

## POLICY DOCUMENT

Policy Title:	Clinical services provided by external sources
Policy Group:	Clinical
Policy Owner:	Director of Patient Services
Date reviewed:	June 2024
Review Period:	24 months
Next Review Due	June 2026
Cross References:	Patients' Guide Clinical Protocols and Guidelines Manual Wheelchair
Evidence:	A Complete guide to Clinical Services: Information & Resources 2023
How implementation will be monitored:	Clinical Audit Review of Service Level Agreements
Sanctions to apply for breach:	Further training and guidance Termination of agreements with external providers See also para 5.1 and 5.2
Computer File Ref.	O:risk management: policies: clinical
Policy Accepted by MT	3 <sup>rd</sup> July 2024
Sign-off by CEO	

### 1. STATEMENT OF PURPOSE.

This policy sets out the arrangements made by Holy Cross Hospital to procure clinical services which are not provided by hospital staff on a routine basis. It also describes the hospital's policy on alternative therapies.

### 2. INTRODUCTION.

The long-term nature of many of the disorders treated at Holy Cross Hospital may lead to additional treatments from external clinicians or practitioners being necessary. In some cases, patients or families may seek additional treatments. This may be traditional forms of treatment from doctors and professions allied to medicine or other forms such as acupuncture, faith healing, reflexology, homeopathy, herbal medicines, aromatherapy, and massage. For the purposes of this policy the other forms will be referred to collectively as alternative therapies.

### 3. POLICY STATEMENT.

The Hospital does not directly provide certain clinical services and makes arrangements through others as the need arises.

In principle Holy Cross Hospital has no objections to the use of complimentary therapies but the nature of the treatment must not have the potential to cause harm to the patient or interfere with clinical management. The patient's Consultant in consultation with the clinical team will make the relevant assessments at all stages.

All external services are to be provided to a high standard regularly monitored and subject to periodic review to ensure they represent the best practice.

#### **4. TRADITIONAL SERVICES.**

The services currently identified by the Hospital are set out with details of how to secure them.

##### **4.1. Clinical Neuropsychology.**

The hospital has a service level agreement with a Consultant Neuropsychologist under which it obtains advice and treatments for specific patients as well as providing training and support for the clinical team. The Director of Patient services is responsible for making arrangements for individual patients to be seen for assessment or treatment by the Consultant Neuropsychologist.

##### **4.2. Dietetics.**

The Hospital has a Service Level Agreement with a State Registered Dietician who visits twice monthly to monitor nutritional status of all patients and provide training and support for the clinical team and the catering department.

##### **4.3. Occupational Therapy and Speech and Language Therapy.**

The Hospital has a Service Level Agreement with an Occupational Therapist and a Speech and Language Therapist under which it obtains advice and treatments for specific patients as well as training and support for the clinical team. The Director of Patient Services is responsible for making arrangements for individual patients to be seen for assessment or treatment by the Occupational Therapist and Speech and Language Therapist.

##### **4.4. Music Therapy and Foot Massage.**

Music Therapy and Foot Massage are not provided as part of the service of Holy Cross Hospital but the hospital arranges for a suitably qualified person to attend to provide service requested by patients and their families. "Best interests" decisions are made by the hospital Medical Consultant in consultation with MDT and close family where possible on behalf of patients who lack capacity. In other cases, the Medical Consultant will work with patients to ensure services are available to meet assessed needs.

##### **4.5. Wheelchair Services.**

Whenever possible, arrangements will be made for the patient to be provided with a suitably specified wheelchair, if required, at the time of admission. Failing this, and in the event of a patient's needs changing, the Physiotherapist or Occupational Therapist will make contact with the relevant NHS wheelchair service. In the case of patients who are not funded by NHS, the Physiotherapist or OT will provide advice as required. The owner of a privately purchased wheelchair is responsible for all costs including routine maintenance.

#### **4.6. Foot Care.**

Specialist Foot care is not provided as part of the services of Holy Cross Hospital but the Hospital arranges for a suitably qualified person to attend to provide services required by patients. "Best interests" decisions are made by Ward Managers in consultation with close family members where possible on behalf of patients who lack capacity. In other cases, the Ward Manager will work with patients to ensure services are available to meet assessed needs.

#### **4.7. Dentistry.**

The Hospital has an agreement with local Dentist to undertake regular domiciliary visits to ensure all patients have dental checks on a regular basis.

If urgent treatment is required, an appointment should be arranged via the Ward Manager.

The dentistry service is provided under NHS domiciliary arrangements and patients are required to pay the NHS fee, as this service is not considered part of the package of services that the Hospital contracts to provide. Patients may make their own arrangements for dentistry with agreement of the Director of Patient services.

#### **4.8. Audiology.**

NHS hearing services are available through Haslemere Hospital where patients are normally required to attend the hospital for hearing tests and prescription of appliances.

#### **4.9. Optical Services.**

Patients who require eyesight tests will seek referral to an optometrist or ophthalmic optician of their choice. If preferred the Ward Sister may make arrangements on a patient's behalf.

Patients may be eligible for free eye tests (and spectacles if required) but many will have to pay.

#### **4.10. Pathology.**

Services are provided through local NHS services - Berkshire & Surrey Pathology Services.

#### **4.11. Radiology and Other Diagnostic Imaging.**

For NHS-funded patients, diagnostic radiology, MRI and CT Scanning is provided through local NHS services unless patients choose to buy the service privately.

### **5. COMPLIMENTARY THERAPIES.**

The Hospital reserves the right to refuse to allow complimentary therapy treatments on its premises but will not do so unreasonably.

All requests for complimentary therapies must initially be made to the Director of Patient Services who will discuss the request with the Consultant and the clinical team at the multi-disciplinary team. At this point a decision will be made to allow therapy or not. In some cases, the decision may be delayed to enable further research into the therapy being

requested. The medical Consultant will inform the patient or family member of the decision and explain the rationale for the decision.

For patients who have mental capacity, the request must come from the patient alternatively a family member with the consent of the patient. For patients who lack capacity the request may come from a family member, the Consultant in consultation with the multidisciplinary team will make a 'best interest decision' on the patient's behalf.

#### **5.1. Action to be taken if therapy is provided without agreement**

The therapist/individual offering the therapy will be informed verbally and in writing that therapy without agreement is unacceptable and must cease until agreement is reached. The person will be invited to meet the Consultant and Director of Patient Services. The situation will also be discussed with the patient and/or family member.

#### **5.2. Action to be taken if therapy persists without agreement**

The patient and family member will be informed in writing that the therapy is unacceptable and does not conform to hospital policy and the hospital will not accept responsibility for any complications, which may relate to the additional therapy. The therapist may be asked not to visit Holy Cross Hospital for any reason.

### **6. GOVERNANCE**

#### **6.1 Registration certificate and checks**

Full certified information regarding the qualifications, insurance and indemnity cover of the person offering the therapy will be required. A criminal records disclosure will also be necessary, the cost of which will be borne by the person requesting the therapy. Before commencement of therapy the person offering it must provide a written protocol, which includes:

- Exact description of the therapy
- Desired effects
- Duration of each session and number of proposed sessions
- Dates and times of proposed sessions
- Known side effects
- Agreement confirming feedback will be provided to the Consultant

The Consultant and clinical team will decide on a review period and all information will be stored in the patient's file. Therapy will not commence until all documents have been provided and deemed satisfactory by the Director of Patient Services.

The professional will be required to use appropriate outcome measures that are valid and reliable and monitor the effects of treatment. Appropriate documentation must be completed after each session.

#### **6.2 Information provided to patients and relatives**

The professional or practitioner is expected to provide information to patients and relatives in an objective manner. If unsure they need to arrange a meeting to discuss and clarify any issues.

## 7. REVIEW

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

The policy will be reviewed every two years or earlier if required to ensure that the system described continues to provide an effective framework for providing safe treatments using external professionals.

### Appendix 1 –Equality impact Assessment (EIA) Tool

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	<b>Sex</b>	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability- both mental and physical impairments	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	Is the impact of the policy/guidance likely to be negative?	No	
4.	If so can the impact be avoided?	N/A	
5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
6.	Can we reduce the impact by taking different action?	N/A	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	

#### Review

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

The policy will be reviewed every 2 years to ensure that the system described continues to provide an effective framework for clinical services provided by external sources.