Innovation ECHO 27th June 2022 – Approaches to service planning and delivery across the UK

5 minute summary

In this session we heard from the Hospice UK Advisory Council reps for Northern Ireland, Scotland and Wales who each gave an overview of how palliative and end of life care is organised, planned and delivered in their nation. We identified and discussed some common themes across all the UK nations.

Relationships with the health and care system
Across the UK (and within nations), relationships between hospices and the health and care systems vary. Contracts and agreements are unique to each hospice and funding is variable. Developing good relationships with those commissioning, planning and funding services is vital. Being able to identify and talk to ‘the right person’ is helpful as the health and social care systems are not always very well joined up and there can be short timescales for discussions when funding is available. In Northern Ireland, although the structure of the system has changed, the key individuals have remained the same.
In Scotland there is an emphasis on developing a relationship of trust between commissioners and service providers.

Collaboration
Hospices have been able to work together to amplify their voice and increase their influence. For example, Hospice Cymru was successful in negotiating how the extra funding for hospices in Wales was distributed during the Covid pandemic.
Similarly, the Hospice alliance in Northern Ireland has been able to meet with the Minister for Health and engaged with the All Party Group on Terminal Illness.
The Scottish Hospices Leadership Group is a strong voice which has improved joined-up thinking across the region.
Building strong collaborative relationships with other voluntary and community sector organisations is also key across all nations.
Population health approach
All the nations are seeing a shift towards commissioning based on the needs of the local population. Wales is undergoing a population health needs assessment for palliative and end of life care and Northern Ireland is carrying out a review of adult palliative care services.

A population health approach is welcomed as it gives hospices the opportunity to meet the changing needs of their local area and improve equity of access for minoritised groups.

What does palliative care look like and what can hospices offer?
Hospices have the knowledge and expertise to provide a range of services and meet community needs. However they need to be proactive to show commissioners that they are leading organisations in their communities. This includes using the language and terminology that commissioners understand.

The Highlands partnership in Scotland has begun to focus conversations about service planning on what the population wants and what hospices can do that is useful, rather than basing the discussion on funding requirements.

Holistic support is a key part of the future of palliative care, and this means many hospices are becoming involved in a wider range of discussions and forums. For example hospices in Northern Ireland are championing the need to improve local public transport infrastructure, to make it easier for palliative care patients and their families to access services. Working to support and develop compassionate communities might also lead to hospices stepping outside of ‘traditional’ boundaries.