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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
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Dear Committee Members

Subject: Palliative Care in Australia

Thank you for the opportunity to prepare a submission for the Senate Inquiry for Palliative Care in Australia.

I note the terms of reference are broad and comprehensive and would like to provide a high level overview of services and developments in Tasmania. Please find enclosed a submission paper for the Senate Committee to consider in the Inquiry.

The Tasmanian Government is committed to ongoing improvement in Palliative Care Services for the Tasmanian community. While there have been some excellent achievements and good progress, there are further challenges ahead.

In general, the burden of disease from an ageing population and increased chronic disease will impact the Tasmanian community. Palliative care service demands will increase and the challenge will be resourcing this need if an effective, efficient quality service is to be maintained.

The Department of Health and Human Services is actively working with the sector to ensure the principles and priority areas identified in the National Palliative Care Strategy are reflected in the policy direction and services provided in Tasmania.

Finally, the Tasmanian Government acknowledges it is important that the community feel that they have palliative care services available to support their needs.

I trust this submission will inform the Committee and provide some perspective on Palliative Care in Tasmania.

Thank you again for the opportunity to contribute to this important Senate Inquiry.

Yours sincerely

Matthew Daly
Secretary

1-3-2012

Enc: Tasmanian Government Submission on Palliative Care in Australia

Department of Health and Human Services

Tasmania

WITS No.: 66165

Submission:
Senate Inquiry into Palliative Care Services Australia

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Introduction

In November 2010 the Australian Health Ministers' Conference endorsed the National Palliative Care Strategy and the Tasmanian Government became a signatory and partner to this important policy document. Following, the Tasmanian Government affirms commitment to ongoing participation in palliative care policy development and service delivery across Australia and Tasmania.

This is exemplified by representation on the National Palliative Care Working Group and contribution to deliver results under the Implementation Plan of the National Palliative Care Strategy. Tasmania acknowledges and supports the priority areas of the Implementation Plan.

The Tasmanian Government has been actively improving the palliative care service delivery system for many years. In 2004, the Department of Health and Human Services (the Agency) commissioned a review into palliative care services in Tasmania by the Centre for Health Service Development, University of Wollongong; *Palliative Care in Tasmania: Current Situation and Future Direction* (the Review).

The Review outlined six priority areas recommended for action. This included establishing an agreed model of care; addressing medical workforce issues; ensuring professional development; broadening the allied health workforce; increasing the nursing workforce; and provision of inpatient beds. Since the release of the Review substantial development has occurred in all these domains.

There were 27 recommendations as part of the Review. To date, 13 of the recommendations have been actioned in full, 12 have been partly actioned and two have not been actioned. Recommendations which were identified 'as resources allow' will continue to be implemented as funding permits.

The Model for Palliative Care service delivery was developed following this Review, and is provided at Attachment 1. This Model is in use in the three Area Health Services in Tasmania, and reflects the complexity of the patient/client's condition and level of specialist assessment and ongoing care required. It also incorporates the level of the primary provider's support and availability to respond to the patient/client's needs. The Model explains the level of involvement of primary and specialist providers in the care of patients with a life-limiting illness. The Agency's palliative care services aim is to work with primary care providers to support the needs of patients, carers and their families, in a place of care of their choice, and their care needs. This includes hospitals and at home.

The model recognises that:

- patients with life-limiting illnesses require different levels of involvement from the Agency's palliative care services, based on their needs and the primary care providers capability and capacity to meet those needs
- many patients receive primary palliative care without having any contact with the Agency's palliative care services (level 1), and makes a clear distinction between consultation/liaison (level 2), shared care (level 3) and services provided directly by the Agency (level 4) and
- the Agency's palliative care services support palliative care service provision across all four levels.

Following the review in 2004 Palliative Care Australia subsequently updated the National Standards (2005) and developed a National Standards Assessment Program (NSAP). NSAP provides services with the tools and resources to move towards best practice, improve quality of care and assess themselves against the National Standards, within their existing quality improvement processes and accreditation cycles. To participate in NSAP, services register to undertake a formal self-assessment using the NSAP process, followed by formal self assessments against the National Standards every two years and a peer review process which enables a service to obtain an external validation of their self assessment. All three specialist

palliative care services in Tasmania have registered to participate in the NSAP process and will be working towards measuring performance against the Palliative Care National Standards.

The Palliative Care Outcomes Collaboration (PCOC) is a national quality initiative to assist palliative care service providers to improve practice and to meet the National Standards for providing quality Palliative Care. The overall aim of PCOC is to develop and support a national benchmarking system that will improve patient outcomes and enable a consistency of service nationally and increase access to palliative care services. Tasmania has now finished implementing PCOC in all specialist palliative care services. Implementation of NSAP will enable services to utilise the data provided by PCOC and other quality measures to measure their performance against the Palliative Care National Standards.

There is an increasing demand for education providers outside the Agency, such as aged care; private community nursing organisations; GPs; disability and mental health services to provide education around the palliative approach to enable these clients to remain in their residential aged care facility, group home, or other care setting.

The Agency received funding through the Department of Health and Ageing (DoHA) for the Program of Experience in Palliative Approach (PEPA), to assist in providing this education. However, this does not meet the growing demand.

Tasmanian Palliative Care Services

To assist the Senate Committee's understanding of the Tasmanian context, I would like to provide an overview of the Tasmanian Palliative Care Service.

- The Tasmanian Palliative Care Service operates as individual services within the three Area Health Service regions. These are known as Southern Tasmania Area Health Service (STAHS), the Northern Tasmania Area Health Service (NAHS), and the North West Area Health Service (NWAHS).
- Palliative Care Services from each Area Health Service meet regularly to review the service against the palliative care standards and quality initiatives from a state-wide perspective. They work with primary health and acute care services to improve and develop palliative care services in their individual Area Health Services.
- The settings of care in Tasmania reflect those identified in the National Palliative Care Strategy - home, community settings, residential aged care, designated in-patient palliative care beds and units and acute public, private and rural hospitals.
- Tasmania's current service delivery structure is characterised by primary palliative care and specialist palliative care across the three Tasmanian Area Health Services.
- Primary palliative care is provided for patients across all health care settings. Primary care providers include all health services and staff that have a primary or first contact relationship with the patient with a life limiting illness. This includes general practitioners, community nurses, residential aged care workers, staff in hospitals (acute, public/private and rural) such as medical specialists, interns, residents, registrars, general practitioners, nurses and allied health professionals.
- Specialist palliative care providers include medical, nursing and allied health professionals who provide specialist palliative care consultation or ongoing care for patients with a life limiting illness. They generally work within palliative care 100 per cent of their time.
- The DHHS Palliative Care Service is a specialist palliative care service providing palliative care to clients across all health care settings and can be accessed 24 hours a day, seven days a week. The Service operates an in-patient unit in Hobart (J.W. Whittle Palliative Care Unit) and three community-based interdisciplinary teams based in Hobart, Launceston and Burnie.
- Interdisciplinary teams currently comprise palliative care medical specialists, specialist nurses, specialist social workers and pastoral care. Clinical nurse consultants are also located at the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH) and North West Regional Hospital campuses.
- Service provision is in acute hospital settings, public and private (consultations), community care in the home, group homes, prison setting, or wherever the client resides. Clients referred include; babies and young children, teenagers, adults, clients with disabilities, aged care and prison settings. There is no fee for service and an after hours on call service is provided. This service covers rural and urban areas, and persons from indigenous, culturally and linguistically diverse backgrounds. Support from other areas within the Agency is provided to manage these clients' other health needs, such as mental health and disability support services.

Tasmanian Palliative Care Achievements and Challenges

This section describes a summary of achievement and challenges that are significant for Tasmanian Palliative Care Service.

- While each Area Health Service operates independent Palliative Care Services, there is a statewide approach to policy and procedure to ensure consistency of care. Monthly meetings facilitate good networking and problem solving between services.
- The Tasmanian Palliative Care Service participates in national palliative care project initiatives, which are supported by the Department of Health and Ageing. These projects aim to enhance practice in palliative care and improve care for patients and families. These include:
    - the National Standards Assessment Program (NSAP) and
    - the Palliative Care Outcomes Collaborative (PCOC).
- Skills and knowledge of health professionals is seen as an essential part of providing quality care. Palliative care services have provided education, and have a yearly education calendar to support ongoing education and training to health professionals. PEPA is also utilised to provide opportunities for further education in specific areas. Video conference and visits to rural areas occur as needed for patient care. This places a demand on a small team to provide this education, but is seen as an important role of palliative care services.
- The service has participated in collaboration with other key stakeholders to improve palliative care service delivery. These have included a national funded project with the Menzies Centre, which looked at Dementia and palliative care from within residential aged care facilities, and in collaboration with General Practice South and the General Practice Rural Palliative Care Project. This project was to strengthen partnerships in palliative care and to improve access to quality coordinated palliative care in rural areas.
- As part of the service model it is recommended that end of life planning should commence at the primary care level. This is generally resource intensive for General Practitioners with their patient, and the current Medicare Rebate does not compensate for the time required for this type of consultation.
- In relation to advance care planning, this has been an area that the STAHS Palliative Care Service has worked with the Guardianship Board, key stakeholders within the Palliative Care Network and acute care providers, to develop a Goals of Care Plan that reflects contemporary advance care directives and end of life planning. This includes and Advance Care Plan, Goals of Care document and Terminal Care Pathway.
- The aim of the Goals of Care Plan is to ensure that patients who are unlikely to benefit from medical treatment, receive care appropriate to their condition, and are not subjected to burdensome or futile treatments, particularly cardiopulmonary resuscitation and Medical Emergency Team calls, especially where this is, or may be, contrary to their wishes. This pilot is being assessed for implementation in the other Area Health Services.

- The ability of Northern rural hospitals to offer appropriate ward and family accommodation for palliative care patients is being enhanced further as a result of Regional Cancer Strategy funding. This funding will be used to improve the space and amenity for palliative care patients and their families in rural facilities in Northern Tasmania. These works will be completed this year. A similar program was used to upgrade space in other key rural facilities with Australian Government funding several years ago.
- The sustainability of the service is an area that has taken high priority with the NWAHS. The North West (NW) is a large rural geographical area, and providing specialist palliative care services across a large area in a rural/remote landscape is challenging. The NW has a high incidence of chronic disease. This will impact on the resources required to deliver palliative care in the future and will place a higher burden on resources. This can impact on service delivery from an access and resource point of view.
- In 2009 the NWAHS identified that the number of patients from residential aged care facilities who presented to hospitals with end of life plans was low. The NWAHS commenced a project, Gold Standards Framework. The project aims to support the primary health teams to prepare everyone involved with the care of the resident including, the resident themselves, carers and family, and residential aged care facility staff. It aims to proactively plan ahead, organise anticipatory prescribing where appropriate, and train staff to use End of Life Care (EOLC) protocols. This project is progressing well. The project is also participating in an Australian Government funded project which will design an electronic end of life plan. This project is to be completed by June 2012.
- The NWAHS will implement a Digital Medical Record in 2012. This electronic health record will further improve communication of information and will improve access to information by all clinicians and continuity of care.

Attachment 1 - Tasmanian Service Delivery Model