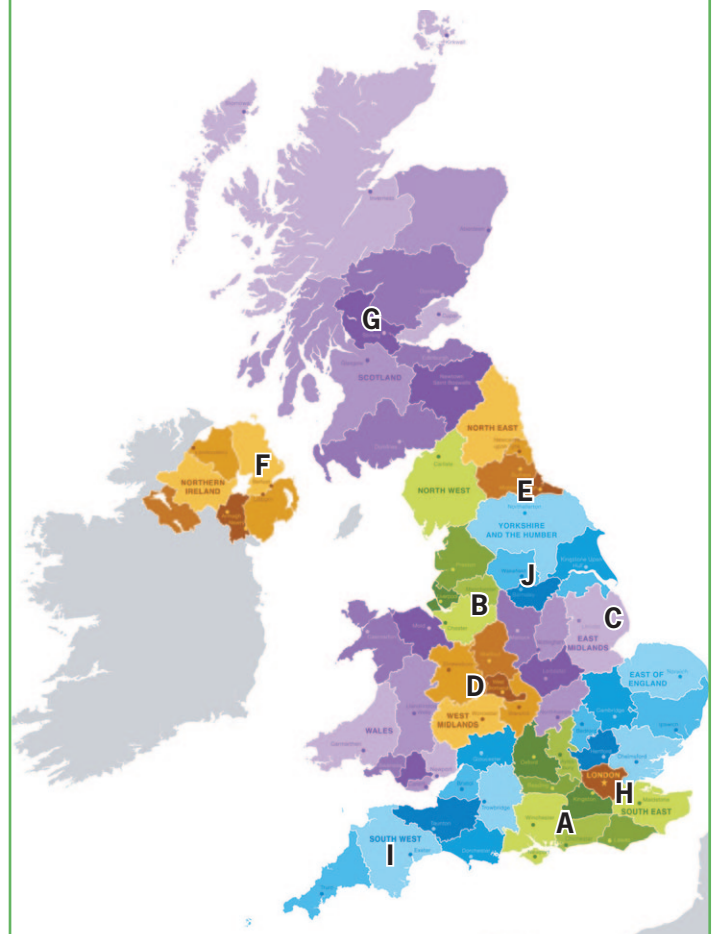
Website Liaison

Manage, develop and maintain website

Press and Public Relations Officer

Liaise with the Press
Promote association with external agencies

Map of NACTHPC Regional Groups



NACTHPC Executive Committee

Name	Committee Role(s)	Contact Details
Gerry Crossman	Education and Research Lead	Gerxman@aol.com Mobile : 07543 540 416
Ruth Davies	CT Unit Leads Liaison	NeDv357@aol.com Mobile : 0776 624 1890
Tatt Dickie	Project Lead: Role Profiles	tatt dickie@yahoo.co.uk
Michele Gordon	Project Link, Minutes Secretary	michele.gordon@nihospicecare.com Work : 02890 781 836 ext 3079
Islay Grieve	Treasurer Conference Organiser	isgrieve@talktalk.net
Sue Holland	Secretary	wonderwoman02@googlemail.com Mobile : 0773 773 4496
Christine West	Chair Website Liaison (acting)	nacthpcchair@hotmail.co.uk c/o St Lukes Hospice 385 Kenton Road, Harrow, HA3 0YG
Vedant Wood	Editor, The Link Regional Group Liaison	vedantwood@aol.com Mobile : 07939 144 174

NACTHPC Regional Groups

Group	Contact	Email & Telephone	Address
A Central Southern England	Anne Bennett	anne.bennett@stwh.co.uk 01243 755 833	St Wilfred's Hospice Grosvenor Road Chichester PO19 8PF
B Greater Manchester	Anita Mehrez	kameld5@aol.com 0161 432 7381	Rehabilitation Unit, Christie Hospital NHS Foundation Trust Manchester M20 4BX
C Lincolnshire and North Lincolnshire	Sarah Dunn	sarah.holmes@stbarnabashospice.co.uk 01522 518 209	St Barnabas Hospice Lincoln LN12 1RE
D Midlands	Tatt Dickie	tatt dickie@yahoo.co.uk 0790 513 3242	Mary Stevens Hospice DY8 2JR
E North East	Glynis Finnigan	glynisfinnigan@butterwick.org.uk 01642 607 742	Butterwick Hospice Care Stockton on Tees
F Northern Ireland	Michele Gordon	michele.gordon@nihospicecare.com 02890 781 836	Northern Ireland Hospice
G Scottish	Jen Wood	jenwood2@gmail.com 0773 935 0322	St Columba's Hospice Stirlingshire
H South Eastern	Martyn Yates	martynathome46@yahoo.co.uk	
I South West		Awaiting new regional coordinator	
J West and South Yorkshire	Pam Colley	pam.colley@suerydercare.org 0113 278 7249	Sue Ryder Wheatfields Leeds LS6 2AE

Dates for your Diary

Details of more events, education and training at www.nacthpc.org.uk

Date	Event/Venue	Contact
8th December 2011	Midlands Regional Group Meeting Shakespeare Hospice, Stratford-on-Avon	carole@theshakespearehospice.org.uk
25th March 2012	14th Annual Clinical Reflexology Conference	joane.barber@christie.nhs.uk
7th to 10th September 2012	Botanica 2012 Aromatherapy Conference Trinity College Dublin	www.ijca.net/botanica2012.php



botanica2012

Join clinical aromatherapists from around the world for 3 days of conference and trade show

7-9th September 2012 – Trinity College Dublin

Save the date!

Hosted by Rhiannon Harris

International Journal of Clinical Aromatherapy

Register your interest and reserve your place now at www.ijca.net/botanica2012.php

“THE LINK” NOTICE BOARD

Please note that while the Association is pleased to include details of courses, forums and events in The Link newsletter it is unable to accept responsibility for the quality or the content of these courses. The charges below only apply to courses and events etc. that are profit making. Any courses, events etc. which are free and of benefit to members will be advertised with no charge.

To place an advert on the Notice Board in an edition of 'The Link' send details of your forthcoming event to the editor:

Vedant Wood, 51 Roxborough Road, Harrow, Middlesex HA1 1NS.

Tel: 0208 863 0261 e-mail: vedantwood@aol.com

Rates: ¼ Page: £10 (per issue) ½ Page: £18 (per issue) Full page £35 (per issue)

Cheques should be made payable to NACTHPC and reach Vedant together with the course/event details no later than 20th January 2012. Next edition published end of January 2012.