



## The 11th Palliative Care Congress Glasgow 2016

### Session Abstract

## Issues in the Community Setting

### The National Association for Hospice at Home

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0915 - 1000

Changes to structures within statutory community nursing services along with government policy and directives recommending care for more people at home has created pressures on community services and gaps in elements of service provision. A reduction in available resources to provide quality nursing and personal care for patients has changed the face of community care over recent years creating a lack of continuity of staff and a reduction in the associated quality of care.

The dependence on informal family carers to provide the care previously carried out by the traditional District Nurse role is now a crucial element of care at home. However this has come at a time when families are less able to care either due to location or having to work into later life therefore support for carers is now more important than ever.

The concept of services such as hospice at home has existed for over 30 years developing in partnership with statutory services complimenting them with both specialist and supportive care. There has been a growth in the number of hospice at home and other similar services particularly over the last five years in response to both growing need and in support of reducing community resources and the ongoing difficulties in providing social care.

Hospice at home is now a core service in the provision of end of life care at home and forms a key component in commissioning intentions across the country in support of the more costly statutory services. What is the answer to resourcing community services especially for patients at the end of life?