INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

HEARING – Friday 19 March 2021

SUPPLEMENTARY QUESTIONS - RESPONSE

Ms Dianne Kitcher & Richard Nankervis, NSW Rural Primary Health Networks

1. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in rural, regional and remote New South Wales?

Primary Health Networks (PHNs) were established by the Federal Government in 2015 to improve health outcomes across urban, rural and regional and remote Australia, through the commissioning of primary care health services, by increasing the capability and capacity of primary care and by providing an interface between primary care and the hospital sector.

The demand for palliative care services is predicted to increase, due to an ageing population.

The role of PHNs involves acting as 'change agents' to promote the integration and coordination of health services. This is of particular importance regarding access to palliative care and end of life services for people in rural areas. Palliative care services are often provided as part of public hospital inpatient services, and some community services; however GPs should be supported to play a central role in provision of palliative care and end of life services. This is of particular importance in small rural towns where there are no geriatricians or palliative care experts in the region.

A particular issue that continues across rural regions is insufficient clinical handover and discharge planning from the hospital setting to the GP. Improved integration and coordination of specialist and generalist palliative care services would improve outcomes for people requiring palliative and end of life services.

An example of the potential for PHNs to improve palliative care and end of life services in their local area is provided by the South Eastern NSW PHN below. Most PHNs will have been progressing work in this area. The South Eastern NSW PHN has funded a range of initiatives in palliative and end of life care that aim to:

- strengthen the coordination and management of community-based palliative and end of life care
- increase community awareness, acceptance, and confidence in the process of undertaking advance care planning
- support and upskill primary care professionals in the discipline of palliative care and end of life care.

These initiatives are dependent on ongoing Commonwealth funding for this priority area.

South Eastern NSW PHN: Palliative and end of life care initiatives

1. Think Talk Record - Multicultural Communities Council Illawarra

The Multicultural Communities Council of the Illawarra promotes advance care planning to people from culturally and linguistically diverse (CALD) backgrounds through their 'Think, Talk, Record' approach. The council currently supports CALD communities and the service providers working with CALD communities in the Illawarra region. The long-term vision is to extend the 'Think, Talk, Record' approach into other South Eastern NSW regions, including Bega, Cooma, Goulburn, and Queanbeyan.

2. Building end of life care capacity in community pharmacies

The Pharmaceutical Society of Australia is currently working with a lead pharmacist (or ‘champion’) in the Illawarra, Shoalhaven, and Goulburn regions to facilitate timely access to appropriate end of life medicines by having these medicines readily available in pharmacies. This initiative provides training for community pharmacists regarding symptom management, core palliative care medicine lists, and other resources. Pharmacy networks will strengthen the palliative care multidisciplinary team and enhance care coordination.

3. Consumer and Carer Relief at End of Life

The Consumer and Carer Relief at End of Life – Phase 2 (CCREOL) is a joint initiative between Palliative Care NSW, Southern NSW Local Health District, and the South Eastern NSW PHN. This service aims to support consumers and carers at end of life by developing volunteer-based support in the Southern NSW region. A palliative care volunteer service has recently been established at Snowy Monaro Regional Council and the Palliative Care Eurobodalla Volunteer Service.

4. Capacity Help - Translating Public Health Palliative Care Concepts into Practice

A partnership between La Trobe University and Palliative Care NSW is bringing a public health approach to palliative and end of life care in South Eastern NSW.

This project aims to demystify death, bereavement, and grief across the Southern Eastern NSW region and build community understanding about end of life. Palliative and end of life care needs are changing as less people are dying suddenly or from familiar illnesses such as cancer. People are living longer with life limiting illnesses such as heart disease, lung disease, neurodegenerative disease, dementia, and frailty.

A public health approach to end of life and palliative care requires a whole-of-system approach involving collaboration between health providers, not-for-profit organisations, volunteers, and government, with a focus on demystifying death. It focuses on early discussions and social approaches to the experiences and challenges surrounding death and dying.

5. Community-based palliative and end of life care for Aboriginal communities

Waminda, the South Coast Women's Health & Welfare Aboriginal Corporation, has been funded to provide a community-based palliative and end of life care program aiming to improve coordinated care for Aboriginal and Torres Strait Islander peoples in the Shoalhaven. The program strengthens capacity through training and credentialing three Aboriginal health workers in palliative and end of life care, and provides resources to communities and their health care workers.

6. Enhancing palliative and end of life care in Residential Aged Care Facilities

The South Eastern NSW PHN has partnered with Palliative Aged Care Consultancy Services (PACCS) to help Residential Aged Care Facilities (RACFs) to provide palliative care for their residents. This initiative provides an evidence-based model of palliative care, led by a clinical nurse consultant, and involves:

- conducting regular 'needs rounds' with selected RACFs – palliative care needs rounds are regular meetings (fortnightly or monthly) with key RACF staff, facilitated by a palliative care clinical nurse consultant. These hour-long meetings focus on identifying and discussing residents who are at risk of dying and ensure that they have an adequate plan in place.
- providing knowledge exchange and up-skilling and capacity building program for aged care staff, families and carers, and primary care providers.
- offering small group Master Classes for aged care workers and 1-day palliative care workshops or webinars across the region.

7. Embedding advance care planning into general practice

GPs play an important role in identifying and assessing patient care needs, pain management, mediation management, bereavement support and can promote referral to palliative care services in their region (if available).

Six general practices across the South Eastern NSW are being funded to upskill GPs to implement a systematic approach to promote advance care planning in their practice. The aim is to provide enhanced palliative and supportive end of life care to their patients and carers through early commencement of advance care planning. This initiative is using the Advance Project resources and the support of a clinical mentor.

2. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in rural, regional and remote New South Wales?

Integrated models of palliative care are becoming necessary due to population ageing and increasing numbers of people living with chronic and complex conditions. As with other types of health services that require the interaction and cooperation across many levels of the health system; any improvement in health outcomes and access will only be achieved by working together across the federal - state boundaries and by including local clinicians from both primary and secondary settings as well as the community members themselves, to design and implement new ways of working to integrate services and systems.

Along with key stakeholders, the NSW Government needs to co-design and co-fund innovative models of care that overcome the barriers to appropriate palliative and end of life care and include the following:

- Supporting GPs to be a central component of multidisciplinary teams along with the hospital palliative care specialist; in particular improving discharge planning with regards to GPs and pharmacists.
- Implementing community health literacy programs regarding death and end of life – including culturally appropriate education programs.

- Implementing culturally appropriate palliative care and end of life services.
- Programs that promote the uptake of Advanced Care Plans.
- Programs that support carers and family including increased availability of support and respite services, including mental health services and practical home-based services.

Allowing people to die at home if that is their wish, improving quality of life (including better pain management), providing earlier support to people in their journey, better family and carer experiences regarding the death of a loved one, and reducing the number of potentially preventable hospitalisations are key outcomes of improved access to palliative and end of life services.