RECENT SPEECHES DELIVERED BY THE RT REVD JAMES NEWCOME, BISHOP OF CARLISLE, IN THE HOUSE OF LORDS

## The Bishop of Carlisle praises work of chaplains and volunteers in end of life care

On 22nd October 2015, Lord Farmer asked Her Majesty’s Government “in the light of the Parliamentary and Health Service Ombudsman’s report Dying Without Dignity, what steps they are taking to ensure that everyone who needs it has access to good palliative care and a level of social care that ensures the end of life is valued.” The Bishop of Carlisle, Rt Revd James Newcome, spoke in the debate, praising the work of chaplains and volunteers in delivering end of life care. The Bishop of Rochester also spoke in the debate.

The Lord Bishop of Carlisle: My Lords, today’s debate, for which I am also most grateful to the noble Lord, Lord Farmer, has prompted me to take a fresh look at some of the numerous documents on palliative care that have been produced over the past two years, including of course the ombudsman’s report, Dying Without Dignity. As I read the documents, I was struck and impressed by their general agreement that palliative care at the end of life involves more than simply the relief of physical pain, crucial though of course that is. Suffering is not always the same as pain and it is often more difficult to ease, which is why the word “holistic” is often used to describe the kind of care that is needed. I cite as an example the NICE quality standard which is regarded by NHS England as, “a comprehensive picture of what high quality end of life care should look like”.

In particular, as we have been reminded by the noble Lord, Lord Farmer, reference is made to spiritual and religious support not only for patients but for relatives, carers and staff. Such support is an essential element in end of life care. Religious needs are those experienced by people with specific beliefs, such as Christian, Jewish or Muslim. Spiritual needs are more generic; they are experienced by everyone regardless of belief, and since the early 1990s there has been a growing recognition of the importance of spirituality in palliative care, not least in most of our hospices.

So, at a time when some are questioning the need for healthcare chaplains, I suggest that recent reports actually make a compelling case for their retention. Their special training and expertise equip them to offer compassionate spiritual care to everyone, as well as religious care to those who need it; and “everyone” includes relatives and staff. Compassion is something of a buzzword in the NHS these days, and it has very close links with spirituality. For that to be effective, though, it is essential that chaplains should be included in end of life plans for patients and are treated as full members of multidisciplinary care teams. In many trusts that is already regarded as standard practice. Last week, for instance, I was talking with a palliative consultant who is the end of life lead in a large hospital in the north of England. She mentioned the electronic order sets which automatically trigger requests to the chaplaincy team and to the end of life nurse. That, she said, has made an amazing difference, and has meant that every patient dying in that trust has access to a chaplain. There are also a growing number of chaplains attached to health centres who are able to care for dying patients in the community, which, as the noble Lord, Lord Farmer, reminded us, is where most people want to die, but where at present 50% do not.

However, that is not a universal picture. As the ombudsman’s report indicates, the quality of end of life care is patchy, and that is true spiritually as well as physically. As we have been reminded, there will of course be a further opportunity to consider this tomorrow, but meanwhile I am very grateful for this opportunity to pay tribute to the contribution made by chaplains and their army of volunteers to end of life care in this country, not least by promoting compassion and respecting the dignity of everyone involved. So, may I ask the Minister whether he agrees that it is desperately important that we should take their work seriously if the holistic care we offer to all is not only to remain at the top of the league, but also to go on improving in the years to come?

The Parliamentary Under-Secretary of State, Department of Health (Lord Prior of Brampton) (Con): [extract] … The right reverend Prelate the Bishop of Carlisle raised the incredibly important work that chaplains do in hospitals, and I agree with him wholeheartedly. Not just chaplains but the whole mass of volunteers who work with them give comfort and support not only to relatives and those who are dying, but also to the staff in hospitals who have to work closely in very distressing circumstances.

## The Bishop of Carlisle supports new Bill on access to palliative care

On 23rd October 2015 the House of Lords debated the Access to Palliative Care Bill, a private member’s bill tabled by crossbench peer Baroness Finlay of Llandaff. The Bill sought to, in her words,

“ensure that wherever a dying person is, whatever the time of day or night, whatever day of the week, they can receive high-standard care… It would do so by ensuring that commissioners commission a level of service for their populations to meet need… My Bill would ensure co-ordination so that help is accessible, efficient and can meet needs.”

The Bishop of Carlisle, Rt Revd James Newcome, who is also lead bishop on healthcare for the Church of England, spoke supportively in the debate.

### The Lord Bishop of Carlisle:

My Lords, I declare an interest as a fairly active patron of Eden Valley Hospice in Cumbria and of Hospice at Home Carlisle and North Lakeland. They work together to provide outstanding end-of-life care for people in the community as well as for those in a hospice bed. Like so many others, I am also most grateful to the noble Baroness, Lady Finlay, for initiating this significant Bill.

Reflecting on the now defunct Liverpool care pathway, several medical practitioners of my acquaintance suggested that the real problems lay not in the principle behind it, which was essentially a good one, but in the lack of training given to staff who used it and in the sometimes inadequate way they communicated what was going on, especially to relatives.

Interestingly, training and communication are two of the issues that emerge most clearly from the plethora of recent documents on palliative care, including the ombudsman’s report and those briefings from charities that most of us will have received, however belatedly. They are also two of the issues that are addressed head-on by the Access to Palliative Care Bill, and they have already been mentioned several times today by your Lordships. That is why I want to make training and communication the focus of my brief remarks today.

First, I shall address training. Like end-of-life care itself, as the noble Baroness, Lady Finlay, mentioned in her introduction, and as the noble Lord, Lord Ribeiro, has just explained, the training offered to generalists in this whole area is distinctly patchy. In some trusts it is excellent: indeed, one of the main tasks of a consultant friend of mine who is an end-of-life lead is to educate the whole workforce in her huge hospital. That includes training in electronic care planning and advanced decisions. In other trusts it is not so good and, as a recent article in the Nursing Standard pointed out, a lack of training can be exacerbated by staffing shortages and the stress that results. No wonder the chief executive of Marie Curie says that,

“the government must make training in care of the dying for all health and social care professionals a priority”.

This is addressed in Clause 3 of the Bill.

I should also mention in this context the importance of providing training for prison staff that addresses the particular needs of prisoners and their families. In [yesterday’s debate on palliative care](http://churchinparliament.org/2015/10/22/bishop-of-rochester-calls-for-better-end-of-life-care-services-in-prison/), my right reverend friend the Bishop of Rochester indicated that there is some very good practice on this in prison but, as in the wider population, it is inconsistent. With an ageing prison population, it is important to recognise that prison staff and prisoners need some basic understanding of palliative care needs. It would be helpful if this ultimately could be mentioned in the Bill.

I turn to communication. This applies in part to communication across trusts and between members of multidisciplinary teams. Without good communication and close collaboration, people can easily miss out on good end-of-life care plans and specialist support. But it also applies to communication with patients and with their families, which, as the ombudsman’s report makes clear, is sometimes woefully inadequate. The importance of this sort of communication is highlighted by the House of Commons Health Select Committee report, which makes it the second priority of care and indicates that there is occasionally a reluctance on the part of healthcare professionals to talk about end-of-life issues. There is of course an overlap here with training. It is vital that staff should be able to recognise and acknowledge the spiritual dimension of palliative care. In yesterday’s debate I referred to the close link between spirituality and compassion.

Then there is the crucial matter of communication with, and care for, children and adolescents at the end either of their own lives or of the lives of their parents and friends. Palliative care for children has often been neglected in the past, and some major children’s hospitals still have no palliative care team. There is much more that can and no doubt will be said on this very important subject.

I am very glad to give this valuable Bill my warmest support and that of the Church of England. A relatively small initial financial investment, combined with more effective use of existing resources, could make a huge difference to the cost, consistency and overall quality of the care that one day every one of us will need.