

OPENING STATEMENT
ON BEHALF OF
THE VOLUNTARY HOSPICES GROUP
TO THE OIREACHTAS COMMITTEE ON HEALTH AND CHILDREN
24TH OCTOBER 2013

Chairman, Members,

I am delighted to have this opportunity to address the Joint Committee on behalf of the Voluntary Hospices Group on the subject of specialist palliative care services in Ireland.

The Voluntary Hospices Group is a membership group, representative of all the major voluntary specialist palliative care service providers in Ireland. It provides 139 of the 153 hospice beds in the country (with another 46 beds ready to be opened). In addition, all of the members operate specialist community care and day care services.

The capital spend by the Group in the last five years was €74m, of which €60m came from fundraising.

The Group's vision is that high quality palliative care will be available to all who may need it, in all care settings, and in line with national policy and best practice. The goal of palliative care is the achievement of the best possible quality of life for patients and their families.

2001 Report

Current national policy on palliative care is based on the principles and recommendations of the 2001 Report of the National Advisory Committee for Palliative Care. The Report describes specialist inpatient units (hospices) as the "Hub" of all palliative care provision in a defined geographical area. Where specialist palliative care inpatient units exist, services are fully integrated, with easy movement between the acute and community services, enabling the patient to be cared for in the location best-suited to their needs at any particular time, be that their home, the community hospital or nursing home, the acute hospital or the local hospice.

Unfortunately there are several parts of the country without this key element of the system, while many of the services operate without the full complement of professionals recommended in the Report.

Bed Numbers

The Report recommended that there should be at least 8 to 10 specialist palliative care beds per 100,000 population. This would suggest that there should therefore be between 367 and 458 beds in Ireland based on the 2011 Census.

The reality is that there are only 153 currently. There are no hospice beds in the midlands or northeast, with a token 2 beds in the southeast. It is imperative that the beds waiting to be opened in Cork and Blanchardstown are brought on stream as soon as possible, and that the 8

new inpatient units, and extensions to 4 others, identified in the 2008 HSE Development Framework are progressed.

Recommended Staffing Levels

There are major deficits in the staffing levels in the current specialist palliative care services compared with the levels recommended in the 2001 Report, across all disciplines and settings. A 2006 Baseline Study conducted by the Irish Hospice Foundation confirmed that less than 50% of the posts recommended had been filled, and that an additional 744 staff would be needed to implement the recommendations.

There have been many changes since the Baseline Study was carried out, in population, in practice, in skill mix, in models of care, and in service developments, and it would be extremely useful if a new study were initiated. However, this should not delay efforts to reduce staffing deficits in existing services. The scale of the challenge will require a phased response.

Specialist Palliative Care Funding

Over 30% of funding of the Voluntary Hospices Group inpatient units comes from fundraising and other non-statutory sources, while the 2008 HSE Framework document suggests that the percentage for community-based palliative services may even be higher. One of the recommendations of the 2001 Report was that the State should fund all core specialist palliative care services.

There was a further recommendation that there should be a protected specialist palliative care budget. This is essential to prevent erosion of the funding provided to date for specialist palliative care services, and to protect future investment in the sector.

Economics of Palliative Care

There is clear evidence that demonstrates significant savings when patients have access to comprehensive specialist palliative care services, with greatly reduced admissions and length of stay in expensive, acute hospital care.

For example, the 2009 National Cancer Registry shows that just 19% of all cancer deaths in the Mid-West, where there are well-resourced and developed specialist palliative care services, were in an acute hospital, compared to 50% in the North East, where there is no hospice.

Earlier studies by the Voluntary Hospices Group showed that the average bed cost in a hospice was over 20% lower than a bed in an acute hospital, and other studies show that the availability of comprehensive palliative care services minimises the number of patients needing access to either type of bed. Investment in palliative care makes sense.

The voluntary sector has been to the forefront in the provision of specialist palliative care services in Ireland, and is more than willing to contribute to the development of the services in the future.

Thank you for your attention,

Kevin O'Dwyer,
On behalf of the Voluntary Hospices Group