

### **Annual Review**

### 2008 - 2009

#### Membership

The membership data in this review describe the membership at the end of July 09. At this time there were 98 unit members and 37 individual members.

Maximum membership is usually achieved by the year end. At the end of December 2008 there were 122 unit members and 60 individuals.

Therapist Status	Number
Dedicated service lead	73
Employed as nurse/other professional and using CT in that role	80
Employed specifically as complementary therapist (salaried)	173
Complementary therapists employed by unit and paid sessionally	43
Self-employed therapists paid sessionally	118
Volunteer complementary therapists	753
Individual members	37
Total	1277

### Agenda for Change (AfC)

25 out of 98 units have evaluated complementary therapy jobs according to Agenda for Change. There is a wide variance in the grading for jobs with the same title. There can be considerable differences in the requirements of the job but we don't currently have the data, regarding the various job profiles, for comparison.

Job		AfC banding
Lead for complementary therapies	n = 23	3 – 8A
Nurse/therapist	n = 4	5 – 7
Complementary therapist	n = 12	4 - 6

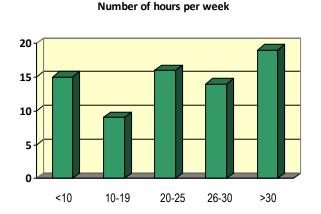


#### Service Leads

94 units identified the person responsible for managing the CT service. There were 38 different job titles. The most common was Complementary Therapy Co-ordinator (37). A list of the job titles is attached for your information. "Clinical", "Lead", and "Manager" are appearing in job titles; this is possibly to reflect the clinical nature of the job as opposed to "Co-ordinator" which may be seen as an administrative term. 20 units had no dedicated service lead, 3 didn't supply the data and 1 had a lead "as required".

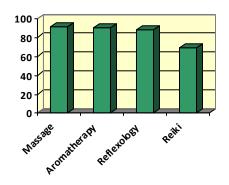
73 units had dedicated leads.

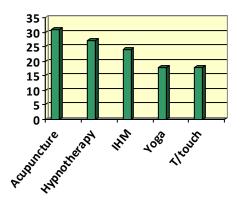
Number of hours worked varied
between 1 and 49 hours per week.



### Therapies practised

There is a very wide range of therapies practised. The most commonly used therapies can be seen in the charts below. A list of the other therapies practiced is attached to this report.







#### Research

Areas of research that members are involved with are:

Aromastix – for nausea, anxiety, insomnia

Acupuncture and fatigue

Auricular acupuncture for the relief of hot flushes and night sweats in breast and prostate cancer

M technique in conjunction with 3 counties cancer network

Auricular acupuncture for women with early breast cancer

Study to explore knowledge of CT in older people

Acupuncture in breast cancer

Network evaluation and audit

Utilisation of CAM in a conventional cancer treatment centre

MyCaW with groups

### Committee members

Christine West Chair, membership secretary, website liaison

Val Jarvis Vice chair, regional group's liaison

Islay Grieve Treasurer

Sue Holland Co-ordinator's group liaison

Anita Mehrez Minutes secretary

Michele Gordon Northern Ireland liaison; Research lead

Ruth Davis Ordinary Member (co-opted Feb 09)

Vedant Wood Editor, The Link; Education lead

#### Retired committee members

Ailean Henry and Sara Percival had to step down from the committee mid-term, for personal reasons. They have our grateful thanks for all the work they have done on behalf of NACTHPC and we wish them well for the future.



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

HtH continue to support NACTHPC administratively and we are an active member of the NPA. We will take a stand at the HtH conference in October to raise awareness of complementary therapies in palliative care and our association.

#### Northern Ireland

### Report from Michele Gordon

Complementary therapies continue to do well in Northern Ireland. Since the last conference Rhiannon Harris came to Belfast in November 2008 for a 2 day study day on "Base Oils", she is returning in October this year for a weekend looking at "Effective Interventions for Pain and Inflammation". Annie Hallet also came to Belfast to give an "Introduction to Therapeutic Touch" and Ann Carter visited in February 2009 for a weekend to show us the "HEARTS Technique".

We have had 4 NACTHPC Regional meetings at various locations throughout N Ireland, covering topics such as:

An introduction to Bowen Technique

An overview of a patient's journey through radiotherapy (Senior Oncology Radiographer)

Communication issues (Dr Max Watson, Consultant in Palliative Care)
The use of sand trays and Thought Field Therapy as a tool in counselling
(Counsellor working with cancer patients)

An update on HIV

DVD and update on neutropenic sepsis

An overview of some essential oils and their uses.

#### Newsletter

#### Report from Vedant Wood

Having just issued my 3<sup>rd</sup> Link, I began to look at what my journey as editor has been like for the last year. It has been quite an unusual experience for me as I've never done this kind of work before. Being responsible for a deadline, learning what the different organisations were when I received reports from various sources, asking for



and providing articles for inclusion and of course editing the material is all quite new and challenging.

In my view, being editor of a newsletter such as THE LINK means putting my own ideas into its format and to include material and information that I feel members want and would be interested in whilst at the same time following the executive committee's policy of what is acceptable to fulfil the mission statement and objectives of our association. Let's see if I'm on the right track.

The first thing I decided to do was to redesign the front cover and bring some colour into The Link. Secondly I wanted to introduce some new items to generate a wider scope of member opinion and increased interest. This was achieved with the advent of *News and Views* and the *Poetry and Prose* sections and the inclusion of other articles which would be of interest and perhaps stimulate sharing of opinion and discussion. This I hoped would be achieved either by members giving comments in the News and Views or through the forum. To date I have had 2 replies, which I am thankful for, but I eagerly await others.

The most important thing to happen to The Link however, was the issuing of The Link by email (although any member who requires a paper copy can request it). As you can understand this type of issue is in line with modern technological trends and also will save money and trees.

The future of The Link for me is expansion with greater input from members and regional groups. I want members to look forward to reading the articles and reports and at the same time feel free and able to express their views and share their news with all of us. Whether this will be successful is up to you all as members. Thanks for giving me the opportunity to express my ideas for the future.

Regional groups

Report from Val Jarvis



It has been a much quieter year for the regional groups. When Freda Magee stood down from the committee she also ceased to be group liaison for the Herts. and surrounding counties group. So far I have not had anyone contact me wishing to take on this role. In the same vein we had the resignation from the committee, for personal reasons, of Ailean Henry who was also the liaison for the Midlands Group. Thankfully Ruth Davies of Kemp Hospice Kidderminster has now taken on this role and also been co-opted to the Committee.

The Thames Valley area has not had a regional group for some time. With no Herts. and surrounding area group, the Greater London area is sadly lacking any group at all. The Greater Manchester group had a pause in meetings when Anita Mehrez, group liaison took time out for personal reasons.

Our latest project of a South West group is proving challenging as it is such a far flung wide area. Tina Roberts, group liaison from Prospect Hospice, Swindon is soon to contact those interested with a date for the first meeting most likely to take place at Dorothy House Hospice, Bradford-on-Avon.

Now, for the good news. All the other groups seem to be flourishing. The most active have study days such as the South Eastern Regional Group's, The Labyrinth. Use of grant money has helped some groups put on special events and use speakers. West & South Yorkshire have made use of the grant each year since we first introduced it in 2007. That is what it is there for.

Thank-you, to all group liaisons for their continued hard work and for the reports of meetings and special events.

### Website

The website continues to suffer from software glitches from time to time.



The discussion board is open and functioning. There have been some very interesting posts which have the potential to open a good debate. Unfortunately there is still not much traffic on the forum which is disappointing for those who have opened threads of inquiry. Hopefully this situation will improve with time.

### Conference 2008

The Association's 8<sup>th</sup> annual conference and AGM was held on 9<sup>th</sup> September at the University of Warwick, Coventry. "Being there – Staying Grounded" looked at how we can be more present for our patients but also at the necessity of looking after ourselves in order to do so. We had some fantastic speakers talking on the subjects of communication, end of life care, chronic obstructive pulmonary disease and the management of breathlessness, integrated practice and commissioning. Experiential workshops offered an opportunity to find out about Life Coaching, The Lebed Method of Movement and Dance, and Sound Therapy.

### Conference 2009

The 9<sup>th</sup> annual conference and AGM will be held, once again, at the University of Warwick. The conference is entitled "Sharing the Journey", *Expertise*, *evidence* and *communication*. We have speakers talking on: Palliative Care and Complementary Therapies; Lymphoedema; Clinical research; and Communication; and look forward to a creative and enlightening day.



The objectives for last year focused on continuing the existing work of NACTHPC, through the regional and co-ordinator groups, newsletter and website and collaborating with the NPA and HtH.

New developments such as new committee roles; producing a role profile for CTC, developing an information library and surveying the membership are evolving objectives that need more strategic planning which will form the objectives for the next year.

### Objectives for 2009 – 10

- Publish a 2 year plan
- Start central training programme to be available to regional groups covering subjects such as communication, protecting your energy and managing stress
- Continue work on complementary therapy role profiles



# National Association of Complementary Therapists in Hospice and Palliative Care Income and Expenditure Statement for the Year to 31 March 2009

INCOME		
Membership Fees	<u>£</u> 5550	£
Membership Fees Conference	8268	
Co-ordinators' Day	840	
Go Graniatoro Bay		14658
EXPENDITURE		
Committee Meetings and Travel	1942	
Conference	7936	
The Link	225	
Postage and Stationery	224	
Telephone and IT	191	
Co-ordinators' Day	777	
Regional Grants	420	
Other events attended	34	
Miscellaneous	219	
O sales facility Vann		11968
Surplus for the Year	rece	0000
	=	2690
Balance brought forward at 1 April 2008		4638
Balance carried forward at 31 March 2009		7328

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 2009.

1st July 2009 Bewdley Worcestershire

JHW Ridley



### **Job titles for Service Leads**

Job title	Number
Complementary Therapy Co-ordinator (CTC)	37
Nurse/CTC	6
Senior or lead CT	6
Daycare leader	3
Nurse therapist	3
Palliative Daycare services co-ordinator/leader	2
Senior or lead physiotherapist	2
Matron	2
Volunteer co-ordinator	2
Centre (or deputy) manager	2
Manager of CT/CT manager	2
Specialist nurse	1
CT practitioner/teacher	1
Complementary therapist	1
Day Services Manager	1
Clinical nurse manager	1
Complementary therapist and information co-	4
ordinator	1
Keyworker/Head of CT	1
Lead nurse, Manager of CT	1
Team leader	1
Therapeutic manager	1
Clinical lead CAM practitioner	1
Clinical lead CT	1
Lead nurse, Complementary Health Service	1
Staff nurse	1
Head of Adult Services/Senior Clinical Sister	1
Head of Volunteer resources	1
Services development manager	1
Head of Care Services	1
Clinical services manager	1
Hospice Physician	1
Nurse	1
Head of Wellbeing services	1
IT co-ordinator	1
Chairman/CEO	1
Specialist integrated care practitioner	1
Service manager	1
Volunteer complementary therapist	0.4
Total	94



### Number of units practising different therapies

		Access to homeopath and	
Massage	91	herbalist ·	1
Aromatherapy	90	Acupressure	1
Reflexology	88	Adapted massage	1
Reiki	69	Art and Nature therapy	1
Acupuncture	31	Art therapy	1
Hypnotherapy	27	Auricular acupuncture	1
Indian head massage	24	Bach flower remedies	1
Therapeutic touch	18	Body release massage	1
		Carers: group work, hands on	
Yoga	18	therapy	1
Exercise	13	Chiropodist	1
Spiritual healing	13	Colour breathing	1
Shiatsu	12	Counselling	1
Cranio-sacral therapy	11	Crystal therapy	1
Homeopathy	11	Extended exercise	1
Tai chi	11	Fit start for men	1
Bowen technique	8	Guided imagery and music	1
Guided imagery relaxation	5	Image workshop for women	1
Lebed	5	Mentoring	1
M technique	5	Nutritional therapy	1
Visualisation	5	Oriental body balancing	1
EFT	4	Reiki training for patients	1
Relaxation techniques	4	Thai foot massage	1
Group/class relaxation	3	Thai massage	1
Mindfulness	3	Trager approach	1
Art group	2		
Hopi ear candles	2		
Manual lymphatic drainage	2		
Meditation	2		
Sound	2		