

Date of meeting:	6 February 2019	Tower Room 46-48 East Smithfield London E1W 1AW
Time of meeting:	12.30 to 16.00	

Minutes – Open Session

Present: Michael Watson (MW) (Chair), Sarah Grant (SG), Tara Willmott (TW), Denzil Johnson (DJ)
Margaret Coats (MC) (Chief Executive), Carolyn Watson (CW) (Communications Manager), Evette Roberts (ER) (Head of Quality Assurance)

1 Welcome

2 Apologies for Absence

Lynne Gray (LG), Sheila Inglis (SI), Meghan Mari (MM), Jane Nodder (JN), Bea Teuton (BT). Proxy forms were held by MW for LG, SI, JN and BT.

3 Declaration of interests

No interests were declared.

4 Minutes of Open session held on 24 October 2018

The Minutes were agreed, subject to minor typographical errors.

5 Matters arising

5.1 Review of actions agreed at 24 October 2018 meeting

Members noted that apart from the item scheduled for July 2019, all other actions have been completed except the appraisals of the Chair and Vice Chair, which are in hand.

6 Governance

6.1 Update on appraisal of Board members

Members noted this was a very productive process, identifying the specific contributions Board members will make to the delivery of CNHC's strategic objectives.

6.2 Review of Vexatious Complaints Policy

Members considered the detailed content of this Policy, which was published in August 2014. It was agreed that

- no changes were necessary
- the following wording should be added at the end of the document 'Reviewed February 2019 (no changes were necessary)'

6.3 Proposed amendment to CPD Guidance

Following consideration of the content of the paper, Members agreed that the current wording in section 3, which reads "The other five hours must be more general learning ..." should be amended to "The other five hours may be more general learning..."

7 Complaints

7.1 Members noted that currently there are no complaints under consideration.

8 Professional issues

8.1 Timetable for development of final tranche of core curricula

Members noted that

- work has been completed or is in progress on core curricula for 10 of the 16 disciplines on the CNHC Register and meetings are being arranged with the Profession Specific Boards for five more disciplines.
- there is an issue to be resolved with the remaining discipline (Craniosacral Therapy) because currently there are no PSB members. All relevant CNHC registrants are being contacted, to identify up to four who are willing to perform this role.

9 Operational Activities

9.1 Activities Report

Members expressed appreciation of the high volume of work by staff covered in the report. In addition to regular publications, articles and extensive use of social media, of particular note were

- news about CNHC's increasing number of Local Champions
- a successful joint initiative with PSA, leading to publication in the NHS GP Bulletin of key messages about the potential of practitioners on Accredited Registers to support the primary care workforce.

10 Wider regulatory matters

10.1 Outcome of Charity Commission consultation on use and promotion of complementary and alternative medicine

10.1.1 Members welcomed the long-awaited outcome of this consultation, which helpfully recognises that evidence of medical efficacy is not the only way in which CAM organisations might demonstrate that they provide public benefit.

10.1.2 Members noted that the Commission also published a document setting out how issues raised in the consultation responses had been addressed. This document includes the following statement

"We have recognised that some types of benefit (particularly in the areas of relief, support and comfort to patients) may be evidenced by reference to what might be termed subjective evidence, based on patient reported outcomes."

10.1.3 The Commission has updated its operational guidance for case workers to use when considering new applications from CAM organisations. Its preliminary view is that for the vast majority of registered CAM charities, no action will be needed.

11 All-Party Parliamentary Group for Integrated Healthcare – Report to Parliament

11.1 Members welcomed this interesting report, which covers a wide range of issues and noted that MC was very involved in the aspects focussed on complementary therapies, rather than alternative medicine.

11.2 Members noted that of the 14 recommendations the following four are the most directly relevant to CNHC and our registrants.

Raising Standards

The PSA and government should engage more fully to engender active political support for the Accredited Registers scheme, and PSA should continue to explore ways of publicising the registers more widely to make maximum use of the opportunities this scheme brings.

The PSA should ensure that smaller organisations that wish to join the Accredited Registers scheme are advised on, and supported in potential clustering, and not excluded on cost grounds.

Evidence Base and Research

NICE guidelines are too narrow and do not fit well with models of care such as complementary, traditional and natural therapies, and should incorporate qualitative evidence and patient outcomes measures as well as RCT evidence. Complementary, traditional and natural healthcare associations should take steps to educate and advise their members on the use of Measure Yourself Medical Outcome Profiles (MYMOP), and patient outcome measures should be collated by an independent central resource to identify for what conditions patients are seeking treatment, and with what outcomes.

Cancer Care

Every cancer patient and their families should be offered complementary therapies as part of their treatment package to support them in their cancer journey.

Cancer centres and hospices providing access to complementary therapies should be encouraged to make wider use of Measure Yourself Concerns and Wellbeing (MYCaW) to evaluate the benefits gained by patients using complementary therapies in cancer support care.

Co-ordinated research needs to be carried out, both clinical trials and qualitative studies, on a range of complementary, traditional and natural therapies used in cancer care support.

Cost Savings

The government should run NHS pilot projects which look at non-conventional ways of treating patients with long-term and chronic conditions affected by Effectiveness Gaps, such as stress, arthritis, asthma and musculoskeletal problems, and audit these results against conventional treatment options for these conditions to determine whether cost savings and better patient outcomes could be achieved.

11.3 Members acknowledged that it is too soon to say what traction might be achieved in progress towards integration of complementary and mainstream healthcare

12 Horizon scanning

Members agreed that Social Prescribing should be added to the Healthcare Sector-specific issues.

13 Any other business (must be agreed with Chair in advance of meeting)

There was no other business.

14 Further meeting dates for 2019

24 April, 24 July and 23 October 2019.