



PRESS RELEASE

9th December 2008.

Immediate release.

FORUM TO PLAN FOR EXTENSION OF PALLIATIVE CARE TO NON-CANCER PATIENTS **- MARIAN FINUCANE CO-LAUNCHES REPORT ON EXTENDING ACCESS -**

The Health Service Executive and the Irish Hospice Foundation (IHF) have announced that a forum will be held next month to review the recommendations of a report which was launched today (9th Dec) on extending access to palliative care for people with illnesses other than cancer.

The joint report entitled '**Palliative care for all - Integrating Palliative Care into Disease Management Frameworks**' focuses on three life-limiting conditions - Chronic Obstructive Pulmonary Disease (COPD), heart failure and dementia.

It has recommended that palliative care be integrated into the disease management frameworks for these diseases. To fulfil this objective, it is planned to recruit three part-time clinical facilitators – one for each specific disease - who will work with relevant medical and clinical professionals to ensure that palliative care is included in service plans for these diseases. These clinical facilitators will be employed for two years from 2009.

The report was commissioned as part of the joint HSE/IHF project to extend access to palliative care for patients with conditions other than cancer - a key recommendation of the 2001 Report of the National Advisory Committee of Palliative Care which was adopted as Government policy.

Specialist palliative care services have traditionally developed to respond to the needs of people with cancer. Some 95% of the 6,000 people who access hospice/palliative care services in Ireland each year are cancer patients. The findings and recommendations of the report will help to ensure that people with illnesses other than cancer can access all levels of palliative care appropriate to their needs.

The report has recommended that all policy documents that refer to life-limiting diseases should include plans for access to appropriate non-specialist and specialist palliative care.

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It also recommended, in line with international practice, that collaboration between disease specific specialists and specialist palliative care was the most effective way to deliver palliative care for non-cancer patients. In practice, this would mean that a disease specific consultant would deliver non-specialist palliative care support to the patient they have treated over a long time. They would draw on the advice of their colleagues in palliative care and only in a minority of cases would the palliative care specialists take over the direct care of the patient.

The report advised that governance and monitoring systems should be introduced to ensure that specialist palliative care was provided on the basis of need rather than diagnosis to all patients with life-limiting illnesses as the report has found that 19% of specialist palliative care services accept referrals from people with Cancer, Motor Neurone Disease and people with AIDS only – 81% reported that access to their services was based on need rather than diagnosis.

To ensure that all people die with dignity and comfort, the report recommended that an end-of-life strategy be introduced to support and guide all health service staff who worked with people who were dying.

Other recommendations included:

- Palliative care to be included in the formal training curricula of professionals who work with people with life-limiting illness.
- Information material to be prepared on the role of palliative care for all patients with illnesses other than cancer.
- Specialist palliative care staff to develop their skill base to respond to the palliative care needs of non-cancer patients.
- All specialist palliative care services to use agreed common eligibility and discharge criteria as the basis for access for all patients to their services
- Referral triggers to specialist palliative care to be developed and introduced for other life limiting diseases such as chronic kidney failure and pulmonary fibrosis
- An extensive mapping exercise to be undertaken to determine the service delivery initiatives for non-cancer patients in the advanced stage of their illness.

Co-launching the report, Marian Finucane stated: “This report and the measures that are being taken to implement it are very welcome developments for Irish families. Palliative care should be available to everyone in need irrespective of their illness. Up until now many people including members of my own family were not able to access palliative care, when it was needed. This was simply not acceptable. But change is happening. Extending access to palliative care to all patients will involve professionals learning new skills, sharing knowledge and collaborating on care. These changes in work practices will ensure that every patient in need has equal access to palliative care services and the possibility of dying in dignity and comfort.”

Laverne McGuinness, National Director of PCCC, HSE, stated: “Palliative care represents the last phase of health and social care for people before their death. This phase of care creates enormous challenges for health professionals, patients, families and policy-makers. Although to-date the main focus of delivery of palliative care services has been to cancer patients, it has long been recognised that this is but one of many advanced pathologies that cause suffering and pain. The identification of other chronic disease categories for recognition in terms of Palliative Care services is a welcome development.”

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James Conway, Assistant National Director for Palliative Care and Chronic Illness, commented: "It is heartening to note that in a recent study by the European Parliament's Committee on the Environment, Public Health and Food Safety, Ireland was ranked second to the UK in a comparative study of palliative care systems in Europe. The development of services in line with the recommendations in this report on extending access to palliative care for people with illnesses other than cancer, provides a further opportunity to improve equity and quality of service delivery and can only add to our already extensive portfolio in this area."

Marie Lynch, Programme Development Manager at the IHF, stated: "The palliative care needs of patients with life-limiting illness and their families must be included in their treatment. This has already been happening through a number of small initiatives. While the new plan is ambitious, it is achievable. It will pull these grassroots initiatives into a formal framework. Change will be required on a number of levels including service delivery, education, policy and research. The work of the clinical facilitators will involve demonstrating how disease specific services can include palliative care in their service delivery. A forum will now take place to agree an action plan and an implementation programme will also be developed."

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Note to editor

"Palliative care for all. Integrating Palliative Care into Disease Management Frameworks" can be downloaded from the HSE website (www.hse.ie) and the IHF website (www.hospice-foundation.ie). A hard copy is available from the IHF (Tel: 01-679 31 88).