Response ID [redacted]

Submitted to Review of access to palliative care services - Organisations/Health professionals
Submitted on 2024-11-15 10:30:18

## 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:
Michael McMillan

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 work as a hospital chaplain, and am also involved in providing bereavement support for loved ones post-death and bereavement education for healthcare professionals.

5 What is your organisation?

Organisation:
Belfast Health and Social Care Trust

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

Yes

1500 characters:

As part of my role, I attend patients in Belfast City Hospital. My primary responsibility is their spiritual and religious care needs. This extends to their loved ones and staff. I frequently provide support to patients in receipt of palliative care. This can be religious care i.e. prayers, sacraments, holy texts but also spiritual care i.e. value, meaning, purpose to include their mental and emotional state i.e. worry, anxiety, fears, regrets, existential questions.

## 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:

I think recent media campaigns will have had an impact and ultimately increased understanding but it does not not go far enough. It is my perception that it is not high enough on the priority list of the executive.

It is an absolute shame that people in receipt of palliative care, whether dying or not, are dependent on a service that is primarily funded through fundraising and the work of charitable organisations. This should not be the case. I think if it received greater, more permanent funding , palliative care services would have more credibility and be enabled to be much more in the minds eye of the public. Greater education is needed on a range of related subjects including death literacy and the life sustaining role of hospice care

I also think that palliative care is at times patchy in terms of service delivery depending on where you live i.e. rural and city based.

## 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:

Rural/City - regional disparity and access limitations depending on where in NI you live.

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:

Cultural including BAME - I wonder if our palliative care service provision is suitable for people from a different ethnic/cultural background. Having engaged recently with representatives from the African community, I know they are very sceptical and suspicious. What is being done to address this?

Education - much more needs to be done to address educational disadvantages in relation to healthcare access and support for those from 'disadvantaged' backgrounds.

12 What additional services could/should be provided?

1500 Characters:

Greater emphasis on therapeutic interventions. Hospice based spiritual and religious care. Palliative care and end of life education for nurses in training.

## Integration of Services

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

1500 characters:

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

Yes

1500 characters:

In my mind, if a person is enabled to overcome geographical challenges e.g. travel, accommodation, a regional service would be fantastic. Surely it would mean that people could access assessment/treatments much faster.

15 What can be done to improve integration?

1500 characters:

## 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.

Not sure

1500 Characters:

## 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:

No - our system is too heavily reliant on charitable funding. Funding should be permanent and subject to need.

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:

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

Not sure

1500 characters:

## Any other comments

21 Any other comments

1500 characters: