

15 March 2015

Sue Ryder welcomes the key recommendations outlined in the Health Select Committee report on End of Life Care

Preth Rao, Head of Policy and Campaigns at Sue Ryder, said: *“Sue Ryder warmly welcomes the wide-ranging recommendations in the Health Select Committee’s report on End of Life Care, the first in a decade. We submitted evidence to the Committee at the end of 2014 and are pleased to see our recommendations have been directly quoting on issues such as the prominence of end of life care in new models of care and national strategic priorities, including the Five Year Forward View.*

“People at the end of life serve to particularly benefit from more integrated health and social care, and also and with a shift to community models. It is important that they are not forgotten. We believe that co-production with the voluntary sector where much of the specialist palliative expertise lies will be an essential feature of this leadership and focus under the Five Year Forward View and other programmes.

“What comes out strongly in the report is the great variation in the provision of end of life care both geographically and according to what conditions people have. This is a picture that cannot remain. Whilst diagnosing the end of life can be more difficult for some conditions other than cancer, such as neurological conditions, it is not insurmountable and requires dedicated investment in training and research which the Committee also recommends.

“We also strongly endorse the Committee’s recommendation that expanding the availability of specialist palliative care in both acute and community settings around the clock will help to reduce inequalities and provide a support mechanism for non-palliative professionals. We highlighted examples of this in our submission and specifically where palliative professionals have helped embed a palliative approach in neurological and renal disciplines. As quoted in the report end of life care is “everybody’s business” so we have to empower professionals across health and social care. This was a strong recommendation in a joint Sue Ryder and Demos publication Ways and Means in 2013 which highlighted the lack of confidence that many in the medical profession have about discussing end of life issues with terminally ill people, which can also be a barrier to choice as well as a reason for inequality.

“We hope that NHS England will work with care providers, as recommended to ensure that end of life care training is rolled out for anyone caring for dying people. With an ageing population this is a huge challenge but one where Hospices and the voluntary sector can work alongside Government and the NHS to make this happen.

“We believe many of the recommendations the Committee make are integral to addressing inequality of access to end of life care, as reflected with our campaign [Dying doesn’t work 9 to 5](#), which calls for a 24/7 provision of specialist palliative care around the clock which includes advice and support can also ensure that people’s choices and preferences can be met and they can be supported to remain at home at the end of their life if this is what they want. The Committee also importantly highlights the role of community nursing and fast and free access to social care to ensure that people receive the care they want where they want. As a charity working alongside other charities to ensure that terminally ill people have free



and fast access to social care at the end of life we welcome the Committee's recommendation that this becomes a reality through the development of a business case and development in the palliative and district nursing workforce.

"Alongside new models of care led by the NHS in the community, the Hospice Sector is key in facilitating the shift to care to the community, alleviating pressure and resources on hospital services.

"Through much of the report the role of the Voluntary Community Sector (VCS) is recognised and the Committee highlights the need for hospices and hospice care to be better understood, as well as to have sustainable long term funding. At present we agree with the committee that the palliative currency does not explicitly address the sustainability of funding to hospices. As a provider of hospice care we thank the Committee for this acknowledgement which includes the need for future palliative funding to recognise the role of the voluntary sector. We believe this includes recognising the role that the voluntary sector plays in delivering holistic person centred care as well as innovation.

"Finally, we believe that there is yet to be a data and information revolution in palliative care which needs to be underpinned by investment in research. This will help to inform how we deliver 24/7 care and support, shift to the community, enhance quality and professional competence and broaden access; all issues raised by the Committee and included in their recommendations. Therefore we welcome their recommendation on research investment and also hope that palliative care, much of which is delivered by the Voluntary and Community Sector, is part of the Government's technological and data revolution as part of plans for the Five Year Forward View."

ENDS

Notes to Editor:

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About Sue Ryder

Founded in 1953, [Sue Ryder](http://www.sueryder.org) is a national health and social care charity providing compassionate hospice and neurological care across the UK. It does this throughout its 7 hospices; 6 neurological care centres; community-based services and in people's own homes.

Sue Ryder offers a range of personalised care, advice, education and support services in local communities to help improve the lives of individuals – including their carers and families – with conditions such as cancer; heart failure; respiratory failure; dementia; acquired brain injury; multiple sclerosis; Huntington's disease; Parkinson's disease and Motor Neurone disease.

For more information please visit www.sueryder.org