

# Hospital Chaplaincy

Each year the National Health Service spends approximately £29 million pounds on the provision of hospital chaplains. The National Secular Society would like to see NHS finances, which are limited and under unprecedented strain, spent on frontline services rather than spiritual care.

## Background

The Department of Health has provided funding for hospital chaplains since the foundation of the NHS in 1948. The close connection between the State and the Church of England meant that originally all posts went to Anglicans and it was assumed that the majority of patients would be Anglican. It was also deemed appropriate that a hospital should have a chapel.

The majority of Chaplains who are paid for by the NHS are still Christian, but in recent years additional resources have been needed to recognise the needs of those of other faiths, and many hospitals have now established multi-faith chaplaincy teams.

In today's pluralistic and multi faith society in which around half of the population do not regard themselves as belonging to a particular religion<sup>1</sup>, the provision and funding of chaplaincy services within a specifically religious framework needs urgent review.

## Key Issues:

### Hospital Chaplains – a discriminatory service

All citizens should enjoy equal access to healthcare and associated NHS services irrespective of their religious beliefs, or lack of them. The present system of hospital chaplaincy means the NHS funds services specifically for people based on their religious beliefs. Such services are delivered in a religious context with no alternative provision for the non-religious, who may also appreciate confidential, non-judgemental, emotional support at times of anxiety and distress.

Furthermore, a hospital chaplain is the only job in the entire NHS for which applicants are discriminated against on the grounds of religion or belief. If the NHS is to offer

<sup>1</sup> [http://ir2.flife.de/data/natcen-social-research/igb\\_html/pdf/chapters/BSA28\\_12Religion.pdf](http://ir2.flife.de/data/natcen-social-research/igb_html/pdf/chapters/BSA28_12Religion.pdf)

pastoral support to staff and service users, then those positions should be open to any professionals with the skills to provide necessary support, regardless of their religion or belief.

If the NHS considers such services to be cost effective and appropriate, a secular patient support service could be established, catering to all patients and staff equally, outside a religious framework. This way, the focus would rightly be on the patient rather than the faith.

Hospital chaplains often claim people who aren't religious also use the service. Whether or not chaplains offer their services to all, this is not an acceptable compromise for a large proportion of our diverse society who rightly expect and deserve the state to fund public services that are secular and perceived by the users to be equally welcoming to all at the point of use.

## Clinical Benefit

It is often claimed that non-medical aspects of patient care are fundamental in the process of recovery and sustained well-being. Nevertheless, a peer-reviewed study carried out by statisticians for the National Secular Society in 2011<sup>2</sup> on data provided by hospitals found no demonstrable clinical benefit from hospital trusts expending proportionately far more on chaplaincy services than those that did not.

The study was the first to attempt to analyse the extent to which funding of chaplaincy services contributed towards healthcare outcomes. There are two national measures that can be used to consider this relationship, the 'Standards for Better Health' and the Standardised Mortality Ratio (SMR). The study found no correlation between national benchmarking measures of the quality of health care provided and the proportion of Trust income spent on chaplaincy services. In other words, the evidence did not point to healthcare quality being improved by an increase in the proportion of costs being spent on chaplaincy.

There is no formal or regulated training of chaplains, many of whom are effectively offering counselling services to vulnerable people. Consequently, there is no benchmark by which to measure or monitor their performance – a situation which does not arise with any other NHS funded personnel with access to patients.

## Hospital chaplains: costs and funding

Figures obtained by the National Secular Society under Freedom of Information legislation reveal that £29m of healthcare money was used to pay for hospital chaplains in 2009/10. The results also showed huge variations in the proportions that similar hospitals spend. It also found that if NHS Trusts brought their spending into line with the best performing Trusts, savings of £18.5m a year would be made. £18.5m could pay for 1,000 nursing assistants or the building of a brand new community hospital every year. The Secular Medical Forum, which campaigns for a secular approach to

<sup>2</sup> <http://www.secularism.org.uk/uploads/nss-chaplaincy-report-2011.pdf>

healthcare, has calculated that each full-time hospital chaplain removed from a trust budget would finance at least two nurses.<sup>3</sup>

The £29m was for staff salaries only and did not include related office costs or the provision and maintenance of chapels, churches, and prayer rooms. A study published in 2012 by the University of Liverpool<sup>4</sup> found a fast increasing number of what they describe as "shared spaces for prayer reflection and meditation", despite the declining popularity of established religion. The study observed a mushrooming of 'multi-faith' facilities in the UK over the past 10 years.

The National Secular Society is not advocating the removal of hospital chaplains. Nor do we question the value of the service to those who use it. We do however take the view that finite NHS budgets should be devoted to medical treatment and aftercare of patients rather than 'spiritual care'. This is a campaign about priorities. The NHS will never have such an excess of funds that it can afford to use millions of pounds per year on such a niche service. It seems reasonable to expect religious organisations, many of which have vast wealth, to pay for religious chaplains themselves rather than the taxpayer.

One way forward would be for all chaplaincy services to be provided by and financed by the religions and denominations themselves, in essence for them to take responsibility for providing this service for their own followers. This already happens for some smaller denominations and minority religions and could become the standard for all. Alternatively, funding could be provided by charitable trusts.

### Chaplaincy trusts

One alternative to public funding advocated by the National Secular Society is the establishment of charitable trusts, supported by local faith groups. A chaplaincy trust would save the NHS millions of pounds every year, yet retain a chaplaincy service for the provision of religious care for those who want it.

The charity would be funded entirely by charitable donations given by those who value religious chaplaincy services and would encourage religious groups to work together locally to raise funds for their mutual religious care in hospital.

The charitable trust model has proved very successful for the Air Ambulance service which provides a vital service through emergency air cover for those who face life-threatening illness or injuries. The Welsh Air Ambulance Service, for example, raises over £5 million per annum through charitable donation and volunteer fund raising activities, and receives no funding from healthcare budgets.

### Take Action

Using the arguments in this briefing, seek to persuade those responsible for local NHS budgets to transfer the funding of hospital chaplaincy from the NHS budget to a charitable trust. At present, local health managers working for primary care trusts (PCTs) control much of the spending. Provisions contained in the Health and Social

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<sup>3</sup> [http://www.secularmedicalforum.org.uk/?page\\_id=20](http://www.secularmedicalforum.org.uk/?page_id=20)

<sup>4</sup> <https://news.liv.ac.uk/2012/03/22/study-finds-increase-in-multi-faith-space/>

Care Act 2012 will transfer much of that responsibility to clinical commissioning groups (CCG). Contact your local CCG and let the NSS know what feedback you receive.

Also contact your MP to express your objections to NHS finances being spent on religious chaplaincy services. Seek your MP's support, at least in principle, for the establishment of chaplaincy trusts which will enable significant savings to local NHS budgets. Again, please make the National Secular Society aware of any feedback you receive.

Scan your local media for any articles about cuts to local health services. If chaplaincy services are funded in your area, write in to point out how a charitable trust could help to save local clinical services.

The local media are also always looking for stories, particularly those with a specific community angle. Taking part in radio phone-ins and writing letters to the local paper is also a great way making sure the secular point of view is heard. Try to make your letters clear and succinct and of interest to the wider public.

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