A New National Adult Palliative Care Policy for Ireland

Prof. Karen Ryan, UCD Full Clinical Professor and Consultant in Palliative Medicine, Mater Hospital and St Francis Hospice

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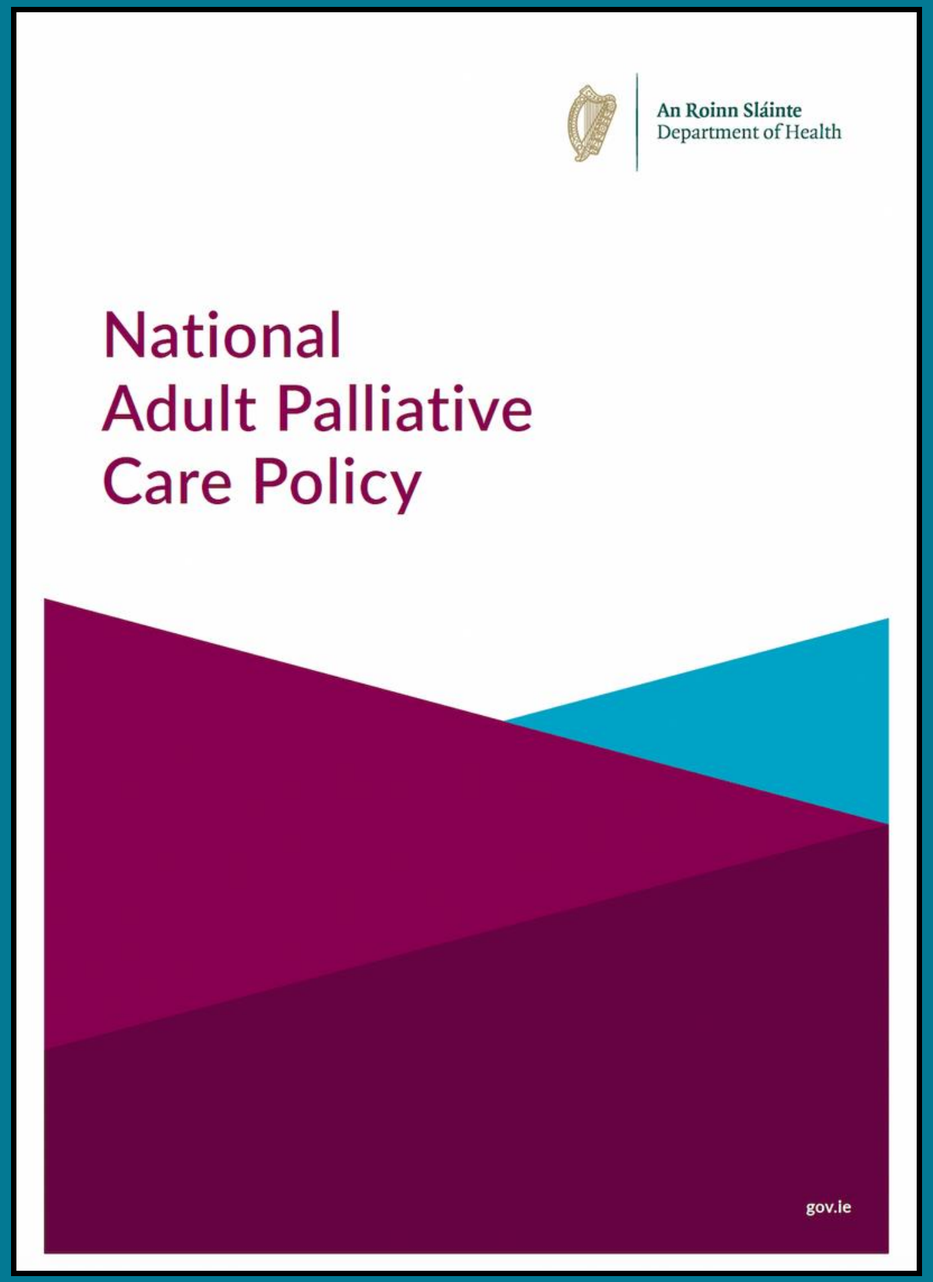


Late 19th Century
Establishment of St. Patrick's Hospital, Cork and Our Lady's Hospice, Dublin.

1995
Ireland becomes the 2nd country in Europe to recognise palliative medicine as a medical speciality.

2001
Ireland becomes one of the 1st countries in the world to publish a national policy on palliative care.

2008
Economic Downturn.

2010
Palliative Care for Children with Life-Limiting Conditions.

2010
The National Clinical Programme for Palliative Care was established.

2011
Primary Palliative Care in Ireland.

2014
Palliative Care Competence Framework.

2017
Sláintecare recommends universal palliative care should be provided as part of universal healthcare.

2017
Three-Year Development Framework.

2019
The Model of Care (for Palliative Care) is published.

2020
Programme for Government Commitment to develop new Adult PC Policy.

2021
Public Consultation.

2022
Publication of preparatory reports.

Preparatory Reports

Johnston BM, Ní Chéileachair F, Burke S, McQuillan R, May P, Davis L, Barry S, Hurley E, Thomas S, Normand C, Bruen C. Review of the Implementation of the 2001 Report of the National Advisory Committee on Palliative Care as it relates to Adult Palliative Care. Dublin: Department of Health, 2022.

Coyle C, Buggy S, Johnston B, Farragher L, Long J. National Policies for Adult Palliative Care In Four Countries: An Evidence Brief. Dublin: Health Research Board, 2021.

All Ireland Institute of Hospice and Palliative Care. Report on the Department of Health's Public Consultation for the Palliative Care Policy for Adults. Dublin: AIIHPC, 2021.

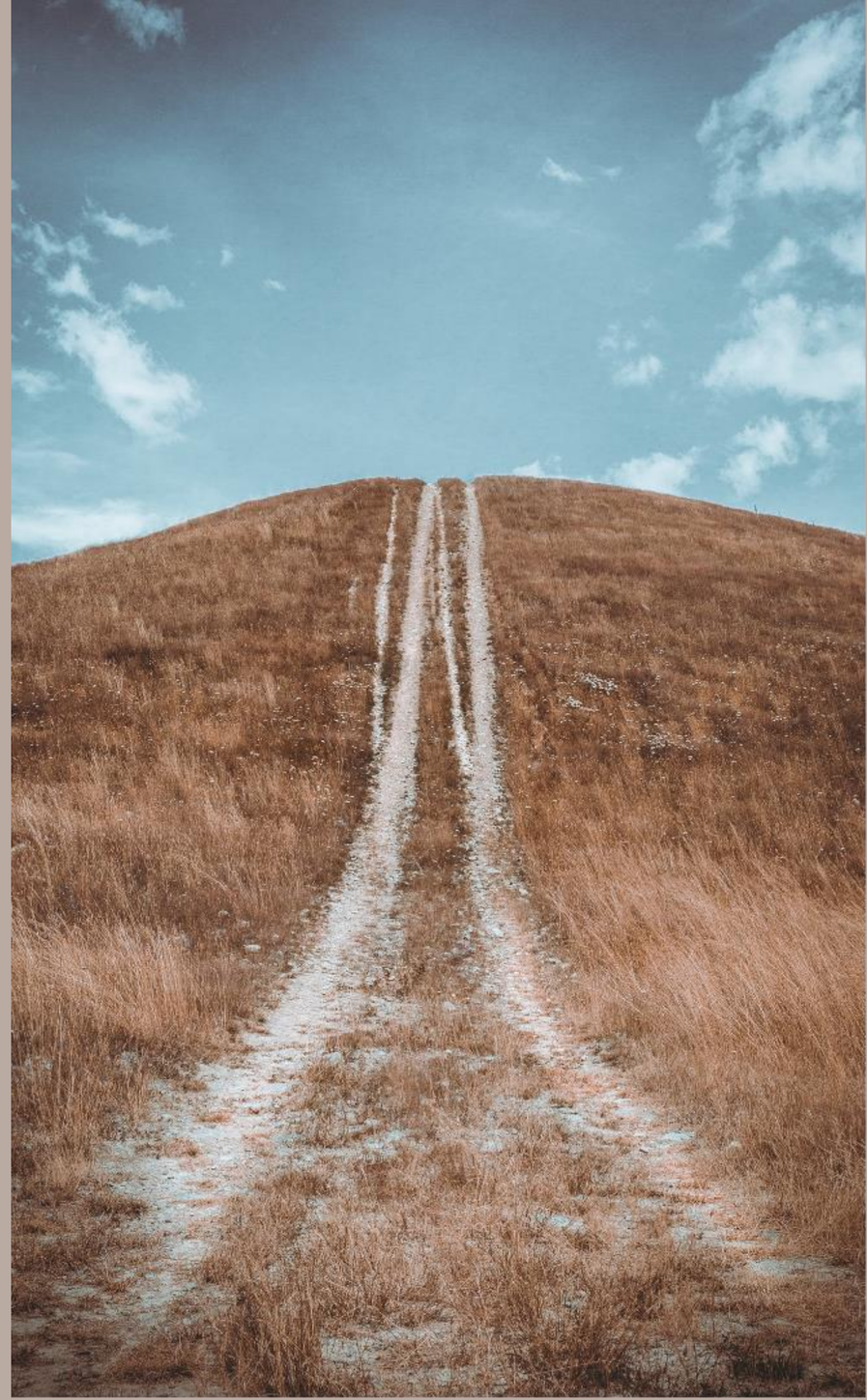
Terms of Reference

- Develop a draft adult palliative care **policy** for the approval of the Minister for Health which will set out a vision and implementation plan for delivery of palliative care and end of life care in Ireland.

- Agree appropriate **outcome measures** and **key performance indicator**s to assess the future effectiveness of the revised policy.

- Agree a timebound, task orientated **action plan** of key priorities, milestones, associated costs, and owners.

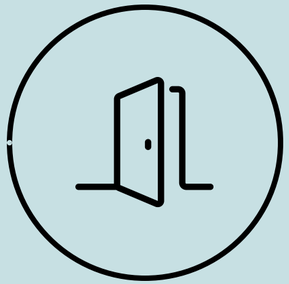
- Agree and detail structures to ensure **implementation** of the new policy including arrangements for **review and evaluation**.



Sláintecare.

Right Care. Right Place. Right Time.

UNIVERSAL HEALTHCARE MEANS THAT ALL PEOPLE HAVE ACCESS TO THE FULL RANGE OF QUALITY SERVICES THEY NEED, WHEN AND WHERE THEY NEED THEM, WITHOUT FINANCIAL HARDSHIP



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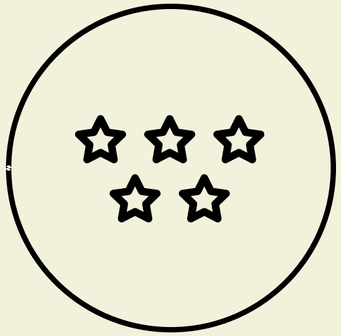
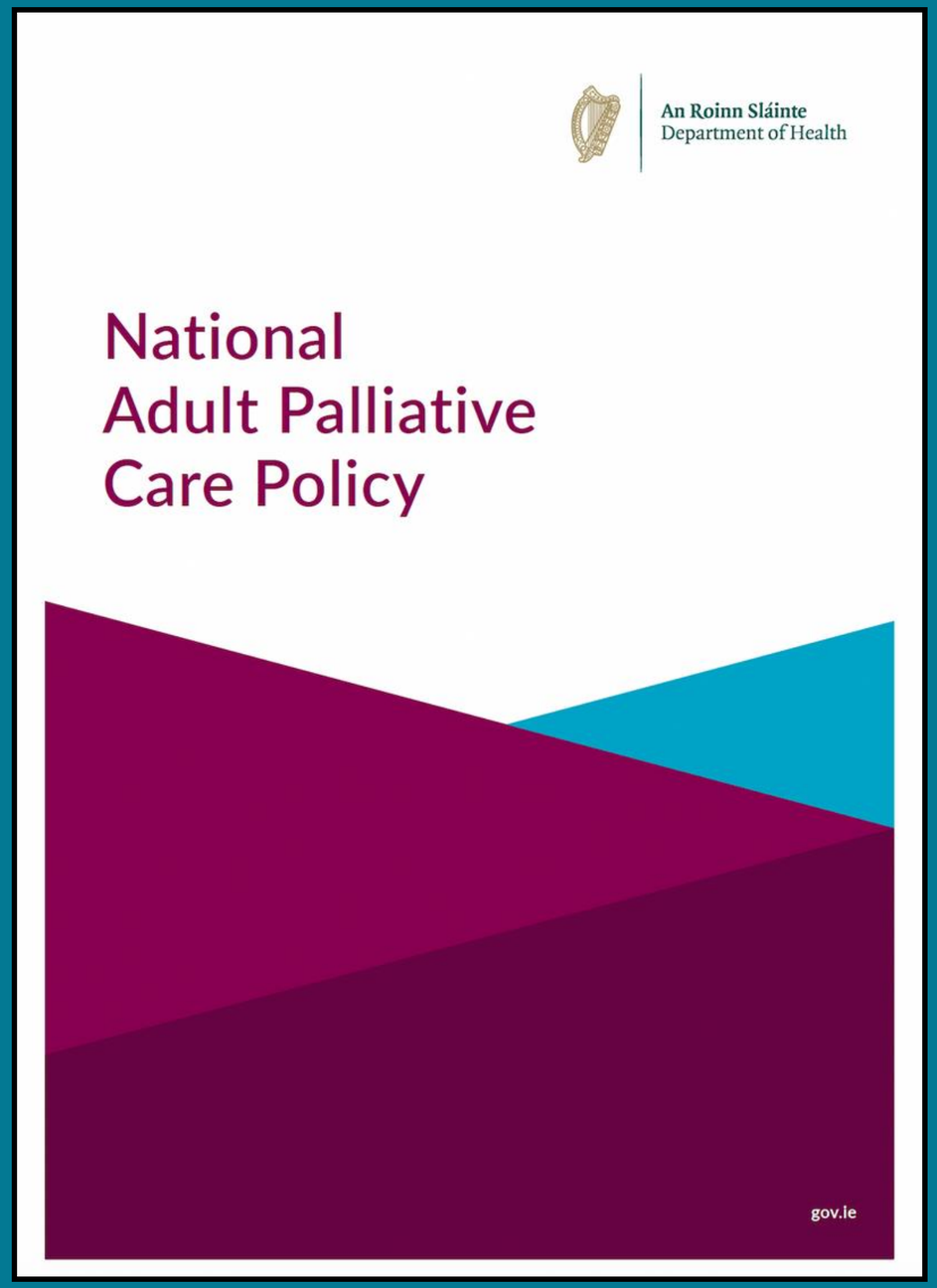


Quality

Financial protection



Goal

To deliver universal palliative care

Strategic objective 1:	Strategic objective 2:	Strategic objective 3:	Strategic objective 4:
Right care	Right place & right time	Right people	Good governance

Recommendations

1. Provide holistic care that respects dignity and autonomy
2. Regularly assess needs and plan care
3. Recognise and support carers
4. Develop bereavement services
5. Develop compassionate communities
6. Ensure universal access
7. Provide financial protection
8. Plan and resource services according to population need
9. Define core palliative care services
10. Organise services to function as integrated networks
11. Improve public understanding of palliative care
12. Support people to be cared for in their preferred place of care for as long as possible
13. Improve out of hours and emergency palliative care supports
14. Ensure availability of adequate numbers of appropriately trained staff working in interdisciplinary teams
15. Strengthen undergraduate palliative care education
16. Strengthen postgraduate palliative care education and training
17. Develop leadership capability
18. Develop palliative care workforce planning capability
19. Promote and support volunteering in palliative care
20. Strengthen systems of governance
21. Develop a safety and quality operating framework
22. Strengthen palliative care information systems
23. Ensure medicines are accessible and are used safely and effectively
24. Regulate palliative care service provision
25. Develop and support research and innovation in palliative care

Activities

- Service design and integration of palliative care in models of care
- Holistic care meeting physical, emotional, psychosocial and spiritual needs
- Safe, effective and person-centred care
- Regular needs assessment
- Personalised care planning
- Advance care planning
- Shared decision making
- Family and carer support
- Family and carer education
- Psychosocial support
- Respite
- Bereavement care
- Compassionate communities
- Equitable access
- Tailored service provision
- Financial protection
- Population-based needs assessment
- Population-based resource allocation
- Population-based service configuration
- Integrated networks of generalist and specialist palliative care providers
- Integrated palliative care fora
- Comprehensive core package of palliative care services
- Infrastructure development and capital investment
- Health promoting palliative care
- Promotion of public awareness and understanding
- Signposting
- Night nursing
- Urgent palliative care pathways
- Emergency palliative care pathways
- Undergraduate education
- Staff recruitment
- Staff education
- Staff training
- Staff retention
- Interdisciplinary team working
- Education network and community of practice
- Quality improvement networks
- Staff resilience
- Workforce planning
- Public leadership- experts by experience
- Leadership capability
- Quality improvement capability
- Data analytics capability
- Volunteering in palliative care
- Volunteering code of practice
- Volunteering community of practice
- Data collection and measurement capability
- Knowledge generation
- Quality improvement
- Guidelines
- Audit
- National bereaved carers survey
- Staff survey on end of life care
- Clinical Directors
- Quality and Safety operating framework
- Clinical management system
- E-health and m-health technologies
- Quality assurance
- Clinical academic posts
- Palliative care academic directorates
- IRIN-PC network
- Knowledge transfer and exchange capability
- Public and patient involvement

Indicators

Overall goal: Degree to which universal palliative care has been achieved

Progress by strategic objective:

- Carers' view on quality of care at the end-of-life
- Carers reporting they felt involved in designing the care and support plan for the person that they care for
- Out-of-pocket spending on health, by type of services in last year of life
- Trends in hospital death rates
- Place of death while in receipt of community palliative care services
- Percentage of time in the last six months of life spent at home or in a community setting
- Professionals providing general palliative care per 1,000 population
- Specialist palliative care healthcare professionals per 1,000 population
- Palliative care worker job satisfaction
- Number and distribution of volunteers in palliative care
- Proportion of services achieving a low rating in HIQA inspections that require intervention.
- Share of specialist palliative care organisations with an integrated Clinical Management System
- Palliative care clinical academic workforce per 1,000

Implementation principles: participatory; subsidiarity; equity-focused; learning and action cycles; goal-oriented

1 goal

4 Strategic objectives

25 recommendations

100+ activities

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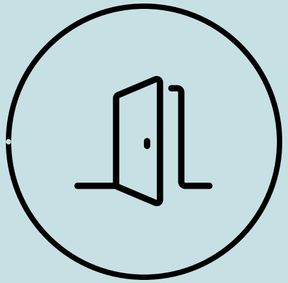

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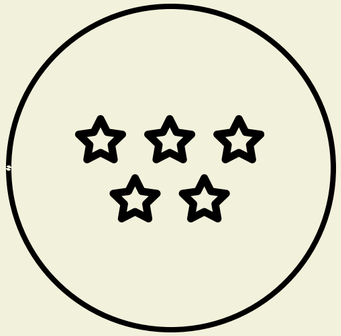


Quality

Financial protection

1

Right care

Ensuring the provision of safe, effective, and person-centred palliative care

2

Right time and place

Making palliative care available and accessible to all when and where needed

3

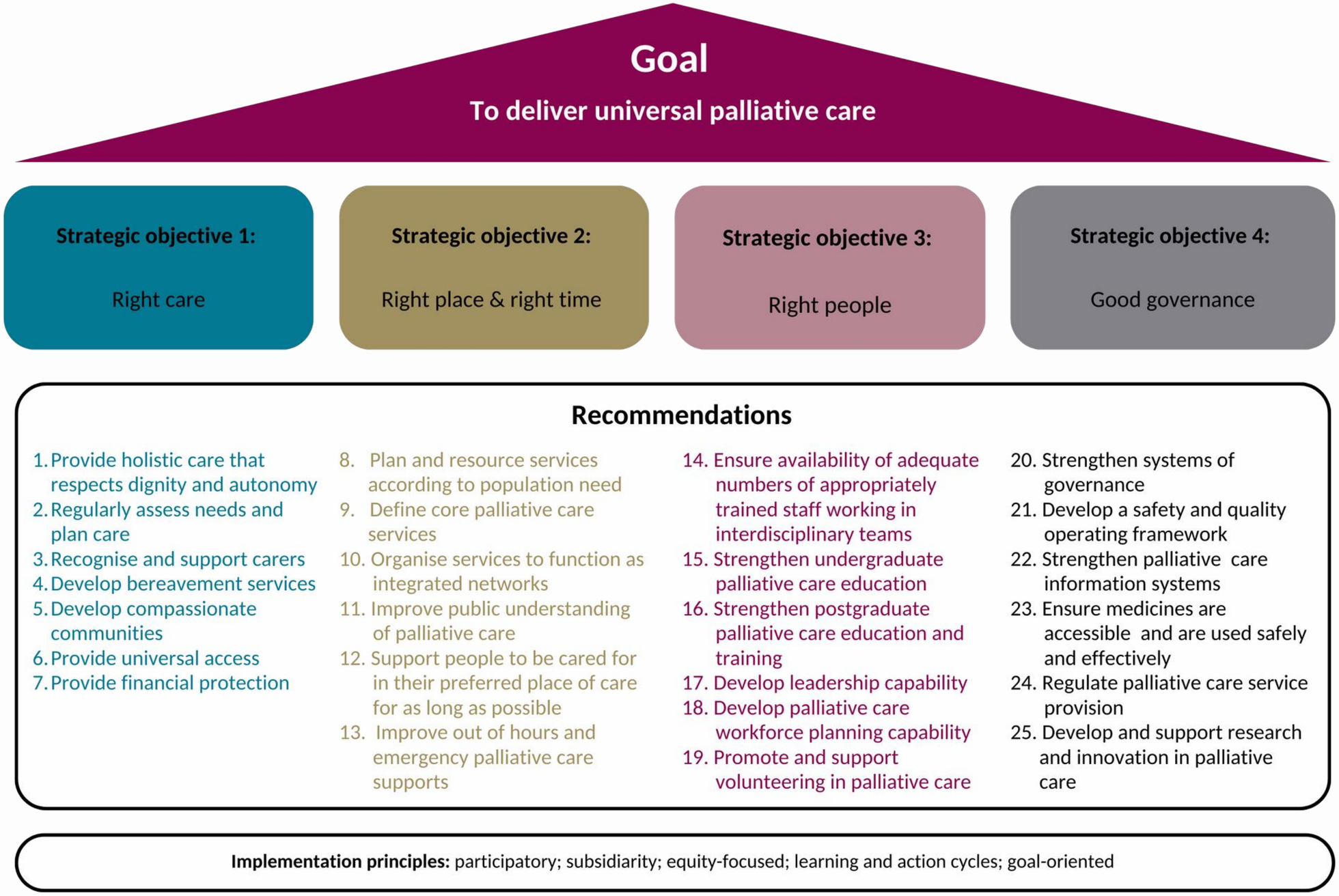
Right people

Developing a workforce that is appropriately resourced, skilled, supported, and valued to provide palliative care.

4

Governed well

Strengthening clinical leadership, accountability, culture, coalition building, intelligent use of information, and research, innovation, and quality improvement capability.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RIGHT PEOPLE RECOMMENDATIONS

14. Staffing

Palliative care will be provided by interdisciplinary teams with the appropriate training, skill mix and expertise. Staff will be employed in adequate numbers and will be equitably distributed across settings and regions according to population-based needs.

15.Undergraduate education

Education infrastructure and systems will be developed so tat palliative care is integrated as a routine part of undergraduate healthcare professional education.

16. Postgraduate education/ CPD

Education infrastructure and systems will be developed so that post-qualification education and training in palliative care is easily and equitably accessible to all HSCPs who provide care to people with life-limiting conditions and their families.

17. Leadership

Organisations and service providers will recognise, develop and supportleadership capability.

RIGHT PEOPLE RECOMMENDATIONS

18. Workforce planning

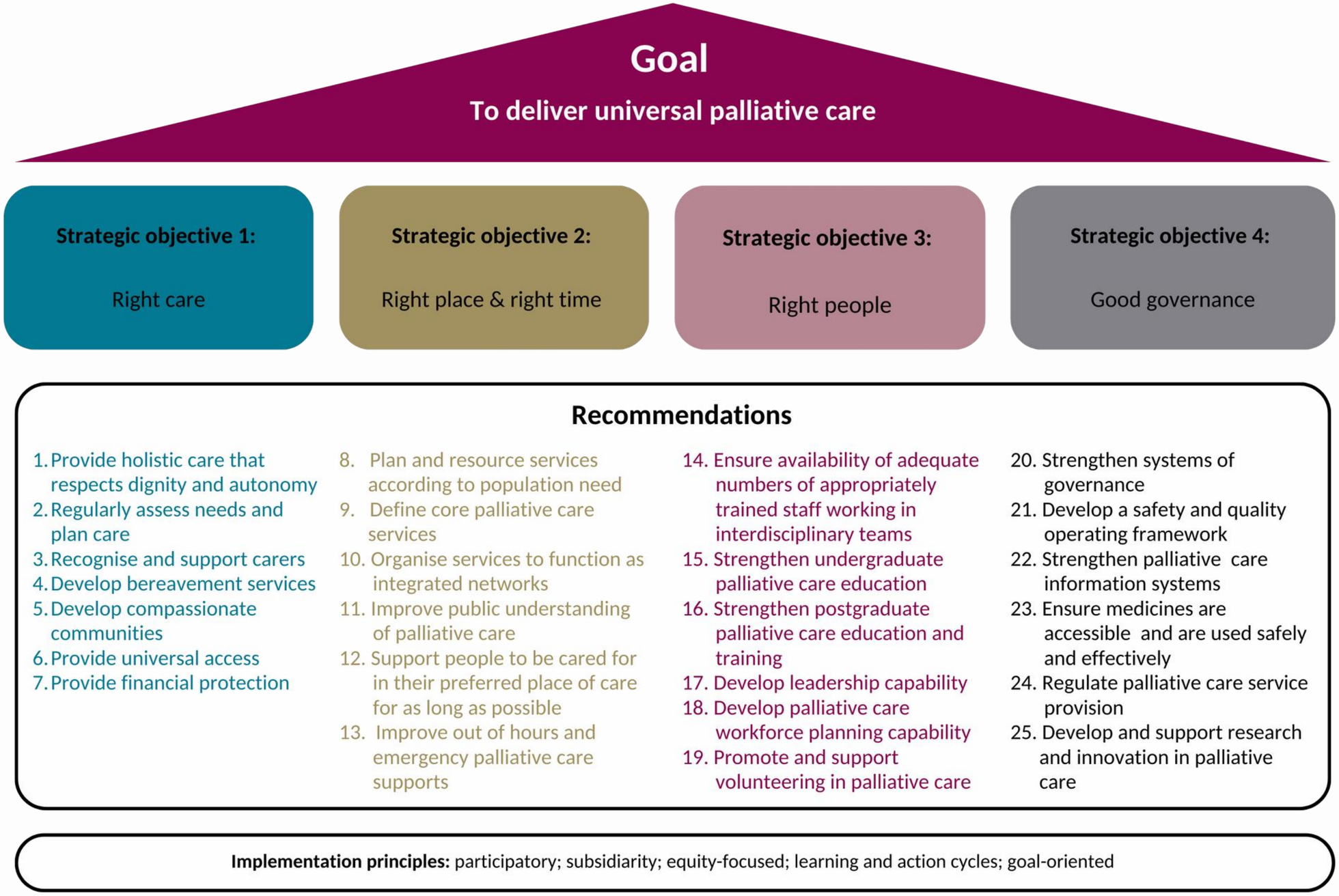
Services providing palliative care will have improved ability to engage in workforce planning and will be able to identify current and forecast future requirements.

19. Volunteering

Volunteering in palliative care will be promoted and supported.

Recommendation 14 (Staffing): Activities

Recommendation 14. Palliative care will be provided by interdisciplinary teams with the appropriate training, skill mix and expertise. Staff will be employed in adequate numbers and will be equitably distributed across settings and regions according to population-based needs.		
Activities	**Responsibility**	**Commence before end:**
14.1 Address deficits in staffing and services identified in the current Adult Palliative Care Model of Care between 2023-2028.	HSE/Service Providers	2024
14.2 Update the National Palliative Care Competence Framework to incorporate key workforce and service delivery developments and to include identification of pathways for career progression.	HSE	2025
14.3 Advance the implementation of the National Palliative Care Competence Framework. Specifically, its utility will be promoted as a tool that can contribute to the description of relevant jobs and roles; help employers articulate the education and training required by individuals; help managers and individuals identify progression routes; and help education and training providers to develop programmes of learning and qualifications.	Service providers	2026
14.4 Engage with General Practitioners to develop principles of best practice and appropriate contractual arrangements to enable General Practitioners to provide primary palliative care.	DOH	2026
14.5 Complete a review of international models of primary palliative care provision to inform the ongoing development of principles of best practice, contractual arrangements, and Model of Care.	DOH	2025
14.6 Provide funding to develop methodology for workforce planning for specialist palliative care health and social care professionals; for pilots to test, demonstrate and evaluate new or expanded roles for healthcare professionals and innovative interdisciplinary approaches in palliative care provision.	HSE	2028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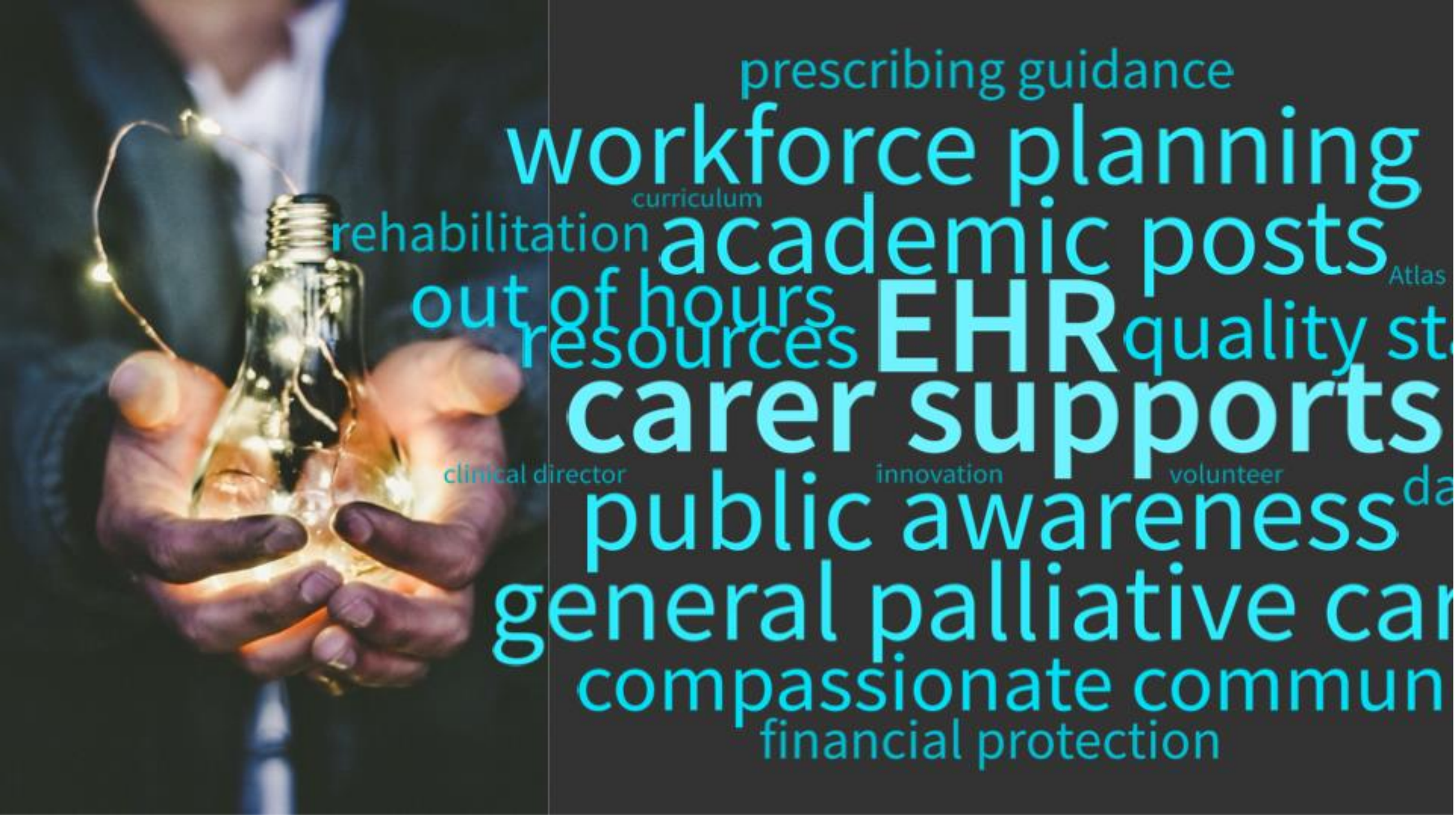
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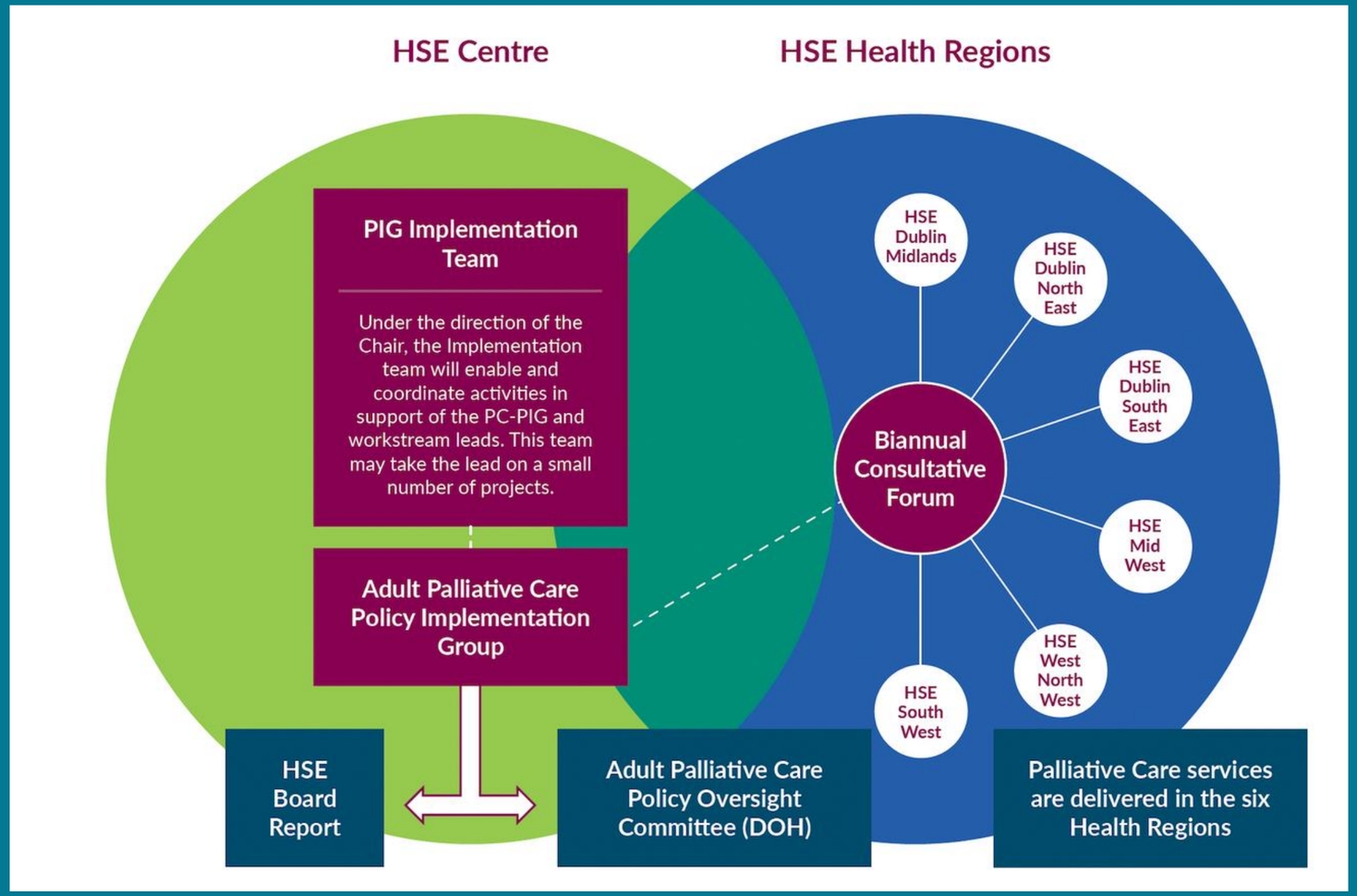
Implementation Roadmap and Structures



The challenges of implementation

- Resource constraints and allocation
- Awareness and understanding
- Stakeholder engagement
- Policy coordination
- Interagency coordination, collaboration and integration across services
- Capacity and infrastructure, including workforce issues
- Data and monitoring

Addressing these challenges requires careful planning, stakeholder engagement, and a commitment to adaptive management throughout the policy implementation process.

Ar scáth a chéile a mhaireann na daoine

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Ms. Karen Charnley	CEO, All Ireland Institute of Hospice and Palliative Care.
Dr. Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health.
Mr. Maurice Dillon	Mr. Maurice Dillon, HSE National Lead for Palliative Care, Operations Planning
Mr. Fintan Fagan	CEO, St. Francis Hospice Dublin.
Ms. Mary Flanagan,	Ms. Mary Flanagan, Director of Nursing, Our Lady's Hospice and Care Services
Ms. Sharon Foley	CEO, Irish Hospice Foundation (replaced in July 2023 by Ms Siobhan Murphy)
Ms. Terry Hanan	HSE National Cancer Control Programme
Mr. Brendan Kennelly	PPI representative
Ms. Marian O'Mahony	PPI representative
Ms. Margaret McMahon	Physiotherapist Manager, Our Lady's Hospice and Care services
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Dr. Brendan O'Shea	General Practitioner
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Mr. Paul Rowe	Principal Officer of Older Persons Strategy Unit, Department of Health.
Ms. Sarah Treleaven	Principal Officer of the Sláintecare Citizen Care Masterplan, Department of Health.
Dr. Feargal Twomey	HSE Clinical Programme Lead for Palliative Care