

## **Northern Ireland Ambulance Service Health & Social Care Trust**

### **Current state of palliative care service**

**In your view what is the current state of palliative care services in Northern Ireland?**

Good

**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?**

Yes

It is our view that most of the public equate palliative care with terminal phase / end of life care, and in relation to cancer care in particular. Palliative care has the scope to address a wide range of progressive illnesses with the aim of improving quality of life, and this this misunderstanding may create barriers to patients / families requesting or accessing palliative care services. Public education around the scope and aims of palliative care may help to address this.

### **Access to services**

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

No

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

Ambulance services throughout the UK are keen to link with palliative care services as we often receive urgent / emergency calls to patients suffering an acute deterioration in their symptoms. We believe that in many cases it may be more appropriate to direct patients to or liaise with palliative care services in order to resolve issues at home rather than the traditional response of bringing a patient with a palliative care need to an already busy emergency department that may not be best suited to meet their needs; the journey and the experience within a pressurised ED system has the potential to be detrimental to a patient's comfort and dignity. When responding to ambulance calls in the community, NIAS is only able to directly access specialist palliative care teams in a minority of Trust locations.

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

Yes

Arrangements for access to palliative care services differ across the five acute Trust areas; only in a minority can the ambulance service directly access teams while in the remainder this is only achievable through contacting the patient's GP to request a referral is made. This can be a lengthy process, impacting ambulance operational availability, and requires extra and arguably unnecessary steps as the same information is ultimately being passed to

the palliative care team. This also adds additional workload to the pressurised primary care system where a direct referral could be made without their input.

In developing a large number of direct referral pathways for a wide range of conditions, NIAS frequently faces concerns that the specialist services will be "swamped" with inappropriate referrals, but this has proven not to be the case as we are not generating new patients, but simply providing a more direct route of access to services for existing patient in line with our approach of "Right patient, right place, right time".

### **What additional services could/should be provided?**

We believe that for an area with the geographical size and population of Northern Ireland, it should be possible to have a uniform approach to both access/referral and provision of palliative care services rather than different Trusts adopting disparate arrangements. This regional approach would reduce confusion and uncertainty for patients and referrers alike. Referrals should be accepted in a timely fashion from any appropriate healthcare professional, with an equivalent uniform access pathway for patients / carers.

### **Integration of Services**

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

NIAS has made inroads into accessing palliative care teams in a number of Trust areas which has shown benefit for patients, but we have little direct knowledge of integration across other systems.

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

Not sure

While a regional service would be beneficial, this may be difficult to achieve across Trust boundaries due to legacy arrangements of staffing / employment and management. Instead we would see benefit in having a regional set of standards and operating procedures which all Trusts should deliver.

#### **What can be done to improve integration?**

Clear regional agreement on levels of service provision / access arrangements and the ability to accept referrals from a wider range of healthcare professionals.

### **Best Practice**

**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?**

NIAS can directly refer patients with palliative care needs in a number of Trust areas to local services which can offer a timely response. This is particularly important in the end-of-life setting where comfort, dignity, and symptom control should be the focus with the aim of improving quality of life in this phase while avoiding unnecessary hospital attendance and admission.

Other UK ambulance services have developed the role of the specialist paramedic for palliative care which brings a prehospital perspective to patient care, and - crucially in Northern Ireland - could offer a genuine regional approach.

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

Not sure

### **Funding and Strategy**

**Do you think the current funding for palliative care is sufficient? Please outline your reasons in the box provided.**

Not sure

**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

**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

As a regional service, it is the frequent experience of NIAS that the five acute Trusts frequently differ in levels of service provided and access arrangements. We believe that a regional strategy could offer the opportunity to define clearly a level of best practice arrangements which all Trusts should deliver, improving equity of care and access for patients across Northern Ireland.

### **Any other comments**

As the only Trust providing a truly regional service, NIAS would welcome the opportunity to join partner agencies in any review of palliative care services so that our unique perspective can be offered.