

PRESS RELEASE

HOSPICE CHARITY WELCOMES GOVERNMENT'S END OF LIFE CARE STRATEGY

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A Hospice charity has welcomed the opportunity to share its expertise to ensure "high quality care for all adults approaching end of life in all settings" – the main theme of the Government's End of Life Care Strategy, published on July 14.

The Strategy, backed by £286 million Government funding, identifies the need to introduce a "Care Pathway" approach which will ensure wherever people choose to die – be it at home, in hospices, in a care home or in a hospital – they will receive the highest quality of care in all settings.

This approach, building on best practise such as that delivered by the hospice movement, identifies key steps for better patient care:

- Identifying those approaching End of Life and initiating discussions
- Care planning with individuals
- Co-ordination of Care – single point of access with rapid response 24/7
- High Quality in all settings
- Management of last days of life
- Care after death
- Support for carers at every stage

Paul Brinsley, Chief Executive of Cornwall Hospice Care, said: "The main objectives as outlined in this strategy are at the very essence of hospice philosophy. Giving dignity and respect; controlling pain; addressing the physical, practical and psychosocial needs of patients and their carers and ensuring they are actively involved in the planning of their care -is what we do best.

"It is good to see acknowledgment of the right of us all to choose where we wish to die, but it is also essential that patients with complex pain, can access the highest level of specialist care.

"Our highly trained and skilled doctors and nurses have the specialist expertise to deal with complex medical conditions, ensuring patients are free from pain and other symptoms often associated with their condition," he added.

The Strategy highlights how hospices should have a pivotal role as centres of excellence providing " a standard of care against which others will be measured"; as key providers of education and research; in forging partnerships with other providers such as care homes and community nursing teams; establishing central co-ordination facilities with access for other professionals and carers 24/7; a wider role in carer support and bereavement support as well as helping to raise public awareness.

Mr Brinsley pointed to the Government's recognition in the Strategy, which states, "Any new roles should form part of an agreed local strategy, which should be appropriately funded"

The strategy recognises the many challenges, not least in seeking to change Society's attitude to death and dying, but believes a huge step change in the care of people approaching end of life is achievable.

Cornwall Hospice Care admits around 500 patients every year at its two hospices – Mount Edgcumbe in St. Austell and St. Julia's in Hayle – and about half the patients are discharged after treatment, often able to return home. It also has more than 2000 patient admissions for day treatments and therapies annually, giving support to people who are living, and sometimes working, with a life-limiting condition.

Mr Brinsley emphasised the importance of improved “rapid response” community nursing services 24/7 as one of the key areas in the Government Strategy.

“The commissioning by the PCT of a rapid response team, including input from our specialist hospice staff, will help to ensure complex medical conditions can be dealt with in the patient’s home,” said Mr Brinsley

He welcomed the focus on the development of Specialist Palliative Care outreach services that recommend local PCTs and hospices should work together to deliver support to adults.

It costs more than £5 million annually to run the hospice services – equivalent to £11 a minute. Around 85 pence in every pound has to be met through fundraising in the local community. The contribution from the PCT amounts to around 13% - well below the national average of 31%.

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