

Response to the Australian Government Nurse Practitioner 10 Year Plan Consultation Paper November 2021

Introduction

Palliative Care Australia (PCA) is the national peak body for palliative care and represents those who work towards high quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, we aim to improve access to, and promote palliative care.

Response to the Australian Government Nurse Practitioner 10 Year Plan

PCA welcomes the opportunity to provide feedback on the Australian Governments *Nurse Practitioner 10 Year Plan Consultation Paper*. While PCA appreciates this review is focused on recommendations that relate to all Nurse Practitioners, PCA's comments primarily pertain to the scope of practice and roles of Palliative Care NPs.

Areas of input:

- *The benefits to consumers, employers and the broader health system of NPs providing health care*
- *The potential benefit in increasing the size of the NP workforce to increase access to care.*
- *Identification of sectors which could potentially benefit from an expansion of NP models of care*

Palliative Care Nurse Practitioners (NPs) are a highly valuable and important part of the palliative care workforce and support palliative care patients across the lifespan from paediatric to ageing adults. Palliative Care NPs offer unique and highly advanced nursing skills and support people with complex palliative care needs using advanced nursing knowledge, expertise and evidence-based practice. They can support people across a range of settings including home, hospital, residential aged care facilities (RACFs) and medical clinics. Palliative Care NPs work both autonomously and collaboratively with other health care professionals. Palliative Care NPs can assist people to die in the setting of their choice, including in their home. Palliative Care NPs can also provide cost effective outcomes including reducing unnecessary hospitalisations and emergency out of hours care.

Palliative care by its nature is complex and involves family members and carers. Many carers struggle to provide care to people with life limiting illnesses and access appropriate supports. Palliative Care NPs provide crucial support for families and carers and work with them to discuss medication, pain and symptom management, mobility and sleeping issues, dietary concerns. They support patients and their families with emotional and psychosocial support and play a crucial role in supporting people to undertake advance care planning.

The palliative care sector would benefit from an increase in NPs to expand the delivery of palliative care services and support the current palliative care workforce. There is lack of accurate data around the current palliative care nursing workforce, which makes it difficult to project exact need. Despite this, we know that a substantial increase is required to meet growing demand due to the ageing population and increased rates of chronic illness and complex comorbid illness. Demand for palliative care is expected to increase by 50% between now and 2035, and double by 2050ⁱ. Further modelling work needs to be undertaken to determine the need for NPs and set ratios for palliative care and community nursing.

Currently, many Australians are unable to access high-quality palliative care where and when they need it. This is especially difficult in rural and remote Australia and for people from diverse needs groups, including Aboriginal and Torres Strait Islander Communities. Palliative Care NPs are ideally positioned to take the lead in caring for people with diverse needs and enable equitable access to palliative care given their ability to work across care settings and across all locations. Many communities that do not have regular access to a medical practitioner would benefit from a trusted relationship with an NP who is in their community.

As Australia's population ages and the number of people using aged care services increases, the demand for palliative care in community and residential aged care is also increasing. Currently, 36% of all deaths in Australia occur in residential aged careⁱⁱ, and increasing numbers of people are receiving aged care services in their homes.

The Royal Commission into Aged Care Quality and Safety's (Royal Commission) final report acknowledge that evidence heard during the life of the Royal Commission shows that too few people receive evidence-based end-of-life and palliative care, and instead experience unnecessary pain or indignity in their final days, weeks and months. The Royal Commission recognised the significant role palliative care has in aged care and the need for it to be core business:

'Palliative and end-of-life care, like dementia care, should be considered core business for aged care providers. People at the end of their lives should be treated with care and respect. Their pain must be minimised, their dignity maintained, and their wishes respected. Their families should be supported and informed'ⁱⁱⁱ

Ensuring that palliative care is core business in aged care requires an aged care workforce that is suitably trained and skilled to meet the palliative care needs of those receiving aged care services. Palliative Care NPs can provide essential support to patients within aged care settings and work with aged care providers and family members to ensure plans are in place to manage symptoms as they emerge which can limit the need for emergency out of hours care. This can result in better care outcomes for patients, is valued by RACF staff and family carers and often reduces unnecessary and distressing requests for ambulance attendance and transfers to emergency departments in hospitals. Palliative Care NPs also play a crucial

role in educating the aged care workforce and increasing their palliative care skills and capacity.

To support an increase in the NP workforce, Registered Nurses need to be supported to gain NP qualifications through scholarships and work placements. This includes support for specialisations such as palliative care and aged care and nurses from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) communities.

Areas of input:

- *Identification of barriers and enablers to the provision of NP-directed care.*
- *Identification of solutions to barriers that could be made to allow the NPs to work efficiently and to their fullest abilities.*
- *Whether existing regulatory mechanisms allow the NP workforce to work safely, efficiently, and effectively.*

NPs need appropriate resourcing and support to enable optimal care to people who are palliative. Evidence provided to PCA from Palliative Care NPs is that the Medicare Benefits Schedule (MBS) system does not adequately compensate for the work they undertake in people's homes, in residential aged care and in other community settings. Additionally, the current MBS financing system does not provide incentives for nurses to commit to the training required to become NPs generally and specifically Palliative Care NPs.

The role and remuneration under the MBS for NPs must be explored further to facilitate best practice community-based palliative care, incorporating the provision of home visits and after-hours support including for residents within residential aged care services. This is supported in the *National Palliative Care Strategy 2018* (Strategy) which represents the commitment of the Commonwealth, State and Territory governments to ensuring the highest possible level of palliative care is available to all people. *Goal 4: Collaboration* commits to working together to create a consistent experience of palliative care including the following priority:

Priority 4.4: Funding mechanisms, including existing Medicare Benefit Schedule item numbers, facilitate advance care planning and care coordination across all settings^{iv}

PCA supports MBS changes which will bolster the role of Palliative Care NPs, including:

- **Longer consultations:** longer consultations are necessary for Palliative Care NPs to work with patients and their families to discuss medication, pain and symptom management, mobility and sleeping issues, dietary concerns, advance care planning and support patients and their families with emotional and psychosocial support. This supports best practice in the delivery of palliative care and ensures that care which cannot be postponed or broken down into shorter attendances can be provided. Rebates should support the following kind of consultations:

- Consultations lasting not more than 30 minutes that provide support for long-term and primary care management through a health assessment. This includes collecting patient history, basic physical examinations, initiating interventions and referrals and providing preventative health care advice and information.
- Consultations lasting at least 60 minutes that support for the delivery of complex and comprehensive care. This is essential for consultations that incorporate a number of factors and may also involve consultation with families and carers.
- **NP services in aged care settings:** as outlined above Palliative Care NPs can provide essential support to patients in aged care settings and this needs to be supported with appropriate remuneration.
- **Domiciliary Medication Management Reviews (DMMRs) and Residential Medication Management Reviews (RMMRs):** This allows Palliative Care NPs to undertake regular medication reviews for patients without the need to access a medical practitioner. NPs are likely to have an ongoing relationship with the patient and a comprehensive understanding of their medication history and current needs. This would also be beneficial for people living in rural and remote locations or in a RACF where access to a medical practitioner is limited.
- **After-hours or emergency care provided by NPs:** Many patients and their carers require palliative care advice and support out of hours or find it difficult to make consultations in business hours. Access to after hours or emergency care with a Palliative Care NP can reduce visits to emergency departments, unnecessary hospital admissions and carer burden and ensure appropriate pain and symptom management.
- **Support for telehealth consultations:** telehealth sessions with Palliative Care NPs will improve timely access to care especially for those living in rural and remote locations and during future pandemic and emergency events, people being managed at home, aged care settings

Any changes to MBS rebates for NPs should also consider the increased costs and time required to meet the needs of diverse needs groups including rural and remote communities and Aboriginal and Torres Strait Islander Communities.

NPs are currently required to form collaborative arrangements in order to access the MBS and Pharmaceutical Benefits Scheme (PBS). Palliative care is multi-disciplinary in nature and Palliative Care NPs work collaboratively with palliative care physicians, allied health and psychosocial services. However, the current requirement for formal collaborative arrangements with a medical practitioner may be too restrictive. Additionally, collaborative arrangements may be difficult to develop when there is limited availability and accessibility of medical practitioners. This is especially the case in rural and remote locations and for those already under serviced by the health system. It is also not in line with the original

intent of implementing NPs as a flexible workforce initiative. PCA supports a review of these arrangements and consideration of how they can best support NPs to work their full scope of practice while also receiving the clinical supervision and mentoring they need to provide the best possible care to people with life limiting illness.

NPs could also be supported through increased public awareness of their role and the benefits they can provide to those accessing healthcare, especially people who are currently underserved by the health system. This could be further supported through increased awareness amongst health professionals and employers of the NP role and scope of practice.

PCA believes that Palliative Care NPs are a vital part of the palliative care workforce and an important factor in addressing the growing palliative care needs of all Australians. The final *Nurse Practitioner 10 Year Plan* will play an important role in ensuring that NPs are given the tools and support they need to deliver care and support an extensive growth in the NP workforce. PCA would welcome any future opportunities to engage on this issue and provide feedback from a palliative care perspective.

ⁱ KPMG (2021) analysis based on KPMG (2020), *Investing to Save – The economics of increased investment in palliative care in Australia*, retrieved from: <https://palliativecare.org.au/publication/kpmg-palliativecare-economic-report/>

ⁱⁱ KPMG (2020), *Investing to Save – The economics of increased investment in palliative care in Australia*, retrieved from: <https://palliativecare.org.au/publication/kpmg-palliativecare-economic-report/>

ⁱⁱⁱ Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations*, pg. 94: <https://agedcare.royalcommission.gov.au/publications/final-report-volume-1>

^{iv} Department of Health (2018). *National Palliative Care Strategy 2018*. Retrieved from: <https://www.health.gov.au/resources/publications/the-national-palliative-care-strategy-2018>