

Palliative Care Australia

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Palliative Care Australia (PCA) response to NHHRC interim report

Overall, PCA is pleased with how well the NHHRC Interim Report *A Healthier Future For All Australians* has positioned end of life, chronic, disability, and aged care issues into the future model of integrated health care. To keep within the requested limit of 2 pages, we provide the following short, focused comments. We would be pleased to continue dialogue with Commissioners and the Commission secretariat.

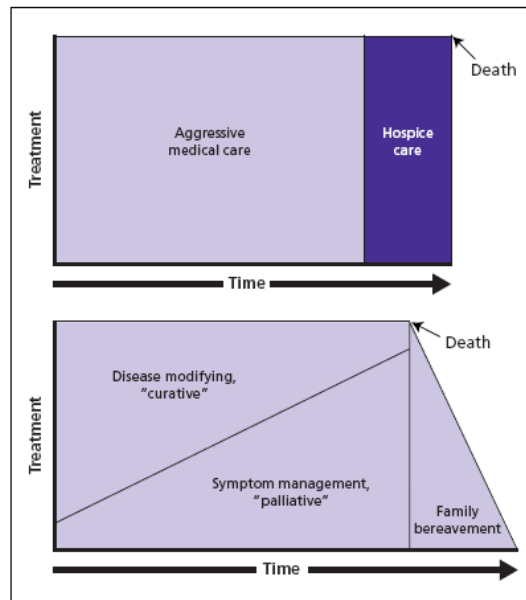
We agree with the following aspects of the NHHRC Interim Report:

- PCA strongly supports the need to support enhanced integration of primary and aged care services and specialist palliative care services.
- In particular we would advocate for a strengthening of the supportive resources available to general practitioners, primary care services and residential aged care services to enable them to provide quality care at the end of life.
- The formal recognition of the linkages between palliative care and advance care planning is also an excellent step forward.

We suggest further thinking in the following areas:

- The diagram used on page 183 (Fig 7.1) is outdated and should be replaced by more contemporary representations of the continuum of care that support quality care at the end of life. Professor Joanne Lynn is an internationally renowned American gerontologist, academic and author, who works on palliative care programs for the US Government's Medicare and Medicaid programs (which covers some 83% of dying Americans because they are over 65 years of age, and is thus perhaps one area of health policy where we can learn something from the US.) The diagrams opposite are from a 2006 publication.¹

The Conventional Model of Care Versus an Improved Model



- PCA fully supports advance care planning (ACP) as critical to the delivery of quality care at the end of life. PCA's position statement on ACP (<http://www.palliativecare.org.au/Portals/46/PCA%20Advance%20Care%20Planning%20Interim%20Position%20Statement.pdf>) details our view that we need the right process for the right person. Therefore ACP options need to be supported, not funding for the rollout of a single

¹ Lynn J. *Redefining and Reforming Health Care for the Last Years of Life*, Rand Health Research Highlights 2006, www.rand.org/health

product. Reliance on a one-size-fits-all approach to ensuring that patients receive care in accordance with their needs and wishes is unlikely to be universally effective. Initiatives need to take into account systemic and structural impediments, and be responsive to individual and local needs and culture.

We query:

- The over reliance on the ‘new comprehensive primary health care centres’ model as a structural solution to reform of the primary care sector. The under-pinning principle that should be advocated is to ensure that primary care services are supported by adequately funded allied health and nursing supports to ensure that they can provide well co-ordinated multi-disciplinary care to meet the needs of people at the end of the life.

New issues needing to be raised in the final NHHRC report:

- The National Palliative Care Program (NPCP) is a lapsing program and ongoing support for its continuation is required to ensure stability of the achievements realised through the NPCP to date.
- While the achievements of Silver Chain are to be applauded (p184 Fig.7.2) we need to be cautious about the establishment of national benchmarks based on a single context of care. The issue of choice needs to be understood as a complex dynamic that balances need, availability of resources and patient and family wishes and all these factors should be considered in establishing best practice benchmarks.
- There are some issues with the inter-changeable use of the terms ‘palliative care’ and ‘end of life’ care (for example see 7.3.1; 7.3.2). It is important that these potentially confusing issues be resolved to ensure clarity about the role of primary and specialist care providers.
- Section 7: Caring for people at the end of life needs to more strongly support the role of the primary care sector as a key resource in a population based approach based on need.
- Section 7.2 Building on our strengths (page 184 para 1 & 2) is based on out of date information and fails to acknowledge the National Standards Assessment Program as one of the three most significant quality improvement initiatives. This needs to be corrected and updated.

Conclusion

The Government’s health reform agenda offers the prospect of a means to a better end, if opportunities are seized. PCA looks forward to engagement towards meeting the challenge of quality care at the end of life that is fully integrated across all care settings.

Donna Daniell
Chief Executive Officer
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