

An Overview of Hospice in the UK

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ABSTRACT

The use of hospices in the UK by those on the palliative pathway should be encouraged, and the services should be made widely available. This paper tried to give a quick overview of hospice service in the United Kingdom. The attendance at these hospices by ethnic minorities in the UK is highly disproportionate when compared with the white British population. The running of these hospices tends to be complex and can be very expensive to sustain. In the UK, the government contributes to the financing of these hospices, but non-profit organisations carry out the great chunk of the financing and management of these establishments. More so, the way these hospices operate is slightly different from the traditional hospitals we all know about. Hospices are mainly for the management of symptoms exhibited by the service users who are approaching their final years, months, weeks, or days of their lives, unlike hospitals, which are curative in orientation.

Keywords

EOL, Syringe driver, BME, Respite, NHS.

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Definition of palliative medicine/care

Hospices are institutions that offer services that are geared towards end of life [1]. This thinking by the authors tends to have changed as the services of the hospices have opened to symptom controls and respite.

Hospices in the UK and their funding

There are over 220 hospice charities in the UK and a 2022 report from the Nuffield Trust and Hospice UK estimated that hospices support 300,000 people in the UK every year. Hospice care tends to be provided in inpatient beds, in day service settings and – in many cases – in patients' homes and communities [2].

The hospices in the UK operate as homecare, day services and overnight stays. Home care is where the hospice staff attend to

people with limiting and debilitating conditions at their homes. Day services are where the hospice offers services to people who are mainly visiting from their homes for specialised care including sign posting and offering emotional and psychological support. It is reported that about 83% of the Hospices offer day services and homecare services while the minority offer overnight stay services [2].

The funding of hospices in the UK has been a joint effort between the government of through the National Health Service (NHS) and the charities that run the hospices. It is well documented in print that majority of the funding come from the charities who rely on donations from individuals and fundraising to get the required cash to run the hospices. Below are different captions that illustrate the funding for hospice services provisions in the UK.

The figure 1 below shows that a hefty £1.6 billion annually is needed to effectively run the hospices in the UK. Out of this amount, only £0.5 billion (31%) of the funding come from the government while £1.1 billion (69%) are coughed out by the charities who run the hospices.

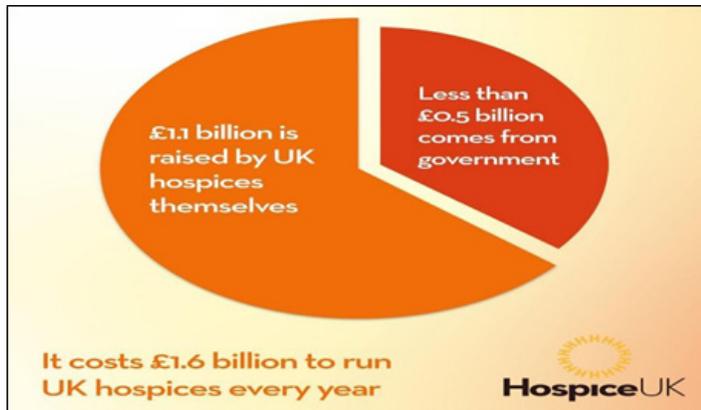


Figure 1

The figure 2 below highlights the impact the cost-of-living crises will be having on hospice care in the UK. The caption suggested that the hospices will have to find ways and means to plug the hole in the additional cost of running the hospices due to the cost-of-living crises.



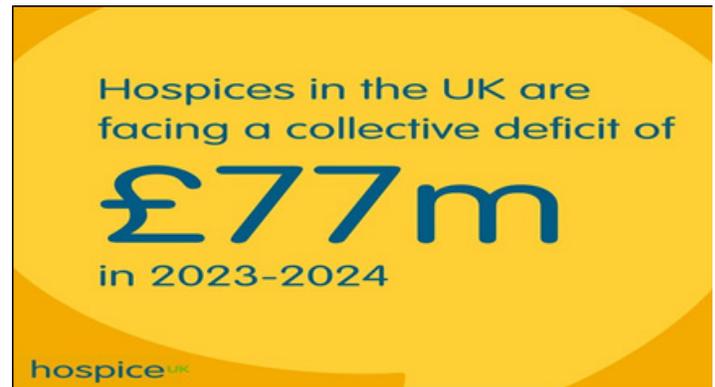
Figure 2

Reasons people use the Hospices

In the UK the services offered by these Hospices are free of charge for any person residing in the UK. Referrals to these Hospices are mainly done by GPs, community nursing teams, Hospitals, etc. Hospices are used by qualifying people for three core reasons. They are for End of Life Care (EOLC), Symptom Control and Respite.

People who come to utilize the services of the hospices are mainly with debilitating conditions following a diagnosis. A recent study reported that about 65.5% of their respondents had a cancer related diagnosis, 14.2% with frailty and mobility issues, 10.7% neurological conditions and 9.6% were with respiratory conditions [3].

Figure 3 below suggests that hospices collectively face a deficit of £77 million while running the hospices between 2023-2024.



Equipment used in hospices

The equipment used in hospices are shown below. They are fully functional beds that may have air, normal or hybrid mattresses which allow residents to be easily repositioned in bed and thus minimising the risk of developing pressure ulcers. The next piece of equipment in the picture below is an oxygen concentrator which delivers oxygen to residents who suffer from breathlessness or shortness of breath (SOB). Another important equipment used in hospices is the recliner chairs which helps the resident sit out comfortably in a chair instead of getting stuck in bed. The hoists are very handy in hospices because they can safely be used to transfer residents from the bed to the chair, commode, and any other place that is within the room. Hoists are very helpful when lifting residents from the floor after a fall or transferring residents who are bedbound from one place to another. Commode is a mobile toilet which can be used next to the bed of a resident. At times, residents in hospices might be very weak to mobilise to the toilets so the commode becomes handy. A syringe driver is one of the machines used in palliative care and used in delivering continuous medication to a patient under the skin. This machine is highly efficient for symptom control in the palliative setting.

Medications used in hospices

There are various medications for symptom control in hospice care. The chart adapted from the WHO essential medicine list shown in table 1 outlines the symptoms that might be attributed to palliative care and the medications that can be used to control those symptoms [4]. The medications listed below are not exhaustive. Another big symptom that may be evident in a person receiving palliative care tends to be excessive secretion but was not listed in the list below. In addition, *during the terminal phase of a person's*

illness, airway secretions may accumulate and result in gurgling and rattling noises during inspiration and expiration' [5].



Pain	<ul style="list-style-type: none"> ▪ Acetylsalicylic Acid, ▪ Paracetamol, ▪ Ibuprofen, ▪ Codeine, ▪ Fentanyl, ▪ Methadone ▪ Morphine ▪ Amitriptyline
Anxiety & Depression	<ul style="list-style-type: none"> ▪ Diazepam ▪ Fluoxetine ▪ Amitriptyline
Agitation	<ul style="list-style-type: none"> ▪ Haloperidol ▪ Midazolam
Breathlessness	<ul style="list-style-type: none"> ▪ Dexamethasone
Nausea & Vomiting	<ul style="list-style-type: none"> ▪ Cyclizine ▪ Dexamethasone ▪ Hyoscine Hydrobromide ▪ Metoclopramide ▪ Ondansetron
Diarrhea	<ul style="list-style-type: none"> ▪ Loperamide
Constipation	<ul style="list-style-type: none"> ▪ Docusate ▪ Senna

This table is adapted from the essential medicine list WHO, 2017.¹⁵

Barriers to the use of the hospice care

CQC have highlighted that Black and Minority Ethnic (BME) end of life care needs are unmet and there are also differences in the diversities between the BMI in the UK. A study asserted that BME people are more or less likely to receive care at home, less likely to rate the NHS services excellent or outstanding and more people in their study prefer to die in the hospital than in the care homes [6]. The researcher has been working as a nurse

in various hospices in the UK and asserted that during his time caring for people who used the services of hospices, that he only encountered 5 people from the BME out of 100 people who used the hospice facilities over a period of 4 months. The poor usage of the hospice facilities by the BMI group can be attributed to lack of understanding, knowledge and information about end-of-life care, lack of religious and cultural sensitivity, language barriers, and poor communication [6-8].

The importance of hospice care in the UK cannot be over-emphasised. The hospices provided specialised care tailored to the needs of patients, their family members/carers and the communities at large. Concerted efforts must be made by all the stakeholders in hospice care to improve the services and most importantly to find ways and means to increase access of the services to ethnic minority population in the UK.

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