POLICY RECOMMENDATIONS

Home hospice (Poland)

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101000797.

1 Implications for policy and farming support

1.1 The Challenge & Needs – What is the situation?

The challenges and needs related to the well-being of farmers that require attention from policy or institutional support mechanisms to achieve social innovation are significant.

In many rural areas of the Podlaskie region, access to basic and specialist healthcare services is limited, leading to a decline in residents' quality of life. The hospice care system in the region is also dysfunctional, which is a problem not only specific to this area but also prevalent throughout Poland.

There is a shortage of medical personnel, including carers, nurses, and physiotherapists, and the availability of services such as psychologists or dieticians is virtually non-existent. Systemic issues further exacerbate the situation. For instance, nurses employed under the NFZ often fail to fulfil their obligations of commuting to patients, and there is a need for regionalisation in rehabilitation services (assigning a patient to the areas where rehabilitation is located), hindering optimal service utilisation.

Insufficient financial resources within the healthcare system, coupled with a limited catalogue of diseases covered by the NFZ, result in many elderly and terminally ill individuals being excluded from public healthcare in their final stages of life. Municipal governments' low activity in securing external funding for healthcare, especially palliative care, worsens this problem.

Elderly individuals in peripheral rural areas, particularly retired farmers, face financial constraints due to low incomes from pensions. This significantly hampers their ability to access healthcare services. Additionally, the loneliness experienced by these individuals, often after the loss of a spouse and without close family living nearby, compounds their difficulties.

The lack of proper coordination among institutions involved in palliative and hospice care contributes to disparities in service quality between rural and urban areas, undermining the principle of territorial justice. Furthermore, the sanitary transport services which is more difficult than in urban areas, makes it challenging to transport individuals with disabilities to specialised healthcare facilities, and the absence of respite care for families places an additional burden on them, exacerbating the lack of support.

1.2 Support framework – What is needed?

Thanks to the project "To Give What Is Really Needed", a specialized staff is provided, which is less available within the public health system due to staff shortages or poor quality of services. Shortages of medical staff - doctors and nurses are particularly acute in rural areas. In addition, some nurses or carers who could visit patients at their homes do not have a driving license. So they cannot work in a rural home hospice for this very reason.

Social innovation aims to address the inefficiencies in the healthcare system. Unlike the rigid assistance provided by the NFZ, the project "To Give What Is Really Needed" offers flexible support tailored to individual needs. This approach allows for better use of financial resources. The services provided through social innovation are free, which helps address the issue of low income among former farmers.

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Social innovation has created a comprehensive palliative care system that includes doctors, nurses, caregivers, rehabilitators, dieticians, psychologists, and a local support network consisting of community leaders, volunteer groups, and neighbours. This network also offers specific services such as transportation to reduce the transportation challenges faced by patients. This system is reliable and effective, filling the gaps in the national healthcare system. It also addresses the loneliness experienced by beneficiaries and provides the support they need.

Furthermore, social innovation activates local resources and promotes positive attitudes among young people. Through educational meetings, young people learn about the needs of the elderly and develop a sense of responsibility to help their families and neighbours.

1.3 Recommendations – What needs to be done to realise the support needed?

The leader of the "To Give What Is Really Needed" project, together with Partners, prepares recommendations for hospice care in rural areas.

They are under development, but it is already possible to indicate the "milestones" of the recommendations being prepared, i.e.:

- expanding the indications for hospice care

- expanding the hospice team with caregivers

- provision of care in a flexible, tailor-made manner and not according to rigidly established rules

- creation of the position of the a Dependent Care Coordinator (KOOZ)

- building and maintaining a local support network

Farmer interview questions

Q (FW): **What are the main needs of farmers – in the context of the social innovation – that should be addressed through support?**

A (Dependent Care Coordinator - KOOZ):

We assist patients with various diseases. To those after strokes, with degenerative disease, ulcers, dementia, dependent people with multiple diseases caused by old age. These are patients and diseases which are not on the NFZ list, i.e., only these can have this care from our project. And these people need special care. Our caregivers help with, cleaning up their houses, shopping, and sometimes doing memory and concentration exercises for hours. Physiotherapists, on the other hand, perform rehabilitation exercises, trying to restore patients' mobility after strokes and prevent the deepening of disability. Nurses make various specialized dressings, if there are any ulcers or bedsores. We also bring this help, often in the last years or months of their lives, so that they can live their last years in their own home, in their own bed.

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What do you think should happen to make similar support actions available to farmers/ social innovations a reality?

Our project concludes at the end of January 2024. And we are already thinking of what to do next. We are looking for a continuation for the next project. Because we really cannot imagine that at the end of January, we will say in every patient's house - <...thank you, the project is coming to an end, and we will not come to you again...>. It would be really very sad if that was the case. We want to continue it because we see the results and the need for further care to continue this in our area.

If there were funds to continue what we are doing now, I think, we could only increase our medical team. In the beginning, we had four caregivers, now we have eight. We also hire new ones, because there is a need. If there was more money, the number of nurses or physiotherapists could be increased. Our physiotherapists have a lot of work to do. They really have a lot of these visits. And there are four physiotherapists for forty-two people. Not all patients need physiotherapy, of course, but we would definitely like to employ more physiotherapists.

It would be good if this new model of home hospice is implemented in other hospices in Poland. We are in contact with the European Commission, which monitors our activities. And we try to speak about our activities to the Commission.

Who should be the organisation / funding or supporting it?

This care shouldn't be financed from European funds only. But, ultimately, it should be covered by the state. Doctor Pawel Grabowski, the president of the foundation, at a number of meetings, literally everywhere, has been constantly talking about the fact that the NFZ's table of diseases should be extended by other disease types. Then, the NFZ would cover the care for chronically ill with cancers, multiple sclerosis, and others, but also for those at the end of their life because of strokes, heart failures and simply old age with a number of illnesses. ...This table should be extended so that it includes many other diseases, as it is in other countries. However, in Poland, there are only eight groups of disease entities on the list and covered by the NFZ refund.

What is social innovation for you?

The activities of our network partners are supported by the care coordinator, which is who I am. This role was created as a constitute of the "To Give What Is Really Needed" innovation in order to improve the possibility and quality of cooperation with network institutions and the availability of medical services addressed to elderly patients, dependent people and people who care for them. Because here we also pay attention to the household members, who are carers of our patients.

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