

Additional £1m for End of Life Care

The fund will go towards supporting the delivery of the End of Life Care Delivery Plan 2017-2020, published in March this year. The three year plan outlines how the Welsh Government intends to improve services for patients and their families across Wales. It covers all aspects of palliative and end of life care, delivered by both primary and secondary care and the voluntary sector.

Care at the end of life has been improving in Wales since the publication of the first Delivery Plan in 2013 in hospitals and for those who wish to spend their final days at home.

To ensure patients' experiences are consistently improving, the allocated funding will be used for activities such as providing additional training for health professionals to initiate difficult conversations about End of Life Care with patients and their families.

This funding will also be used to support the development of an all Wales streamlined, advanced care planning electronic record system, to take forward research priorities and to support GP clusters in Wales.

It will also be used to pursue a compassionate community approach to End of Life Care through projects such as the 'Byw Nawr – Live Now' initiative, which aims to get people in Wales talking more openly about dying, death and bereavement through awareness raising activities and online resources.

Health Secretary, Vaughan Gething said:

“Dying is one of life’s few certainties, and as a result of advances in modern medicine, there are many people living longer with terminal illnesses. It is therefore vital that the best possible end of life and palliative care is made available across Wales.

“I’m pleased to allocate the additional £1m funding to support the End of Life Care Delivery Plan, which reaffirms our commitment to ensuring people have a healthy, realistic approach to dying, and are able to plan appropriately for the event.

“We want people to be able to end their days in the location of their choice – be that home, hospital or hospice and we want them to have access to high quality care wherever they live and die, whatever their underlying disease or disability.”