Response ID [redacted]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2025-01-14 11:20:41

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:

I work as Clinical palliative nurse coordinator [redacted] in the Care Home Support Team. My role is to provide clinical palliative support to residents within CHs, alongside providing teaching and education to RNs and health care assistants within CHs to improve their knowledge and skills in order to be able to improve their residents and those important to them palliative journey. Covering aspects such as, recognising palliative care residents, recognising dying, symptom management , advance care planning and other topics.

5 What is your organisation?

Organisation:
[redacted]trust

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

Yes

1500 characters:

see above

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?

No

1500 Characters:

A lack of conversation and discussion from health care professionals, still barriers to those working within 'generalist 'care having conversations when someone has been recognised as palliative and also approaching end of life.

Access to services

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

No

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

1500 characters:

The workforce within specialist palliative care services in NI is very limited meaning a heavier reliance on generalist services which is already a stretched services and widely depends on that HCPs knowledge and skills for recognising symptoms, palliative care needs and how to access specialist support. The focus on the more clinical aspect of symptom management always seem to take precedent over any emotional/psychological support required and lack of cohesive multidisciplinary working or communication can have a negative impact on our patients holistic care.
CH residents [redacted] receive support from ourselves [redacted] but this is not replicated throughout the rest of region. In our Learning disability and mental health homes there is still a large gap of knowledge, many nurses are not general training and rely heavily on support from our team and GPs to be able to provide palliative care but we rely on their recognition and onward referral.
Lack of implementation of the ACP policy and lack of ReSPECT document has had an impact on community patients , while these conversation seem to be happening more frequently with secondary care, there is still ambiguity as to who is responsible for this within primary/community services.

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:

Lack of education and training for all staff in how to recognise those with palliative care needs and how to provide support our patients and those close to them
Lack of recognition that palliative care is part of each HCP role and not just for those working within the speciality
Lack of information for patients and family members on how to access palliative care, realistic expectations and out of hours support
Lack of communication and collaborative working across sectors to ensure equitable service

12 What additional services could/should be provided?

1500 Characters:

CHs residents having an increase access to Specialist palliative care support

Integration of Services

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

1500 characters:

[redacted] In my experience communication could be improved, better discharge planning for those with complex needs and how to manage same within the community.
While we have encompass [redacted] CH staff are not able to access and read this, missing out on valuable information required for their residents

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

Not sure

1500 characters:

15 What can be done to improve integration?

1500 characters:

Improved communication systems, greater understanding and respect for each others roles

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:

[redacted] an increase [redacted] in the use of syringe pumps at end of life, over a 10 year period, our NH staff are now able to recognise symptoms and respond appropriately, with this we have also seen a reduction on the reliance of DN and OOH support. We have seen an increase in more complex patients being cared for in NHs at end of life, with complex symptoms, unfamiliar potent opioids in use. Our CH residents now have access to specialist palliative consultant and we have supported domiciliary visits. Monthly data is collated on the deaths occurring within the NHs, examining if an advance care plan had been completed, if a preferred place of care was recorded and if anticipatory medications were in place. [redacted]

[redacted]2022 data ,[redacted] those who died had part of an advance care plan completed, [redacted] anticipatory medications in place, If the death occurred outside the NH, contact is made directly with the NH to ascertain the cause and to scope any additional needs. [redacted]

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

Yes

1500 Characters:

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:

No we have a very small workforce for NI.
Living Matters was never fully implemented , Advance care planning policy launched in Oct 2022 has never been fully implemented and the ReSPECT document which was to follow has been stalled.

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:

As above not enough staff.
We know we have an aging population, care increased in community services

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

No

1500 characters:

It would be better trying to implement previous polices/strategies and looking how to expand and recruit workforce

Any other comments

21 Any other comments

1500 characters: