

Butterwick Hospice Care

Paper for Middlesbrough Health Scrutiny Panel – End of Life Care : 16th September 2010

INTRODUCTION

Butterwick Hospice Care, a registered Charity, has freely provided a wide range of end of life care to the population of Teesside for over 26 years.

Our Mission is to freely deliver end of life and palliative care, of the highest standard, to patients and their families, regardless of diagnosis, in whatever setting is appropriate and desired by the patient.

In the last fifteen years the Charity has substantially expanded and now comprises :

The Butterwick Adult Hospice and Butterwick House Children's Hospice both situated adjacent to North Tees Hospital in purpose built accommodation.

The adult Hospice primarily serves the population of Stockton and provides a ten bedded In-Patient unit, a twenty place Day Hospice and an Out of Hours Service (see below).

The Children's Hospice serves the sub-region from North Yorkshire, in the South, all of Teesside, County Durham through to Sunderland in the North. The Hospice has four beds and has a caseload of some seventy five children – from newborn babies to nineteen year old teenagers.

The Butterwick Hospice at Bishop Auckland serves the rural adult population of County Durham : from Sedgfield in the East to Barnard Castle in the West. Services are provided from the main Hospice building in Bishop Auckland and from outreach sites in the Sedgfield, Stanhope and Barnard Castle Community Hospitals.

Chief Executive's Office

At all locations the Charity provides a comprehensive range of holistic support services for patients and their families including physiotherapy, complementary therapies and family support : counselling, psycho-social support, bereavement and other counselling.

Last year the Charity delivered care to over 2,300 patients across all sites.

FINANCE

The Charity makes no charge whatsoever for any of its services – which are financed by a combination of charitable income (fundraising etc), trading ('charity' shops and two weekly lotteries) and grant and commissioned income from the local NHS (PCTs) and directly from the Department of Health.

The Charity spends some £3.8 million a year of which £1.3 million is funded from statutory sources (NHS). **The Charity therefore contributes £2.5 million a year to the local health economy from its charitable resources.**

Last year the NHS funded the following percentage of patient care costs (27% is proximately the average national level of NHS support for adult hospice services) :

Adult – Stockton (Stockton PCT) – overall 27%

(Out of Hours Service 75%)

Adult - Bishop Auckland (NHS County Durham) 50%

Children's – overall 15%

(A negligible amount is received from the local Tees PCTs for children's care that equates to approximately 25% of all activity (costing some £200,000 a year). NHS County Durham contributes about 25% of patient care costs for children from its locality)

NHS FUNDING ARRANGEMENTS

For the Adult services we provide in Stockton, the PCT fund the Hospice on an annual grant basis with the exception of the Out of Hours Service which is funded on a full (but annual) NHS Community Contract. Essentially all statutory funding is therefore short-term although in practice it has been renewed on an annual basis (often however only well into each financial year) for a number of years.

As some 90% of all patient care costs are clinical salaries, which are by nature ongoing contractual commitments to the Charity, this short-term funding essentially inhibits service development.

These arrangements are also not in compliance with the Compact with the Voluntary Sector, to which the NHS is a signatory.

In each of the last five years, the annual uplift has been less than the inflation rate – and is of course, in any case, applied to only a percentage of the actual cost of the service. This has resulted in the PCT funding a reducing percentage of care costs over a protracted period – increasing the Charity's dependence on its charitable income.

The adult services we provide to NHS County Durham are however now funded on a three year Service Level Agreement.

All of our funding streams from the NHS have now been frozen at their 2009-2010 levels as a consequence of the public sector budget constraints. To put the consequence of this in context, this has resulted in the Charity needing to finance £60,000 of inflation costs this year from increased charitable income.

NON STATUTORY FUNDING

The Charity maintains a high profile and is well respected and valued by the local community.

Chief Executive's Office

We have a database of over 35,000 mainly local donors who support the charity (many on a regular basis).

In the current year, we are dependent upon charitable support – including fundraising and trading activities for 65% of our income requirement : say £2.5 million. Of this £700,000 will be generated from our charity shops and lotteries and £1.8 million from fundraising activities.

The Voluntary Sector is not insulated from the effects of the recession and we are finding it increasingly difficult to generate such considerable sums of money on an ongoing basis. In 2009/2010 the Charity incurred a deficit of £250,000.

The financial reality is that the Charity cannot realistically anticipate increasing its charitable income to fund the development of new services.

CANCER/NON CANCER

Butterwick Hospice Care provides its services on the criteria of need not diagnosis.

In Stockton, 95%+ of all adult patients have a cancer diagnosis. However this percentage is slowly decreasing with particular progress being made with patients referred to the Out of Hours Service.

In County Durham however, where increased NHS funding has enabled us to increase capacity, 31% of patients last year had a non-cancer diagnosis. Of note are the specialist dedicated services which we provide for patients suffering neurological conditions and advanced heart disease.

Virtually none of the children has a cancer diagnosis.

OUT OF HOURS SERVICE

For the last five years the Hospice has provided a highly successful Out of Hours Service, for adults, in Stockton.

The service operates between 8 p.m. and 8 a.m. 365 days a year and is staffed by a small experienced team of Registered Nurses supported by equally experienced Health Care Assistants.

The service is an integral component of the wider Hospice service and referrals, which are normally received during office hours, are dealt with by a dedicated clinical administrator who is supported by a Nursing Sister which allows complex cases to be discussed on a clinician to clinician basis.

The key objective of the service is to allow patients to be well managed symptomatically overnight in their own homes as their illness progresses; to facilitate patients remaining in their preferred place of care and in doing so to reduce avoidable hospital admissions. Importantly the Service also supports carers who particularly at night can feel vulnerable and uncertain.

Typically the Service has a caseload of 150+ patients at any one time and last year over 80% of patients were supported in achieving their preferred place of care – be that home, residential care home, nursing home or hospice.

Four years ago, the Service was comprehensively and positively evaluated, by the School of Health at Teesside University, at the expense of the PCT.

The current PCT review of Community Services and the Transforming Community Services initiative may result in this service ceasing to receive NHS funding in the foreseeable future. In these circumstances its future will be unlikely.

Chief Executive's Office

DEVELOPMENT/IMPROVEMENT IN END OF LIFE CARE

As Butterwick Hospice Care delivers care of a sub-regional basis, we work with a number of PCTs and I am able therefore to comment of how service development and planning has evolved in recent years—particularly in the Tees Area and across County Durham.

We very much welcome and support the NHS focus in recent years on improving End of Life Care.

My experience has been that in County Durham there has been a productive transparent partnership between the NHS, the Local Authorities and the Voluntary Sector in developing and strengthening services.

In particular the PCT has been able to strengthen the sustainability of all the Hospices in its area by increasing the commissioning rate, for agreed services, to 50% of agreed patient care costs. It has additionally been able to commission new services such as a bereavement service delivered by the four local Hospices forming a consortium to deliver consistent, equitable services on a county wide basis.

It is therefore apparent in County Durham how the PCT has improved end of life care and invested the additional End of Life Funding, which all PCTs have received.

In Teesside progress in developing a robust end of life strategy has in my experience been minimal and there has been little meaningful consultation with the local Hospices. I am unaware of any additional investment by the PCT : certainly Butterwick Hospice has received no additional funding.

KEY CHALLENGES

We all deserve the highest quality of care at the end of our lives.

There is now a clear, comprehensive national End of Life Strategy and developing local strategies.

Chief Executive's Office

In this country we have, in our Hospice Movement, pioneers and exemplars in improving end of life care. Locally the population has for many years been well served by ourselves in Stockton, by Teesside Hospice in Middlesbrough and by Hartlepool Hospice.

At the Butterwick (and I am sure at our neighbouring Hospices) there is a steady demand for all of our services with consistent optimal levels of patient activity.

Population demographics and increased patient expectation are two key indicators which lead one to conclude that the demand for our services will continue to increase. An ageing population coupled with ongoing healthcare improvements will equally increase the complexity of the care which patients referred to us will need.

Locally and nationally Hospice funding is stretched with last year approximately one third of all UK Hospices operating at a deficit.

Hospices are on the whole lean organisations with only limited opportunities for efficiency savings.

The recession has undoubtedly impacted on the populations ability to financially support its local Charities.

CONCLUSION

If we are to improve End of life Care as we would wish (**and as our local population deserves**) – and in line with national and local strategies, we will inevitably face major challenges particularly at a time of economic constraint.

The current NHS structural changes equally result in additional complexity and uncertainty.

However, there are exciting opportunities potentially open to us and importantly an increasing momentum for improvement.

Chief Executive's Office

The necessary progress will only be achieved by the development of transparent partnerships and real consultation and co-operation between the statutory, voluntary and possibly the private sector.

In the current economic climate, the necessary service improvements and developments will only be financially viable if decisions are made to redirect funding streams.

Graham Leggatt-Chidgey
September 2010