

Response ID [REDACTED]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2024-12-24 08:09:14

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:

Palliative care clinical nurse specialist

5 What is your organisation?

Organisation:
[REDACTED]

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

Yes

1500 characters:

I currently work as a cns within acute hospital setting

current state of palliative care services

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

Poor

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?

Not sure

1500 Characters:

I think there are too many misconceptions about palliative care. Many believe palliative care is only when someone is imminently dying they do not understand that it covers those with any life limiting non curable condition. They do not understand that someone can be deemed palliative and still have months or years to live. Many believe palliative care is mainly about delivering drugs in final days of life when on fact it offers a full holistic approach and is much more than that.

Generally there is still a lot of 'taboo' around palliative care and misconceptions in general about what it all entails.

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:

I think there needs to be more development in rural areas/ communities. People who are generally more isolated and vulnerable. In some communities people rarely visit there GP let alone gain access to potential resources that they are entitled too, i think more could be done to reach out to these groups and ensure people are as well supported as possible throughout there palliative journey.

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:

I think lack of education and ineffective communication between public & professionals are some of the main barriers that currently exist.

12 What additional services could/should be provided?

1500 Characters:

I think more community services, particularly in more rural areas. Perhaps a similar idea to screening services that travel around communities, there should be a similar service offering palliative care info/education to public in general and patients. I think GPs should play a more vital role in spreading info around palliative care within there practices as they are probably best placed to reach those who may be more isolated.

Integration of Services

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

1500 characters:

I think this very much depends on the healthcare individuals involved and how experienced they are at communicating and advocating for patients between multidisciplinary teams etc. There needs to be effective communication from primary to secondary to specialist care etc.

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

Yes

1500 characters:

I think this would make palliative care delivery more straight forward and hopefully ensure similar service to all.

15 What can be done to improve integration?

1500 characters:

Honestly i think effective communication from one provider to the next. Ensuring clients needs/wishes are clearly documented and relayed to each healthcare provider/service. The use of generic paperwork/documentation across all areas for ease of use/access.

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:

I think early identification of the need for specialist input and efficient referrals to the specialist team in a timely manner is an example of good practice but unfortunately this doesnt always happen and often patients are referred late to the specialist palliative care team whether that be in an acute or community capacity.

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

Not sure

1500 Characters:

Again i think this varies. Some families have good experiences and others do not.

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:

There isn't enough funding to enable sufficient care for the amount of patients in need of it. There aren't enough specialist practitioners/services available. Also to potentially increase capacity within community/rural settings there would need to be more funding for this to happen. A lot of individuals depend on hospice care also and a lot of hospices depend on charity donations to operate this would need to change to meet the needs/ capacity of palliative care services in NI.

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 mentioned above, many hospices depend on charity donations to operate. This obviously is not a dependable source of income given that the economic state can change rapidly (take covid pandemic for instance) and people will not have the spare cash to donate to hospice charities. Some are partly funded by the gov but obviously this funding should be increased to ensure continual support and supply of the hospice service.

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

Yes

1500 characters:

I think there is a need for a new palliative care strategy in NI.
Funding is obviously a big concern within the acute, community and hospice settings.
Equality and access for all needs to be looked at again, despite recent policy upgrades (FNFTF) there are still groups of individuals that are not accessing palliative care services.
Rural development and access to care in rural parts in NI needs to be considered. There needs to be a strategy for access to palliative care services to those in isolated areas.
The development of more posts for specialist practitioners/specialists and FUNDING for individuals who would like to access the course/education needed to become a specialist in palliative care, for example a clinical nurse specialist role.
Integration of palliative care services across all sectors should also be included. And how this would actually be achieved.

Any other comments

21 Any other comments

1500 characters: