Promises, promises

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It is widely accepted that the modern hospice movement was founded 50 years ago with St Christopher's Hospice in 1967. Like any another quinquagenarian may attest, any and/or many years of preceding and persistent neglect can take their toll; limitations and loss of function becoming ever more apparent, alarming and advancing.

Equally, many a person in their fifth decade will remember the manifold and motley promises they have made to themselves: change, improve or abate decline in health and well-being, and how those undertakings have been otherwise undermined, or are underperforming or underwhelming. Similarly, with contemporary health and social care, promises, pledges and plans are consistently promoted, reform is always required; change is, perhaps, the only constant for the sector.

The new Labour government have already outlined how challenging it will be to fund and fix health and social care services that are fit for the future, with the Health Secretary recently suggesting that the NHS is 'broken' (UK Parliament, 2024). Echoing such sentiment in September 2024, Lord Darzi reported the findings of his rapid investigation of the state of the NHS, noting that it is in 'serious trouble', the health of the nation has 'deteriorated', and the UK is an economy and society 'in distress'.

Whatever your party politics or however partisan your position, most objective measurement of public satisfaction with services to waiting times or access to services would support the notion of a need for invention and renewed investment in our public services. Lord Darzi's report further identifies major themes for a forthcoming 10-year plan that includes the vision and provision of a 'neighbourhood NHS' where community services are expanded to 'lock in the shift of care closer to home'.

Palliative and end of life care services, such as hospices, which provide care for people at one of the most disturbing and difficult times, were often sponsored and developed as a response to a systemic national public healthcare failure and a local need (James and Field, 1992). Therefore, they would appear to be best placed to contribute to a comprehensive and co-ordinated plan to improve the quality of personalised care and life experiences of the UK citizenry.

Unfortunately, as many hospices continue to operate as independent local charities, raising almost two-thirds of the sectors total annual running costs, they are nevertheless likewise facing a financial watershed. Despite often imaginative and innovative approaches to income generation and the loyal support and subsidy of loving and local communities, such benevolent funding of palliative and bereavement care is increasingly recognised as being untenable, inconsistent and inequitable, and certainly not immune to the insecurities and volatility imposed by the cost-of-living crisis contributing to a cost-of-giving calamity. Operational funding deficits means mergers, job cuts and cutbacks in service provision are becoming commonplace (BBC News, 2024). Correspondingly, the sector relies on significant central funding of half a billion pounds per annum (Hospice UK, 2023), which is a not inconsiderable and critical sum but nevertheless insufficient when the value of the funding has dropped in real terms, while costs have otherwise risen.

The government has already intimated that the financial fortune of the country dictates difficult decisions be made and it may be that fiscal responsibility will be the prevailing monetary maxim. Nevertheless, without more immediate consideration of suitable support and endowment the desirable shift to more community-based services might not be practical should those civic, civilised and internatonally respected services struggle to survive. The American statesman, Benjamin Franklin, popularised the phrase, 'in this world, nothing is certain except death and taxes'; the forthcoming budget and funding plans will hopefully clarify whether the certainty of less taxing deaths can be realised and the next five decades of compassionate and comprehensive end of life care is more assured.

Cultivating primary and community care, including creating a workforce and services to develop and deliver such provision is recognised as being one of the 'most significant failures of policy, leadership and implementation' across successive administrations (The King's Fund, 2024). Caring for the patient where they prefer at the end of their life needs to be promoted and it may be that any reform can be a more realistic refocus on priorities for growing primary and community health and care practice and practitioners. **BJCN**

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