

HOPE ANNUAL REPORT

September 2001 – 2002

Introduction

The annual report is a collective reflection from the committee, of last year's activity on behalf of HOPE. We feel we have worked hard to serve your needs as members and are always pleased to receive constructive feedback (both negative and positive). We continue to represent the specialities as a Specialist Section within the College of Occupational Therapists (COT) and we were awarded our Specialist Section Status from COT for a further three years. We continue to represent Occupational Therapy within Help the Hospices (HtH) and the National Council for Hospice and Specialist Palliative Care Services (NCHSPCS). The growth in membership and demands from the external organisations has been difficult to effectively support within the present workload of the existing committee. Hence the creation of the new posts, which we anticipate, will support the work of HOPE and maintain our high standards in serving our members and representing Occupational Therapy.

Update by the Chairman - Jo Bray

The annual conference last year was attended by 100 delegates, over the two day period. I think most will agree that this was an excellent event for networking with colleagues and updating on the clinical issues that were addressed. The venue was accessible by those from the north and south with connections from York to the East coast train line. We have to consider value for money and I think it's fair to say that the location is clean and while not luxurious it is functional, the food was lovely and the staff couldn't have been more helpful. We as a committee are very conscious that the cost of the conference is important to all, as a lot of people are paying for this themselves, or if the cost is met by their organisation then the cost in real terms influences their attendance. Therefore in reality cost is an important influence, as is accessibility. We would like to hear from you about the future location of the conference, should we move the conference around the country or do we know what we get in Scarborough, as it is accessible and good value for the services we get? (In moving venues this would commit one committee member to finding a new venue and working towards this preparation over the coming year).

Those who were present at last year's conference will remember the presentation re fatigue from the rep from the company Ortho Biotech. Following the conference we did meet with the company and we suggested that the production of a CD ROM on fatigue management for health care professionals would be a means of raising and promoting the profile of OT in the management of this symptom, (using a similar format to that of the CD ROM on breathlessness). There is still no news to report on this and we await an update from the company.

We have facilitated two further national study days throughout the year; in November a day on HIV/ AIDS, and April addressing Neuro Oncology. We are aware that many regional groups are meeting and hosting education events locally. We would encourage you to share your experiences through the newsletter.

Our membership is currently at approx 350, and recently we have gained a number of overseas members from Denmark, Uganda and Australia. The membership fee has stayed the same for a number of years (a fee of £15). We are the cheapest Specialist Section of the College of Occupational Therapists. However to support the growing workload of the committee in serving the needs of the membership, and the planned publications (which you will receive free copies) for the coming year the membership fee will need to increase to fund these developments. Hence for a full time professional member we are suggestion that this should increase to £20. We hope you will agree that as a member of HOPE you do receive value for money from your membership fee. The postage cost for each newsletter alone costs over £1 and this you receive three times a year, never mind the production costs, this alone eats up your membership fee. (For a more comprehensive break down of the accounts please see the Treasurers report). Jill has worked hard at establishing email communication with the HOPE membership database and has successfully managed to do so for about two thirds of members. In doing so we aim to reduce the annual postage that we incur, but also reduce the stationery and photocopying costs, hence the money can be put to better use, but the ultimate aim is to improve the communication with you as our members.

The year has brought many changes within the structure of COT and you will have read about these in OTN. However this to us as a Specialist Section means that we no longer have a seat on Council but are better represented within the new structures. Hence we represent HOPE within the Clinical and Business Specialist Section Forum (a total of 5 meetings a year at COT). For a number of years we have been required to have a business plan, however for the first time this plan is to be inclusive to COT in their business planning process. Please find attached and we welcome your comments.

We have worked very closely with COT throughout the year in responding to the consultation process for NICE in the disease specific guidance for breast, lung, head and neck, urology cancers and currently the supportive and palliative care strategy. This guidance is for England and Wales and we would welcome feedback from members in the devolved countries in how the membership and committee can support such localised policy consultation processes. On behalf of COT we have been asked to feedback our experiences to NICE through a presentation at COT at a one day conference for Allied Health Professional in 'Establishing Excellence in Therapy Practice' at the start of September.

The supportive and palliative care strategy is currently with NICE and is eagerly awaited by many. The debate in defining specialist palliative care, palliative care services and the use of a palliative care approach has already begun. NCHSPCS recognises that the definitions used within the 'Commissioning Palliative Care 2000' are in need of review. Suggestions indicate that in defining core members of an 'In patient specialist palliative care service' we as occupational therapists are viewed as core members. However we must have 'specialist palliative care experience and hold or be working towards a specialist recordable qualification in palliative care'. The exact details of this and direct influence are still to be explored. However this is a suggestion from NCHSPCS in that this would be good practice for this as a minimum standard for each member of the multi professional team. In light of many palliative care services struggling for money and survival in real terms, this is a protection that commissioners must purchase these services because they indeed have the multi professional specialists with the knowledge base, the experience and the education to support this. Personally I do see this as a good thing as it would be about protecting and strengthening our role within specialist palliative care, with some equity across all specialist palliative care in patient services.

However we need to be in a position to respond to this. While many members have a wealth of experience I would encourage you to start thinking now about further education. We are not talking about anything as grand as a masters level programme, something that would be at a certificate level would be ideal. There are a number of recognised specific courses for our nursing colleagues for example Caring for the Dying with the ENB 913. As OT we don't have such courses available, very few are truly multi professional. Hence on behalf of HOPE I have had a number of meetings with Coventry University and the Head of the OT school and their lead lecturer in oncology and palliative care about developing such a course. This would be available in a distance learning format (as is their certificate in Horticulture Therapy). This is in the early stages and a full proposal has to be put to the Dean, however we are hopeful that this will progress further and will keep you up dated. Meanwhile we encourage you to be pro active with your CPD and to think and start planning a head for a suitable course or programme that will support your current knowledge base and experience in specialist palliative care.

The committee will have served another full term of office, and as you are aware from our correspondence we are all willing to stand again, however we hope to recruit some new members to support the growing workload. The postal nomination were sent to all HOPE member thus ensuring equity for those to vote who would not be present at the conference. We received 19 returned nominations, which we will formally propose for election at the AGM during the conference. These positions are as follows;

Jo Bray Chair

Jill cooper Treasurer, Study day and Conference Co ordinator

Hazel Lake Membership Secretary

Gail Eva Research and Development Officer

Andrea Macdonald Newsletter Editor

Camilla Hawkins HIV/ AIDS Rep

New positions

Kathy Thompson Study Day Support – Cookridge Hospital Leeds

Sheila Parnaby R&D Support – St James University Hospital Trust Leeds

Anna Kittel Newsletter Sub Editor – Marie Curie Centre Caterham Surrey

Hilly Quigley COT Link – John Radcliffe Hospital Oxford

We would like to thank Rosemary Green for all her work and support during her years as a committee member. Sadly for us Rosemary resigned in February and she went to work in the West Indies in May and is setting up an OT service, she promises to keep us posted with her news and developments and as she is 'on line' she will certainly receive our newsletters and communications. We wish her well in her adventure and we look forward to hearing from her and sharing her news.

In November we exhibited a poster at Help the Hospices annual conference. We have purchased some conference display boards (as displayed at Scarborough). These are available for loan to members. We hope that this will be co ordinated by one of the new committee members who will hold a dairy and booking system for the loan of these. Members will therefore be able to request their loan. The cost of the outward carriage will be met by HOPE the return cost must be met by the organisation to whom they were on loan. This will support members with local events to promote the role of OT. Should you wish to use this service please contact Kathy Thompson.

At the 3rd annual conference we are anticipating to launch the HOPE website which is a sub section of the COT site. I am sure that over the last year a number of people have found this frustrating in accessing the COT site and finding that we have nothing. We have decide to make this as informative as possible and not to have this password protected. We would welcome your feedback with suggestions for the future contents to Sheila Parnaby.

Membership Secretary's Report – Hazel Lake

Last year's **HOPE** membership stood at **310** members on 30th September 2001.

Of those '2000-2001' members, **235** renewed their membership and a further **118** occupational therapists joined throughout the year, making a total of **353** members at the time of writing this report (02/08/02). There are likely to be another 20/30 or so members joining before the conference in September 2002 – making a possible total of 380+ members - this will be the highest number of members **HOPE** has ever had.

The **353** members are composed of

246 Full time members

64	Part time members
21	Student members
6	Associate members
4	Overseas members (3 in Eire and 1 in Sweden)
2	Non practising members
10	Honorary members (3 in Australia, India and Uganda)

(Scotland has 32 members, Wales 27 members and Northern Ireland 8 members)

At the request of the COT, a 'log' of secretarial activities has been entered onto a spreadsheet over the past year. It is interesting to see how much administrative work takes place over the year, as well as attending **HOPE** committee meetings and representing **HOPE** at various other meetings throughout the year:

345	Telephone calls
260	Emails received and answered
118	New member packs sent
83	Application forms sent
17	Sets of labels for student's research sent
23	Faxes received and sent

Telephone calls and emails requesting help and information on all manner of subjects seemed to have increased tenfold over the last few months, resulting in a change of contact number in the OT News and OT Journal from myself to Jill Cooper at the Royal Marsden Hospital. I still answer very many queries relating to membership in addition to the activities above but Jill now deals with initial enquiries to **HOPE** and all the other requests for information that are directed to the specialist sections. We envisage the new **HOPE** website will reduce the number of telephone enquiries made by students and others by allowing freer access to useful, up to date information about Occupational Therapy in HIV/AIDS, Oncology and Palliative Care. My thanks to Jill for helping out and reducing the workload to reasonable proportions.

Research and Development Officer - Gail Eva

As Research and Development Officer for HOPE, I have the following roles and responsibilities:

- Keeping up to date with new research, particularly related to occupational therapy in HIV/AIDS, oncology and palliative care, but also more widely in these fields.
- Providing advice and acting as a resource for students and colleagues with regard to research issues.
- Continuing to develop my own research activities.
- Networking and creating links with other researchers, both occupational therapists and other professionals.
- Representing HOPE at multiprofessional conferences, seminars and workshops.

In the past year, I have completed my MSc (thesis title: *“Occupational Therapy Outcomes: Perspectives of Patients With Advanced Cancer”*) and have recently been extremely fortunate to obtain a substantial research grant which will allow me to continue on to do a PhD. My PhD research will focus on the rehabilitation needs of patients with malignant spinal cord compression.

I have presented papers at the following conferences:

- Eva G, Lord S (2002) Rehabilitation in malignant spinal cord compression. The Palliative Care Congress, Sheffield.
- Quigley H, Eva G (2002) Developing an integrated occupational therapy service for cancer and palliative care. College of Occupational Therapists' Annual Conference, Brighton.

In addition to this, I continue to teach at study days nationally, on occupational therapy outcome measures in palliative care, patients perceptions of occupational therapy, multi-professional team-working, and rehabilitation in palliative care.

Report for newsletter editor – Andrea Macdonald

The newsletter has had a very successful year with increasing numbers of members and external professionals contributing to disseminate to members.

Particularly it is encouraging to see increase in correspondence from regional reps reflecting their activity in different parts of the country. I am hopeful this will continue as some very valuable information has been shared.

I have continued to try and promote education throughout the newsletter drawing attention to courses, websites, reading and CPD opportunities.

The newsletter is also being used increasingly for job adverts although I am very aware that the timing this has often prove an issue. However, we now have a large database of members on email and this will prove to be a much more efficient means of keeping members up to date with news which has time limitations. I would like to encourage more sharing of information regarding those taking up new posts and networking for support as an introduction to their roles.

A particular area for growth to promote in the newsletter this coming year, will be the activity across the cancer networks and the reflection of the involvement and representation of occupational therapy. With the additional support of a committee member we hope that the newsletter can grow and keep you informed of the pace of developments within our clinical areas.

Treasurer's Report – Jill Cooper

The Statement of Receipts & Payments is attached.

The main change in our expenditure this year has been managing to get over two thirds of the membership on e-mail so that requests, letters, Newsletters and other messages can be sent out without having to do massive amounts of photocopying and postage. Not only will this free up our funds for major projects, but also it saves a huge amount of time.

The main projects for this year and the next year will be:

- updating our Clinical Guidelines with a view to making them more evidence based
- updating our information pack on Bids for OT posts
- preparing documents on OT intervention in Breast and Lung Cancer and our study days will be based on these.

We are seeking funding for printing of the documents from Help the Hospices which should enable us to produce professional-looking, smart information packs for Service Users and Providers.

Study Day Organiser's Report

The study days and conference have all gone very well this year. The national study days have included HIV/AIDS at Mildmay Hospital, and many thanks to Camilla Hawkins and Sandie Woods for their hard work there. The April day was run jointly with NANOT on Neuro-oncology and many thanks to Andrea MacDonald for her hard work.

I would like to thank everyone who responded so promptly to the conference applications as this made the job so much easier.

The study days next year will include preparation of information on the OT intervention in Breast and Lung Cancers, the information for which will be with you shortly if you have not received it already.

The Committee would like to thank everyone for the support in running these days. If anyone feels enthusiastic and wishes to assist, they would be very welcome. The study days and conference are completely organised by OTs who are also working full time, and therefore holding down a full caseload or managerial workload. Although we have investigated firms who organise conferences, we have not found any who have been recommended wholeheartedly, thus we do it ourselves.

Any other suggestions for sponsorship and future topics are always welcome.