

## Response [REDACTED]

Submitted to Review of access to palliative care services - Organisations/Health professionals  
Submitted on 2024-11-22 13:05:16

### 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 response.

### Who are you?

2 What is your name?

Name:  
Nicola Gallagher

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:

I'm an occupational therapist in an inpatient hospice setting.

5 What is your organisation?

Organisation:  
NI Hospice

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

Yes

1500 characters:

I work 30 hours per week in palliative care

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:

Unless someone has had lived experience with palliative care then they have little knowledge of same. Public seem to think people only come to Hospice to die. We provide so much more than just end of life care and this isn't publicised enough.

### Access to services

9 Are palliative care services equally accessible to all who need them?

Not sure

10 From your experience where are the gaps in the provision of service?

1500 characters:

Yes, there should be more access to complimentary therapy in the community. Currently funding has ran out for this service and our community patients are missing out. There is also no funding for Art therapy and very little for music therapy.

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 from government. More community nurses needed with specialist palliative care experience. More nurses should be available to provide night sits so patients can comfortably die at home if they do not wish to come into hospice.

12 What additional services could/should be provided?

1500 Characters:

Art therapy  
Social and therapeutic horticultural therapy  
Complimentary therapy  
Music therapy  
Reiki

### Integration of Services

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

1500 characters:

I don't have great knowledge of what is available

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:

I'm not sure

### 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:

not sure

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

No

1500 Characters:

Again funding has been withdrawn for community support. Last year social workers set up a bereavement cafe for families to access. This was a great success and attendees reported positive feed back and that it help them through their grief journey and enabled them to meet others going through similar circumstances.

### 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:

Services have been cut massively in the community.

Holistic care has been cut.

Art therapy has been cut.

Music therapy has been cut.

We don't even have funding to purchase much needed recliner chairs, bariatric equipment and other things that help support patients and families.

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:

Community services have already been cut in our hospice. This means that families and patients are unable to access reflexology and aromatherapy massage in the community. Social workers are no longer able to provide ongoing bereavement support in the community either.

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:

Not sure how it will work

Any other comments

21 Any other comments

1500 characters:

Palliative care has always been under funded. We rely greatly on donations from public and patient's families. Dying can be a traumatic experience for the patient and their family. It is essential that we provided gold standard service for those experiencing it. Research has shown that alternative therapies such as, social and therapeutic horticultural therapy, massage, reflexology, reiki, aromatherapy, music therapy and art therapy can work as well, and sometimes better, than medications. Everyone in Northern Ireland should have access to palliative care. Life is valuable and care should be provided from cradle to grave.