Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.

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<tr>
<th>Stakeholder organisation (if you are responding as an individual rather than a registered stakeholder please state name here):</th>
<th>[Complementary and Natural Healthcare Council]</th>
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<td>Name of commentator (if you are responding as an individual rather than a registered stakeholder please leave blank):</td>
<td>[Michael Watson]</td>
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<th>Comment No.</th>
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<td>or ‘general’</td>
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<td>Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.</td>
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<td>Example</td>
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<td>The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because….</td>
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<td>1</td>
<td>5</td>
<td>109</td>
<td>The draft scope is proposing to remove complementary therapies from the guidelines and we are responding to challenge this proposal. The provision of complementary therapies is demanded by patients hence the services provided. Approximately 40% of breast and prostate patients use complementary therapies and 20% of patients with other cancers. The evidence and audits are very patient-centred and almost always supportive of the service and what it has to offer (especially the qualitative work and audits). We provide further details in the comments that follow.</td>
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<td>2</td>
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<td>Complementary therapies are provided for patients, service users, carers and family members in almost every cancer and palliative care service in the country. Some of the most renowned cancer and palliative centres such as the Royal Marsden NHS Foundation Trust, Guy’s and St Thomas’s NHS Foundation Trust, St George’s University Hospital NHS Foundation Trust, the Christie NHS Foundation Trust and a wide range of hospices and Macmillan cancer centres provide complementary therapies as an integral part of their supportive and palliative care services.</td>
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| **Comment 2 continued**
Complementary therapies represent a patient-centred holistic approach to supportive and palliative care which precisely meet the definitions included at line 48 of the draft scope:

**Supportive care**: Care that helps the person and people important to them to cope with life-limiting illness and its treatment – from before diagnosis, through diagnosis and treatment, to cure or continuing illness, or death and bereavement.

**Palliative care**: Care towards the end of life that aims to provide relief from pain and other distressing symptoms, integrate the psychological and spiritual aspects of the person’s care, and provide a support system that allows people to live as actively as possible until their death.

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| **Our representative at the NICE stakeholder workshop held on 2 December 2015 expressed concern about the proposal to remove complementary therapies at the workshop, along with many others present including patient representatives, a senior nurse operational manager and a palliative care consultant, and yet this seems to have been disregarded.**

We understand that one of the reasons provided at the workshop for the removal is that the term 'complementary therapies' covers a wide spectrum of approaches which would be difficult to include.

To address this we would suggest confining the scope to those disciplines represented by practitioners on Accredited Registers such as CNHC’s. In order to be approved by the Professional Standards Authority for Health and Social Care as an Accredited Register, the organisation concerned must provide details of the knowledge-base and risks posed by discipline(s) on its register. This ensures that all disciplines represented by Accredited Registers for complementary therapy will meet minimum national standards and will have a clearly defined knowledge-base.

As well as providing a clear rationale for which therapies could be included, the Accredited Registers Programme also ensures that service providers can point service users, carers, families and staff towards practitioners who are suitably trained and qualified.

CNHC is the holder of an Accredited Register and is also the UK voluntary regulator for complementary therapies that was set up with Department of Health support. As such CNHC registration has been a requirement for complementary therapists in many NHS and other supportive and palliative care services around the country to address these very issues. Examples include Guy’s and St Thomas’s NHS Foundation Trust, the Royal Marsden NHS Foundation Trust, St George’s University NHS Foundation Trust, Harrogate and District NHS Foundation Trust and many more.

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Please add extra rows as needed

Please return to: [info@cnhc.org.uk](mailto:info@cnhc.org.uk)

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Comment 3 continued

NICE may wish to be aware of the statement by Parliamentary Under Secretary of State for Public Health Jane Ellison MP speaking in the House of Commons on 3 November 2015:

“Both the Government and the Professional Standards Authority (PSA) recommend that when a patient or service user chooses to visit a health or care practitioner who is unregulated, only those on an accredited register are consulted.”

Rather than remove complementary therapies from the guidelines, surely it would be in the interest of public safety and a duty of care for organisations providing supportive and palliative care services, to have clear guidance about how best to find suitable practitioners, as well as how best to direct service users and their families.

Complementary Therapies are now so embedded in the culture of cancer and palliative care that without proper guidance the door will be left open for ad hoc and unsafe practice, without reference to an evidence base. This would be a retrograde step and impinge on patient care and safe practice.

In terms of evidence, we note that the requirement for research in supportive and palliative care is being removed from the guidelines at line 110, which would appear to mitigate against some of the strongest challenges to the use of complementary therapies in NHS services. Nonetheless, whilst the original guideline acknowledges there are challenges with the evidence-base for complementary therapies it does state at (11.25): “One Cochrane review, however, suggests that aromatherapy and/or massage confer short-term benefits for patients with cancer in terms of psychological well-being and, probably, a reduction in anxiety and some physical symptoms12 [A]. Another found positive benefits for patients with cancer from reflexology in breathing, reduction in anxiety and reduced pain13 [A].” It also notes at 11.26: “...There is some indication that therapies might have the ability to improve patients’ general sense of well-being and quality of life through, for instance, reductions in distress, anxiety, pain and nausea [B].”

This evidence still stands and backs up the rationale for the use of complementary therapies in line with the definitions provided of supportive and palliative care at line 48.

We provide below a number of references for more recent research into the use of complementary therapies in supportive and palliative care.

(Please continue to next page)
Recent research / audit / case studies from the Royal Marsden Hospital

- Dyer J, Sandsund C, Thomas K, Shaw C 2013 Is reflexology as effective as aromatherapy massage for symptom relief in an outpatient oncology population? Complementary Therapies in Clinical Practice 19(3):139-46

(Please continue to next page)
Comment 4 continued.

Further references for relevant research studies below:


Stringer J Donald G (2011) Aromasticks in Cancer Care: An innovation not to be Sniffed at. Complementary Therapies in Clinical Practice. 116-21


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| 4 | 5 | 109 | Comment 4 continued  
Further reference for relevant research articles  
| 5 | 3 | 48 | Complementary therapies are provided in many supportive and palliative care settings precisely because they meet the definitions of ‘Supportive Care’ and ‘Palliative Care’ set out at line 48. We welcome these definitions but question why complementary therapies have been removed from the draft scope. |
| 6 | 3 | 58 - 62 | Line 59 proposes that all settings where NHS care is provided or commissioned be included in the scope.  
However, at lines 61 – 62 the proposal states that ‘supportive and palliative care services commissioned and provided without any element of NHS funding’ will not be covered.  
The exclusion of services which do not receive any element of NHS funding will not be helpful to those delivering services within NHS settings where the services are funded by other sources such as NHS charitable funds. Many complementary therapy services are provided as an integral part of NHS services, and staff are employed on NHS contracts even if the funding is from an NHS charitable or other source. For example, the Sir Robert Odgen Macmillian Cancer Centre in Harrogate is funded through NHS Charitable funds and employs a 0.8WTE complementary therapist on NHS terms and conditions. The same is true of many other services in this sector.  
We therefore suggest that lines 60 – 62 be removed. To specify the setting as set out at line 59 should be sufficient. |

(Please continue to the next page)
We note that at line 186 patient-reported outcomes may be considered when searching for and assessing the evidence. We agree that if services are to be patient-focused then this is an appropriate way to assess the impact of supportive and palliative care services.

To demonstrate some of the results already being achieved by the use of complementary therapies in supportive and palliative care we include details of two services below. The complementary therapies referred to are provided by CNHC registrants.

1) The Sir Robert Ogden Macmillan Centre, Harrogate and District NHS Foundation Trust
This complementary therapy service is set within a new NHS day chemotherapy clinical unit in Harrogate, which opened in March 2014. From the outset, complementary therapies were seen as a key service to be incorporated within the original building design and integral to the health and wellbeing supportive services to be provided.

Complementary Therapy Service
Data collected since 2014 which reflects the complementary therapy activity and outcomes for patients and carers who have accessed the service.
- Number of treatments given = 375 (Average of 5.5 per day)
- Number of people treated = 93
- Number of Patients treated = 88
- Number of Carers treated = 5

Percentage breakdown of the treatments given:
- Reflexology = 64%
- Massage = 24%
- Bowen = 7%
- Reiki = 5%

Reasons for Referral
- Stress / Pain / Lethargy / Insomnia / Anxiety / Low Mood /
- Hot Flushes / Peripheral Neuropathy / Relaxation / Panic Attacks /
- Mobility / Swelling / Watery Eyes / Needle Phobias / Exhaustion

Sources of Referral
- Clinical Nurse Specialists (For 7 different cancer sites)
- SROMC Chemotherapy Unit
- Consultant Oncologist
- Clinical Psychologist
- York Hospital

Evidence impact of Complementary Therapy service

Patients reported Concern 1 improved by 58.4% following treatment
Patients reported Concern 2 improved by 57.4% following treatment
Patients reported their wellbeing improved by 57.7% following treatment

The impact on need for this service has been demonstrated by a 4 month waiting list of over 40 patients requesting treatment.
评论7继续
2) 《Dimbleby癌症护理补充治疗服务》在Guy's和St Thomas's NHS Foundation Trust支持患者，提供一个癌症诊断，来管理物理和心理影响疾病和其治疗。为了评估服务，并附和伦敦癌症联盟的建议，结果措施被实施于实践在2015年5月。下面的是一些结果，七个月的成果的总结。

完成率及范围
在19/05/2015和31/12/2015之间的155份首次形式和48份后续形式被完成。没有后续的形式，因为它们只在患者出席他们的第四和最后一份形式时被完成。结果在下面的完整的设置中被提供，在这两个设置中，首次和后续MYCaW形式被充分完成的患者，去的了在Guy's或St Thomas'的地点的互补治疗门诊的患者。形式被包含在这段分析中，如果患者在首次和后续的MYCaW形式上至少有一个问题（问题2为可选）被填写。4份形式不被包含在这次报告中，因为它们没有被充分完成。

治疗：在门诊提供的治疗包括芳香疗法，按摩，反射学和Reiki。在他们四个会诊过程中，患者可以接受同样的治疗或不同的治疗，同一治疗师或不同的治疗师，同一地点或不同的地点。

结果：定量数据分析
患者的关心1，关心2和生活品质的治疗前和治疗后分数被比较，使用配对样本t检验，一个统计学显著值的切点为p = 0.05 (双侧)。

关心1：统计学显著改善
对于关心1，平均治疗前分数为4.05 ± 1.26 (mean ± SD) 下降到2.24 ± 1.40 (p < 0.0001, n = 44)。

关心2：统计学显著改善
对于关心2，平均治疗前分数为4.19 ± 1.01 (mean ± SD) 下降到2.35 ± 1.80 (p < 0.0001, n = 32)。

生活品质：统计学显著改善
对于生活品质，平均治疗前分数为2.86 ± 1.34 (mean ± SD) 下降到1.98 ± 1.19 (p < 0.0001, n = 44)。

参考文献：
We agree that the views and satisfaction of those receiving supportive and palliative care and those important to them should be taken into account. We provide examples below. All complementary therapy services are provided by CNHC registrants.

1) The Royal Marsden NHS Foundation Trust
Figures for RMH (last full year) April 2014 - March 2015
AromatherapyMassage: 2,850 contacts / 1,083 patients
Reflexology: 368 contacts / 190 patients

The massage therapy service has been in existence at The Royal Marsden since 1988. It has grown to become 5 part time therapists over the two sites which is the clinical equivalent of 2 therapists offering massage / reflexology to In, Out and Day patients Monday to Friday every week, 9-5, one on each hospital site. In addition there are three extra days for the Clinical Lead for Complementary Therapies to organise research, audit, teaching, management etc.

Patients are referred by any member of medical staff, nursing staff, rehabilitation staff or self. Reasons are: pain, anxiety, poor sleep, low mood, nausea, breathlessness, fatigue and other related symptoms.

Reflexology was introduced following a non inferiority randomised control trial involving 115 patients which was conducted to ascertain whether or not reflexology would offer the same benefits to patients as the existing service (ie the aromatherapy massage). As the results showed no statistically significant difference between the two therapies reflexology was introduced three years ago. 'In other words we listened to our patients' requests for reflexology, designed a study to compare the two therapies taking into account the sort of problems our patients bring to the complementary therapy team, and then put the results into practise.' (Jeannie Dyer – Clinical Lead for Complementary Therapies). This research has been published. (Dyer J, Sandsund C, Thomas K, Shaw C 2013 Is reflexology as effective as aromatherapy massage for symptom relief in an outpatient oncology population? Complementary Therapies in Clinical Practice 19(3):139-46).

Sample comments from the patients on this study are included below:
“The fact that the massage has been provided by the hospital makes it more connected to my condition. I felt comfortable enough to talk about my pain. Thank you.”
“The improvement in my lower back pain has been staggering”
“Being able to totally relax and de-stress and not think about my problem. Each treatment left me much more able to take things in my stride and rationalise. Great thinking time in a very positive way. Thank you for letting me be part of this trial, I can’t emphasise enough the benefits of this to a patients wellbeing.”
**Comment 8 continued:**

2) Some patient comments taken from the Sir Robert Ogden Macmillan Cancer Centre reported at comment 6 above. All services were provided by CNHC registrants:

"The treatments were tailored to side effects and symptoms of treatment and they helped alleviate symptoms for me – in particular peripheral neuropathy and watery eyes."

"It helped me to relax and helped to get rid of feelings of depression. Generally improved mood and improved wellbeing."

"Made me as a carer feel cared about."

"My experience was brilliant, it helped with many physical symptoms I was experiencing."

"Reduced anxiety, helped with insomnia."

"Fantastic service really helped manage side effects."

"Relaxing, Improvement in digestion following treatment."

"Very relaxing environment and therapist. Feeling so much better on a daily basis, feeling more in control and stopped crying! Thank you Julie, a thoroughly enjoyable experience"

"Knowing that after my chemotherapy treatment, I could look forward to deep relaxation during my reflexology session of ¾ to an hour for myself, escaping from the world"

"Very good and has helped a lot. Would recommend to other people with chemotherapy, Thank you"

"I think it is a wonderfully, humanising therapy to be able to prescribe and aid promotion of wellbeing"

"Julie has been extremely kind, caring and supportive. I have been grateful for the chance to talk to her about my concerns and have some relaxing, helpful treatments"

"The treatment was wonderful, relaxing and the music is very soothing. Lynn is excellent. Coming for treatments … it really has helped me"

"Whilst it did not ease any of my symptom, (as mine were severe), it did help coming to see Julie for treatment. It was a nice treatment and one I could choose, which is important when you lose control with cancer. It was a very enjoyable and important treatment"

(Please continue to the next page)
We agree that staff satisfaction is an important measure. Here we provide some comments from staff about the supportive therapy service provided by CNHC registrants as part of the Full Circle Supportive Therapy service at St George's NHS Foundation Trust in London. The Full Circle team delivers therapies including reflexology, massage therapy and relaxation training as part of the Trust’s Oncology, Haematology and Paediatrics services. Referrals are authorised by the patient’s clinical or nursing team only. If a patient wishes to self-refer consent is requested and assessed by the clinical or nursing team prior to authorisation of therapy.

“Full Circle Fund therapy team has made a fantastic difference to the wellbeing of our patients. There is no doubt that chemotherapy and particularly bone marrow transplantation create huge anxieties in anyone who is faced with the need. Even with the best clinical care and explanation these tensions remain and the professional expertise of the Full Circle Fund’s Therapy Team has helped so many to relieve the fear and relax the tension.”

Professor Ted Gordon-Smith, MD, FRCP, FRCPath, FMedSci
Professor of Haematology, St George’s Healthcare NHS Trust

The St George’s Transplant programme benefits greatly from the work of the Full Circle Therapy Team who provide a much needed service integral to the well-being and health of my patients. Stem Cell Transplantation is a complex procedure which requires a multidisciplinary team working closely together. I receive extremely positive feedback from my patients regarding the role that Full Circle play in their recovery process. I am certain that the excellence of our transplant programme is in part due to the wonderful and professional work performed by the Full Circle Therapy team. Dr Mickey Koh, MD, PhD, MRCP, FRCPath, Director Stem Cell Transplantation, Consultant Haematologist/Hon Senior Lecturer, St George’s NHS Foundation Trust and Medical School.

“The supportive therapies provided by Full Circle Fund provide patients with a lifeline and often become the highlight of the week. The provision of supportive care therapies is an essential to the holistic management of cancer patients and patients with chronic lifelong debilitating haematological conditions.”

Dr Fenella Willis, MD, FRCP, FRCPath, Consultant Haematologist. St George’s Healthcare NHS Trust

“The beneficial effects of massage therapy, reflexology and breathing techniques have been demonstrated in adult patients with sickle cell disease, who have reported improved well being and have experienced fewer and shorter hospitalizations. We are looking forward to working with Full Circle Fund’s Therapy Team and empowering more young patients and their carers with strategies to allow them to cope with this chronic disease.”

Dr Maria Pelidis, MD. Consultant Paediatric Haematologist/ Oncologist, St George’s Healthcare NHS Trust
### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use.
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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