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## Report on the National Advisory Committee on Palliative Care

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**MID-WESTERN**  
HEALTH BOARD

26 October 2001

**To:** Chairman & Each Member  
Mid-Western Health Board

Report No:  
Item No on Agenda

**Report on the National Advisory Committee on Palliative Care**

Dear Member,

The Minister for Health and Children established the National Advisory Committee on Palliative Care in the Summer of 1999 with a view to preparing a report on palliative care services in Ireland. The work of the Committee has resulted in the publication of this report.

The following is a brief synopsis of the report following the format of the Report and highlighting some of the key points/recommendations emanating from the report. The report consists of five sections namely:-

1. Background
2. Palliative Care
3. Quality in Palliative Care
4. Organisation
5. Implementation

**Section 1:** In Section One "An overview" refers to the three levels of specialisation within Palliative Care Services namely

Level One	Palliative Care Approach
Level Two	General Palliative Care
Level Three	Specialist Palliative Care

The key points highlighted in this section are:-

- All three levels of service provision should be available in each Health Board Area.
- Palliative Care Services should be available in all care settings including acute general hospitals and the community.

Within the section on Background it highlights the need for Specialist Palliative Care. It underlines the need for Palliative Care Services and how this will increase in coming years. Population projections indicate that the over 65 population will more than double between 1996 and 2031. At present over 95% of all patients availing of palliative care services suffer from

particular needs should be considered.

The key recommendations from this section are:-

- ***A needs assessment for specialist palliative care services be completed in each Health Board Area. Each Health Board should determine the bed requirements of its own population as part of the needs assessment.***
- ***Palliative Care for children differs from palliative care for adults in that many children requiring palliative care have life-limiting conditions as opposed to advance terminal conditions.***
- ***The need for assessing palliative care services, both patients and their carers are prime stakeholders and as such their opinions should be sought and incorporated into national and regional policies.***

## **Section 2**

Section Two focuses on specialist palliative care services and describes the characteristics and make up of such services. It also documents the various staffing requirements and identifies the optimum staffing levels for this specialist service to function.

The key recommendations include:-

- ***Each Health Board Area should have a comprehensive specialist palliative care service to meet the needs of patients and families in the area.***
- ***All health care professionals should be able to access advice and support from specialist palliative care service providers when required.***

Acute general hospitals and the provision of recommended specialist palliative service in these facilities are highlighted in Chapter 7.

This Chapter describes the recommended specialist palliative care service in acute general hospitals. It describes a comprehensive hospital based specialist palliative care team, and how the team should function within the hospital. It recommends the development of integrated out-patients, which would allow the specialist team to become involved in patient care at an early stage.

The key recommendations include:-

- ***The specialist palliative care team in an acute general hospital should consist of at least a consultant in palliative medicine, a specialist palliative care nurse, a social worker and a secretary.***
- ***All acute general hospitals should have a consultant-led specialist palliative care service, offering advice and support to health care professionals in the hospital.***
- ***The specialist palliative care team should work alongside other hospital teams, complementing their work rather than taking over care of the patient.***
- ***Arrangements should be made to fast-track out-patients appointments for patients receiving palliative care.***

***subsequent referrals should be speedily organised.***

- ***In A & E the patient's condition should be rapidly assessed, and the patient should be referred to the appropriate team without delay.***

This section also highlights Palliative Care in the community and outlines the progression from the 1994 health strategies emphasis on the further development of community services for Palliative Care based on the principles of health and social gain.

It also documents the roles of the main health care providers, and makes recommendations with regard to the future delivery of specialist palliative care services in the community. It also examines some of the barriers to efficient care in the community, and offers some solutions to these problems.

Some of the key recommendations include:-

- ***The specialist palliative care team in the community should be an inter-disciplinary team.***
- ***The specialist palliative care team should be based in and led by the specialist palliative care unit in the area.***
- ***Community hospitals should have designated beds for palliative care patients who require an intermediate level of in-patient care.***
- ***The concept of "shared care" for patients receiving palliative care in the community should be promoted.***
- ***Specialist palliative care nurses should provide a seven day service to patients in the community.***
- ***Each specialist palliative care unit should develop its own physiotherapy, occupational therapy and social work departments, which would also meet the needs of palliative care patients in the community.***
- ***Each Health Board should have a sufficient bank of equipment to meet the needs of palliative care patients in the community.***
- ***Local arrangements between pharmacists in specialist palliative care units, hospitals and in the community should be formalised to ensure that patients receiving palliative care have access to all necessary medications as and when required.***
- ***Care attendants should be available to support families of palliative care patients in the community.***
- ***All palliative care patients should have adequate access to respite care in a setting of their choice.***
- ***Arrangements should be made for the transport of patients receiving palliative care to different care settings when required.***
- ***There should be a "fast-track" system in place to enable patients with advanced disease to access grants in housing alterations.***

support that may be needed by individuals and families before and after a patient's death. It also identifies the main providers of bereavement support.

Key recommendations outline that:-

- ***Bereavement support should be an essential part of all specialist palliative care programmes and should be available in all settings where specialist palliative care is offered.***
- ***Bereavement support should begin early in the disease process, long before the death of the patient occurs.***
- ***Bereavement support should be provided by appropriately trained personnel from the available pool of staff in each service.***
- ***Assessment of need for bereavement support should be routine in all specialist palliative care services.***

As in most reports Education, Training and Research is highlighted within the report. It describes the current situation regarding education and research in palliative care in Ireland. It also describes the recent changes in nursing education and training in Ireland. Finally, it makes recommendations with regard to the future direction of education and research in the specialist palliative care services.

The key recommendations include:-

- ***Academic departments of palliative medicine should be established in each medical faculty with the development of inter-disciplinary courses for all professionals involved in the delivery of palliative care.***
- ***All health care professionals working in palliative care should have the opportunity to engage in research.***
- ***A number of research centres, linked to academic departments of palliative medicine should be established.***
- ***There should be a major public funding allocation to promote palliative care research in Ireland and to put in place the necessary infrastructure to allow this to happen.***

### **Section 3:**

In Section 3 three issues of communication and standards are explored. It examines communication in the different settings, and makes recommendations on how improvements in communication could enhance the quality of care for patients and families.

The key recommendations include:-

- ***There should be specific training in communication skills for all staff involved in the care of patients with progressive illness.***
- ***The general practitioner, public health nurse and specialist palliative care team, when appropriate, should be contacted directly in advance of a patient's discharge from hospital.***

- **Primary care health professionals should have an open line of communication with each other which should involve regular team meetings when possible and regular communication by phone, fax or e-mail.**
- **Health care providers should be proactive in the provision of information regarding services allowances and entitlements to patients and families.**

Standards in palliative care are addressed in Chapter 12, as it outlines how quality in palliative care can be measured, and how services can be evaluated to ensure that patients receive the best quality possible in service delivery.

Key recommendations reflect:-

- **The provision of services and equipment to palliative care patients should be based on need, and not on the ability to pay.**
- **Specialist palliative care services should be available to all patients wherever and whenever they require them.**
- **A Minimum Data Set should be developed in Ireland in order to provide standardised information on any patients of the specialist palliative care services.**
- **Suitable performance indicators and outcome measures should be identified and utilised in specialist palliative care services in order to evaluate and maintain quality standards.**

#### **Section 4**

Section 4 reflects organisational issues and focuses on funding and accountability. This section makes recommendations on how the future funding of palliative care services should be organised. It pays particular attention to the interface between Health Boards and Voluntary Organisations, and describes the service agreement that forms the basis for partnership arrangements between these parties. It emphasises the accountability of service providers in respect of money obtained from the Health Board or through fundraising events.

Key recommendations include:-

- **Adequate and equitable statutory funding should be made available on a phased basis to meet the core running costs of all specialist palliative care services.**
- **The distribution of funding should be through service plans adopted by each Health Board, and through service agreements between the Health Board and voluntary services providers in the region.**
- **Structures for the planning, delivery and evaluation of health services should support a high degree of accountability and transparency at all levels.**
- **There should be a separate protected budget for specialist palliative care services at Health Board level.**
- **All day-to-day expenditure should be met by the Health Board specialist palliative care budget.**

areas.

- ***Service agreements should form the basis of future working relationships between the Health Boards and all voluntary specialist palliative care service providers.***
- ***The process should respect the independent identify and operational autonomy of individual voluntary service providers and also respect the statutory regulatory and public accountability responsibilities of the statutory bodies.***
- ***Fundraising groups should identify key objectives and strategies in relation to their activities and should be fully accountable for all money raised.***
- ***Any projects funded should be in accordance with the overall palliative care developments for the region.***

The framework for planning of specialist palliative care are highlighted in Chapter 14. It outlines how a framework for the planning of specialist palliative care services should be established. It also describes the structure of a National Council for Specialist Palliative Care, its composition, and its terms of reference. The structure, composition and terms of reference of Regional Committees for Palliative Care at Health Board level are identified.

The key recommendations include:-

- ***The Minister should establish a National Council for Specialist Palliative Care to offer advice on the ongoing development and implementation of a national policy on palliative care services in Ireland.***
- ***The National Council should be broadly based and have representatives from the appropriate statutory and voluntary agencies.***
- ***There should be formal links between the National Council for Specialist Palliative Care and the National Cancer Forum.***

Each Health Board should establish two regional committees for palliative care. These are:-

- ***A Regional Consultative Committee, which should provide a broadly based forum for the exchange of information and ideas on all matters pertaining to palliative care.***
- ***A Regional Development Committee, which would advise the CEO on the implementation of the National Policy.***

## **Section 5**

Implementation issues are addressed in Section 5 – In this section the estimated cost of the recommendations made in the Report by the National Advisory Committee are detailed.

To correspond with the launch of this publication the Board has recently received funding in relation to this report in order to implement the following items:-

- ***To undertake a needs assessment study to identify palliative care service needs within the Health Board Area.***
- ***The Report also provides that each Health Board Area establish (a) a Regional Consultative Committee and (b) a Regional Development Committee.***

***sites Kilrush Community Hospital, Raheen Community Hospital, Ennistymon Community Hospital, Cahercalla Community Hospital, Dean Maxwell Community Nursing Unit Roscrea, St. Conlon's Community Nursing Unit, Nenagh.***

- ***A post, at an appropriate level, which would deal with the development of palliative care service and related issues.***

It is hoped that the Mid-Western Health Board will adopt a coordinated response to this report through the needs assessment and participation in the Standing Committees.

A further discussion on this strategy will be facilitated through the Standing Committee on Elderly and Community in forthcoming meetings.

**Signed:**

**James Conway,  
Asst. Chief Executive Officer.**