

Response ID [REDACTED]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2025-01-09 17:45:27

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:

Nurse

5 What is your organisation?

Organisation:

Nhs

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?

Neither

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:

Some people have a preconceptions that Palliative care as just for terminally ill people when it covers a lot more than just looking after dying patient

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:

Postcode lottery

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

Not Answered

1500 characters:

As the population ages and technologies advance there are more people requiring the same service but not enough staff to provide the care people need. Staff are under pressure to see more patients which means less time with each patient. Community services are slow to access

12 What additional services could/should be provided?

1500 Characters:

Access to gp services are poor. Needs palliative doctors covering just for district nurses and nursing homes staff to access to get prescriptions quickly and better access to palliative community pharmacies

Integration of Services

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

1500 characters:

Once a person leaves a hospital environment the services are much slower. Access to nurses and doctors is poor, all overworked due to poor staffing and then accessing medications out of hours is difficult.

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:

Streamline the cross over from hospital to community.
Community teams could have access to hospital pharmacies to access emergency drugs out of hours.
More training for community staff in palliative care - nursing and residential home staff, and community carers.

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:

Community hospitals provide good palliative care as staff have more time to spend with patients and families but also have access to appropriate medications.

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

No

1500 Characters:

Care teams are so stretched that they don't have time to support families.

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:

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:

It's barely meeting it currently and the pressure will increase leading to staff receiving more complaints about the service provided which in turn leads to low morale and staff leave as they feel they aren't providing the service they want to.

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:

Any other comments

21 Any other comments

1500 characters:

6 years ago I lost my father in law. He was a resident in a care home. Palliative team only saw him once. When he deteriorated on a Saturday morning gp out of hours service prescribed palliative medications. It was up to family to run around procuring the medications (10 chemist's later and 3 new prescriptions (as the prescription didn't match what chemist could provide) and 3 trips back to gp out of hours to get new prescriptions. then nursing home staff had to wait on a rapid response team to provide a syringe driver and set up the first dose. In all this took 9 hours. When there was an issue with the syringe driver the care home staff where unable to sort it so again rapid response had to fix it..... This took 4 hours. Family should not have to leave their dying relative to drive all over the country to get medications, nor should they have the stress of watching their loved one die in pain waiting on a rapid response team coming to assist nursing home staff.

When he died no one contacted family to ask how we were or to enquire about the service that was provided.