

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Complementary Therapies Policy

Version No.:	2.0
Effective From:	27 November 2012
Expiry Date:	30 November 2015
Date Ratified:	1 July 2012
Ratified By:	ASPIRE

1. Introduction

- 1.1 This policy outlines the way in which complementary therapies will be managed and implemented within the Newcastle upon Tyne Hospitals NHS Foundation Trust
- 1.2 It provides a broad framework for practice in relation to approved therapies, preparation and clinical supervision of therapists, accountability issues, development and approval processes for new complementary therapy services.
- 1.3 The document will be of interest to individual therapists and Managers from any Directorate interested in the development of a complementary therapy service
- 1.4 This policy should be read in conjunction with guidelines from relevant professional bodies (refer also to Section 4) e.g.
 - a) Nursing & Midwifery The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC 2008)
 - b) Complementary Alternative Therapies and Homeopathy (NMC, April 2008)
 - c) Standards for Medicines Management, No: 23 (NMC, February 2008)
 - d) Complementary and Natural Healthcare Council (CNHC).
 - e) General Regulatory Council for Complementary Therapies (GRCCT).
 - f) British Complementary Therapies Council (BCTC)
 - g) Complementary Therapy Association (CTA)
 - h) Association of Chartered Physiotherapists

2. Scope

- 2.1 This policy applies to all those involved in the delivery of complementary therapies or who have a role facilitating or supporting patients to access complementary therapies within the Trust.
- 2.2 This policy applies to patients of all ages. For patients under the age of consent, parental consent needs to be obtained and documented.

3. Aim

This document is intended to:-

- Ensure safe practice by appropriately qualified practitioners
- Provide clarity to the practice of complementary therapy within the organisation and address potential risk management issues
- Provide a framework for administration in conjunction with conventional medical treatment
- Provide guidance to individuals wishing to develop a new complementary therapy service.

4. Duties – roles and responsibilities

- 4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- 4.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.
- 4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).
- 4.4 Staff and complementary therapists are responsible for complying with policy.
- 4.5 Students participation in complementary therapies would not be expected to be part of pre-registration practice.

5. Recognised Complementary Therapies Used in the Trust

The House of Lords Select Committee on Science & Technology Sixth Report (2000) recognises that certain complementary therapies should be more widely available to patients within the hospital environment.

The following complementary therapies are acceptable in principle within the Trust for use by a registered practitioner, operating under the terms laid down by this policy.

- Aromatherapy
- Reflexology
- Massage (including “light touch” massage)
- Acupuncture.

This list incorporates a wide range of practices, which may vary significantly in their precise implementation. Approval must therefore be obtained in relation to each therapy to be delivered for a specified patient group, as outlined in Section 5 (see below). Approval will, in all cases, be subject to the existence of suitably robust evidence to underpin the use of the therapy in the specific circumstances proposed. (See Appendix I).

6. Training and Regulatory Bodies

- 6.1 At the present time statutory membership of a regulatory body is not in place for all Complementary Therapists although there is a proposal to bring

Regulation under one professional body at some point. Currently Complementary Therapists are voluntarily self regulated by a large number of professional bodies and organisations, some for singular disciplines (e.g. reflexology, aromatherapy) and others which are multidisciplinary (e.g. British Complementary Therapies Council (BCTC) and Federation of Holistic Therapists)

6.2 Complementary Therapists membership of a professional organisation must ensure that they have:

1. Recognised qualifications in all the disciplines that they practice.
2. Public Liability Insurance of an appropriate level (see section 6.3)
3. Adhere to a professional Code of Conduct.
4. Meet requirements of CPD.

7. Development of Protocol for a New Complementary Therapy Service

7.1 Complementary therapists including Trust and non Trust employees must secure approval for the therapy to take place within the clinical area with key staff including the Clinical Director and Directorate Manager before seeking formal Trust support via the Clinical Role Development Group (Non Medical). (see Appendix I).

7.2 Submission for consideration of new complementary therapy services should be forwarded to the Nursing and Patient Services Director, Chair of the Clinical Role Development Group (Non Medical) utilising the approved submission template and provide the following information:

- Client group
- Rationale for using the therapy and supporting evidence
- Referral procedures
- Patient assessment methods
- Criteria for inclusion/exclusion of patient
- Any known potential side-effects or complications
- Patient Information and procedure for obtaining consent
- Referral on to other practitioners as required
- Explicit protocols for delivery of the therapy
- Resource implications of introducing the new service
- Documentation should also provide details of the proposed complementary therapists, their professional qualification, membership of an approved governing body and Public Liability/Indemnity and supervision in line with the guidance in Section 6.2 of this policy.
- Completion of WASP framework (see Appendix II) or provide equivalent evidence of assessment competency which includes observed practice and underpinning knowledge.

7.3 Submissions will be considered for approval by the Clinical Role Development Group (Non Medical), which is a formal sub group of the Trust's Clinical Governance and Quality Committee.

7.4 Successful submissions must then be registered with Training Manager Online **(TMO)**.
(See Appendix III for clarification and guidance)

8. Accountability

8.1 Therapists must provide evidence to the Clinical Role Development Group (Non Medical) as outlined in Section 4, evidence of a recognised professional qualification, current membership of a professional body and evidence of CPD.

8.2 Therapists are accountable for their own practice. They should abide by the Code of Practice and guidelines laid down by their professional body with which they are registered.

8.3 Therapists who are not Trust employees e.g. charity workers, are required to provide evidence of Public Liability Insurance to a minimum sum of £1,000,000 via a professional body.

8.4 Therapists who are not Trust employees must complete the following before commencing any activity:

- 1) Trust Clinical Access Documentation,
- 2) Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) Clearance and
- 3) Occupational Health clearance.

Documentation from the above must be held by Human Resources for reference and the individual practitioner will be responsible for meeting any costs e.g. CRB and ISA.

8.5 Therapists are required to provide evidence of continuing professional development in their chosen therapy and annual confirmation of their Public Liability/Indemnity Insurance cover, where appropriate, to the relevant Director Manager. Copies of this documentation must be retained by Human Resources for reference.

8.6 All therapists are responsible for ensuring that up to date, accurate details are entered, maintained and regularly reviewed on the Trust's TMO (see Appendix III).

8.7 Therapists who are not Trust employees must complete the Trust's Induction Programme and Mandatory Training Programme.

8.7.1 Non Trust employees can be set up as customers or honorary staff on ESR. Reports of attendance by individual name or course attended can be obtained from the Education and Training Department.

8.8 All therapists must adhere to the Trust's policies, procedures, guidelines and protocols Directorate Manager to be responsible for completing and recording local induction, including where to access relevant policies.

9. Practice

9.1 The patient must be:

- 1) Fully informed about the respective therapy,
- 2) Fully informed of its effects and
- 3) Given appropriate literature regarding the chosen therapy

In all instances, consent from the patient must be obtained for the full therapy in accordance with the Trust's Consent for Examination or Treatment Policy before therapy is administered.

9.2 A Treatment Record must be kept in the Medical Notes for each patient receiving a therapy with reviews incorporated into these sessions on a regular basis to establish patient views, level of satisfaction and effects of treatment as appropriate.

9.3 Therapists are expected to work within the current hospital environment in which the patient is based.

9.4 Resources such as lotions, essential oils and equipment must be stored in an appropriate secure facility at department level, at an appropriate temperature, separate to all medicines.

9.5 An employee who is qualified to administer complementary therapies may only do so if the therapy has been approved by the Trust for use within that Directorate. No additional payment will be made for this work.

9.6 Therapies approved by the Trust and given by an employee outside of contracted working hours on Trust premises must be within a negotiated contract between the therapist and patient which may include payment. In this situation, the employee must provide evidence of Public Liability Insurance as stated in Section 6.2

9.7 Trust employees delivering complementary therapies in their own time outside the Trust must clearly identify themselves to be working as independent complementary therapists and not as representatives of the Trust

10. Patients' Access to Personal Complementary Therapist(s)

10.1 Patients who wish to use their own personal complementary therapist on Trust premises must:

- 1) Make a request to the Consultant in charge of their care
- 2) In conjunction with their complementary therapist, obtain approval from the Trust before any complementary therapy is given

10.2 In all instances the Trust reserves the right to refuse complementary therapy to be given on its premises and will not accept liability for any consequences arising as a result.

11. Review and Consultation

Reviewed in August 2012 by Frances Blackburn Head of Nursing, Nurse Consultant Chronic Pain Management, Nurse Consultant Urogynaecology and Nurse Consultant Cancer Services.

12. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided reflects patients individual needs and does not unlawfully discriminate against individuals or groups. This policy has been properly assessed.

13. Monitoring compliance with the policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitor implementation and utilisation of complementary therapies across the Trust	Annual Report (Appendix IV)	By relevant Directorate Manager	To be submitted to Chair of Clinical Role Development Group (Non Medical)	Annually

14. Associated Policies

Consent for Examination or Treatment (with reference to Mental Capacity Act 2005)
Newcastle Hospitals Medicines Policy
Control of Substances Hazardous to Health (COSHH) Policy
Mandatory Training Policy
New Staff Induction Policy
Clinical Access Policy
Criminal Record Bureau – Pre-Employment Checks Policy

Further Information

Association of Chartered Physiotherapists

<http://www.csp.org.uk>

Complementary and Natural Healthcare Council (CNHC)

<http://www.cnhc.org.uk>

British Medical Acupuncture Society

BMASGeneralMgr@aol.com

General Regulatory Council for Complementary Therapies (GRCCT)

<http://www.grcct.org.uk>

British Complementary Therapies Council (BCTC)

<http://www.bctcvsr.org.uk>

Complementary Therapy Association (CTA)
<http://www.complementary.assoc.org.uk>

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

Tavares (May 2003) National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care. The Prince of Wales' Foundation for Integrated Health and the National Council for Hospice and Specialist Palliative Care Services. London.

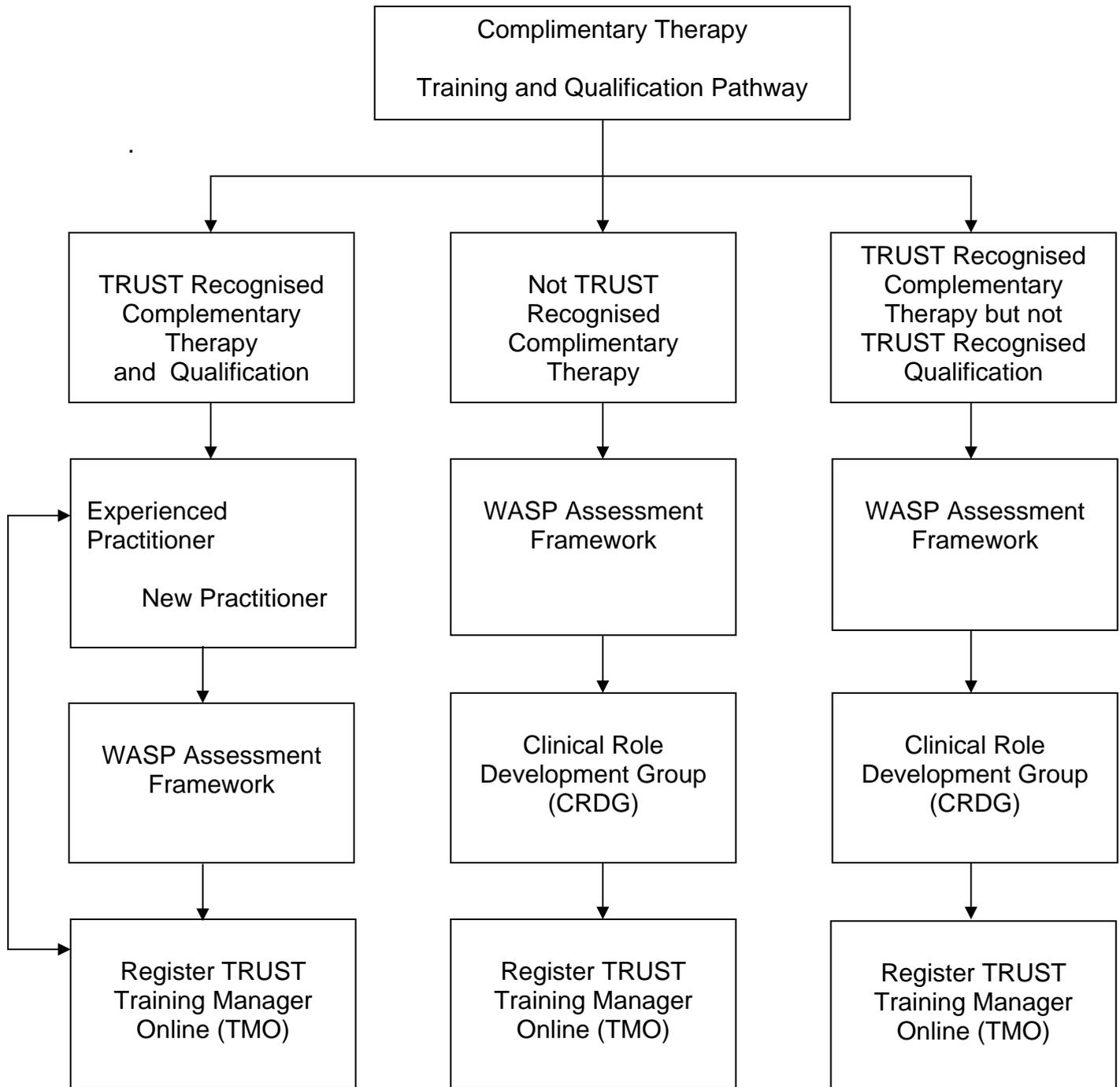
<http://www.fihealth.org.uk>

S Hughes and A Thomson (2005) Evaluation of the National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care. The Prince of Wales' Foundation for Integrated Health. London

<http://www.fihealth.org.uk>

TRUST Recognised Complimentary Therapies	TRUST Recognised Complimentary Therapy Training Body/Qualification
Acupuncture	British Medical Acupuncture Society (BMAS) Acupuncture Association of Chartered Physiotherapists (AACP)
Aromatherapy	City and Guilds (C & G) National Vocational Qualification (NVQ)
Reflexology	City and Guilds (G & G) National Vocational Qualification (NVQ)
Massages	City and Guilds (C & G) National Vocational Qualification (MVQ)

Appendix I



Appendix II

Complementary Therapy Assessment Documentation

Type of Complementary Therapy being assessed:

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Condition being treated with Complementary Therapy:

.....

Effective from: Review Date:

WASP Framework Structure

In order to assist you with the assessment of your newly learnt skills, the WASP (Witnessed, Assimilated, Supervised, and Proficient) framework will be used. The template for the WASP Framework is divided into four sections; action, rationale, WASP assessment and comments/progress record. The action and rationale provide detailed information about the knowledge skills and activities required to meet the competency. The WASP assessment (see table below) is used for each competency and contains a scoring process which is used to assess progress. The comment/progress record should demonstrate the progress of assimilation and supervision in practice.

Assessment Strategy

Competency will be assessed using the WASP framework:

W	Witnessed	Observe or witness the competency. It is considered good practice that you will have had the opportunity to observe an assessment prior to being supervised
A	Assimilated	Understand the elements of the competency. Three essential elements, theory, practice and professional approach
S	Supervised	Practice under supervision to demonstrate understanding. Score as follows: 1 = needs further practice 2 = proficient
P	Proficient	Competent in both knowledge, skill and professional approach are elements of the competency

You must be assessed as competent in knowledge, practical skill application and professional approach before you undertake the assessment without supervision. To attain competency in each skill you will have the opportunity to:

- access relevant theoretical training
- observe the skill being carried out by a practitioner who is themselves competent in the skill
- attend any specific training session necessary for attaining competency in a specific skill
- perform the skill with assistance and/or supervision as many times as necessary to achieve proficiency
- perform the skill unassisted to demonstrate competence
- provide evidence of the appropriate knowledge and understanding and professional approach

There is no minimum or maximum amount of times you should carry out a skill under supervision before being deemed as competent. This will depend on your individual needs and the nature of the skill. Each framework is followed by a comments/progress record to allow you to receive specific feedback on your progress.

An action plan should be developed if you are unable to achieve the competency. When you have been assessed as proficient in both the theory and practice of the skill both you and the registered nurse or midwife assessing you should sign the specific competency record to indicate this. You may then be delegated that skill to undertake without direct supervision. For nursing staff and midwives the competency record should be kept alongside the KSF portfolio as evidence of achievement.

Ongoing assessment/review

The assessor must identify the time frame for reassessment of competency. However this must be within a minimum of a three year period or based on national/local guidelines. A reassessment form should be completed.

This process ensures an appropriate level of competence is maintained and staff knowledge and skill is kept up to date, e.g. although you may have been assessed as competent with a specific skill it may have been some time since you have carried out the skill and you may want to be supervised until you feel confident to practice the skill again.

Appendix III

	Action	Rationale	W	A and S Score and comments	P			
1.	<p>Rationale and assessment</p> <p>a) Maintains a professional approach and attitude throughout the complimentary therapy</p> <p>b) Demonstrates knowledge and understanding of chosen therapy and provides an appropriate rationale for the therapy being undertaken</p> <p>c) Demonstrates an understanding of the patients history and condition being treated, checking for any contraindication for the proposed complimentary therapy</p> <p>d) Correct explanation of the therapy being proposed is given to the patient, including potential risks, likely outcomes and any subsequent therapy/treatments that may be required</p>	<p>Professional responsibility, gaining trust from the patient</p> <p>To promote patient choice and informed consent. To ensure understanding of why the procedure is being offered to the patient</p> <p>To ensure that all risks, contraindications and expected outcomes are communicated to the patient</p> <p>To ensure informed consent is gained in accordance with the Trusts complementary therapy policy. Provide patients with both verbal and written information where possible regarding the specific therapy</p>						

2.	Preparation and Procedure a) Correct identification of patient and informed consent obtained b) Demonstrate awareness of legal and professional issues including Trust policies to guide practice c) Appropriate selection of environment for the proposed therapy d) Appropriate selection of equipment required for specific therapy e) Appropriate preparation of the patient for the proposed therapy f) Appropriate decontamination of hands in accordance with Trust policy, and protection of key parts and key sites. g) Carries out the specific complementary therapy safely and appropriately h) Appropriate storage of lotions and liquids in accordance with Trust COSHH guidance	To avoid identification errors Consent is gained in accordance with Trust policy To ensure work is within Codes of Professional Practice, as well as Trust policies and guidelines To maintain patient safety, prevent risk of infection To ensure correct equipment and means of disposal is available Ensure the patient gives informed consent to proposed therapy. Ensure there are no contraindication to proposed therapy To prevent contamination and reduce the risk of cross infection To ensure patient safety ANTT (Aseptic Non Touch Technique) is performed when						
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	<p><i>*PLEASE COMPLETE for Specific Therapy</i></p> <p>i) Specific skills being observed and assessed * * * * *</p> <p>j) Safety Issues * * * *</p> <p>k) Use and disposal of specialist equipment / products * * * *</p> <p>l) Appropriate monitoring * * * *</p> <p>m) Appropriate after care and patient / relative advice * * * *</p>	<p>necessary</p> <p>To ensure patient, carer and clinician safety</p> <p>To ensure practitioner can demonstrate skilled and competent practice for the specific therapy stated</p> <p>To ensure practitioner demonstrates safe practice and reduces any risk to patient, self or others</p> <p>To ensure practitioners uses and disposes of any equipment, needles/ lotions in accordance with TRUST policy</p> <p>Ensure patient safety during the therapy</p> <p>Ensure patient safety after the therapy and all relevant information is given</p>						
3.	<p>Completion and Documentation</p> <p>a) Appropriate disposal/</p>	<p>To prevent sharps</p>						

	<p>decontamination of sharps in accordance with Trust Policy</p> <p>b) Appropriate disposal of lotions/fluids in accordance with trust policy</p> <p>c) Correct decontamination of area and self following the therapy</p> <p>d) Accurate documentation in patient's health records of therapy performed, outcome, any difficulties encountered during the therapy.</p> <p>e) Ensure patient is given appropriate advice as necessary following delivery of therapy</p> <p>f) Review / follow up therapy is arranged as appropriate</p> <p>g) Communicate to other healthcare professionals involved in the patients care, as necessary, the outcomes of the therapy</p>	<p>injury, contamination and risk of cross infection</p> <p>To prevent contamination and reduce the risk of cross infection</p> <p>To reduce the risk of cross infection</p> <p>To provide an accurate record of therapies undertaken, as per Trust Policies and guidelines.</p> <p>To provide appropriate course of treatment where necessary</p> <p>To ensure continuity of care</p> <p>To ensure effective communication is maintained</p>						
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Date:				
Name and Designation of Assessor;				
Signature of Assessor:				
Name and Designation of practitioner being assessed;				
Signature of Registered Practitioner:				

Score as follows:

1 = Needs further practice 2 = Proficient

Name of Complementary Therapy Performed and Assessed.....

Date of Final Assessment.....

Appendix IV

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Complementary Therapies Annual Report (Template)

1. Introduction

Please give an opening paragraph summarising the Directorate's range of complementary therapies provided including:

1. any new therapies introduced during the year
2. any currently proposed/in development
3. any under review by the Non-Medical Performance and Development Group

2. Matters Arising from the Previous Year's Report (as appropriate)

Please describe progress made in the areas to be improved which were highlighted in last year's Directorate Annual Report.

3. Audit activity

Please provide details regarding individual audits or surveys which your Directorate has either undertaken giving details of main findings; changes in practice where appropriate; patient feedback and changes resulting in improvements to patient outcomes/satisfaction

4. Overview

- What works well (i.e. what could other Directorates learn from audit within your Directorate)
- What doesn't work well (i.e. what would you like to change)

5. Forward Audit Programme (financial year to be stated)

Signature:

Designation:

Date:

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Complementary Therapy Policy	Policy Author:	Frances Blackburn
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		No impact identified. Therapists would be expected to be sensitive to needs/preferences of those with any potential needs whilst delivering complementary therapy.
	• Race *	No	“
	• Ethnic origins (including gypsies and travellers)	No	“
	• Nationality	No	“
	• Gender *	No	“
	• Culture	No	“
	• Religion or belief *	No	“
	• Sexual orientation including lesbian, gay and bisexual people *	No	“
	• Age *	No	“
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	“
	• Gender reassignment *	No	“
	• Marriage and civil partnership *	No	“
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Frances Blackburn Date: 10/10/2012

Names & Designations of those involved in the impact assessment screening process: Frances Blackburn, Jane Beveridge, Heather Williams

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.