Palliative and End of Life Care Strategy
Consultation Response Questionnaire

I am responding on behalf of an organisation:

Rev Dr Rory Corbett
Chairman Medical Ethics Sub-committee
Church in Society Committee
Church of Ireland House
Church Avenue
Rathmines
Dublin 6

Content of the Strategy

Q1. Do you agree that this Strategy adequately reflects the balance between palliative and end of life care?

Yes ~~No~~

If you answered "no" to this question please outline the reasons for your answer.

Vision for Quality Palliative and End of Life Care

Q2. Do you agree with the vision for quality palliative and end of life care?

Yes ~~No~~

If you answered "no" to this question please outline the reasons for your answer.

Q3. Do you agree that the Strategy's recommendations support the implementation of the vision?

Yes ~~No~~

If you answered "no" to this question please outline the reasons for your answer.

Q4. Do you agree that implementation of the vision will result in improved palliative and end of life care for adults in Northern Ireland?

Yes ~~No~~

If you answered "no" to this question please outline the reasons for your answer.

Section 3 Developing Quality Palliative and End of Life Care

Q5. Do you agree that there is a need to raise awareness through promoting and encouraging open discussion about palliative and end of life care?

Yes ~~No~~

If you answered "no" to this question please outline the reasons for your answer.

Q6. Do you agree that information, education and training should be available for patients, families, carers, volunteers and communities?

Yes ~~No~~

If you answered "no" to this question please outline the reasons for your answer.

Q7. Do you agree that quality palliative and end of life care is dependent on having compassionate, skilled, knowledgeable and

competent staff in all care settings?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.
Q8. Do you agree that a programme of research should be developed to inform planning and delivery, drive up quality and improve outcomes in palliative and end of life care?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.

Section 4 Commissioning Quality Palliative and End of Life Care
Q9. Do you agree that a lead commissioner should be identified at regional and local level to ensure that commissioning of palliative and end of life care services is based on qualitative and quantitative population needs?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.
Section 5 Delivery of Quality Palliative and End of Life Care
Q10. Do you agree that every patient identified as having palliative and end of life care needs should have a key professional identified to coordinate their care?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.
Q11. Do you agree that the potential for having a Managed Clinical Network for palliative and end of life care should be explored?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.

Section 6 A Care Pathway for Quality Palliative and End of Life Care
Q12. Does the palliative and end of life care pathway provide an appropriate vehicle to deliver quality palliative and end of life care?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.
Q13. Do you agree that the implementation of appropriate tools and triggers, by professionals who are trained and competent to use them, will enable the delivery of quality palliative and end of life care?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.
Q14. Do you agree that specialist palliative care advice and support should be available across all care settings 24/7?
Yes ~~No~~
If you answered “no” to this question please outline the reasons for your answer.
Q15. Do you agree that timely holistic assessments led by a multidisciplinary care team will ensure that changing needs and complexity

are recognised, recorded and reviewed?
Yes ~~No~~
If you answered "no" to this question please outline the reasons for your answer.
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Exemplars and Case Studies
Q16. Do you agree that the exemplars and case studies used in this Strategy are helpful to demonstrate quality palliative and end of life care?
Yes ~~No~~
If you answered "no" to this question please outline the reasons for your answer.
Diagrams
Q17. Do you agree that the diagrams in this Strategy are helpful in getting their message across?
Yes ~~No~~
If you answered "no" to this question please outline the reasons for your answer.
Equality Implications
Q18. Are the policy proposals for the Palliative and End if Life Care Strategy likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?
Yes ~~No~~
Please state the group or groups and provide details of any supporting qualitative or quantitative evidence.
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Q19. Have the needs of the Section 75 categories been fully addressed in the proposals?
Yes No
If you answered "no" to this question please outline the reasons for your answer.
Q20. Is there an opportunity for the policy to better promote equality of opportunity or good relations?
Yes No
If you answered yes" to this question please give details as to how.
Q21. Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Palliative and End of Life Care Strategy.

Comments:

We welcome these proposals for a significant group in our society, whose needs are widely recognised.

Comments;

1. **You recognise the value of a truly holistic approach, and therefore we would like to see the spiritual aspects and therefore the role of churches and clergy involved at an earlier phase, during the palliative one and not wait until the end-of life phase is reached. As the policy is to aim for home care as far as possible, then the home clergy should lead in this part of total care, but any residential care should also be able to offer this service either by a chaplaincy service, if not by the family clergy.**

2. **We agree strongly with questions 9 and 10, not only the great importance of the choice of the right personnel for these roles, but that they will have the authority to make things happen and quickly, when necessary. Questions 13-15 will be very dependent on these appointments. At present there appear to be un-necessary delays in finding required equipment or personnel.**
3. **We have a real anxiety, however, and that is funding. This planned programme will not be cheap and is not going to cost less than the present monies allocated. With the present reduction in funding of the Health and Social Services, and likely further reductions, in the immediate future, we worry that this programme will not be able to be rolled out in full. We feel that it is important that it is made very clear what can really be produced within the likely budget, and what will have to be aspirational. There should not be the disappointment of "false promises" either for the patient or the family/carer.**

Please return your response questionnaire.
Responses must be received no later than 19th February 2010.
Thank you for your comments.