

## **NORTH WEST LONDON HOSPITALS NHS TRUST**

### **PAEDIATRIC THERAPY SERVICES**

#### **GUIDANCE FOR STAFF ON INTERFACE WITH PRIVATE/INDEPENDENT PRACTITIONERS/ALTERNATIVE THERAPIES**

Parents/carers have the right to consult independent/private practitioners (IP) for a second opinion, in addition to NHS treatment and, in some cases, to replace NHS treatment. They may also choose to adopt other treatment regimes/therapies in search of what they believe is best for their child. The guidance below sets out the Department Policy when such instances occur and procedures to be followed.

#### **1.0 Private/Independent Practitioners**

1.1 Paediatric Therapy Services advocates working collaboratively with IPs where it is in the best interest of the child. Where an IP is working with a child or young person (CYP) a discussion should be held with the parent –

- to explain the department's policy on working with IPs
- to clarify the role of the IP
- to seek permission to make contact so that collaborative working can be initiated.

Therapists should be aware of and refer to their own professional body advice/guidance on working with IP's.

1.2 When contacting IP information should be shared in the best interests of the CYP having due regard for confidentiality and freedom of information. All discussions should be summarised in the CYP clinical notes.

1.3 Where permission is not granted, this should be discussed with your line manager.

#### **1.4 Managing Conflict/Difference of Opinion**

In most cases, therapists do work well together, but conflict may occur where the IP advice is incompatible or where there is a lack of communication/ collaboration. In such cases the best interests of the CYP must be considered, if conflicting advice/treatment regimes could place the child at risk or compromise NHS treatment, this must be discussed with the child's parents and an action plan agreed.

In such instances, therapists should after discussion with their line manager:-

- clarify with parents role/input of IP and raise concerns
- contact the IP to discuss treatment plan/strategy/resolve issues
- in cases where the situation remains unresolved, a meeting should be set up with parents where the issues are clearly defined and options for future input discussed. The meeting should be minuted and a copy of outcomes sent to parents
- in cases where withdrawal from NHS therapy is decided by parents, the child's GP/Consultant/other professionals must be informed.

All must be clearly documented in child's notes.

## 2. Alternative Therapies

Parents may choose to adopt other treatment regimes/therapies to replace or compliment NHS treatment, some of these such as sensory integration approach, family centred/therapy approach fit well with the therapy regimes offered by PTS.

Problems occur when children are involved in intensive programmes where treatment approaches are not compatible with those offered by Paediatric Therapy Services, and could not only render our treatment ineffective, but also be harmful to the child if both approaches were used in parallel. In these circumstances, while we are sympathetic to parents' concerns and respect their right to make choices, we cannot provide treatment.

In the event of such occurrences, staff members should:-

1. Clarify exactly what treatment regime is being followed with the parents/carers.
2. Discuss issues with their line manager, and research the treatment regime.
3. Organise a meeting with the child's parents, with your line manager (and any other therapists involved).in order to;
  - help the parents make an informed choice by explaining the benefits/risks of the treatment concerned
  - clarify your concerns
  - outline the consequences in terms of future provision from Northwick Park Hospital should they proceed with the alternative therapy.

While the CYP continues on the alternative treatment, we cannot provide ongoing treatment. We would continue to be available for advice on resources and equipment, and would review children's progress on medical request. (It is not anticipated that this should be more than six monthly for stable conditions.)

4. The meeting should be documented and a letter written to parents outlining the nature of future provision.
5. If withdrawal of NHS services is decided upon by the child's parents, the GP and Consultant should be informed as well as any other involved professionals (i.e. Local Education Authority, school, etc.).
6. Where there continues to be concerns about a child's safety, therapists should refer to the safeguarding children guidance.
7. This should be clearly documented in the child's notes.

**Head of Paediatric Therapy Services  
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