



# How voluntary sector hospices can contribute to end-of-life care in Wales

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Help the Hospices





## About Help the Hospices

- National membership body for the UK hospice movement, representing almost 200 independent charitable hospices
- Our vision is of a world in which everyone at the end of life has access to the best possible care
- We exist to help hospices ensure that the best possible care is provided to all affected by a terminal illness
- Founded in 1984 by Anne, Duchess of Norfolk



## What we do

- Campaign on issues that affect hospices, giving a **national voice** to their views and concerns
  - **Raise awareness** of hospice care and the difference it can make
  - **Raise money** for local hospices, co-ordinating national appeals and partnerships
  - **Organise training** for hospice staff and volunteers
  - **Provide grant funding** for innovative new projects
  - Run a comprehensive **information service**
  - Offer **support and advice** to hospice services around the world, especially in resource-poor countries.
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## Hospice care in Wales

- Set up on the basis of the holistic model of care to fill a gap in care for those facing the end of life
- There are now 13 charitable hospices across Wales
- They provide a varied range of services through multi-disciplinary teams:
  - In-patient units
  - Hospice at home
  - Day care
  - Out-patient services
  - Bereavement support
- Set-up, funded and supported by and for the local community



## Hospice care in Wales

- In 2006 hospices in Wales cared for:
  - 3,897 people at home
  - 1,012 people in in-patient unit
  - 1,075 people in day care
  - 647 supported via bereavement services
- Supported 10% of all deaths in Wales and a quarter of all those who die from cancer.
- Hospices are caring for larger numbers of people
- Increasing numbers of patients with non-cancer diagnoses



## Hospice care in Wales

- Welsh hospice care has a higher proportion of hospice at home services than the rest of the UK
- Hospices achieve better outcomes in care.
  - 70% of people die in hospital, while of those who have had **any** support from a hospice only 26% die in hospital.
- Hospices in Wales are supporting around 13% of all deaths that occur in people's own homes



## Filling the gaps

- Filling the gaps in provision has been a key feature of the voluntary hospice movement
  - Provide services in localities where there are no alternatives
  - Support patients when they are waiting to access their continuing care funding
  - Provide alternatives to mainstream medical environments for care
  - Support family and carers
  - Look to develop new services and support to address currently unmet needs
- Hospice care operates in the gap between what the state can provide and the role of families and the private sector



## Part of the mix of care

- Important to challenge the myths about hospice care
  - A hospice is not 'just a place'
  - Care for people with more than just cancer
  - Care for people across society
  - You don't go into the hospice just to die
- Hospices are in the community, caring for a wide mix of people, for longer than the last days of life.



## Part of the mix of care

However:

- Hospices will never care for 100% of people 100% of the time.
- They are an important part of local, community provision of care.
- Hospices work in partnership with other providers across primary, secondary and social care.
- They play a variety of roles



## The future for hospice and palliative care

- The Palliative Care Planning Group Report will set out recommendations for the future
- Re-organisation of the NHS in Wales and questions about where responsibility for palliative care will sit within the new structure
- Increasing demand on palliative care services due to demographic change
- Financial pressures



## Funding reality for voluntary hospices

*"Not an equal partnership at present... **this year's cut was made some way into the year** with no real consultation"*

*"we are slipping further and further behind with **little bargaining power**"*

*"We have been trying... to get contractual agreements ... for the services we provide. **We still have not been able to achieve this...** this leaves us in a very **vulnerable position to renegotiate our service provision each year with the consequent uncertainty about and delay in funding.**"*



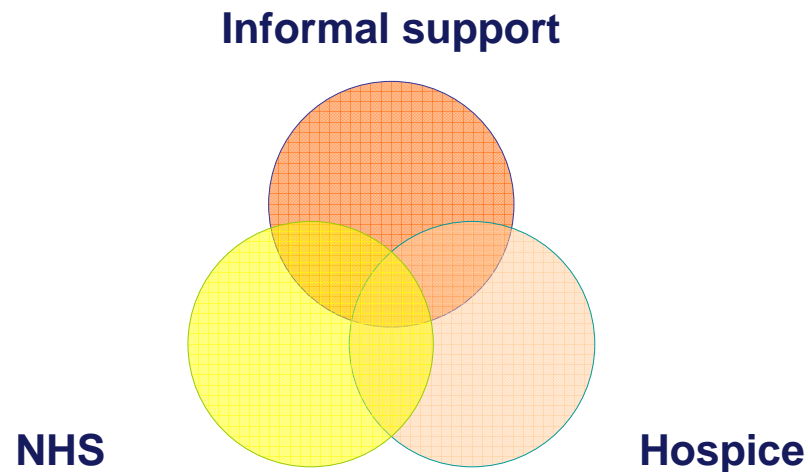
## Hospices as part of the solution

- Hospices can help to *enhance capacity*
  - Provide training and support to other professionals
  - Work with other care providers e.g. care homes and community hospitals
  - Access hard to reach groups
- Hospices can help to *set standards*
  - Define good practice and communicate it
  - Be the home of gold standard care
- Hospices can *facilitate change*
  - Be part of community infrastructure in enhancing care
  - Enable the reorientation of services into the community and reduce demand on acute services



# Interdependence

Each sector needs the others, but retains its own sphere of independence.





## Hospice care as part of the system

- Hospices have much to offer but they also need to be viewed as part of the system and integral to it not as an adjunct.
- Hospices need to be seen and treated as:
  - Experts in care
  - Professional service providers who should be paid
  - Partners in planning of services, structures and policies