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DEPARTMENT OF HEALTH
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D12-11

Your reference:

Our reference: EL(90)P/10

To: Regional General Managers
District General Managers
General Managers of Special Health Authorities

General Managers of Family Practitioner
Committees (for information)

15 March 1990

Dear General Manager

FUNDING OF HOSPICES AND SIMILAR ORGANISATIONS

Introduction

1. Ministers recently announced an additional allocation of £8M for 1990/91 to enable health authorities to contribute more to the voluntary hospice movement. This letter give guidance on the distribution of these funds. For planning purposes, authorities may assume a similar level of central funding in 1991/92.

Scope

2. Organisations eligible for these funds ("eligible organisations") are voluntary organisations which provide specialised palliative care for people with a terminal illness, regardless of their diagnosis or location, and give support to their relatives.

1990/91 Central Funding

3. Central funds have been earmarked for each region, as at Annex A. The purpose of the allocation is to contribute to the recurrent revenue costs of eligible organisations, and to stimulate authorities to work towards a position in which the value of their contribution matches that of voluntary giving towards the cost of agreed services which those organisations could not otherwise provide.

4. Regions are asked to make scheme specific allocations from central funds to districts for 1990/91 for them to use in contributing to eligible organisations (a Region may if it wishes make a direct contribution to an organisation providing services to several districts). Regions are also asked to monitor districts' expenditure on, and plans for, services for the terminally ill.

Dist Dent	Dist Chir	Dist Pharm	Dist Physio	Dist OT	Dist ST	Health Ed	MLSO's		Supplies	SCM Chiro Health	SCM Plan & Info	SCM Env Health		
							Whiston	St H						

E.R.

5. To ensure that the allocation is used to increase support for eligible organisations, they will normally be expected to maintain their income from voluntary sources in 1990/91 at or above 1989/90 levels. Similarly it is expected that the contributions which authorities make to eligible organisations from the special £8 million allocation will be additional to contributions from those authorities normal funds. The latter should normally equal or exceed any contribution made in 1989/90.

6. Circular HC(87)4 asked authorities to develop integrated plans to meet the needs of the terminally ill. Regions are now asked to promote reviews by districts, in the light of these plans, of their arrangements for supporting eligible organisations which provide regular and substantial services for their residents. Authorities should consider whether they are able to make any additional contributions from their own resources towards the cost of those services.

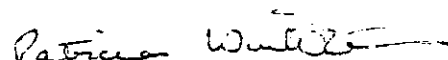
Future arrangements

7. For the future, an eligible organisation wishing to benefit from health authority support will be expected to demonstrate that the services it provides are consistent with the authority's plans, are of an acceptable standard*, and could not otherwise be provided without such support. Wherever possible, written agreements should be made with eligible organisations specifying the amount and quality of services required, and the level of financial and other support to be provided.

Monitoring

8. At Ministers' request, the NHS Management Executive aims to review regions' progress in developing services for the terminally ill. As a basis for these discussions, and for the consideration of future funding, it would be helpful if they could complete returns in the form shown at Annex B, and send them to Mr Alistair Brechin at this address by 30 September 1990 (Mr Brechin is also the point for enquiries: tel 01-972 2816). We believe that most of the information requested should by then be available to Regional Co-ordinators for Continuing Care.

Yours sincerely



MISS P M C WINTERTON

The guidance given in this letter will cease to be operative on 1 April 1992, unless separately notified.

* Authorities may wish to refer to the sources of guidance on the organisation of these services which are mentioned in HC(87)4.

HOSPICE FUNDING

ANNEX A

<u>Region</u>	<u>Allocation</u>
	<u>£m</u>
Northern	0.530
Yorkshire	0.602
Trent	0.756
E Anglia	0.317
N W Thames	0.596
N E Thames	0.697
S E Thames	0.658
S W Thames	0.520
Wessex	0.462
Oxford	0.365
S Western	0.532
W Midlands	0.848
Mersey	0.420
N Western	0.697

HOFFICE FUNDING RHA

FORM TER 1

1	2	3	4	5	6	7	8	9	10	11	12
Voluntary (Name) Project (DHA)	Services Provided	1989/90 (£)			1990/91 plans (£)				1991/92 forecast (£)		
		revenue expenditure	HA contribution cash	other	revenue expenditure	HA contribution cash total	from cent- ral fund	other	revenue expenditure	HA contribution cash	other
[PLANNED VOLUNTARY PROJECTS]											
[NHS FACILITIES]											
[PLANNED NHS FACILITIES]											

Please see notes on completion (over)

NOTES ON COMPLETION

Col 1. Please give name of each voluntary organisation providing inpatient, home or day care for the terminally ill and district where it is based.

Col 2. Brief description, eg IP (no of beds), DC (no of places); HC; any special features.

Col 5, 9, 12. Please specify and where possible give cash value of services in kind, excluding any activity undertaken in pursuance of a statutory obligation.

Col 11. For planning purposes, authorities may assume a similar level of central funding in 1991/92.

Under "[PLANNED VOLUNTARY PROJECTS]" please show all facilities proposed by voluntary organisations, and any firm funding commitment by health authorities. Projects due to become operational after 1991/92 should be included.

Under "[NHS FACILITIES]" and "[PLANNED NHS FACILITIES]" please specify all existing or proposed facilities which are wholly funded by health authorities and provide specialised services of any kind for the terminally ill.

NARRATIVE

1. Please summarise the key achievements and plans of authorities in developing services for the terminally ill.

2. Please comment on the progress made towards, and the likely timescale for achieving, the objective of matching health authority contributions to voluntary organisations with the income they receive from voluntary donations.

Regions are asked to gather and collate the foregoing information from districts and, where appropriate, SHAs. Where the region has produced or updated a strategic document on these services, it would be helpful if a copy could be enclosed with the return, which should be sent to Mr Alistair Brechin, Department of Health, Eileen House, Newington Causeway, LONDON SE1 6EF (tel 01 972 2816) by 30 September 1990.