

challenging religious privilege

national
secular
society

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Mike Penning MP
Shadow Minister for Health
House of Commons
London SW1A 0AA

25 Red Lion Square

London WC1R 4RL

TEL: 020 7404 3126

FAX: 0870 762 8971

EMAIL: enquiries@secularism.org.uk

WEB: www.secularism.org.uk

Dear Mr Penning

All-party consultation on the provision of chaplaincy and spiritual care within the NHS

We are responding to the all-party consultation on the provision of chaplaincy and spiritual care within the NHS launched on 28 August 2008 and for which responses are requested by 25 September 2008.

We note the comments made by you as Chair of the All-Party Parliamentary Group on NHS chaplaincy: 'Evidence suggests that spiritual care within the NHS varies widely, and it is important to ensure we have a genuine understanding of current provision. As such, my colleagues and I have convened an open, multi-faith enquiry on NHS chaplaincy, and are seeking views to determine best practice and suitable approaches.'

(<http://www.mikepenning.com/search/newsitem.php?id=1663>)

Our recommendations are shown in bold.

The National Secular Society was founded in 1866 and is concerned that everyone in Britain is treated equally, whether they have a religion or not. We also oppose religious privilege on the grounds that it is usually granted at someone else's expense.

Consequently, we are not in favour of the continuation of the chaplaincy service at public expense, although we are not opposed to it being provided at the sole expense of the religious organisations who think it is important.

As President of the NSS, I can speak from experience, having worked on the front line in NHS hospital environments for most of my forty year working life. I can truly say that in all

that time I never saw a chaplain on the wards and nor did I ever hear a patient ask for the services of a chaplain.

When patients go into hospital, they go there primarily for medical treatment, not for religious reassurance. Our first recommendation is in line with the idea of consumer choice:

1. To conduct a large-scale survey among patients asking how they rank services in the NHS in order of importance to them, and value they place on them. We believe that such a question would result in chaplaincy services being shown to be of little value to most people.

Just asking people whether they would like chaplaincy services to continue, however, is a loaded question, not presenting them with the reality of the choice.

We are confident that patients would certainly prefer the comfort of knowing that all possible funds are being devoted to their medical treatment rather than being diverted into ancillary services needed by few and which could be better provided externally at no cost to the NHS.

It is clear that there are some people who do feel comforted by the presence of a religious figure when they are in hospital, and there is a place for those who want it to receive religious solace after bereavement. The vast majority of people would not.

Statistics show that the British people do not generally regard religion as important. For example, in a Home Office survey¹, religion is ranked only ninth in what people regard as important to their identity. It is unlikely that many of them suddenly find the need for religion when they are in hospital. Church attendance has been in decline for sixty years and normally Sunday attendance in Britain is projected to fall below 900,000 by 2050 compared with 5 million in 1990².(Figures from Christian Research, details as footnote.)

As you know, Britain is one of the most religiously diverse countries in the world and the proportion of those of minority religions is increasing very substantially. In the same way that Catholics expect to have their own chaplains, it will not be long before, for example, Muslims will want a different chaplain to represent Shia and Sunni branches of their faith. This will cause costs to rise exponentially if the NHS is committed to provide such services.

2. Most people come from the vicinity of the hospital and it would be more appropriate (and also cheaper to the NHS) for them to receive any comfort they wish from their own place of worship, which will be able to send people from their own congregation,

¹ Home Office Research Study 274 Religion in England and Wales: findings from the 2001 Home Office Citizenship Survey Table 3.1: *Which of the following things would say something important about you, if you were describing yourself?* Religion was ranked as the ninth factor with 20% of respondents claiming it to be a factor.

² Religious Trends Edited by Dr Peter Brierley. Published by Christian Research (Mainly no. 6: 2006-2007)

with whom they are familiar, are of their precise religious persuasion and who know more about them.

We understand the proposals are to make the commissioning of chaplaincy services on a par with the commissioning of medical services. We consider this to be highly inappropriate and to take away choice from Hospital Trusts as to how they allocate their budgets.

We are adamant that the budgets of NHS Trusts should be devoted entirely to the *raison d'être* of a hospital, which is medical treatment and aftercare. The provision of religious support should become the responsibility of local churches or mosques, etc. If clergy are called into the hospital as a result of patients' requests; they should not receive a salary from the NHS.

The growth of the many different religions in Britain means that hospitals are now being required to provide not only vicars, priests, imams and rabbis but also prayer rooms and chapels (sometimes more than one), which are hardly used. In trying to accommodate the many religions now extant in Britain, the burden on Hospital Trusts is increasing, at a time when financial pressures are hardest.

In answering a parliamentary question Rosie Winterton MP said, when she was Minister of State (Health Services), that the Government did not collect statistics about health service chaplains and left it to local Trusts to decide how they operated the service. It is difficult, therefore, to discover just how much these largely unwanted services are draining from the cash-strapped NHS.

The National Secular Society has already embarked its own research to try to discover just how much is being spent around the country on hospital chaplains and their services. We were told by one Trust that the cost of employing and maintaining a chaplain was in the region of £50,000 per annum. This would pay for another two nurses or several desperately needed cleaners. In fact, we suspect that when all aspects of the service and costs of maintenance are taken into account, full-time chaplains cost rather more than £50,000 per annum.

From initial returns, we anticipate the total cost running into tens of millions of pounds, which could alternatively be spent on approaching a thousand nurses. In the current economic climate it is likely that NHS budgets will be under increasing pressure. Calling for even more money to be diverted to chaplaincy would mean less money for training and employment of front-line medical staff, and essential cleaning personnel.

Therefore, our third recommendation is:

3. Public funding for hospital chaplaincy should be phased out. A hospital administrator could then be charged with liaising with local religious groups with a view to instituting a system of call-ins when requested. Any services sought by patients can then be provided as they are needed by the local places of worship.

We know this is possible, because when the Worcester Acute Health Care Trust made one of its chaplaincy team redundant, local charities stepped in to pay for his retention. This could be an alternative model for providing chaplaincy cover.

We will be happy to discuss this issue further and assist in any way, and will be pleased to let you have a copy of our research into costs of hospital chaplains when it is completed.

Yours sincerely,

Terry Sanderson

President, National Secular Society