

The Belfast Community Palliative Care Hub

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Teamwork, Co-Design and Collaboration



BCPCH is Delivering Palliative Care Reform in Belfast

Health
Committee
Review

Reset Plan

Neighbourhood
Model

- What must change?
- How will the system shift?
- Where care happens

A New Service Model for Patient-centred Palliative and End of Life Care in Belfast

**TOGETHER
LET'S
MAKE IT
BETTER**
FOR PEOPLE WHO MAY BE HEARING
THE END OF LIFE IN BELFAST

Stakeholder
engagement
workshop

Service
mapping

Service user
and carer
involvement

Review other models
strengths,
weaknesses,
prerequisites for success.

Pockets of great practice
• silos
• duplication
• multiple pathways
• multiple systems
• complex and confusing

**Single Model
across Belfast**

**Moving away from patients fitting into a series of silo systems
to care and support fitting around them**

Best
practice

Simplified
communication
pathway/systems

One point of
contact and
coordination

Funding/
resource
allocation

Key worker

Simplified
pathways

Leadership and Service Delivery Challenges

- Size of the programme-Trust wide and Belfast wide programme
- Range of stakeholders delivering palliative care
- Clinical buy in and engagement across services
- Trust wide clinical leadership
- Turning complexity/multiplicity of services/pathways into an integrated Belfast service model



- Creating a single point of entry and clarity of referral pathways
- Deliver within existing resources

Key Enablers

- Provider collaboration (BHSCT, NI Hospice, Marie-Curie)
- Appointment of Clinical Director for Palliative and End of Life Care in BHSCT
- Funding for and appointment of a Project Manager (Marie Curie)
- Appointment of a Community SPC consultant/ Clinical Lead for Hub

Making it happen ..

Right person, right place, right time

Identify best workforce model to support the new service, to understand demand and capacity and enable timely access. Recruit SPC workforce. Support sustainability of workforce model and develop options for future development.

Developing the Model

Operationalise the SPOA concept through to delivery in the Hub. Wide range of stakeholders. Co-designed model with user involvement in all decision-making. Senior clinical leadership and team buy-in. Integrated service delivery and safe effective systems to manage interface with non-specialist palliative care teams.

Oversight and Leadership

Clear Terms of Reference for Project Board. Develop the vision of a Single Point of Access and provide direction for project and service delivery. Monitor implementation of the Hub service, with appropriate inbuilt monitoring and governance processes. Ensure effectiveness of partner alliance and embed one-team approach.

Developing a single patient record

Ensure clarity of referral pathways underpinned by digital connectivity. Navigate the complexity of 2 different clinical systems. Develop a single shared patient record and ensure cross organisational governance arrangements.

Governance

Develop a governance framework that clearly outlines governance arrangements and makes explicit both the individual and collective responsibilities of the 3 partner organisations. Develop service KPIs to monitor and report on key aspects of service delivery.

Project Evaluation

Commission independent study (QUB/UU), to evaluate the SPOA service model in Belfast. Incorporate both qualitative and quantitative data analysis.



The Belfast Community Palliative Care Hub: Delivering our new service

Heather Foreman, Clinical Nurse Specialist

What is 'new' in this one-team approach?

- A patient-centred 'one-team' approach – a multi-provider team working collaboratively to deliver coordinated care.
- One point of contact for referrers.
- An equitable service for patients across Belfast.
- Streamlined access to specialist advice and reviews.
- Holistic same-day triage for multiple services.
- Tripartite MDT working at core.
- Improved digital connectivity.

What matters to patients receiving end of life care?



- Confidence that they are 'in the right system'.
- Their team is connected and communicating.
- They will have the right care in the right place at the right time
- Ease of access, using one telephone number, if their needs increase.
- Their wishes for care are respected.
- There is one chance to get it right.



**It has taken courage, conviction and compassion to develop the Hub.
It has all been worth it!**



The Belfast Community Palliative Care Hub: Impact and Results

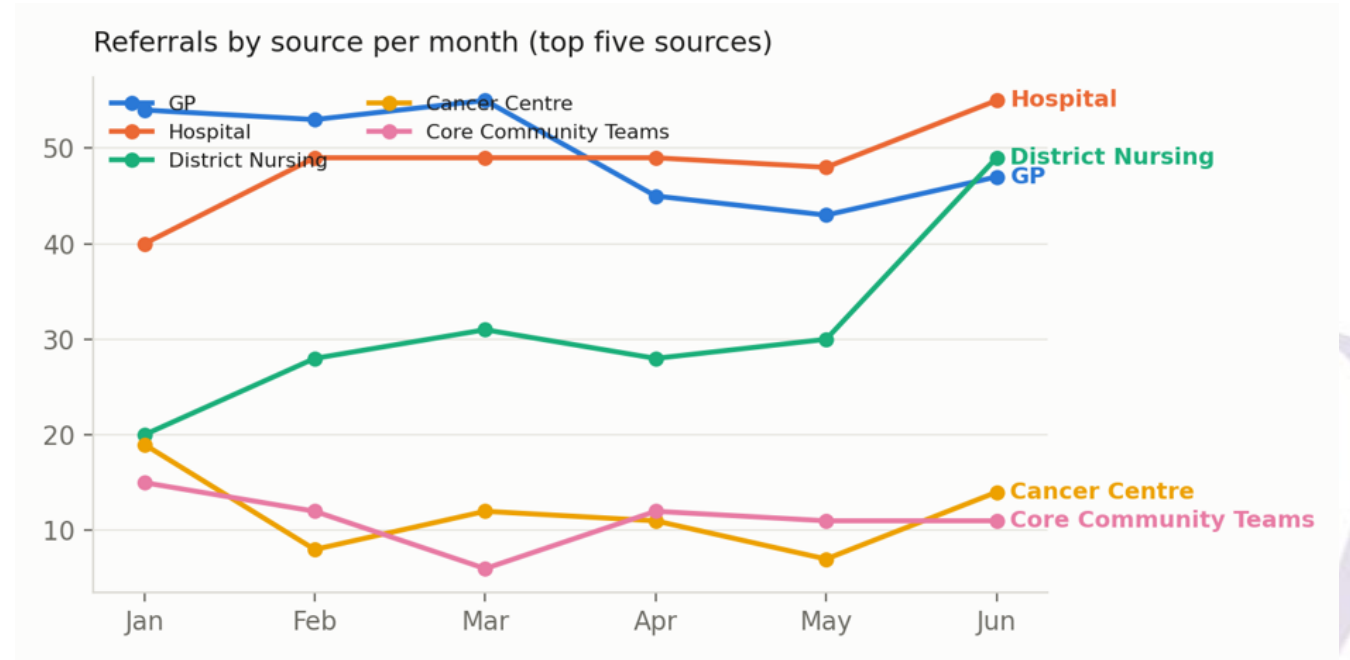
Dr Emma Lundy, Palliative Care Consultant and
Clinical Lead for the Hub

Belfast Community Palliative Care Hub Referrals

January- June 26

Service Objectives:

- Through collaborative partnership with NI Hospice and Marie Curie to reduce silo working, reduce duplication of care and provide a unified approach to the provision of palliative and end-of-life care for community patients within Belfast locality
- To prevent unnecessary ED attendance and hospital admission for palliative and end-of-life patients through provision of specialist assessment and management of complex symptoms in the patient's home
- To enable patients to die well at home, if this is their wish, with symptoms effectively managed and timely access for them (and the teams caring for them) to specialist advice and treatment.



How will we know it is better?

- Data Collection.
- KPIs and metrics.
- Independent evaluation (QUB/UU), supported by Trust Research and Capacity Fund.
- Ongoing Service User Engagement.
- Patient feedback, Compliments and Complaints.
- Stakeholder feedback (including staff).
- Monitoring and Oversight of Service.
- Governance and Assurance Processes.

How have we made a difference?

A Case study:

- Our Patient, 43 years old, with malignant melanoma with haemorrhagic brain metastases.
- Emergency discharge from hospital.
- Confused, agitated and paranoid but family were agreeable to bring him home.
- Full handover from Hospital Specialist Palliative Care Team to Hub consultant.
- Triaged by Hub the following day and urgent Hub response by Hub CNS.
- Referred on to Belfast Community Specialist Palliative Care Nursing Team(BCSPCNT).
- Joint medical and nursing visits daily, sometimes twice daily, as patient was very agitated, aggressive and paranoid.

How have we made a difference?

A Case study:

- **Our patient died peacefully at home, surrounded by his family.**
- Bereavement call by BCSPCNT CNS.
- We respected patient's preferred place of care and preferred place of death.
- We expedited a hospital discharge and prevented an emergency readmission.
- We provided consistent and regular holistic support for the patient and family.
- This was a complex case that required collaborative working and specialist level care.
- Collaborative working between BHSCT Palliative Care Team, District Nurses, Belfast Community Palliative Care Hub, NI Hospice, Marie Curie Hospice, GPs and Care Provider.

Phase 2 Implementation Plan



- Integration of the Specialist Palliative Care Allied Health Professionals.
- Enabling single patient record development.
- Patient and Carers will be able to self-refer to the Hub by January 2027.
- Formal research evaluation of the new model of care UU/QUB (Jan – Dec 2026)
- Sharing and Promoting the Learning locally, regionally and nationally.
- Continue to innovate for the benefit of patients and their families.

The Belfast Community Palliative Care Hub:

Engagement & Co-Design Model



The contribution of our Service User Representatives



Our service users bring knowledge and lived experience to keep us focused on our vision – making things better for patients and their families.

Clare Marie Passmore, pictured, was a Picker Experience Network Awards Finalist in 2025.

The Engagement Model





80 invited guests from generalist and specialist palliative care teams and others holding senior strategic positions joined service users and the Hub team at the event

We used the opportunity to ask them what they thought really mattered at this final stage of life.

On 21st January 2026 we had the pleasure of formally launching the Belfast Community Palliative Care Hub

The Hub had been operational for 9 months and we wanted to share our journey and our learning

Minister Mike Nesbitt sponsored the event which was held in the Long Gallery in Stormont



Harp music played quietly in the background during the 15-minute exercise.

Michelle Wooderson, Music Therapist in Northern Ireland Hospice, gathered sound bytes from some members of the audience. Others completed the feedback cards.

There was lots of chat. Most people participated.

This was a novel way of collecting meaningful information from a key group of people.



Audience Participation Exercise

Dying well..

is being with the ones you love in the place where you want to be, comfortable, pain free, peaceful, dignified;

being heard, being supported, being aware that you are dying so you have time to prepare and say everything that you want to say;

feeling calm, knowing that those who love and care for you are simply there, present with you and you are not alone.



How we used this information



Music Therapist, Michelle, composed a piece of music, to commemorate the launch of the Belfast Community Palliative Care Hub.

The words and the melody for this music came from everything she observed and felt that day.

The feedback cards were the starting point.

Michelle also drew from the personal experience shared by the service user, from the passion and commitment of the teams in 3 partner organisations to delivering excellence in palliative care, from the John O'Donohue poem recited to the backdrop of gentle harp music played by a 14-year old schoolgirl..

All of these things provided inspiration for the musical arrangement and a studio recording was done.

Developing the Belfast Community Palliative Care Hub has been a transformative collaboration between three partner organisations working together to improve the experience and the care provided for palliative and end-of-life patients in Belfast.

We now have an integrated service model that requires a one-team approach and a recognition that behind every pathway there is a person and family that needs us to do our best for them.

This beautiful song encapsulates our wish for each and every one of our patients at the end-of-life and our hope is that the words will provide comfort.

Thank you for letting us share our story with you today. Please see link to the song below.



*A Blessing for
the Journey*



