

PRESS RELEASE

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REPORT HIGHLIGHTS GAPS IN HOSPICE SERVICES COUNTRYWIDE

A newly launched report on hospice services in Ireland entitled, *A Baseline Study on the Provision of Hospice/Specialist Palliative Care Services in Ireland*, has revealed continued inconsistency and inequities in accessing hospice services throughout the country.

Yet a world class hospice/palliative care service throughout the country could be provided at half the cost of running a large acute hospital for one year.

Launched in Dublin today (March 31st) by the Tanaiste and Minister for Health and Children, Mary Harney T.D., the Baseline Study benchmarks services on a regional basis against the recommendations of the Report of the National Advisory Committee on Palliative Care (NACPC), which was endorsed by the Government in 2001.

Since 2001, some NACPC recommendations have been implemented, including the appointment of more Medical Consultants in Specialist Palliative Medicine as well as more teams and resources. Homecare services have been extended and a training scheme put in place for Specialist Registrars. The recommended National Council for Specialist Palliative Care was set up last year.

Many of the recommendations of the 2001 report remain unfulfilled, however. The Baseline Study has found that there is a wide divergence in the range of services and care options available in different parts of the country. Patient and family access to comprehensive services largely depends on the region of the country in which the patient resides, and there is still a very low level of service delivery to non-cancer patients.

There is significant regional variation in the per capita spend by the state on hospice/palliative care, ranging from €1.50 per capita in the area of the Midlands Health Board to €31 per capita in the North-Western Health Board area.

Care settings:

Inpatient units (hospices)

The eight specialist palliative care inpatient units dispersed across the 10 former health board areas of Ireland provided care for 1,499 patients during 2004. The NACPC report recommended that there should be 8-10 inpatient beds for every 100,000 of population, with at least one inpatient unit in each former health board area.

While seven former health board areas have inpatient units, the remaining three (the Midlands, the North-East and the South-East), covering 12 counties, have none.

Even those health board areas with existing inpatient units are experiencing hospice bed deficits. Several counties in areas which have inpatient units in neighbouring counties have an identified need for satellite units, e.g. Cavan, Kerry, Mayo/Roscommon, Wicklow, Kildare and Dublin West.

The NACPC report recommended a national total of 390 hospice inpatient beds. In December 2004, there were 131 inpatient hospice beds – a deficit of 254.

Home care

Significant progress has been made in almost all areas in the provision of specialist palliative care nurses in the community. Some 22 home care teams nationwide, employing 150 specialist palliative care nurses, provided care to over 6,000 patients in 2004. Home care provided over 90,000 home visits in 2004.

However, State funding for services varies from location to location from almost 100% (South Dublin/Cork/Kerry/Wicklow/Kildare) to 25% or less (Galway /Mayo / Roscommon/Wexford/Waterford/Carlow/Kilkenny/North Dublin).

While the Government made significant progress in this regard in last December's Budget, much remains to be done. There is still a dependence on voluntary contributions for one-third of home care staff costs, in spite of government commitments to fully fund core staff.

There is also wide variance in home care service delivery:

- Service availability varies from 24 hours over 7 days to 8 hours over 5 days.
- Few home care teams are multidisciplinary – consultant-led, with nurses, social workers, pharmacist, physiotherapist, occupational therapists and bereavement support;
- Only one health board area has a community-based team supported by occupational therapy and physiotherapy;
- There is still a very low level of service delivery to non-cancer patients.

Acute Hospitals

Acute general hospitals are the main source of referral of terminally ill patients to hospice and palliative care services (over 6,000 referrals in 2004). It is government policy that all acute general hospitals with over 150 beds should have a full, consultant-led specialist palliative care team (non-consultant doctor, specialist nurse, social worker, medical secretary).

Only eight of the state's 38 acute general hospitals with over 150 beds have approved a full palliative care team. Twelve have a partial team; seven have a 'nurse-only' team and eleven hospitals have either no service or depend on external support from community-based teams.

Steering Committee calls for recommitment to implementation of 2001 policy

The Chairperson of the Steering Committee for the Baseline Study project, Kevin O'Dwyer, CEO of Marymount Hospice, Cork, stated: "The Baseline Study has revealed a significant shortfall in government funding and inequity in the development of specialist palliative care services. The pace of change has been hugely varied. There are populations within the state for whom an extraordinary and concentrated planning and development programme will be needed before they can benefit from a level of service already available to many of their fellow citizens in other regions."

The Baseline Study recommends the adoption of an 'Accelerated Palliative Care Implementation Programme' (APCIP) to be implemented in those areas with the least developed services, as well as multi-annual funding to meet the core running costs of all specialist palliative care services.

CEO of the Irish Hospice Foundation, Eugene Murray, stated: "There should be a separate protected budget for specialist palliative care services at health board level. All day-to-day expenditure should be met from this budget. The total cost of providing a world class national hospice/palliative care service would be €144 million or less than 1.2% of the total health budget of €12 billion. This is equivalent to half the cost of a large acute general hospital. However, the current expenditure is €54m – a shortfall of €90m. Given that many palliative care patients are being cared for in inappropriate care settings, the actual additional costs of staff and beds will be largely offset by savings in other areas of the health service."

Hospice/Palliative Care

Hospice/palliative care involves the total care of patients and their families at the stage in a serious illness where the focus has switched from treatment aimed at cure to ensuring quality of life. Almost 30,000 people die annually in Ireland and over 6,000 people use hospice services every year. It is estimated that up to 13,000 patients will require access to hospice and specialist palliative care in 2016.

The Baseline Study was co-funded by the Atlantic Philanthropies and the Health Service Executive. It was produced with the support of the Irish Association for Palliative Care, the Irish Cancer Society and representatives of clinical and management groups.

– Ends –

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Summary of key findings:

- Hospice and palliative care staffing levels across all professions are below the guidelines set by the 2001 Report of the National Advisory Committee on Palliative Care;
- There is wide disparity in the current spend per capita between regions, with the lowest spend of €1.50 per capita in the Midlands compared to €31 per capita in the North West;
- State funding for core services varies from 100% to 0% depending on where one lives. In spite of government commitments to fully fund core staff, there is still a dependence on voluntary contributions for approximately 30% of home care staff costs;
- The current expenditure on palliative care services is €54m - a shortfall of €90m.
- The total cost of providing a fully comprehensive national palliative care service is €144m, or less than 1.2% of the total health budget of €12 billion.
- The national palliative care staff deficit is 732, which would cost €50m to fund;
- There are currently 22 home care teams nationwide - only two are available on a 24-hour basis;
- Some 11 of the country's 38 acute general hospitals with over 150 beds have no palliative care team;
- Some three former health board regions – covering 12 counties – have no in-patient unit;
- Nationally, there is a deficit of 255 palliative care beds;
- In 2004 there were only five specialist in-patient units providing day-care services;
- Non-cancer patients, e.g. those with end-stage stroke, renal failure, pulmonary and heart disease do not have the same access to night nursing services as those with advanced cancer.