

Queensland Health Palliative Care Services Review

Consultation paper



Queensland
Government



Palliative Care Services Review Consultation paper

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Introduction

Purpose of the palliative care services review

Significant challenges facing the health system are the increasing rates of chronic conditions such as cancer and the increasing mortality rates from life limiting illnesses which have driven increased demand for palliative care services.

It is critical that the health system works better for consumers, their families and communities by tackling funding, policy and service delivery barriers. This includes seeking a balance of options across the delivery of palliative care services directed by consumer choice in relation to hospital, in home and hospice care settings.

The Queensland Department of Health (the Department) provides funding to Queensland Health (QH) Hospital and Health Services (HHSs) and non-government organisations (NGOs) to provide palliative care services in a range of settings. Settings include hospital, hospice, community, residential aged care and home settings to ensure people receive the compassionate care they need if they experience a life threatening illness or are at the end of life.

The Department is undertaking a review of palliative care services to develop an informed and strategic approach for future palliative care service arrangements with HHSs and NGOs.

The review will include consideration of existing services and demand, projected demand, and development of options and models for optimum services.



We want to hear your views

The views of palliative care service providers, patients and their carers, and the Queensland community will be integral to the development of future palliative care service arrangements that are evidence-based, practical and relevant to stakeholder requirements and preferences.

This consultation paper outlines some of the key findings and directions arising from recent reports and strategic policy documents.

The Department would like to hear your responses to the questions set out below, as well as any other comments and suggestions you wish to make. This will help us to understand your views regarding:

- the suitability and accessibility of existing palliative care services and service models;
- the expected changes in demand for palliative care services in the future; and
- preferred palliative care service models and arrangements for the future.

Background

What is palliative care?

The World Health Organization¹ defines palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Australian Productivity Commission report

The Australian Productivity Commission's report entitled *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*², which was publicly released on 26 March 2018, includes consideration of end-of-life care services. Key recommendations in the report include:

- State and Territory Governments should increase the availability of community-based palliative care so that people with a preference to die at home can access support to do so.
- End-of-life care should be core business for aged care facilities, and the quality of end-of-life care in residential aged care should align with the quality of that available to other Australians.

In the report, the Australian Productivity Commission expresses its view that funding an increase in community-based palliative care is likely to be cost effective for government, as home-based care can cost less than its hospital-based alternative.

Palliative Care Australia's National Palliative Care Service Delivery Guidelines and National Palliative Care Standards

In February 2018, Palliative Care Australia (PCA) published updated *Palliative Care Service Development Guidelines and National Palliative Care Standards* to communicate PCA's expectations regarding the range of palliative care services that should be available, and the workforce and system capabilities required to deliver an effective network of palliative care services.

¹ World Health Organization, 2018. WHO Definition of Palliative Care. <http://www.who.int/cancer/palliative/definition/en/> Accessed 1 March 2018.

² Productivity Commission 2017, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, Report No. 85, Canberra.

Recent initiatives in Queensland

There have been a number of initiatives in Queensland in recent years to improve palliative care including:

- In 2012, the Queensland Parliament's Health and Community Services Committee (the Committee) undertook an inquiry into Queensland's chronic, frail and palliative care services at the request of the Legislative Assembly. In its report, *Palliative and community care in Queensland: towards person-centred care*¹, the Committee recommended the development of a statewide palliative care strategy to improve the health system's capacity to provide high quality palliative care.
- The *Statewide strategy for end-of-life care 2015* was subsequently developed by the Queensland Department of Health in partnership with the Palliative Care Sub-Network of the Statewide General Medicine Clinical Network, and endorsed by the Minister for Health in May 2015. The Strategy includes the following definitions:
 - Care at the end of life (or end of life care) is defined as healthcare services aimed at meeting the holistic needs of people (including infants and children) whose life expectancy is anticipated to be shortened as a result of known progressive life-limiting conditions, and where the primary intent of care may have shifted from life prolongation to a focus on quality of life.
- Palliative care is defined as the practice of preventing and/or relieving suffering for people at the end of life. It provides an essential element that is integrated into the continuum of end of life care and depending on level of need, may be delivered by specialist and non-specialist palliative care providers and supportive care providers such as volunteers, the patient's family and other carers.
- The *Care at the end of life: Implementation Plan 2015–2025* was developed to implement the Strategy, including actions to: increase public awareness of, and access to, Advance Care Planning; identify and share best practice; and develop standardised assessment and management tools. Actions of particular relevance to the review of palliative care services include actions to: undertake needs analysis to inform service planning; and consider viable service funding mechanisms, including for home based care at the end of life.
- Publication of charters for the care of patients at the end of life, to provide a platform for patients and their families and carers to openly discuss their wishes for care at the end of life with healthcare workers: *A charter for care of adult patients at the end-of-life*²; and *A charter for children and young people affected by a life-limiting condition*³.

¹ Parliamentary Committee, *Palliative and community care in Queensland: toward person-centred care* Report No. 22. 2013, Health and Community Services Committee: Brisbane

² Developed by the Queensland Clinical Senate and Health Consumers Queensland in collaboration with: RACGP Queensland, Australian College of Rural and Remote Medicine, Australian Medical Association Queensland, Health Ombudsman, Private Hospitals' Association of Queensland.

³ Developed by the Palliative Care Working Group of the Statewide Child and Youth Network in collaboration with Xavier Children's Support Network, Hummingbird House and St Vincent's Private Hospital, Brisbane. Endorsed by the Queensland Clinical Senate and Health Consumers Queensland.

Review of palliative care services

The Department is now undertaking a review of palliative care services to develop an informed and strategic approach for future palliative care service arrangements with HHSs and NGOs.

The review will be informed by the outcomes of the reports and initiatives referred to above, as well as the proposed National Palliative Care Strategy 2018, which is expected to be released in mid-2018. The proposed strategy will update the current national strategy which was launched in 2010. It is expected the proposed strategy will emphasise the importance of person-centred and integrated care.

Officers from the Department met with a number of NGO palliative care service providers in January 2018 to begin a conversation about their views on preferred palliative care service models and service arrangements for the future.

The Department is now seeking input from stakeholders through this consultation paper, as part of its wider consultation strategy.

Please answer the questions in the “Consultation question” boxes below, and provide any other comments and suggestions you wish to make.

Questions

Existing palliative care services

The Department provides funding to HHSs and NGOs for the provision of palliative care services in a range of settings, including in hospital, hospice, community, residential aged care and home settings.

We are looking for your feedback and perspective on how well palliative care services are meeting demand and service setting preferences in your local area.

Meeting future demand for services

Queensland’s population is growing and ageing. Demand is increasing for high quality care at the end of life that supports the choices of care recipients and their families and carers, including an increasingly common expectation that people who wish to die at home or in a home-like setting should be able to do so. These factors underline the importance of planning palliative care service arrangements that are capable of meeting the needs and preferences of the population into the future.

We would like to hear your views about the palliative care services required to meet the needs of your local area into the future.

Consultation question

Question 1:

How well are palliative care services meeting the demand and service setting preferences for patients and their carers and families in your local area?

If you are a palliative care service provider, please indicate what types of palliative care services you currently provide and in which settings – for example, hospital, hospice, community, residential aged care, home settings; the volume of services you provide and to whom.



Consultation question

Question 2:

What changes could be considered to palliative care service delivery in your area that would improve the experience of patients and their carers and families?

If you are a palliative care service provider, please describe any plans you have for your service, or suggestions you might have to enable your service to better meet current service needs and service setting preferences.



Consultation question

Question 3:

What types of palliative care services do you think will be required in your local area or across the state to meet future demand? Will different services be needed in the future to those provided today?

If you are a palliative care service provider, please provide an estimation of the expected service needs and service setting preferences in your local area over the next 5-10 years.





Next steps

Thank you for your time in considering this consultation paper. Please provide your responses to the questions above, and any other comments and suggestions you wish to make, by Friday 24 August 2018, either by:

- email to: StrategicPolicy@health.qld.gov.au; or
- post to: Strategic Policy and Legislation Branch
Strategy, Policy and Planning Division
Department of Health
GPO Box 48
Brisbane QLD 4001

Should you have any questions, please email them to the Strategic Policy and Legislation Branch at: StrategicPolicy@health.qld.gov.au

The responses to this consultation paper, along with other feedback obtained from the Department's wider consultation strategy, will inform the development of palliative care funding and service models and options for the Queensland Government's consideration.