

Palliative Care Service Development Guidelines

WHAT DOES IT MEAN FOR ME?



PalliativeCare
AUSTRALIA

Overview

Palliative Care Australia's (PCA) position is that palliative care is everyone's business. All health professionals who provide care to people living with a life-limiting illness, their families and carers should have minimum core competencies in the provision of palliative care. PCA refers to this type of care that is provided by other health professionals, including general practitioners, as 'palliative care' (although it is also sometimes known as 'generalist palliative care').

People will have different levels of need for palliative care. People with more complex needs should be able to access care provided by specialist palliative care services comprising multidisciplinary teams with specialised skills, competencies, experience and training in palliative care. PCA refers to this type of care that is provided by specialist palliative care services as 'specialist palliative care'.

PCA expects that palliative care services will be provided in a wide range of hospital and community based settings to meet the needs and preferences of people living with a life-limiting illness, their families and carers. This should include a changed focus in the provision of specialist palliative care consultancy services to support people in all settings.

Particular rights and responsibilities

1. PCA expects that people living with a life-limiting illness will:

- a. have access to an effective continuum of palliative care services
- b. receive timely referral to palliative care and comprehensive assessments of their care needs
- c. receive palliative care concurrently with disease-modifying therapies, as required in response to changing needs of people living with a life-limiting illness
- d. receive effective communication between people living with a life-limiting illness, family members, carers and health professionals, underpinned by access to educational and informational resources

2. PCA expects that hospitals, health services and all health professionals:

- a. should implement systems to ensure continuity and coordination of care
- b. will provide information to, and initiate discussions with, people living with a life-limiting illness, family members and carers on the value of advance care planning.

3. PCA expects that providers of specialist palliative care services will:

- a. develop suitable models of care to meet the varied needs of people with different illness trajectories and different complexities of need for palliative care
- b. organise after-hours access to provide advice and/or direct clinical support including responding to crisis situations such as unmanaged pain
- c. at a minimum, provide information to families and carers about options to access respite care
- d. provide services through multidisciplinary teams
- e. operate as part of a continuum of services to provide bereavement support services that are aligned with people's needs
- f. have access to a wide range of allied health professionals including: psychologists, social workers, physiotherapists, occupational therapists, speech pathologists, dietitians. In addition, specialist palliative care services should have access to the support of other support workers such as music/art therapists, pastoral care workers and bereavement counsellors
- g. consider the National Palliative Care Standards in the delivery of high quality palliative care.
- h. contribute to palliative care research, with participation in research being a key requirement for Level 3 specialist palliative care services
- i. continue to participate in the Palliative Care Outcomes Collaboration
- j. provide support to other health professionals involved in caring for people living with a life-limiting illness, in both hospital and community-based settings

4. When planning palliative care service provision PCA expects that state and territory governments will:

- a. adopt a population-based approach to the planning of palliative care services
- b. improve access for populations that currently have inadequate access to palliative care services
- c. use the national palliative care workforce capability framework as a broad template for updating their role delineation and clinical services capability frameworks
- d. ensure that there is a continuum of palliative care services that aligns people's needs with the required workforce capability
- e. Ensure that there is access in each geographic area (usually equivalent to a Local Hospital Network) to community-based, hospital-based and consultative palliative care services
- f. Ensure the provision of workforce support should be factored into the capability and resourcing of specialist palliative care services

5. PCA expects that governments, funders (including private health insurers) and specialist palliative care services will:

- a. will implement strategies to improve access to community-based palliative care services, including both specialist palliative care and palliative care provided by other health professionals
- b. work to improve equity of access to equipment (and home modification services), on both a geographic and cost basis, to support families providing care at home for a person with a life-limiting illness
- c. collaborate to improve workforce data to support enhanced workforce modelling and the development of planning benchmarks. In addition to tackling data gaps, the development of workforce planning benchmarks particularly in relation to nurses and allied health professionals working in specialist palliative care services should be an important research priority
- d. strengthen existing efforts to ensure that an increasing share of the health workforce receives education and training to improve their skills to provide palliative care. This should be measured by increased provision of palliative care services by other health professionals.

6. PCA expects that governments, the academic sector and professional associations will:

- a. continue to ensure that suitable courses and programs are available to develop palliative care skills across the disciplines of medicine, nursing, pharmacy and allied health. In particular, ensuring that the workforce can access these educational opportunities must also be factored into planning requirements in resourcing the delivery of specialist palliative care services.

7. PCA expects that governments, national data agencies and health providers will:

- a. continue to work towards improvements in palliative care data collections. In 2017 the Australian Institute of Health and Welfare commenced working with stakeholders to develop a framework to improve data collection for palliative care. PCA welcomes this development and looks forward to ongoing improvements in palliative care data collections.

See the full Palliative Care Service Development Guidelines at palliativecare.org.au/quality

Palliative Care Australia

P: 02 6232 0700

E: pcainc@palliativecare.org.au

www.palliativecare.org.au

Unit 8, 113 Canberra Avenue
Griffith ACT 2603

PO Box 124
Fyshwick ACT 2609



PalliativeCare
AUSTRALIA