

A vibrant field of sunflowers under a bright blue sky with scattered white clouds. The sunflowers are in various stages of bloom, with some in sharp focus in the foreground and others blurred in the background. The overall scene is bright and cheerful.

Influencing and Engaging with the NHS Systems

Jonathan Ellis & Annette Alcock

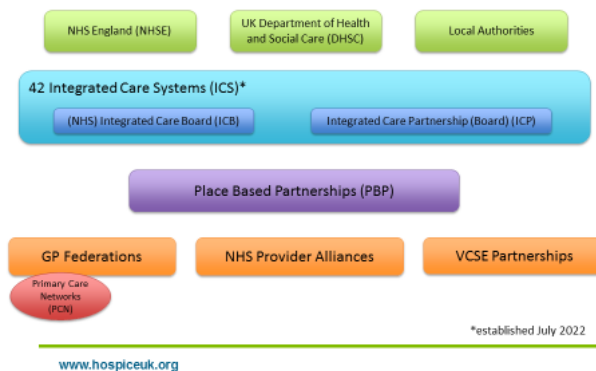
Summary

- What are the NHS systems
 - Structures and functions
 - Key policies
- Why might you wish to influence and engage with them
- How might you go about it
 - Data and knowledge
 - Collaborations

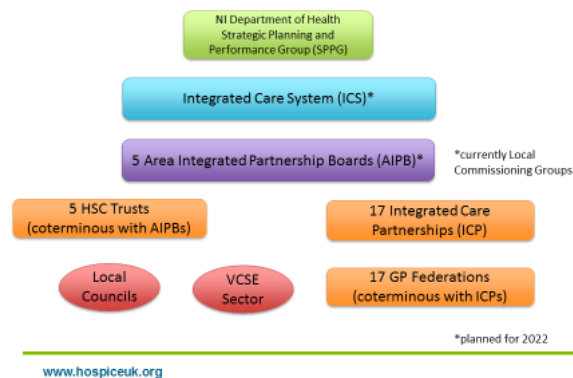


National Health Service (NHS) and integrated care across the nations

NHS in England – Integrated Care Systems



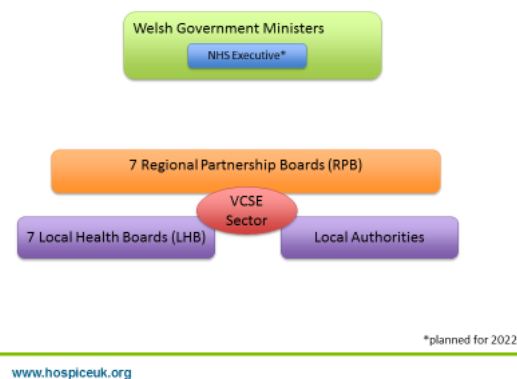
HSC in Northern Ireland – Integrated Care System



NHS in Scotland – NHS Boards

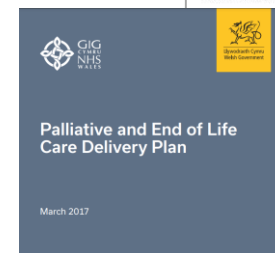
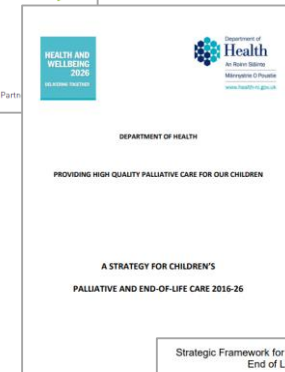
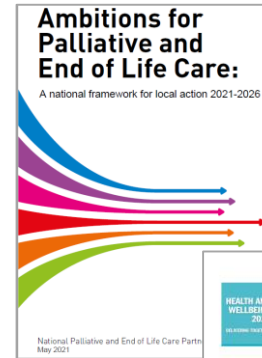


NHS in Wales – Health Boards



National policy frameworks guiding end of life care

- **England**
 - Ambitions Framework
 - Statutory Guidance for Integrated Care Boards
- **Northern Ireland**
 - Living Matters; Dying Matters (ended 2015)
 - Children's PEOLC Strategy
- **Scotland**
 - Strategic Framework for Action (ended 2020)
 - Strategic Commissioning Advice for Integration Authorities
- **Wales**
 - Delivery Plan
 - Quality Statement (due 2022)



Why engage with the system?

- To fulfil your mission
- To advocate for:
 - Your services
 - Your communities
 - Better palliative and end of life care
 - The wider voluntary sector
- Your engagement with the system brings
 - Your voice (as providers, clinicians, and experts)
 - The voice of your patients and families & their lived experience
 - The voice of those in your communities missing out on care

Why engage with the system?

- To raise the profile of palliative and end of life care as a strategic priority
- To ensure that the voice of hospices as key providers is heard and understood
- To build relationships with others responsible for meeting population needs
- To help educate and train the wider care system on meeting people's palliative care needs
- To provide a route to funding, via provider alliances, partnerships and pathways

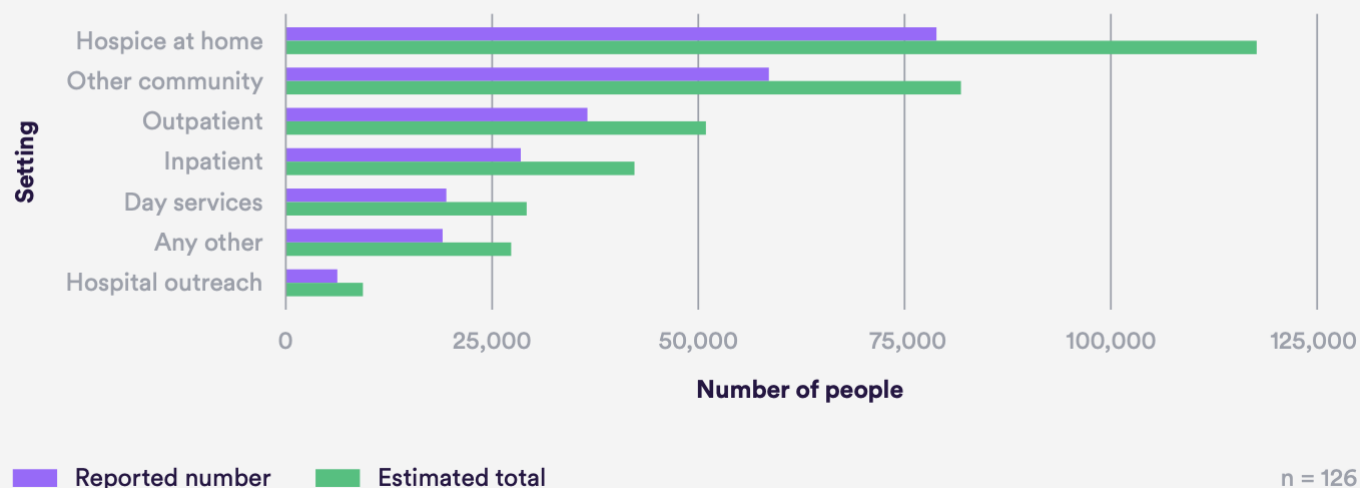
The role that hospices play

- Hospices cared for 300,000 people in 2021/22
- Most care is provided in people's own homes
- Rapid reconfiguration of care delivery through COVID19
- Supporting admission avoidance and hospital transfers throughout the pandemic



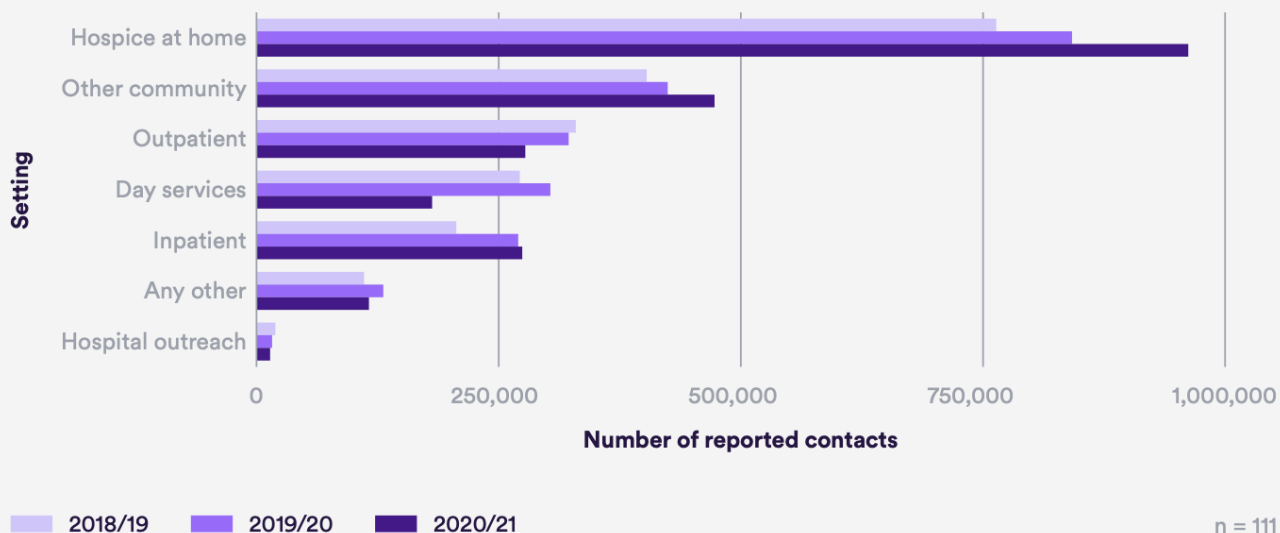
Most care happens at home

Figure 1: People using hospice services in 2020/21 by setting, number reported and estimated total

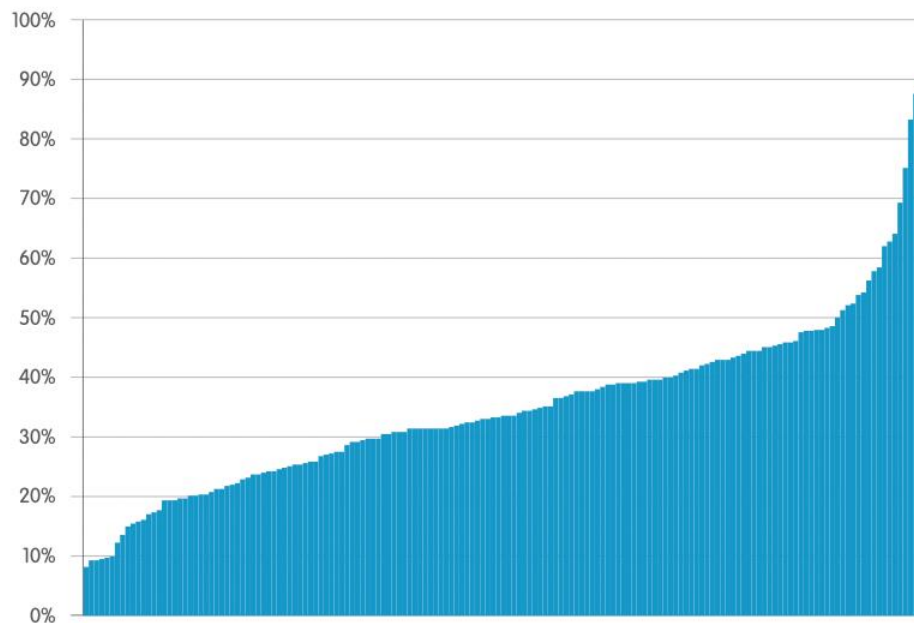


Sustained growth in hospice at home

Figure 6: Number of reported contacts by setting and year



Huge variation in government funding...



An unsustainable funding model

- **Costs are rising** – energy, wages, pensions, NI etc.
- Fundraised income can't **keep pace with increasing demand and will come under growing pressure**
- **Statutory income has remained flat** as a proportion of expenditure (excluding COVID funding)
- Pre-pandemic, cost pressures were **driving service reductions** or delays in service growth
- There is a **lack of confidence** that hospices will have sufficient resources to meet population needs

The purpose of collaborating

Hospice Collaborations:
single voice, economies
of scale

to engage
to coordinate

PEoLC Networks:
joined up patient
pathways

to integrate
to influence

VCSE Partnerships:
sector voice,
system funding

Questions and Discussion

