



Standard Operating Procedure (SOP007) for: Complementary Therapy in Community Settings	
Staff group SOP applies to:	Complementary Therapists
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1. AIM

The aim of this Standard Operating Procedure (SOP) is to provide clarity around the practice of Complementary Therapy when it is delivered in the community setting ie. in a patient's home as opposed to when it is carried out within the hospice building.

It will consider how providing complementary therapy in a person's own home differs to that provided within the hospice building especially with regard to patient safety.

As with all services provided by the hospice, due care and attention will be placed on infection prevention and control. See Standard Operating Procedure (SOP001) for: Personal hygiene and the use of PPE (all patients).

2. CONTEXT

Since the temporary closure of the Day Therapy Unit due to the Covid-19 pandemic and the UK GOV advice, the decision to move complementary therapy into the community ensures that patients who benefit from the service either for physical symptoms such as pain or emotional issues such as anxiety and/or depression can continue with treatment and ensure their condition does not deteriorate as a result.

3. PRINCIPLES

The aim of complementary therapies is to provide a clinical treatment which will improve a person's symptoms and enhance their emotional wellbeing allowing them to feel better supported and enabled during their last months or weeks of life.

Nottinghamshire Hospice provides patients and service users with therapeutic interventions which fall under the title of 'Complementary Therapy'. The definition of 'Complementary Therapies' is by reference i.e. it refers to therapies that have traditionally been outside of government funded training, services, regulation and implementation. It is largely for the reason of lack of statutory oversight that a SOP is required to cover the provision of Complementary Therapy interventions.

In this instant complementary therapy refers to a massage-based service with or without aromatherapy.

4. CONTENT

This SOP addresses the modifications when treatments are taken out of the Hospice. Refer to Nottinghamshire Hospice Complementary Therapy policy (CS010) for further guidance.

4.1 Staff

- Only employed staff will provide this service. Whilst all therapists have medical malpractice insurance, volunteer staff are not equally insured against risks to themselves when working outside the building.

4.2 Referral Criteria

- Patients can be referred by a health professional or self-refer but will be known to hospice services.
- Patients must be aged 18+
- Patients will be registered with a Nottingham or Nottinghamshire GP
- Patients should be identified with a palliative diagnosis and likely to be within the last year of life, identified by the Gold Standards Framework and have an up to date EPaCCS record on SystmOne. Patients with a palliative diagnosis who are outside of this criteria may be assessed by the Director of Care as suitable to access the service in a bespoke way where there is an identified need.

4.3 Caring for Carers

There is limited provision available for carers with emphasis on treatment that may help prevent the breakdown of the caring role.

4.4 Complementary Therapy

- Complementary Therapy will be provided by an experienced Complementary Therapist in the person's own home.
- Assessment for suitability in the person's own home will take place within 10 working days of referral.
- The therapist will offer follow up treatments as required up to a maximum of 12 sessions before review of provision.
- The therapist will provide updates to the weekly case conference meeting regarding assessment and treatment of patients receiving Complementary Therapy.

4.2 Risk Management

- SystmOne will be checked prior to visiting a patient to identify any potential risks to the therapist. The therapist will also telephone the patient prior to visiting as per Nottinghamshire Hospice's Lone Worker Policy (OP001).
- The therapist will undertake a dynamic risk assessment on entering a patient's home to ensure suitability of patient to undergo treatment.

- Verbal or written consent must be gained before the commencement of treatment or if a best interest decision is made this is justified and documented.
- The therapist is responsible for assessing and avoiding or minimising risks to themselves from the home environment including limiting any bending or awkward postures
- Patients will be given a shorter or gentler treatment to ensure they are not left more restricted in movement after treatment or suffer any other side effects eg. dizziness, tiredness. This is particularly important with patients who live alone. If a patient does live alone the therapist will ensure no immediate adverse effects prior to leaving the property.
- The therapist must ensure they have appropriate business insurance on their vehicle to travel to the patient's home.

4.3 Infection Control

- All therapists will adhere to Infection Prevention and Control policy (CS001) and will ensure appropriate use and disposal of PPE.
- Patients will provide their own emollient, if not an unopened in date emollient will be provided by the therapist and left at the patient's home.
- Patients will provide their own towels and cushions.
- Mobile couches will not be used.

4.4 Record-keeping

- SystmOne will be checked before a visit on the day of treatment to ensure a patient is at home and well enough to receive treatment.
- Notes of the treatment to be recorded on SystmOne on the day of the visit.
- Any paper used to record information in the consultation must not identify the patient and is to be shredded or disposed of appropriately.
- Referrals will be made by the therapist to community nurses or GPs via SystmOne if any new clinical needs are identified during the session.
- Case conference records will be held by the Hospice.

4.5 Discharge

- Patients will receive a standard course of 6-12 treatments and a new referral is needed if further treatment is required.
- If a second referral is received this must be discussed at case conference to ensure availability and that therapy services are equitable in terms of access for all hospice users.
- Discharge from the Complementary Therapy service will be accompanied with a discussion and signposting to other hospice services as appropriate.

4.6 Evaluation of service

- A baseline questionnaire will be completed by the patient before treatment commences and reviewed after 6 sessions to assess effectiveness of treatment.
- Evaluation and feedback will be ongoing throughout treatment by the therapist.

- Quantitative measures will be used throughout to evaluate the service as a whole and qualitative case studies to be included in annual reports.
- Evidence from community-based services will be used to inform the model of care going forward that the Hospice provides both on and off its premises.