



# 'Bridging the Gap'

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# Bereavement Pathway Project

## Background:

- Department of Health
- 3 year project
- Mapping the bereavement journey
- 'Bridging the gap' NHS acute hospitals and community bereavement services
- Cruse and BSA

- To provide the right care, support and information to the right people at the right time

# Cruse Bereavement Care

Cruse provides a range of services:

- One to one, face to face bereavement support and bereavement counselling
- Telephone and email support
- Support groups
- Written information and literature
- Website information – [www.cruse.org.uk](http://www.cruse.org.uk)
- - [www.rd4u.org.uk](http://www.rd4u.org.uk)
- Training and consultancy services

# Bereavement Services Association

- National network for those providing bereavement support services
- National forum for discussion and training, particularly in the NHS
- Contributes to the improvement of the quality of bereavement services nationally

[www.bsauk.org](http://www.bsauk.org)

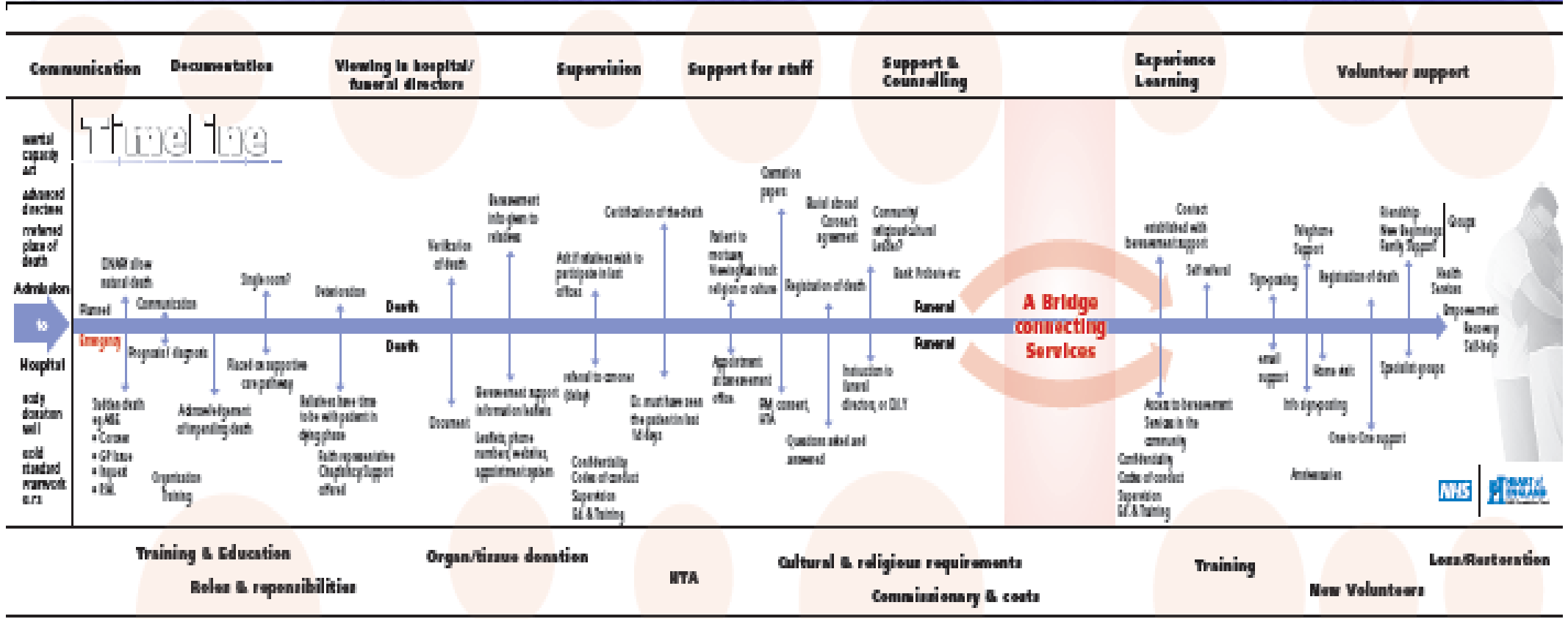
# Key Aims:

- To increase access to services for bereaved people
- To develop up to date information on the number, scope and operation of the NHS, VS and primary care bereavement services
- To establish clear pathways for bereaved relatives and friends

# Progress to date:

- Effective partnership established
- Mapping of NHS / VCS services
- Survey of NHS Bereavement Services
- Development of a bereavement pathway

# Bereavement Pathway Project



**Training & Education**  
Roles & responsibilities

**Organ/tissue donation**

**NTA**

**Cultural & religious requirements**  
Commissionary & costs

**Training**

**New Volunteers**

**Loss/Restoration**



# Nationally

- 60% (approx) deaths occur in hospital
- Healthcare commission – 'spotlight on complaints 60% Bereavement related

# Results of the NHS Bereavement survey:

- 165 hospitals – 56 responded (32%)
- 81% designated bereavement service
- 64% Designated bereavement manager
- 40% Audit bereavement care
- 81% information on community services
- 8% bereavement assessment
- 28% follow up

Poor assessment, little follow up, little follow through

# Hospital procedure when a patient dies

- 4,500
- Range of ages, causes, and end of life and bereavement expectations and requirements
- Centralised service
- Information written and verbal
- Guidance on what happens next
- Open door policy

# But

- No follow up
- No ongoing support
- No assessment
- No referral process
- No joined up working with community/  
voluntary sector

# The Birmingham plan

- 1st national pilot site
- HEFT and Birmingham Cruse
- Bereavement 'volunteers'/ mentors
- 'Before', 'at' and 'after' service
- Training and supervision (cruse)

# Focus on the 'Gap'

- Users views
- How and why people 'bridge the gap'
- Questionnaire in bereavement booklets
- Complaints
- Meetings with bereaved relatives and friends
- Leaflet (comments)
- Feedback from those present today

# challenges

- Sharing good practice – working across boundaries
- Infinitely variable circumstances
- Identifying and assessing those in need of help
- Identifying who are the bereaved

# Solutions

- Networking
- Right information at the right time by the right people
- Opening up debate – breaking down taboo

# Caution

- Risk of fostering dependence
- Risk of disempowering the bereaved
- Risk of medicalising bereavement

## **BUT**

at present not identifying / assisting a small minority of bereaved who may benefit from appropriate intervention



