“Hospice funding must reflect the number of deaths that occur there”

The government has again given charitable hospices in the UK money to improve their facilities, with 176 adult and children’s hospices receiving 68% funding for projects already approved and under way. The rest must be found via the usual fundraising means. In effect, therefore, the government is subsidising planned capital improvement projects for which hospices have already budgeted.

The emotional pull of the hospice movement, funded by the community, independent of the NHS, is immensely strong in the UK, but the number of people who die in hospices is relatively small when compared with those in other places: 4.6% overall and 16.4% of cancer deaths (Higginson et al, 2013). The largest percentage of deaths from all diagnoses are still in hospital (51%) and at home (22%) (Department of Health, 2012).

Is this the wisest way to spend such a vast sum of money when clearly the largest need is elsewhere? The hospice environment is already of a very high standard. Some 100,000 volunteers make sure this is so, while fundraising initiatives for specific projects abound and they receive enormous support from local communities.

Consider how £60m spent elsewhere could benefit the dying. This could transform service provision in end-of-life care. How about spending £50m on developing comprehensive out-of-hours services across the UK, closely linked to GP practices, hospices and mainstream hospitals?

A core team of centrally funded, experienced multidisciplinary health and social care staff with expertise in end-of-life care, working together conducting assessments, referrals and transfers, and coordinating care, liaising closely with all service providers and with the power and local knowledge to make things happen. People would, in theory at least, start to receive the seamless 24-hour care that has long been promised but is near impossible to deliver in the current model of healthcare delivery.

And the remaining £10m? Recent media attention about the Liverpool Care Pathway highlighted poor staff education as one of the biggest issues end-of-life care faces. It merits a funding boost. Imagine what the most experienced academics and palliative care educators in the country getting together under one banner could develop. The UK could have the most innovative, progressive, multifaceted education project in end-of-life care ever seen – a network of experienced educators in all localities, funded over a minimum of five years using a range of proven techniques. Such an initiative would complement, rather than replace, the existing high-quality education provision already out there.

Hospice’s refurbished facilities and landscaping would still be finished, albeit more slowly. A more creative use of funds is surely warranted and defensible in the current financial climate.

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References

One of the benefits of a nursing career is that you are welcome to work in many countries across the world. And many students have the opportunity to take overseas electives. These electives are often in developing countries, offering students the chance to make a positive contribution to communities with limited access to healthcare. But it is vital that students minimise health risks associated with their destination, and are highly likely to seek advice from a nurse specialising in travel health.

Our review on page 22 discusses the travel advice, risk assessment and minimisation strategies students need to ensure they are prepared for their trip. These strategies go far beyond holiday jabs, and it is crucial that thorough risk assessments are undertaken to ensure the main thing students return with is happy memories of a fulfilling experience.

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