

Response ID [REDACTED]

Submitted to Review of access to palliative care services - Organisations/Health professionals  
Submitted on 2024-11-19 18:21:47

## 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:

[REDACTED]  
[REDACTED]  
[REDACTED]

Deal frequently with palliative care within the care home sector.

5 What is your organisation?

Organisation:

[REDACTED]

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

Yes

1500 characters:

The nursing homes provide end of life care to the elderly. I oversee nursing care and standards within the care homes.

## 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:

The public often connect palliative care with cancer and hospice care. A diagnosis of dementia is a terminal illness but does not get the same attention as cancer and hospice care does.

When we speak to families about end of life care some request hospice/ hospital care. Also a barrier is the staffing levels in care homes as families will want 1-1 care at this time and this cannot be provided if there is one nurse to 20 patients although staff nurses will prioritise care needs for those at end of life care.

The public / families expectations can be unrealistic. Family will often challenge nursing staff of the need to send an elderly frail person to hospital despite them having an advanced disease underlying.

Access to timely medication is also a challenge and the removal of the pandemic boxes for anticipatory meds is disappointing.  
Access to specialist advice is not always available especially out of hours.

## 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:

Priority is given to hospice care and hospital care and care homes do not feel they ever are priority despite being a large part of their services.

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

No

1500 characters:

Often seems to be trust dependent to what is available

Palliative Care specialist nurses to provide care homes and families with support are not always accessible

12 What additional services could/should be provided?

1500 Characters:

24 hour hospital at home teams for care homes and direct referrals for care homes like Southern Trust Model

Anticipatory medication available for care homes without delays especially out of hours, similar to how the pandemic packs worked

## Integration of Services

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

1500 characters:

With the ageing population demand is out weighing capacity to deliver palliative care services especially in remote locations

Gp appointments are so difficult to get

Specialist care in order for people who wish to die at home is not always available and needs Gp support

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

Yes

1500 characters:

This would give consistency in primary and secondary care.

15 What can be done to improve integration?

1500 characters:

Education of the public of what is available for palliative care across integrated care

## 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:

There was a pilot done by Professor Kevin Breslin through Queens University pre pandemic. This was done in a sample of dementia care homes. They had a nurse who met with families to discuss their understanding of dementia as a terminal illness, they did advanced care planning with families. This helped to support families through a difficult process regarding end of life care needs and respected wants and wishes of their loved one. This also helped support the care home staff and also reduced hospital admissions.

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

No

1500 Characters:

Long delays for appointments even when red flagged

There is little information to families on signposting and often is by word of mouth

## Funding and Strategy

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

Not sure

1500 characters:

Unaware of what the current funding is

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.

Not sure

1500 characters:

Capacity is not available for need as more complex illnesses are diagnosed

I am not aware of the funding structure

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:

Education

Signposting

Advanced Care Planning

DNACPR/ respect documents

## Any other comments

21 Any other comments

1500 characters: