National Clinical Programme for Palliative Care Launch Day
4th November 2014
Royal College of Physicians of Ireland

“...To ensure that patients with life-limiting conditions and families can easily access a level of palliative care service that is appropriate to their needs regardless of care setting or diagnosis.”
Could a greater miracle take place than for us to look through each other's eyes for an instant?

Henry David Thoreau
As soon as the CT scan was done, I began reviewing the images. The diagnosis was immediate: Masses matting the lungs and deforming the spine. Cancer. In my neurosurgical training, I had reviewed hundreds of scans for fellow doctors to see if surgery offered any hope. I’d scribble in the chart “Widely metastatic disease — no role for surgery,” and move on. But this scan was different: It was my own.

Paul Kalanithi, Stanford Medical Center; New York Times, Jan. 24, 2014
If you could stand in someone else’s shoes...
Hear what they hear,
See what they see,
Feel what they feel,
Would you treat them differently?
Changing the model of care

- Ensuring timely intervention
- Standardising the patient journey (reducing inappropriate variability)
- Improving the quality of care provided
- Achieving value through efficiencies

Quality, access, resource utilisation
To ensure that patients with life-limiting conditions and families can easily access a level of palliative care service that is appropriate to their needs regardless of care setting or diagnosis.
WHO health system framework

SYSTEM BUILDING BLOCKS

SERVICE DELIVERY
HEALTH WORKFORCE
INFORMATION
MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
FINANCING
LEADERSHIP / GOVERNANCE

OVERALL GOALS / OUTCOMES

ACCESS
COVERAGE
QUALITY
SAFETY

IMPROVED HEALTH (LEVEL AND EQUITY)
RESPONSIVENESS
SOCIAL AND FINANCIAL RISK PROTECTION
IMPROVED EFFICIENCY

1. Service delivery

Safe, effective, quality personal and non-personal health interventions to those who need them with minimum waste...

- National referral pathway and form
- National eligibility criteria and triage
- Needs assessment guidance
- Rapid discharge pathway
- Demonstration projects
- Infrastructure
- National support beds report
- Model of care
2. Health workforce

A well performing health workforce is one which is available, competent, responsive and productive.

- Competence framework
- Community and capacity building
- Workforce planning
- Needs assessment educational module
- Advance care planning educational module
3. Information

A well functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely health information by decision-makers at different levels of the health system, both on a regular basis and in emergencies.

- MDS- acute hospitals dataset
- MDS report
- Revised KPIs
4. Medical products

Procurement and supply programs need to ensure equitable access, assured quality, cost-effective use...

- **National guideline for the pharmacological management of cancer pain**
- **National guideline for the management of constipation for people with life-limiting disease**
- **NCCP tumour guidelines**

- **Patient information leaflets**
- **Audit tools**
- **Nurse prescribing**
5. Financing

A good health financing system raises adequate funds for health; protects people from financial catastrophe; allocates resources and purchases goods and services in ways that improve quality, equity, and efficiency

Report on prospective funding for submission to DOH
Leadership and governance

Effective leadership and governance ensure strategic policy frameworks exist; effective oversight and coalition-building; provision of appropriate incentives; attention to system-design, and accountability.

- PC essential element- acute hospitals workbooks
- SPC workbooks
- Consultation response to residential care standards
- Glossary of terms
- Role delineation framework
- DOH and HSE regarding strategic direction and restructuring of services
- Strategic partners
- Clinical programmes, NCCP and others
Community and health actors and systems – complementary and connected

Area of overlaps, synergies, cooperation, joint action between community and health systems

Social, Cultural, Economic, Political and Legal Environments

Community Actors and Systems

Health Actors and Systems

Oireachtas Committee on Health
Ombudsman’s Office
HIQA

All Ireland Institute of Hospice and Palliative Care
Irish Association for Palliative Care
Irish Cancer Society
Irish Hospice Foundation
HIQA
Concluding thoughts and thanks...

Sinead Fitzpatrick,
Lorna Peelo Kilroe,
Aisling O’Gorman,
Lucy Balding,
Feargal Twomey,
Brian Creedon,
Mary Devins,
Ger Tracey, Mary Marsden,
Shirley Reale, Deidre Rowe,
Valerie Keane,
Ann O’Connor, Grainne Tipping,
Eileen O’Leary,
Mo Flynn,
Sheilagh Reaper Reynolds.
I remember the moment when my overwhelming uneasiness yielded. Seven words from Samuel Beckett, a writer I’ve not even read that well, learned long ago as an undergraduate, began to repeat in my head, and the seemingly impassable sea of uncertainty parted: “I can’t go on. I’ll go on.” I took a step forward, repeating the phrase over and over: “I can’t go on. I’ll go on.” And then, at some point, I was through.

I am now almost exactly eight months from my diagnosis. My strength has recovered substantially. In treatment, the cancer is retreating. I have gradually returned to work. I’m knocking the dust off scientific manuscripts. I’m writing more, seeing more, feeling more. Every morning at 5:30, as the alarm clock goes off, and my dead body awakes, my wife asleep next to me, I think again to myself: “I can’t go on.” And a minute later, I am in my scrubs, heading to the operating room, alive: “I’ll go on.”
www.hse.ie/palliativecareprogramme