

# **REPORT OF THE NATIONAL ADVISORY COMMITTEE ON PALLIATIVE CARE (2001)**

## **Summary of Recommendations**

-----

### **Principal recommendations**

- A national policy on palliative care should be formulated.
- A National Council for Specialist Palliative Care to be established to advise the Minister on national policy.
- Each health board to establish two regional committees on palliative care:
  1. A Regional Consultative Committee as an advisory committee
  2. A Regional Development Committee to prepare an agreed development plan for the recommendations of the National Council and the Regional Consultative Committee.
- All health boards to undertake a needs assessment, within nine months from October 2001, to define palliative care needs in their area. The needs of different population groups, including children, should be addressed.
- Priorities for the development of specialist palliative care services should be based on national policy and should be decided by health boards at regional level, based on the need for services as defined by the recommended needs assessment and also taking account of advice provided by the Regional Committees on palliative care.

### **Other recommendations**

- Palliative care should be available in all care settings.
- Services should allow patients to move from one care setting to another.
- The concept of palliative care should be promoted in the wider community.
- Further research should be undertaken in Ireland to evaluate the effectiveness of different models of specialist palliative care service delivery.
- The regional needs assessments should consider the needs of patients with malignant and non-malignant diseases,
- Research to be undertaken at national level to examine the needs of non-cancer patients.
- Specialist palliative care services should recognise and facilitate cultural diversity.

## **Children**

- The medical and nursing care of children should be the responsibility of paediatric-trained medical and nursing staff.
- There should be close cooperation and liaison between paediatric and specialist palliative care services in each health board area.

## **Care attendants**

- Care attendants should be available to support families of palliative care patients in the community.
- The role of care attendants should be clearly defined. They should be properly screened, selected and trained for their involvement with palliative care patients.

## **Patient participation**

- The opinions and preferences of patients and their carers should be sought and incorporated into national and regional policies.
- All palliative care patients should have adequate access to respite care in a setting of their choice.

## **Bereavement**

- Bereavement support should be available in all care settings.
- It should begin early in the disease process.
- Bereavement support should be provided by appropriately trained personnel.
- Assessment of need should be routine in all palliative care services.
- Accreditation and regulation should be introduced to ensure quality.
- Provision should be made for the education and training of all staff involved in bereavement support.

## **Education, training and research**

- All health care professionals working in palliative care should have the opportunity to engage in research.
- A number of research centres should be established, linked to academic departments of palliative medicine.
- There should be major public funding allocation to promote palliative care research in Ireland and to put in place the necessary infrastructure to allow this to happen.

## **Funding and accountability**

- An adequate level of public funding should be provided for the provision of services.
- The distribution of funding should be through service plans adopted by each health

board and through service agreements between the health board and the voluntary service providers in the region.

- There should be a separate protected budget for specialist palliative care services at the health board level.
- All day-to-day expenditure should be met by the health boards' specialist palliative care budget.
- Health boards should work in partnership with the voluntary service providers in their areas, with service agreements as the basis of their working relationships.
- The process should respect the independent identity and operational autonomy of individual voluntary service providers, and should 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.
- All projects funded should be in accordance with the overall palliative care development plan for the region.

-----