



Dorset County Hospital
NHS Foundation Trust

Clinical Audit Report

Project Title:

DCH Fortuneswell Clinical Reflexology - Cancer Services

Specialty/service:

Cancer Services

Division:

Urgent & Integrated Care Division (A)

Audit Registration Number:

#4923

Project Team	Name	Job Title	Email	Contact No.
Project Lead	Abi Orchard	Lead Cancer Nurse	<i>Hidden.</i>	4639
Audit Lead	Abbigail Langstone-Wring	Complimentary Practitioner – Clinical Reflexologist	abbigail.langstone-wring@dchft.nhs	4639

Specialities Involved: Cancer Services

Data Collection Period: 01/01/2019 – 31/03/2020

Date Audit Submitted: 13//03//2020

Care Group: Intergraded & Holistic Care Group (2)

Clinical audit report

Background/rationale

- A Clinical Foot Reflexology CFR service funded by the Fortuneswell Cancer Trust FCT was introduced to DCH Cancer Service for cancer patients to access 3hrs per week in Nov 2014. Findings from a data collection of DCH Fortuneswell cancer patients in 2015 (audit project 3825) concluded CFR to be a therapeutic intervention for patient perceived levels of stress and anxiety in patients receiving cancer treatment.
- Beneficial physiological patient perceived outcomes included lower limb to toe symptom relief of reduced swelling, improved feeling and increased flexibility following CFR treatment (1)
- The service operates (2019) Mon-Fri service (20hrs per week) divided between two reflexologists.
- Reflexology was categorized by a House of Lords select committee in 2000 as a Group 2 complementary therapy and defined as fulfilling an important role in relieving stress and symptoms associated with side effects from cancer treatment. (2). In 2009 reflexology was freely available to cancer patients in 62% of UK NHS clinical cancer units. (3)
- Recognised as an avenue for human touch; reflexology can be delivered anywhere, requires no special equipment, is non-invasive and does not interfere with patient privacy. (4) Supported by evidence of safety and efficacy (5) reflexology has shown to be effective in reducing anxiety and promoting relaxation in cancer patients. (4)
- Physiological symptom relief in this patient group is by reducing peripheral neuropathy (6) decreasing pain (7) nausea, vomiting and fatigue. (8). Founded on holistic principles and described as a complex method of foot massage; reflexology incorporates the application of gentle yet firm pressure (9) to mapped areas on the feet thought to link through neural pathways to organs and systems of the body. (1) Supported by reflexology studies that propose the action of reflexology is via Dermatomes (an area of skin supplied by sensory neurons that arise from a single dorsal root of a spinal nerve) (10) and the Neuromatrix Theory of pain (afferent impulses given by touching and applying pressure being transmitted faster than pain in the dorsal root of the medulla spinalis block the transmission of pain) (11).
- Cancer patients report physical and emotional benefit and improved quality of life following reflexology treatment. (12)
 1. A Langstone-Wring. P Machin. Measuring patient response to clinical foot reflexology (CFR) delivery within a UK NHS cancer service. International Therapist. 2018 fht.org.uk/IT-124-RR-CFR 2018
 2. McCullough JEM, Liddle SD Sinclair M, Close C, Hughes CM 2014 The physiological and biochemical outcomes associated with a reflexology treatment: a systematic review. Evidenced Based Complementary and Alternative medicine 2014 1-16 article ID502123
 3. Smith T 2014 A personal Research Journey. Reflexions 17 13.
 4. Quattrin R Zanini A. Buchini S. Turello D. Annunziata MA. Vidotti C. Colombatti A. Brusaferrero S 2006 Use of reflexology foot massage to reduce anxiety in hospitalized cancer patients in chemotherapy treatment: Methodology and Outcomes. Journal of Nursing Management 14. 96-105.

5. J.I.Kim, M.S.Lee, J.W.King, D.Y.Choi, E Ernst. Reflexology for the symptomatic treatment of breast cancer : a systematic review . Integ Cancer Ther 9 (2010) 326-330
6. S.Y.Lee, Y.H.Ham, O.H.OK, E.J.Kim, I.G.Kwon, M.S.Hwang, M.S.Cho The effects of foot reflexology on peripheral neuropathy, symptom distress, anxiety and depression in cancer
7. L. Grealish. A. Lomasney, B.Whiteman. Foot Massage. A nursing intervention to modify distressing symptoms of pain and nausea in patients hospitalized with cancer. (2000) Cancer Nursing 23, 237-43
8. J.H.Yang. The effects of foot reflexology on nausea, vomiting and fatigue of breast cancer patients undergoing chemotherapy. (2005) Yeahan Kanho Hakhoe Chi, 35, 177-85 (In Korean)
9. D.Tiran, P A Mackereth Clinical Reflexology : a guide for integrated practice. 2nd ed. Elsevier Churchill Livingstone London 2011
10. MW Lee. RW McPhee. MD Stinger. An evidence- based approach to human dermatomes. Clin Anat 2008 July21 (5) 363-73
11. SW Debyshire. Weploring the pain neuromatrix. Curr Rev Pain 2000 4 (6) 467-77
12. G.Wyatt,A.Sikorskii, M.H. Rahbar, D.Victorson, M.You, Health related QoL outcomes: A reflexology trial with patients with advanced stage breast cancer. Oncol.Nurs. Forum 39 (2012) 568-577

Aim/ Objectives

To evaluate the complementary therapy clinical reflexology service operating within NHS DCHFT Cancer Service: From the patient perspective.

Identifying patient concerns and evaluate patient perceived outcomes.

1. Data collection/effectiveness of evaluation form.
2. Identification of patient concerns.
3. Patient reported outcome measures.
4. Patient experience comments regarding
 - a. Service
 - b. Beneficial Effect
 - c. Therapeutic Effect

Standards/guidelines/evidence base

Clinical Reflexology Service Policy 1841 Clinical Guidance.

All Patients will be able to measure improvement on their symptom scores following clinical reflexology treatment.

Sample

Male and Female oncology patients receiving cancer treatment at NHS DCHFT
age range >18 to >75

Audit type

Service Evaluation.

Methodology – including data collection methods

Oncology patients admitted to the Fortuneswell Ward, outpatients receiving Chemotherapy and/or Radiotherapy were deemed eligible to access the reflexology service.

The reflexology service was trialled at radiotherapy site 12 Aug - 31st Dec 2019 trial data (162) is included in this audit report. Patients excluded from reflexology treatment on clinical/medical advice.

Exclusion criteria:

1. Open wounds, ulcers or sores on the lower legs/feet.
 2. Recent un-medicated diagnosis of DVT.
 3. Un-diagnosed skin rashes/allergy.
 4. Isolated infectious patients.
 5. Patients unable to understand/communicate.
 6. Patients with suspected bone (spinal) fractures.
-
- Daily the reflexologist will introduce themselves to the senior member of staff on duty at each clinical site.
 - Patients deemed unfit for reflexology will be identified.
 - All remaining patients will be approached by the reflexologist and verbally offered reflexology with explanation of the therapy.
 - A Patient Information Leaflet is available for patients to keep and take away
 - - (Appendix 1).
 - A consent/evaluation form is used at every reflexology treatment (Appendix 2).
 - The form has been adapted from Measure Yourself Concerns and Wellbeing (MYCAW) tool.
 - The form provides space for consent (patient and therapists initials).
 - Identification of delivery site Ward, Chemotherapy Radiotherapy.
 - On the reverse side patients identify their concern(s), physiological or psychological and award their concern a numerical value on a simple scale of (low) 1-10 (high) pre and post reflexology treatment.
 - Patients are requested to indicate age, sex, and service recommendation. Space is provided for patient experience comments.

Reflexology Method

- The length of each reflexology treatment is adjusted to meet individual patient needs.
- The maximum time per patient is 20 mins.
- The medium of grape seed oil is used to deliver the reflexology.
- The patients are sat with elevated legs. Footwear is removed and both feet refreshed with wet-wipes. Starting with the right foot then the left foot an adapted sequence of massage movements are applied. The adapted sequence follows guidelines set out in the FHT VTCT Reflexology Manual level 3. However, certain movements have been omitted and a more even pressure applied over the feet in place of organ specific pressure being applied given the complexities and frailty of some in this condition specific group. The ethos of the treatment is to encourage a deep sense of relaxation. The sequence is standardized by the reflexologists ensuring continuity across all 3 sites. Data is collected via the consent/evaluation form. Entered onto a spread sheet, analysed and presented in this report.

Exceptions

No

Key findings

Key Findings	
1.	Evaluation Form Responses = 2078
2.	Issues were identified during data collection and processing of the Evaluation/Consent form: Some patient initials were un-readable; some patients for reasons of physical incapacity found it difficult to complete the form, Some misunderstood the numerical scale and did not correctly score the level of their concern after reflexology. Some were confused by the word “optional “when identifying their concern.
3.	Chemotherapy patients - 50.10%, Ward patients 42.11% Radiotherapy patients - 7.80%
4.	Age range of service users: 61-75yrs = 48.80%, 46-60yrs = 25.99%, over 75yrs = 21.03%, 30-45yrs = 3.51%, under 30yrs = 0.67%
5.	Gender of Service Users: Female = 70.60%, Male = 29.40%
6.	Service User identified concerns: Anxiety = 45.62%, Pain = 22.81%, Swellings = 10.56%
7.	Service User perception of their concern before reflexology ranged from 1 (low) to 10 (high): 10.07% = 10, 17.90% = 8, 16.12% = 7.
8.	Service Users scored their experience after reflexology scoring was as follows: 28.78% = Low (1), 23.77% = 2; 17.18% = 3;
9.	The difference between the Before and After scores are shown as the differential with the <u>greatest number of patients 20.98% indicating a drop of 4 points</u> 20.36% a drop of 3 points and 16.12% a drop of 5 points in the level of their concern after reflexology
10.	2502 Patient Experience Comments were collated and categorized; a) Service. 663 Patient commented on the service with 126 rating the service “excellent” 25 suggested two service improvements privacy /designated room. b) Beneficial Effect. 247 Patients commented on physical symptom change with the highest number 36 citing a reduction in “pain” after reflexology c) Therapeutic Effect. 954 Patients commented on how they felt after reflexology 517 cited “relaxed”

Key conclusions

1. The evaluation/consent data collection form has shown effective in the main however some issues were identified.
2. Re-wording will be addressed in the discussion and recommendations.
3. Data findings indicate that the reflexology service is performing well at the two primary sites, Chemotherapy (1041) and Ward (875) and encouraging patient numbers (162) accessed the service from the trial period Aug-Dec at the Robert White radiotherapy site.
4. Based on these findings a regular and sustained service will be recommended.
5. There were no negative comments on the reflexology service, however 25 patients did suggest service improvement with 10 citing improvement to privacy and 15 suitability of space.
6. Some chemotherapy patients expressed disappointment when unable to access the service through time limitations and high demand. Overall 638 patient experience comments on the reflexology service were positive with 126 rating the service in 22 categories of their own words.
7. The greatest number 126 rating the service as excellent, 91 wonderful, 54 helpful and so on. Comments were also complementary of the professionalism, care, compassion and personal approach of the reflexologists.

8. The top three patient identified concerns were Anxiety (45.62%) Pain (22.81%) and Swelling (10.59%).
9. 1839 Patient experience comments supplied evidence that 954 found that reflexology had an overall therapeutic effect on anxious patients with 517 reporting feeling relaxed and 149 de-stressed after reflexology.
10. Of 247 Patient reported symptom improvement after reflexology 36 patients perceived improvement in Pain, 32 in Swelling 24 in Peripheral Neuropathy.
11. Without empirical evidence to substantiate symptom change these audit findings although subjective do have value as Patient Reported Outcome Measures (PROMS).

PROMS: as tools to inform audit of a complementary therapy service in a clinical environment = to shape good practice. E Nelson. E Eftimerska. C Lind.A Hagar. J Watson. S Linblad. Patient reported outcome measures in practice BMJ 2015 350:g 7818

Discussion

1. Suggested amendments to evaluation/consent forms.
2. Approach funder (Fortuneswell Cancer Trust) with proposal to enable regular and sustained reflexology service for radiotherapy patients at RobertWhite Centre site.
3. Encourage communication between reflexologists and clinical staff to enable appointed prioritization of patients depending on need. This improved practice may address identified privacy and capacity issues and support provision of a designated room (Complementary Therapy Room).
4. Proposed research collaboration with specialist nurses to gather evidence of the beneficial effect of reflexology on cancer patient identified concern symptoms.

Recommendations

By March 31st 2020 Amendments to the Evaluation/Consent form (see appendix)

- 1.Space for patients initials to include wording "Capitals"
- 2.Reflexologists to initial scoring to indicate patient unable to complete form.
3. Scoring scale to include the wording Better (indicating low score) and Worse (indicating high score) after reflexology
3. Removal of the word "optional" after identification of concern._

Service improvement

1. By Jan 1st 2020 Provision of regular and sustained appointment system reflexology service for radiotherapy patients attending Robert White Centre.
2. By Jan 1st 2020 Reflexologists advised daily by clinical staff of oncology patients prioritized according to need.
3. Designated room made available for referred patients requiring appointment or privacy.
4. By April 30th 2020 Reflexology/Lymphoedema research protocol under review.

How does this audit improve patient care?

The Audit provides evidence of what changes are needed to improve patient care and offers solutions as to how they might be achieved.

1. By simplifying the evaluation/consent process.
2. By providing evidence to support a funding application for a regular and sustained reflexology service to radiotherapy patients.
3. By implementing a daily communication between reflexologists and clinical staff. Identified priority patients (according to need) will be appointed reflexology.

4. By providing evidence of the need for a designated room (Complementary Therapy Room) to deliver referred priority patient appointed treatment. To address patient identified issues of privacy and demand to avoid patient disappointment.
5. By producing a body of evidence to support research studies in collaboration with specialist nurses in areas of concern identified by cancer patients. Eg : Pain (physiotherapy dept) Swelling (lymphoedema dept) Peripheral Neuropathy (diabetes dept)

Learning points

1. Personal resilience and patience needed to cope with the complexities of integrating a complementary therapy service into an existing NHS DCHFT Cancer Service.
2. The need for support and guidance from non-clinical staff to smooth the process of integration.
3. The importance of collaboration between clinical staff and reflexologists on all levels to enable the service to function efficiently.
4. Need for simplicity and clarity for an evaluation/consent form to be an effective data collecting tool.

Appendix:

Data Collection Tool.

Clinical Audit Action Plan

Project Number:	4923				
Project title	Clinical Reflexology				
Action plan lead	A.Langstone-Wring	Title:	Complementary Practitioner/Clinical Reflexologist	Contact:	

Ensure that the recommendations detailed in the action plan mirror those recorded in the "Recommendations" section of the report. These should be agreed with the Project Lead.

The "Actions required" should specifically state what needs to be done to achieve the recommendation. All updates to the action plan should be included in the "Comments" section. **Re-audit should not be listed as a recommendation**

Recommendation	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Comments/action status (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see Key)
1. Amendments to Evaluation /Consent form	Amend wording	March 31 st 2020	AL-W	Completed	3
2. Provision of regular sustained service to Radiotherapy patients.	Hours agreed. Funding secured Reflexologist in place.	Jan 1 st 2020	AL-W	Completed	3
3. Daily communication with clinical staff to prioritise patient based on need	Dialogue with chemotherapy staff	Feb 2020	AL-W	Completed	3
4. Secure a designated room for patient appointments and privacy	On-going request for suitable room	????	AL-W	Not yet actioned. On-going issues with room availability.	1
5. Research protocol under review	None	April 30th 2020	AL-W	In-progress	2

KEY (Change status)

- 1 Not yet actioned
- 2 In Progress
- 3 Completed
- 4 Escalated

Appendix – Data Analysis

Evaluation Form Responses	2078
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Site	
Ward	875
Chemotherapy	1041
Radiotherapy	162
Total	2078

% Site	
Ward	42.11%
Chemotherapy	50.10%
Radiotherapy	7.80%
Total	100.00%

Concern before Reflexology	
Anxiety	948
Breathlessness	52
Constipation	10
Fatigue	71
Nausea	33
Pain	474
Peripheral Neuropathy	105
Sleeplessness	50
Swelling	220
Other	115
Total	2078

% Concern before Reflexology	
Anxiety	45.62%
Breathlessness	2.50%
Constipation	0.48%
Fatigue	3.42%
Nausea	1.59%
Pain	22.81%
Peripheral Neuropathy	5.05%
Sleeplessness	2.41%
Swelling	10.59%
Other	5.53%
Total	100.00%

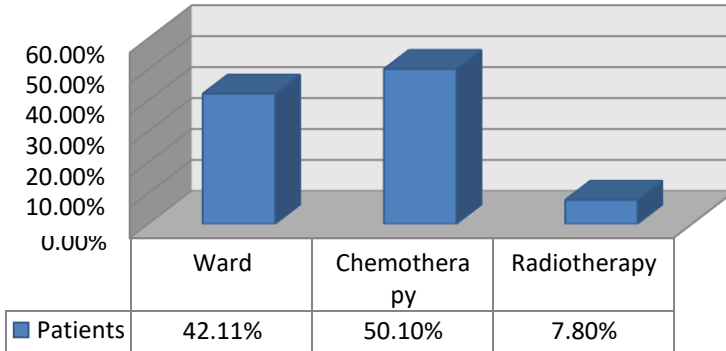
Sex	
M	611
F	1467
Blank Cells	0
Total	2078

Sex	
M	29.40%
F	70.60%
Blank Cells	0.00%
Total	100.00%

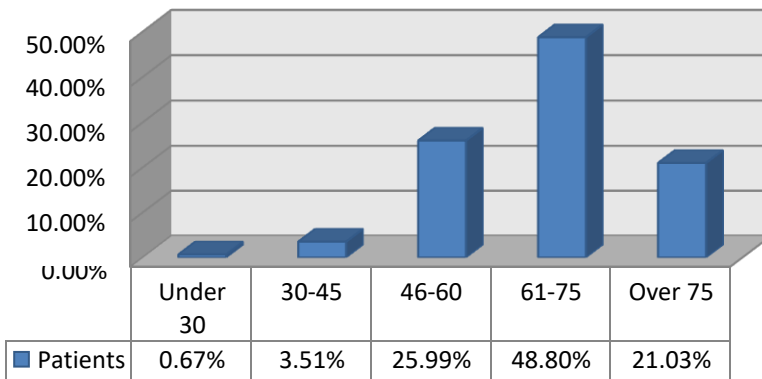
Age Range	
Under 30	14
30-45	73
46-60	540
61-75	1014
Over 75	437
Blank Cells	0
Total	2078

Age Range	
Under 30	0.67%
30-45	3.51%
46-60	25.99%
61-75	48.80%
Over 75	21.03%
Blank Cells	0.00%
Total	100.00%

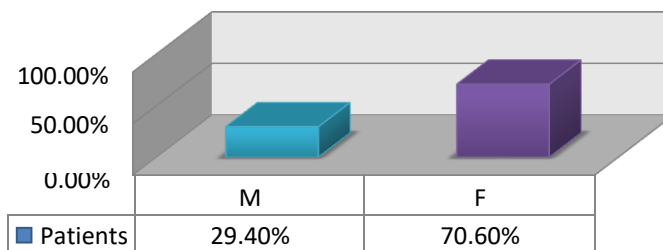
DCH Patients who received clinical reflexology - location (n=2078)



DCH Patients who received clinical reflexology - age range (n=2078)



DCH Patients receiving clinical reflexology - gender (n=2078)



Before Reflex	
0	0
1	1
2	57
3	97
4	149
5	231
6	259
7	335
8	372
9	243
10	334
Total	2078

Low
Concern

High
Concern

After Reflex	
0	0
1	598
2	494
3	357
4	289
5	185
6	88
7	36
8	25
9	6
10	0
Total	2078

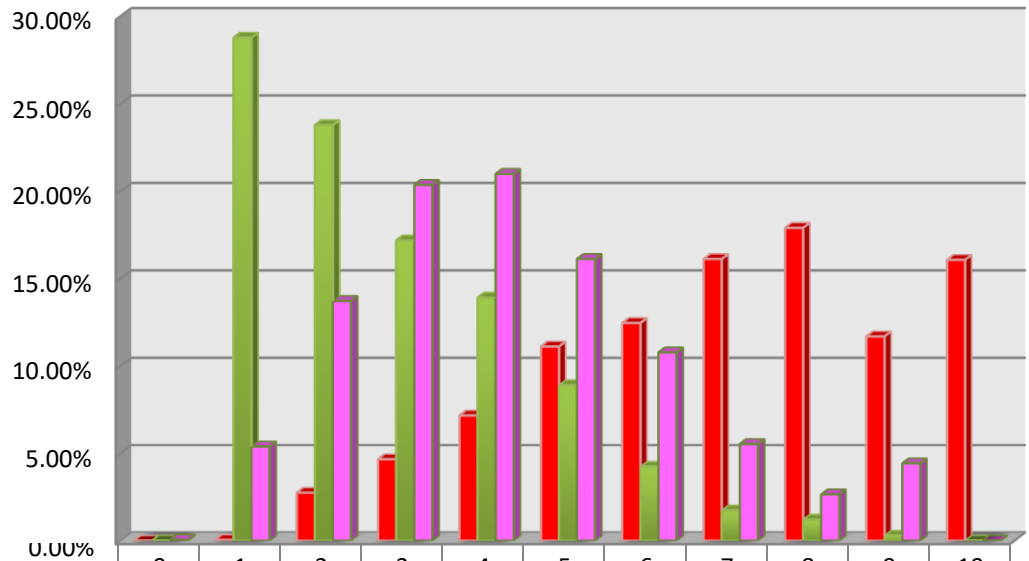
Before Reflex	
0	0.00%
1	0.05%
2	2.74%
3	4.67%
4	7.17%
5	11.12%
6	12.46%
7	16.12%
8	17.90%
9	11.69%
10	16.07%
Total	100.00%

After Reflex	
0	0.00%
1	28.78%
2	23.77%
3	17.18%
4	13.91%
5	8.90%
6	4.23%
7	1.73%
8	1.20%
9	0.29%
10	0.00%
Total	100.00%

Differential Before & After		
0	1	Low Concern
1	112	
2	285	
3	423	
4	436	
5	335	
6	224	
7	115	High Concern
8	55	
9	92	
10	0	
Total	2078	

Differential Before & After	
0	0.05%
1	5.39%
2	13.72%
3	20.36%
4	20.98%
5	16.12%
6	10.78%
7	5.53%
8	2.65%
9	4.43%
10	0.00%
Total	100.00%

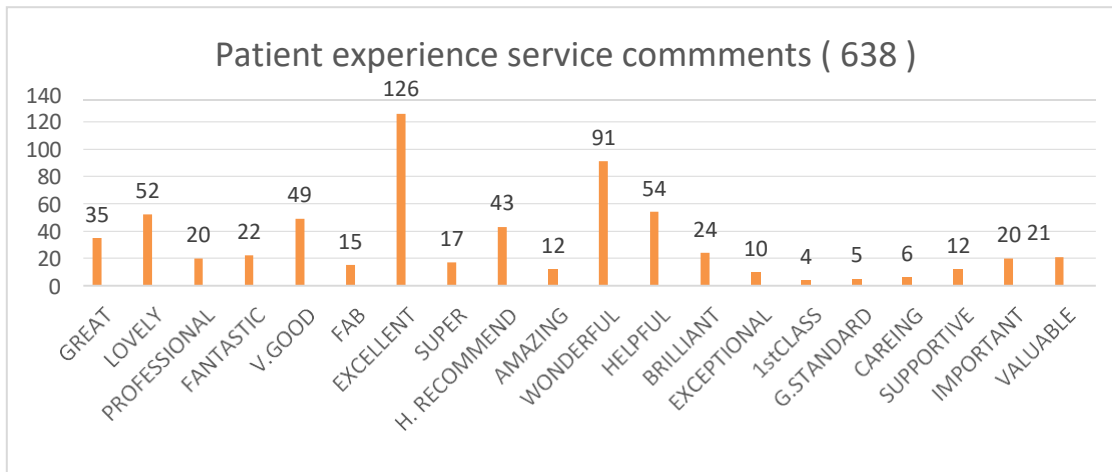
Differential of before & after reflexology treatment (n=2078)



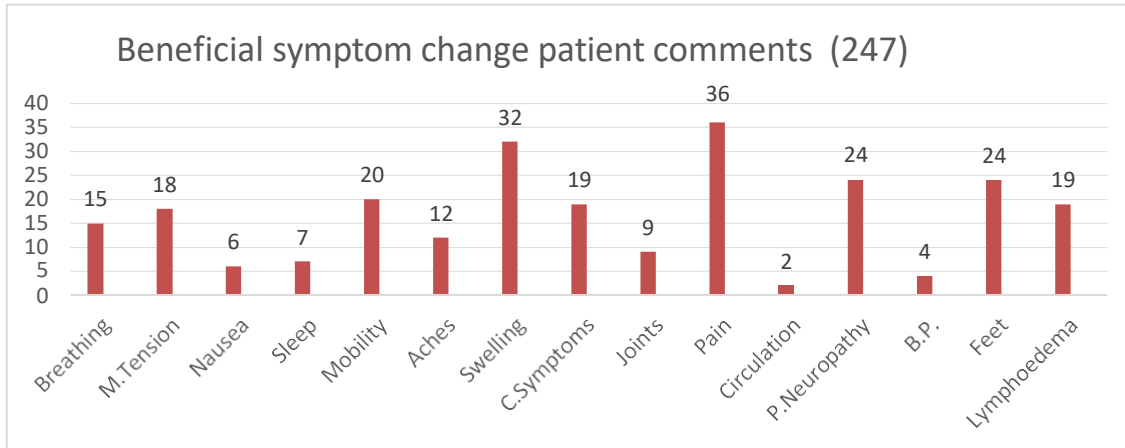
Before treatment	0.00%	0.05%	2.74%	4.67%	7.17%	11.12%	12.46%	16.12%	17.90%	11.69%	16.07%
After treatment	0.00%	28.78%	23.77%	17.18%	13.91%	8.90%	4.23%	1.73%	1.20%	0.29%	0.00%
Differential of before & after	0.05%	5.39%	13.72%	20.36%	20.98%	16.12%	10.78%	5.53%	2.65%	4.43%	0.00%

PATIENT EXPERIENCE COMMENTS: (1839)

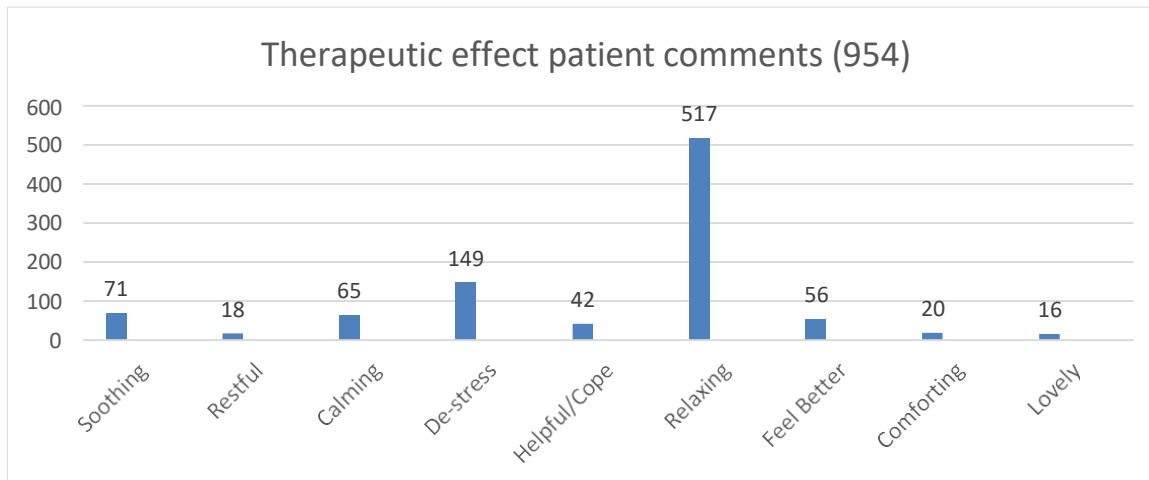
PATIENT COMMENTS ON SERVICE.



PATIENT COMMENTS ON BENEFICIAL EFFECTS.



PATIENT COMMENTS ON THERAPEUTIC EFFECT.



Please circle the number that best illustrates the level of your concern.

Concerns can be physical or emotional.

Concern:

Before reflexology

Low 1...2...3...4...5...6...7...8...9...10 High

After reflexology

BETTER 1...2...3...4...5...6...7...8...9...10 WORSE

Please circle

Male Female

Age: under 30 30-45 46-60 61-75 over 75

Would you recommend this service to others?

YES NO

Comments.....

.....

.....

Thank You

*Abbigail Langstone - Wring
Complementary Practitioner/Clinical reflexologist
Compiled 2018 @AW/1*

Please circle the number that best illustrates the level of your concern.

Concerns can be physical or emotional.

Concern:

Before reflexology

Low 1...2...3...4...5...6...7...8...9...10 High

After reflexology

BETTER 1...2...3...4...5...6...7...8...9...10 WORSE

Please circle

Male Female

Age: under 30 30-45 46-60 61-75 over 75

Would you recommend this service to others?

YES NO

Comments.....

.....

.....

Thank You

*Abbigail Langstone - Wring
Complementary Practitioner/Clinical reflexologist
Compiled 2018 @AW/1*

Appendix B

Referrals via cancer nurse specialist,
nursing staff or self-referral.

For further information contact :

Abbigail Langstone– Wring

01305 784986 answerphone.

abigailwring@btinternet.com

Abbigail.langstone-wring@dchft.nhs

Contact number 4639

DCH Cancer Services

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Donations to :

Fortuneswell Cancer Trust

www.fortuneswellcancertrust.co.uk

Hon Secretary Cheryl Beasley

Compiled by Abbigail Langstone-Wring

Complementary Practitioner/ Clinical Reflexologist

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The Complementary Therapy Clinical Reflexology Service has proved popular, effective and valued by staff as well as patients. The service provides 20 hrs of Clinical Reflexology from Mon to Fri. Data collected from patient feedback has supported funding from the Fortuneswell Cancer Trust, informed research and service development and shaped therapist training. The goal is to integrate a gold standard Complementary Therapy Service delivered by qualified specialist therapists across NHS Dorset Cancer Services.



Abbigail Langstone Wring BSc

FETC MAR SBRCP MFHT MCThA ITEC



FORTUNESWELL COMPLEMENTARY THERAPY SERVICE

Clinical Reflexology

Patient Information

The Fortuneswell Cancer Trust Complementary Therapy Service



Similar to the meridians and trigger points of acupuncture/acupressure.

Clinical Reflexology denotes specialist study and training to deliver advanced reflexology techniques for use in clinical settings. Many GP practices, hospitals and hospice facilities throughout the UK incorporate reflexology as one of the complementary therapies used to support the cancer patient.

Clinical Reflexology is modified and adapted for use with cancer patients at DCHFT.

Specialist evidenced method of delivery developed with the specific aim of calming the “fight or flight” response of the sympathetic nervous system. Calming the nervous system eases tension throughout the body, reducing pain and blood pressure, assisting breathing, digestion and sleep.

Studies in cancer patients have revealed evidence of Clinical Reflexology being effective in symptom relief and helpful with individual side effects of treatment.

Helping reduce lower leg and foot swellings and the effects of peripheral neuropathy. Enabling increased foot flexibility and stability. It has been shown to help decrease sensations of pain, nausea, and fatigue whilst creating a deep sense of relaxation

Complementary Therapy describes a range of evidenced therapeutic and beneficial interventions that sit beside orthodox medical treatment offering holistic psychological and physiological support to enhance patient Health & Wellbeing.

Funded entirely by the Fortuneswell Cancer Trust (FCT) and delivered by professionally qualified experienced therapists. That have specialist training and are members of a multi-professional team. Patients can be assured of receiving individual complementary care of the highest standard during their cancer treatment at Dorset County Hospital NHS Foundation Trust (DCHFT).

Access to the service is open to all cancer patients attending treatment at DCHFT as a Fortuneswell Ward In-patient or Out-patient attending Chemotherapy or Radiotherapy (via appointment)

Choosing NOT to take advantage of this service will in no way affect your medical treatment. All evidenced based therapies offered at DCHFT will have undergone a trial period to ensure patient safety and efficacy.

You will be asked to complete a consent slip at each session. You will also be asked to anonymously complete a service evaluation form at each session. This is to enable audit and produce an annual report to secure funding, provide therapist training and support service development.

Data will be used for research purposes only. No personal data will be recorded or saved.

Clinical Foot Reflexology

This service funded entirely by the FCT. Fortuneswell Cancer Trust began in 2014 with the aim of helping cancer patients with stress and anxiety. It is the core therapy of the Fortuneswell Complementary Therapy Service. Patient feedback evidenced the reflexology service as providing a pleasant relaxing experience that produced therapeutic and beneficial outcomes.

Reflexology is a complex method of massage that incorporates the gentle yet firm application of pressure to “mapped” areas on the feet thought to link through neural pathways to organs and systems of the body.