

AHPCC Executive Meeting 2nd February 2017 Tavistock square London

Present: David Buck(chair), Nigel Mason (secretary), Sally Bedborough, Margery Collin, Carol Gully, Matthew Hagan, Keith Morrison, Mike Rattenbury, Liza Waller, Gary Windon

Apologies: Karen Murphy, Bob Whorton

As Karen is unwell, David (Vice-chair) took the chair.

Meeting opened with sharing where we are and Listening to each other.

Conference 2017: Sally and Liza presented the programme for May 15-17 were presented and discussed

The EAPC: Andrew Goodhead, chaplain of St Christopher's London, by invitation spoke to us about the history and reality of the EAPC; that he had joined with Peter Speck and 2 other colleagues, Carlo Leget (from the University of Humanistic Studies, Utrecht, The Netherlands) and he is joint chair with Joep van de Geer (from the Medical Centre Leeuwarden, The Netherlands) and that it has been concerned with spiritual research, education and implementation (this latter hasn't been realised); on the former: "in-spirit" study focused groups which were multi-national working alongside patients and carers in palliative care was now "moribund." For education, a conference in Munich resulted in publication but that a White Paper was now needed and that depended upon funding to employ someone undertaking educational literacy review (and this currently seemed unlikely – Margery asked whether Andrew or the EAPC knew and worked with the ENHCC: the answer was no and she suggested he/it got in touch with Ewan Kelly); Andrew agreed saying that its best route was another organisation as partner; Conferences tended to be medically-focused and that spirituality was significantly highlighted and spoke of task forces having their life: given the EAPC was currently struggling, was this thus inevitable? The question might be for us: what is it we offer as chaplains – our role and communicating such.

Andrew spoke of St Christopher's in its 50th year, highlighting a day seminar on compassion; he spoke of his own research into memorials funded from Margaret Holloway in Hull and the "Remember Me" work (he is hoping for publication in the Mortality journal).

Web-site the future of the Members' page (which is under-used) was questioned and 3 options to replace were considered – create something of our own or using the JISC list (individually or sign-up with the advantage that it holds a wider list than palliative care chaplains only) or using Facebook – all agreed that the last 2 options were preferable .

Membership The current list of members was reviewed in November 2016 and the next update was planned for March 2017. A question arose as to whether Facebook was for designated members - Just to confirm that the Facebook Page is an open group. Anyone can post on the FaceBook page - the more it's used the more interest it generates. If you do, you post under your own name. Only the account holder(s) can post as 'AHPCC' members only

Finances (Margery): the 2016 figures are ready to be audited and were viewed (received). Outstanding payments for the Conference arose: if someone has not paid in the past and wants to attend the next - the Invoice explicitly states a cut-off date for payment to each conference.

Regional groups: reported East Anglia (met in March with 2 new members); London/SE (a new convener); N Ireland (met in October, 4 hospices and Donegal in Eire, due to meet in March); NW Eng/N Wales (a meeting in near future planned and doing well); Scotland (meet March, June and September with lot of interest and appreciation for support, a day retreat hoped for); Southern England (met Okehaven last week with 6 chaplains and 2 hosts, planning for April, always a geographical distances challenge); SW Eng (met on retreat in October again and next end of Feb in Taunton); Yorks and NE Eng (2 retirements – Rotherham and Scunthorpe, mutual support important, 22 contacts in the region)

External: HCFBG –reported name change to the NPSRCH (Network for Pastoral Spiritual and Religious Care in health), after the non-religious pastoral group joined, largely a self-appointed membership whose purpose remained to be discovered; Minutes always delayed and question as to how NHS funding as appropriated to different religious groups.

The Book: Chaplaincy in Hospices and Palliative Care – it was reported that Amazon are advertising as August publication date; that drafts sent to exec members from the publishers are impressive and it is highly recommended. Wondered whether flyers could be available at Conference to promote

AOB:

1. In October 2016 3 members attended a meeting at Church house Westminster with Bishop James, Brendan McCarthy and Malcolm Brown on what the C of E could do to communicate “ as a voice” in highlighting hospice chaplaincy. Felt to be a very useful meeting and that we would supply data to help the Church.

The meeting was initiated and organised by Brendan McCarthy “to discuss the particular roles that hospice and palliative care chaplains play in delivering holistic care to patients and their families exploring what, if anything, the Church of England might usefully contribute to supporting the work that [hospice and palliative care chaplains] do”. It was also noted that, “The Church of England has contributed regularly to the ongoing debate on assisted dying; in the light of last year’s vote in the House of Commons on the issue [they were] keen to explore positive ways of encouraging better access to palliative care across England”.¹

Each briefly explained their role and context. Brendan explained the context as above but set no particular agenda. This was an open, exploratory meeting. The following notes reflect themes and comments made.

Palliative care and assisted dying – good palliative care is not available to everyone which weakens a (moral?) case against assisted dying.

National hospice coverage - The exec members were asked which areas of the country were poorly served by hospice care. We were not clear on this though were able to give a general picture. Also we were able to paint a bit of picture of the numbers of chaplains being employed, full/part-time, in adult and young people’s services. (To forward more specific data might be helpful.) We were keen to explore issues regarding capacity too – sometimes hospices are full, understaffed or have trouble discharging patients to alternative care which can send unhelpful messages about availability.

Palliative care chaplaincy within chaplaincy generally – it was acknowledged that palliative care and hospice chaplaincy keeps itself on the edge of the political wrangling within chaplaincy generally. The general feeling was that this seemed a healthy approach.

¹ Email from Brendan McCarthy to Karen Murphy, president of the AHPCC, dated July 12th 2016

Mission and Ministry – it was acknowledged that not all bishops understand the work of chaplaincy and therefore its role in mission and ministry. Chaplaincy is placed in a privileged and crucial point of mission and ministry for the church for people at some of the most difficult and vulnerable times of their lives.

The British Humanist Association – although there is great willingness to engage with the BHA there is a concern that their agenda is to take over chaplaincy, effectively replacing the current/past role of the C of E. The BHA want to be the new State Religion, it was felt.

Do hospices understand spiritual care? - Directors, we shared, generally do support our work and recognised its importance and relevance. However there is (understandable) confusion at times. For example, requests to include religious hymns in a non-religious service. This is not necessarily a problem. Chaplaincy, also, is an easy area to cut in terms of hours.

MacMillan – the public perception of the full range of services provided by hospices (in-patient, day-services, community/hospice at home, etc) is not always accurate/

C of E State church – sensitivities were acknowledged regarding the position and presence of the Church of England as the State Church. We were told that government (individual MPs) are more supportive of the C of E and the spiritual care it offers than the public perception. The NHS, we were told, acknowledges the C of E as a “big player” in spiritual care and is keen to involve them and encourage the C of e to have a louder voice. What should be noted is that the state church is present in the House of Lords and therefore a useful advocate for Chaplaincy in the national debate.

Information governance – this was noted but not talked about much. It seems to be a bit of fudge created by folk who do not understand spiritual care.

Future

- Bishop James suggested that for the future chaplaincy would be best supported, from his perspective, by a Bishop particular to chaplaincy, not by his role which is far too broad. More dedicated support would be helpful.
- We should keep talking with reps from the C of E and think of ways in which we (AHPCC) can ask them to support us. For example, raising issues with government.
- Is there some data we can send them re the number of chaplains, AHPCC members, etc
- Conference speakers – Bishop James and Malcolm do a good double act on assisted dying...