

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2024-11-11 12:56:09

Consent

1 The Committee for Health would like your permission to publish your response as part of the survey results. Please indicate your preference.

Consent:
Publish my response but keep it anonymous.

Who are you?

2 What is your name?

Name:
[REDACTED]

3 What is your email address?

Email:
[REDACTED]

4 Are you a healthcare professional?If yes, what is your role:If no, what is your interest in palliative care services:

Yes

1500 Characters:

GP
[REDACTED]

5 What is your organisation?

Organisation:
[REDACTED]

6 Do you currently work in palliative care services?If Yes, in what capacity?

No

1500 characters:

current state of palliative care services

7 In your view what is the current state of palliative care services in Northern Ireland?

Good

8 Do you think there is an understanding by the public of what palliative care is?If no, what are the main barriers to the public understanding palliative care?

Yes

1500 Characters:

There is some understanding but this could be further developed. More understanding of what a hospice and its extended services are could be helpful.

Access to services

9 Are palliative care services equally accessible to all who need them?

Yes

10 From your experience where are the gaps in the provision of service?

1500 characters:

I have found that in my area palliative care does appear to be accessible

11 Do you believe barriers exist that prevent equitable access to these services? If yes, please provide examples in the box provided.

Yes

1500 characters:

The main barrier that would prevent adequate care is resources. The palliative care team appear busier and more stretched than ever. They work well in this role but to reach everyone as well as possible for good care outcomes increasing the palliative team available would be of most benefit. Increasing access to Hospice beds, waiting times for hospice and for treatments that the hospice offer appears to be more frequent. This will limit this option to individuals.

12 What additional services could/should be provided?

1500 Characters:

Increasing hospice beds, increasing numbers of the PCT in the community that can provide their excellent input. Increasing the social sector to provide support with the increasing care needs facing individuals at this time.

Integration of Services

13 How well are palliative care services integrated across the health system, through primary, secondary and specialist care?

1500 characters:

In the primary care setting I feel we have good open contact with our local Palliative Care team. They have very open access to us at the surgery and this allows for the optimum in patient outcomes lowering administrative barriers. It also allows for profession to profession discussion and advice with ease. This is only to be encouraged.

14 Should palliative care be a regional service? Please outline your reasons in the box provided.

No

1500 characters:

It works very well at a local level. It would be a shame to lose that open way of working, knowing what is available locally and being able to implement quickly is an advantage. If this were regional there would likely be more delays, less continuity for patients and families and more difficulty for professionals working together.

15 What can be done to improve integration?

1500 characters:

Continued open and good communication. Contact and discussion between primary secondary and specialist services. Some shared work together to help each sector understand what the other can deliver and how to move forward together.

Best Practice

16 Do you have any examples of good practice or pilots in palliative care that are meeting the needs of patients and families/carers? If so, is this best practice happening widely across Northern Ireland?

1500 Characters:

17 Do you think that families receive sufficient support when accessing services? Please outline your reasons in the box provided.

Yes

1500 Characters:

The services are good but as stated before, increasing access by increasing availability would be of benefit.

Funding and Strategy

18 Do you think the current funding for palliative care is sufficient? Please outline your reasons in the box provided.

No

1500 characters:

Funding in all areas of the health service is strained. Primary care funding is lagging behind the rest of the UK and should be improved. This would have a massive benefit to Palliative care service provision as well.

Our palliative care teams are busier than ever, demand for this has only increased and budgets should represent this.

Funding for hospice services has reduced with reduction in services and workforce as a consequence and therefore access for those who need it.

19 Is the current model for the funding of hospices, including hospice at home/community care/rapid response support, sustainable and sufficient to meet needs now and in the future?Please outline your reasons in the box provided.

No

1500 characters:

20 Is there a need for a new Palliative Care Strategy for Northern Ireland? If yes, what should it include? If no, why not?Please outline your reasons in the box provided

Not sure

1500 characters:

There should be more inclusion of development within primary care this could massively benefit palliative care overall.

Any other comments

21 Any other comments

1500 characters: