cancer voices sa
RAISING A VOICE FOR THOSE AFFECTED BY CANCER

To:
Committee Secretary
Senate Standing Committees on
Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Email: community.affairs.sen@aph.gov.au

From:
Cancer Voices South Australia Inc.
PO Box 588
Kensington Park SA 5068
Ph: 08 8291 4343, 0403 925 599

Email: info@cancervoicessa.org.au
Web: www.cancervoicessa.org.au

24 July 2012

Dear Committee Secretary

Cancer Voices SA wish to reply to the 'Questions on notice' and issues raised during our hearing on 5th July before Senate Committee in the Inquiry into Palliative Care in Australia.

Cancer Voices SA (and most consumers) don't know all the pieces of the complex jigsaw that makes up palliative care, so it is difficult for us to suggest a model that covers the diverse challenges outlined in our submission #56.

Our recommendations to the Committee are:

1. **Opportunities for appropriate physical activities need to be explored in palliative care with the aim of maintaining function and quality of life.** Implement interventions proven to be effective.

2. **Consider the case management model of care**. An online resource (see also recommendations 3 & 4) would assist the role of care coordinators or navigators to help put together **person/family centred holistic care matched to their unique situation and capable of adapting to changing needs**.

3. **Information about service options needs to be made readily available**. We suggest the acronyms and information (such as was provided in the Palliative Care Australia PCA response to 'questions on notice') be developed into an online resource and maintained as a comprehensive listing of the many service options currently available.

4. **Medicare Locals may take an important role** in the collation and maintenance of local service listings and coordination/ navigation of palliative care services.

5. **Modify Medicare or other funding models to match services to needs and facilitate better connection between care options and programs. Transitions between services should be smooth and functional.**

6. **Palliative health services and care needs require integration and funding alongside other services** eg home help with meals, cleaning, washing, transport for basic needs, appointments and local shopping etc. Services can't just focus on the person without taking the whole family situation into account. Provide the services to match the holistic needs of the patient or couple or family situation.

7. **In both the Public and public health systems, clinicians and services should take into account who they refer to and what options that shuts off for patients**. Patients with other significant medical comorbidities may not be able to have continuity of that long-standing care if they are referred to palliative care outside of the reach of those specialists. Don’t make assumptions on behalf of patients. Delays and barriers can have a big impact during precious quality time of final weeks.

8. **Stay informed on gaps in services. A mechanism is needed to seek regular feedback** from the community and services as to where the palliative care services gaps are, in a quality improvement cycle.

Finally, we wonder if there are any international models where palliative care does work very well, providing guidance to be adapted to the Australian context?

Yours sincerely

[redacted]

Julie Marker
Deputy Chair, Cancer Voices South Australia. 24 July 2012