

Response ID [REDACTED]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2024-11-20 08:38:52

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:

Advanced Nurse Practitioner in Palliative Care

5 What is your organisation?

Organisation:

[REDACTED]

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

Yes

1500 characters:

ANP

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 presume that palliative care means death, if someone is referred it means their death is imminent. There is no understanding that palliative care is also symptom management. There needs to be further information about the services available and why they are there

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:

End of life or pain relieving medications not always prescribed by GPs

Non-medical prescribers unable to prescribe in the community so relying on GPs to prescribe based on someone else's review.

Gatekeeping by GPs, questioning senior staff members reviews, leading to some GPs being happy with the plan and others not so.

No access to electronic prescribing in the hospice due to lack of funding, despite all the other trusts using the same system. Leads to lack of continuity of care.

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 funding

Access to medications during weekends and out of hours

12 What additional services could/should be provided?

1500 Characters:

More community visits, so more nurses to provide them, with the ability to prescribe medications on their own.

More outpatient services for review of symptoms instead of needing admission to hospital/hospice

Access to training to attain more specialist nurses for the community.

Access to palliative medications in the community during weekends and out of hours

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 that there is some integration of palliative services in secondary care, but palliative care is seen as a sub specialty and not worth the attention

Primary care, it feels like the services are here to take people who are about to die and remove them from peoples caseloads.

Palliative care services do not even have proper access to the new electronic patient record systems that have been introduced into NI, highlighting the total lack of integration and lack of thought of these services.

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

Yes

1500 characters:

The whole of NI should have access to the same services.

Patient should be allowed to choose where they are cared for depending on need and availability of services. If they had family in Derry and they were from Belfast, they should be allowed to go there to be cared for and receive the same services unhindered.

15 What can be done to improve integration?

1500 characters:

Better communication between the services.

Earlier access to palliative services in the patient journey will allow for specialties to become accustomed to the palliative services.

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:

I think that they get good support, however, that support can be improved on greatly. Having more staff who can provide these families more support is vital

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:

The fact that palliative care services are seen as charity is atrocious and shows the complete lack of respect these services garner from the government. Palliative care should be seen as a vital part of life, as equal as maternity services and cancer services. Imagine if cancer services had to beg for money to provide the care for the huge numbers of cancer patients in the region? It is unfathomable. Yet when patients are palliative, we must beg the community to fund us? How is that fair? The fear whether we will be able to provide services for people in the future is a significant worry for those working in palliative care.

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:

Beds had to be closed due to lack of funding, surely this is enough to say the current model is not working. There should be 100% government funding.

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:

The fact that our current strategy is from 2010 shows how little palliative care is thought of in this region. It should provide guidance for the provision of services in NI and should update the outdated guidelines. It should also emphasize the role of the nurse specialists and the ANPs and how they can provide care to this patient cohort. Staff working on the ground should be consulted for their input. The previous strategy was a great document, it should be updated and include the changing demographics of NI

Any other comments

21 Any other comments

1500 characters:

Palliative care is a vital part of providing care for the population and it should receive the respect that it deserves from the government. With the likely societal change regarding assisted dying being passed, palliative care services are even more vital, as it must be seen that we as a society care for our dying, and do not disregard them for easier and swifter models of care.