



**NATIONAL ASSOCIATION of COMPLEMENTARY THERAPISTS
in HOSPICE and PALLIATIVE CARE**

Annual Review

2011 - 2012

Membership

The membership data in this review describe the membership at the end of Aug 12. At this time there were 81 unit members and 40 individual members.

Therapist Status	2009/10	2010/11	2011/12
Number of units who returned this data	98	98	81
Dedicated service lead	77	63	61
Employed as nurse/other professional and using CT in that role	112	64	46
Employed specifically as complementary therapist (salaried)	159	194	111
Complementary therapists employed by unit and paid sessionally	6	31	31
Self-employed therapists paid sessionally	194	92	89
Volunteer complementary therapists	1140	712	576
Individual members	50	49	40
Total number of therapist members	1738	1205	954

Table 1

The data from the previous 2 years is given for comparison. There appears to be a 20% drop in unit membership this year from last year. NACTHPC is currently trying to assess the reasons for this.

Agenda for Change (AfC)

23 units returned this data (28%)

CT lead AfC banding				
Band	5	6	7	8a
Number	2	11	5	2
%	10	55	25	10

Table 2



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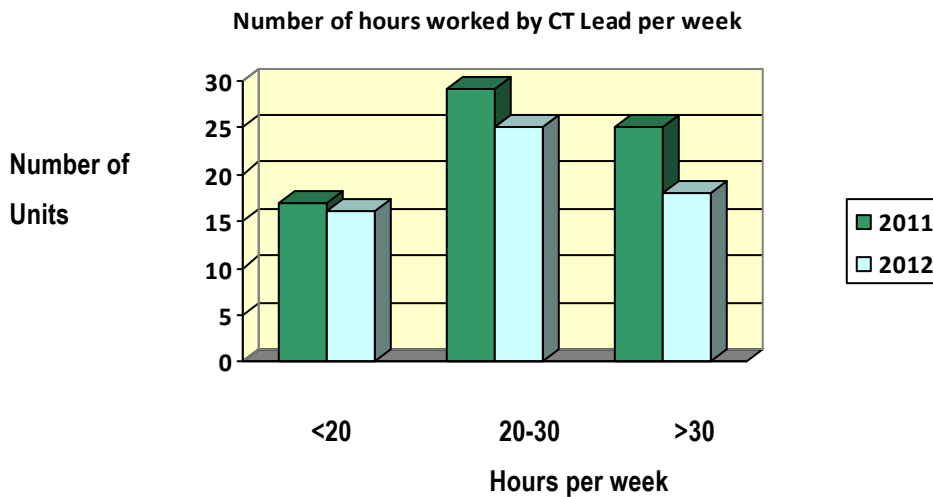
It is recognised that units can differ widely in the type and amount of service they deliver but we don't have data for direct comparison between roles. This highlights the need for a generic job description against which each job can be assessed for equality.

Service Leads

61 units (75%) gave notice of the numbers of hours worked by a dedicated CT service lead.

Number of hours worked varied between 2 and 64 hours per week.

(Average: 25 Median: 25 Mode: 37.5)



The other 20 units either did not supply the data or did not have a dedicated CT lead.

Areas of practice

72 units (88%) provided data about the areas covered by their service. (see table 3)

	Daycare	IPU	OPD	Carers	Community	Other
Number of units	64	59	54	5	43	0
%	89%	82%	75%	7%	60%	0%

Table 3



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Therapies practiced

There is a wide variation of therapies practiced by our members. 16 units (20%) provided the number of treatments given in each area. This data is not published here but available on request.

NACTHPC will be looking at an alternative way of collecting this data. If we could capture the activity of all our members, the data would be useful evidence of the variety and extent of complementary therapies in palliative care and a resource for members when trying to secure funding for services.

Research

Areas of research that members are involved with are:

Looking at effects of auricular acupuncture on cancer pain

Acupuncture

Qi Gong survey

Hypnotherapy bereavement CDs

Reiki evaluation

MyCaW evaluation of outpatient clinics

We have no further details of the content of the above audits and research but it is interesting to get an idea of what members are involved in. Hopefully we will see some of the results published in journals the near future.

Committee members

Christine West	Chair, website liaison
Islay Grieve	Treasurer
Sue Holland	Secretary
Michele Gordon	Minutes secretary, Northern Ireland liaison
Ruth Davis	CT Unit Leads Group Liaison
Vedant Wood	Editor, The Link; Regional Groups Liaison
Gerry Crossman	Education and Research Lead
Sarah Holmes	Vice Chair
Gaenor Evans	New member



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Erinna Turner and Tatt Dickie stepped down from committee mid-term and we extend our thanks to them for their input during their time on the committee. We are delighted to welcome 3 new members - Gerry Crossman, Sarah Holmes and Gaenor Evans who have been co-opted onto the committee during the year.

Help the Hospices (HtH) and the Network of Professional Associations (NPA)

Due to restructuring within Help the Hospices, the Network of Professional Associations will no longer continue in its current format. The newly formed Care Strategy and Support Team (CSST) headed by the recently appointed clinical lead, Heather Richardson, Director of Strategy, wants to redefine the support offered to professional associations in terms of national strategic leadership. This means HtH will no longer offer administrative, IT or financial support to individual organisations. The NACTHPC executive committee has considered the various implications of these changes for our association. For the immediate future we will continue as a subscription association with our own identity and website. We will work with HtH to develop a national strategy for complementary therapies within palliative care although the detail of this is still to be discussed and decided.

One immediate effect of the changes at HtH is the need for NACTHPC to pay for some administrative and IT support for the running of the association. The membership will be asked to support this proposal at the 12th AGM on 12th November 2012 at The Ramada Encore NEC, Birmingham.

Newsletter, The Link

Report from Vedant Wood

We are still managing to produce and publish our quarterly newsletter but, as ever, I am appealing to members to submit any information they may wish to share with other members. Articles such as regional group meeting reports, educational courses, conferences and workshops and any other interesting topics on complementary therapies or related subjects are very acceptable and useful. As you may be aware, THE LINK is an excellent form of national communication with other hospice and unit members as well as individuals but its success depends on how members use it.



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Regional Groups

Report from Vedant Wood

Our regional groups seem to be functioning well, thanks to the efforts of the coordinators. Speakers have been engaged, workshops have been organised and from the reports I receive the group discussions amongst members appear very interesting. Keep up the good work but remember that others would like to share your successes so please send in your meeting reports and any other relevant information

Website

The website continues to offer information on events, news and careers as well as the discussion forum, copies of all issues of The Link, other resources and the regional group's pages. It has more potential as a networking tool but its development is dependent upon interest and feedback from members.

CT Leads Group

Report from Ruth Davies

The annual CT Unit Leads meeting was held at Hospice House, London on 8th March. Here follows an outline of the topics we discussed.

- 1) NACTHPC strategy
- 2) National guidelines

Chris West (NACTHPC Chair) talked about the NACTHPC strategy becoming cohesive and stated that the priority objectives are to look at producing a 2nd edition of the National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care. Presently, the National Council for Palliative Care (NCPC) hold the intellectual copyright and they are able to support but not fund any work on the guidelines. Help the Hospices are also able to support but not fund. It was put to the group whether this should continue to be an objective and the consensus was that it should. It was agreed that experts could be invited onto a steering group to decide the priorities for a new edition; identify cost implications and possible funding sources; draw up a proposal for funding; identify a sub group to contribute to the publication. It was also suggested that it will be necessary to employ an editor/project manager for the task.



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3) Regulation

There has been dialogue between Chris West on behalf of NACTHPC and NCAT regarding the issue of regulation. NACTHPC recommended that all providers are included and identified, registration with a regulatory body (whether CNHC or another) are not mandatory and written consent is only required where appropriate. NCAT did not reply to the recommendations, therefore the future plan is that NACTHPC will agree a position statement on regulation; a position statement on the NCAT complementary therapy measures and map local cancer network guidance via its regional groups. It was agreed to gather information at local level before proceeding to position statements.

4) Guidelines for writing policies, procedures and protocols

Help the Hospices have ownership of a third edition that is not yet published, they are happy for NACTHPC to take over ownership and for the document to carry both the Help the Hospice and NACTHPC logos. There was interest shown in setting up a working group to look at sample documents from NACTHPC members, this would give a broader view of acute, specialist settings and hospices.

It was suggested that a forward would enhance the document. It was also suggested that perhaps charging and having an e version would be more cost effective.

Consideration should be given to merging this document with the 2nd edition of the Guidelines

5) Supervision

There was evidence of different methods of supervision between members, the common theme centered round the importance of ensuring that adequate training is given. There were some experiences of supervision sessions not remaining confidential and it was agreed that this highlights the importance of having a contract between the supervisor and supervisee.

6) Standard setting

There had been a query regarding standard setting in relation to referral times and first contact. It was agreed that this may be more likely to affect those in the acute setting. Standard operating procedures, related to audit can be government related but are often set by the individual department. It was acknowledged that some areas may have a risk register for example they may state an acceptable time limit between



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referral and first contact. There was some discussion around the different tools used for collating data, such as system 1 and there is a disparity between units.

7) Service evaluation and research work

Dr Peter Mackereth gave a very interesting and inspiring talk about his work at Christies Hospital. He suggested that small units should join together to pool resources and apply for lottery funding for research projects. Working with local university can also lead to contact with researchers in certain fields who may have a special interest in complementary therapies.

Peter highlighted the issues that should be considered before attempting a piece of research such as the wording used i.e. healing/cured may not be appropriate; ensuring that the research is in the interest of the patient/carer and not just for research sake or fundraising; ethical issues and to investigate what is already in practice to ensure the appropriateness of what is proposed.

Discussion revolved around service evaluation and how it can cross paths with research and may require ethical approval. Clinical audit involves systematically looking at procedures used for diagnosis, care and treatment and the effect of care on quality of life, examining how associated resources may be used.

Conference 2011

The 2011 NACTHPC 11th annual conference and AGM was held on 15th September at the University of Warwick, Coventry entitled "A Practical Spirituality – Loss, Life, Love and Laughter".

There were 84 delegates and an 81% return on the evaluation. The evaluation was overwhelmingly positive with particular praise for the quality of the speakers. So, despite the fact that we had an evacuation for a fire and one of the speakers was unfortunately ill and unable to come on the day, we had a positive and inspiring meeting; many thanks go to all the delegates whose enthusiasm and understanding made it so.

Some delegates kindly wrote reports on the conference which were published in the 2011 autumn issue (no.31) of The Link.



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Conference 2012

The executive committee decided to delay the next conference until 2013 with the intention of freeing up more time to concentrate on work that we had been trying to progress for some time, namely producing a 2nd edition of the National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care, establishing a central training programme, compiling generic role profiles for unit leads and complementary therapists, and compiling a data set for the services delivered by our member units. These are ambitious projects and it has not proved possible to progress these with the limited resources available to us, particularly in terms of time which is all volunteered, to date, however, they remain our objectives for the future.

Conference 2013

Will take place at The University of Warwick, Coventry on Wednesday 18th and Thursday 19th September 2013. Theme to be confirmed.

Study days

In order to compensate for the lack of a conference this year, NACTHPC organised several study days. One topic was a Day of Soul Midwifery and the other Laughter Therapy and NLS (Natural Laughter Skills). The idea was that we would have an opportunity to look at topics introduced at the last conference in more detail. One workshop of Soul Midwifery by Felicity Warner was held in London in May. It was well attended and a great success. Unfortunately a subsequent workshop organised in a Midlands venue had to be cancelled through lack of uptake. Similarly a workshop organised in London for the Laughter Skills workshop had to be cancelled through lack of uptake. We understand that issues of travel and funding sometimes prevent people from attending such study days and are trying to think of ways to assist. We have secured funding for an ongoing programme of laughter workshops and have offered this out to the regional groups, some of whom are taking up the opportunity to host one in their area at no cost to themselves or members. The NACTHPC committee is very willing to consider any way in which we can help members access educational days in their areas, particularly if it is through the network of regional groups.



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National Association of Complementary Therapists in Hospice and Palliative Care

Income and Expenditure Statement for the Year to 31 March 2012

INCOME

	<u>£</u>	<u>£</u>
Membership Fees	5210	
Conference	9930	
Co-ordinators' Day	505	
Miscellaneous	<u>160</u>	
		15805

EXPENDITURE

Committee Meetings and Travel	1914	
Conference	8971	
The Link	727	
Postage and Stationery	410	
Telephone and IT	280	
Co-ordinators' Day	731	
Regional Grants	525	
Miscellaneous	<u>480</u>	
		14038

Surplus for the Year

1767

Balance brought forward at 1 April 2011

10827

Balance carried forward at 31 March 2012

12594

I have compiled this statement from the books and records of the National Association of Complementary Therapists in Hospice and Palliative Care and in my opinion it gives an accurate view of the Association's finances at 31 March 2012.

JHW Ridley

18th July 2012

Bewdley

Worcestershire