Response ID [redacted]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2025-01-07 17:00:56

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]

5 What is your organisation?

Organisation:
[redacted]

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

Yes

1500 characters:

[redacted]

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:

There is a lack of awareness of what palliative care is, the difference between palliative and EOL care, what they involve, the benefits and the stage of illness when palliative care service are required. There is also a lack of public information available on the above. Public health campaigns could be used to promote palliative care.

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:

There is a lack of equitable access to palliative care medicines in the evenings and at weekends. This is a particular problem in the NHSCT which has a large geographical area and a lot of the population living in more rural areas.
There is no funded service for the provision of medications, particularly controlled drugs, to palliative care patients in NHSCT. This currently falls to the NHSCT hospital pharmacist on-call which is not an appropriate or agreed use of that service.
There are full time community palliative care pharmacists in other Trusts - not currently in NHSCT.
There are no current roles for pharmacy technicians in palliative care in NHSCT and indeed NI.

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
Focus of services often more central – e.g. overnight access to palliative care medicines only in place formally in BHSCT.
Pharmaceutical wholesalers do not keep sufficient stocks of some medicines used in palliative care, so there are often delays in community pharmacies obtaining stock of certain drugs.

12 What additional services could/should be provided?

1500 Characters:

There needs to be a clear pathway for each area of NI to access palliative medicines outside normal working hours, taking into consideration the specific needs of rural and elderly populations as in the NHSCT.
Better collaboration between pharmaceutical wholesalers and regional procurement/palliative care, to ensure prompt availability of palliative medicines for patients in Northern Ireland.
Nursing homes could keep stocks of palliative medicines, not just named-patient supplies.
Accessing over-labelled palliative medicines directly from Out of Hours Centres.
Legislation and procedures to facilitate DUC holding stocks of controlled drugs that can be supplied in urgent situations.

Integration of Services

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

1500 characters:

GPs and hospices do not have access to Encompass which limits integration. Community pharmacies have only limited access to patient records.
While hospitals are using electronic medication administration records, community are still operating with paper-based versions which leads to complications at the interface between secondary and primary care.
Out of Hours services need to be better integrated into the general health system and better access to specialist palliative care advice.

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

Not sure

1500 characters:

Given the geographical size and mix of urban and rural populations in NI, it is unclear what the benefits of a regional service would be, as needs across Trusts may be very different.

15 What can be done to improve integration?

1500 characters:

IT solutions linking primary, secondary and hospice care
Better integration of community pharmacy services into palliative care by linking in with GPs, district nurses, specialist palliative care. This would include access for community pharmacies to patients healthcare records.

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:

SPC Pharmacists in Northern Ireland have demonstrated benefits for both hospital and community patients. NHSCT does not have a dedicated palliative care pharmacist for community patients, as is the case in some other Trusts.

Just in Case boxes which encourage the prompt prescribing and supply of anticipatory medicines used in end of life care are being used in the WHSCT. Regional approach to the paperwork and training on this required. The key to the success of this project will be identifying patients who require JIC medications in the home. Patients identified out-of-hours in the NHSCT still face the difficulty of obtaining the medications. JIC box should be in place before an out-of-hours crisis. The issue then is who will identify these patients? GPs, district nurses, GP pharmacists? Are GP palliative registers kept up-to-date?
Only BHSCT have a palliative care on-call pharmacy. NHSCT does not have a similar service which leads to difficulties for families obtaining medications and the inappropriate use of the hospital on-call pharmacy service.
Hospice unit (Macmillan) attached to the hospital at Antrim Area Hospital. This set up is unique to the NHSCT and provides a rapid means of access and seamless transfer of patients from acute to hospice services. Unfortunately, capacity in the Macmillan Unit is limited to 12 beds which means it is not available for all those who would benefit.

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

No

1500 Characters:

There needs to be greater support for patients and carers regarding palliative medication. This could include:

Increased specialist palliative care pharmacists in each Trust, hospice, community to provide support for families. This could include a role for pharmacy technicians.

Resources for upskilling generalist staff in both community and Trusts to provide more support for families.

Regional patient/carer resource e.g. online/app, providing information on palliative care medicines including how to access them in community.

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:

Lack of availability of the services mentioned previously e.g. specialist palliative care pharmacists across hospitals, community, hospices, access to palliative care medication within and outside normal working hours and training of general healthcare professionals 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:

Not all patients can avail of hospice care, including hospice at home/community care/rapid response support. Increased funding needed to ensure equitable access to these services for patients across NI.

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:

Yes, it should include:
- The need for specialist palliative care pharmacists providing services to hospital, hospice and community (including care homes).
- The role of the pharmacy technician for specialist palliative care units
- A public health approach to promoting palliative care to the general public.
- Need to address the supply of palliative care medication within and outside normal working hours.
- Promote the role of the community pharmacist in providing services for palliative care patients and their carers.
- Address training needs in palliative care for both specialist and generalist healthcare professionals

Any other comments

21 Any other comments

1500 characters: