Health & Social Services Committee

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Meeting date: Wednesday 15 November 2006
Venue: Committee Room 1, Senedd, National Assembly for Wales
Title: Specialist Palliative Care & Palliative Care Funding & Co-ordination –Viv Cooper, Medical Director, George Thomas Hospice Care.

Background

1. Hospices have been the mainstay of the development of palliative care services over the past 30 years. They have led the development of specialist services to patients and the education of health professionals. Through raising the profile of care of the dying they have been instrumental in making the care of incurable patients a major policy agenda item. Their local identity and independence is very important to them, this is reflected in the fact that they have a considerable of community support and locally raise significant sums year on year to sustain their services. There remain many areas without access to local Hospice in patient services due to the rural nature of much of Wales

2. Developments over the past 10 years have seen the work of the hospice movement extend to care within cancer centres, district general hospitals, community settings and care homes. This has been achieved through various methods; posts have been funded through local and national charities with a proportion now within NHS Trust budgets. There has also been a significant change in oncology treatment; more patients are receiving non-curative treatment over increasing periods of time, necessitating the need for more collaboration and closer working between oncology and palliative care services. The voluntary sector as a whole provides a significant part of the supportive elements of care within cancer centres and hence helps towards attainment of the Welsh Cancer Standards. There has also been a move to ensure that palliative care extends to all patients in need, not just those with a cancer diagnosis and that hospices care is equally available to all sectors of society.

3. In 2005 the Cancer Services Coordinating Group commissioned a needs assessment of Specialist Palliative Care Services in Wales, this highlighted many of the gaps in provision and the potential for reconfiguration of services.

- 34,659 deaths per year (Wales 2003)
- 27% had cancer
- 1% of the population die each year
- 50% of hospital population are in their last year of life
- 84% were aged over 65
- 56% would prefer to die at home but only 20% do
- 24% would prefer to die in a hospice but only 4% do

4. The Welsh Assembly published a strategic document on Palliative Care in Wales (2003) and stated; "Existing hospices should be closely integrated into local provision. This means that Local Health Boards and Networks should work positively with the sector to ensure contractual and funding issues are placed on a sound footing to enable hospices to plan confidently for the future. Hospices and their supporting services must be able to operate in a stable and sustainable financial environment."

5. The voluntary sector has worked tremendously hard to engage commissioners in the development and planning of services, interest and commitment varies widely.

6. Because of a need to ensure scarce resources are used to the best possible benefit for patients, hospice services have worked collaboratively to push the agenda forward with endorsement but often without LHB support. Innovations such as sharing of medical services, shared on-call advice service across many parts of Wales, network wide developments such as Service Level Agreements for Occupational therapy and chaplaincy services are examples of the collaborative ways in which the voluntary sector are working. The voluntary sector hospices in particular are very tightly regulated and inspected which demonstrates that the services meet best practice in terms regulatory requirements, evidence based care, outcome measures and importantly feedback from users.

7. However the reality is that all the Welsh Hospice services are reporting ongoing financial problems. They negotiate funding individually with their respective LHBs and the majority received an annual block grant, rather than having service levels agreements in place. The level of financial support from the LHB varies considerably and the average contribution is well below the UK average.

- the NHS contribution in England averages at 45% of adult hospices running costs
- the average contribution from the NHS in Wales is 21%
- children’s hospices receive and average of 4% NHS funding

8. Four years ago the Welsh Assembly Government gave the Voluntary Hospices as grant of £10millon over three years, this should have been match funded, and have LHB support and commitment to sustain developments. In the present financial climate the latter has been very difficult to attain. It just hasn’t happened for the most part.

9. There remains a frustration within the hospice movement that they are providing an essential part of care through charitable funding. The health sector would be paying for a patient’s care if they were a hospital inpatient or being cared for under continuing care in a nursing home, why are the core costs of hospice inpatient care not being met? In England, following a cross cutting review, there has been a commitment from the government to meet the core care costs of voluntary hospices and work is ongoing to develop HRGs that will for the basis of payment by results. The current contracting arrangements are ‘getting in the way’ of collaborative working.

Actions Required – ‘doing not talking’

- Mature commissioning/contracting relationships between LHBs, Trusts and voluntary

organisations to address not only funding but strategy and operational delivery of service.

- Coordination of all palliative care/hospice services based on robust patient pathways. There are examples of excellence, out of hours advice – network wide services development (e.g. Rehab Consultant)
- Where excellence exists this should be replicated for example Gwent 'out of hour's drugs' model.
- Decisions regarding keeping patients at home, who has overall responsibility, a more flexible approach is required to overcome barriers Examples
- Commissioning who? and how ambitions of 'true' partnership will be achieved, relationships vary widely across all 22 LHB's and moving forward need to be based on equity.

Review of the Register General on deaths in England and Wales, 2003 http://www.statistics.gov.uk/downloads/theme_health/Dh1_36_2003/DH1_2003.pdf

Independent Hospices in Wales: a consumer perspective Welsh Consumer Council, 2005 http://www.wales-consumer.org.uk/Research%20and%20polciy/forms/060.htm

Information for the palliative care sector: Healthcare Resource Groups; Payment by Results; HM Treasury's Cross Cutting Review (full cost recovery)
http://www.ncpc.org.uk/policy unit/pbr.html

A Strategic Direction for Palliative Care Services in Wales Welsh Assembly Government, 2003
http://www.wales.nhs.uk/docuemtns/pall-care-final-e.pdf

Cancer Services Coordinating Group All Wales Population Based Palliative Care Needs Assessment Report – October 2005.pdf