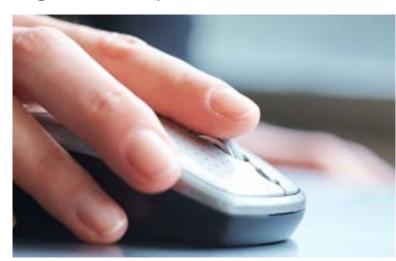




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CNHC Chair Michael Watson

"I hope you had a good seasonal break and have entered 2017 feeling refreshed, renewed or at the very least rested.



This time last year I set out my vision for CNHC over 2016. The key theme that emerged for me during the year was that CNHC registrants are Standing Up for Standards.

I want us to continue that theme this year with a real focus on what CNHC is all about – ensuring that the public has access to complementary healthcare delivered by professional, qualified and insured practitioners.

making headway with this and it is inspiring to hear about the innovations that are coming out of his work.

I – and I think many of you – also have a vision about what's possible for complementary healthcare. I invite us all to embrace David's ambition and dogged determination. Do not

underestimate the difference that one person can make. David, and many others in many

I'm delighted that we have a contribution in our first newsupdate of 2017 from David Gilbert who Margaret Coats and I met at a Professional Standards Authority workshop

last year. David has a vision for the role that patients can play in NHS services. He is

ways, are testament to that.

You know that what you do makes a difference to your patients and clients. What's your ambition for this year? What would let you and your clients know that you had been

Let's keep going together in partnership for the benefit of those who use complementary health services around the UK.

I look forward to hearing how you get on."

Standing Up for Standards in 2017?

David Gilbert on a patient-led NHS

David is a man on a mission. His aim is to change the way healthcare works through patient power – patients and carers working as equal partners to co-design and co-deliver services. CNHC Chief Executive Margaret Coats met David recently and invited him to share more about his work.

David is a former mental health service user, activist and researcher, who went on to become the Head of Patients and the Public at the Commission for Health Improvement (CHI), and Patient and Public Involvement Director at NHS Croydon. He is now Patient Director at Sussex Musculoskeletal (MSK) Partnership across Brighton and Hove, Mid-Sussex and Horsham and Crawley CCG areas – one of two such roles in the NHS.

David's experience as a patient and as a patient 'representative' (a phrase he dislikes) have led him to challenge standard approaches to engagement that, in his words, "change very little. The methods used are based on two main styles - 'feedback' and 'scrutiny'. So patients get to complete questionnaires and go to focus groups — this is equivalent to a child-parent relationship, whereby patients give feedback and professionals (aka parents) get to decide what to do; or 'reps' get slotted into committees. I was once asked 'So, David, what do patients think?' and I thought, 'What, all of them?' I told my story and half of them went to sleep saying this is just anecdote. I got the data and wore a smart suit and the rest of them told me I'd gone native. You can't win — it then becomes an adolescent (shouty shouty) vs. parent relationship because power is not shared. If we're serious about partnership, we need to overhaul the 'engagement industry' that sustains a them vs. us mentality and the status quo"

One of David's messages is to develop patients as leaders, able to influence change through partnership. His approach stems from four basic principles:

- Change mindsets so that people value patients' and carers' contributions
- Shift from traditional approaches to engagement

for patients and carers

- Build, and invest in, the skills of patients
- and carers to influence changeCreate meaningful opportunities and roles



It was this thinking, developed with a number of colleagues, that led to David's role as Patient Director with Sussex MSK Partnership. David commented: "I have oversight of various different patient-focused work programmes and try to make sure they are co-ordinated. I am on the Executive, so have some influence and work with colleagues to create spaces for patients and professionals to come together to focus on what matters – for example in improvement and governance work. Patients can ask difficult questions, challenge assumptions and come up with ideas of how to make things better."

David's approach is challenging the status quo. "There's lots of talk about re-thinking service delivery and re-thinking regulation. I think it's time for us to re-think Patient and Public Engagement. Ironically, this could be the key to unlocking the other two."

You can read David's blogs on patient-led healthcare at: https://futurepatientblog.com/

NICE consultation on how patients and the public can help develop NICE standards and guidance

Perhaps timely that the National Institute of Health and Care Excellence (NICE) is reviewing the way it involves 'lay' people (people who are not health or social care professionals) in developing its guidance and standards. NICE is inviting comments on its proposed new principles and ways of working.

The deadline for responses is: Tuesday 28 February 5.00pm

To find out more and respond to the consultation visit: https://www.nice.org.uk/about/nice-communities/public-involvement/consultation

Massage included in NICE guideline for end of life care for infants, children and young people with life-limiting conditions

NICE has published its final guideline for end of life care for infants, children and young people with life-limiting conditions. Massage has been included under the recommendation for pain management at paragraph 1.3.25 as follows:

You can see the full NICE guideline here: https://www.nice.org.uk/guidance/ng61

1.3.25 Think about non-pharmacological interventions for pain management, such as:

- changes that may help them to relax, for example:
- o environmental adjustments (for example reducing noise)
 - o music

o physical contact such as touch, holding or massage

This is the second guideline which has referred to massage as an intervention. We reported on the mention of massage in the guideline for low back pain and sciatica in our

December 2016 newsupdate.