

# CEO Roundtable for Palliative Care



## Communiqué 8

### Meeting on Wednesday 25 October 2023

At my first meeting of the *CEO Roundtable for Palliative Care in WA*, 23 representatives from 18 organisations met with the Hon Amber-Jade Sanderson MLA (Minister for Health; Mental Health) and Parliamentary Secretary Simon Millman MLA, to present a summary document on each organisation's key issue pertaining to Palliative Care services, and to have a deeper discussion on the topic 'how can palliative care reduce ED admissions, noting Sustainable Health Review recommendations 4, 9, 13, 14 and 15?'

Minister Sanderson reiterated the State Government's ongoing commitment to the delivery of quality palliative care in WA and her support for meeting with key leaders within the sector.

### Summary of the themes from the summary document

Thank you for the rich information provided in the submission for the meeting. PCWA hopes to use the information to further explore avenues for how we can work together across the sector to improve access and support for all. The Summary of Key Issues document, which was circulated to all attendees, is an excellent source of information. We have summarised the matters here:

- Improving information accessibility and clarity on palliative care. Raising the profile of palliative care with clinicians and community.
- Bringing the sector together regularly to hear from representatives of various parties.
- Need for more volunteers and Compassionate Communities programs to be formalised.
- Regional access to palliative care requires improvement.
- Difficulty with connectivity and access to records creates delays and poor care.
- Respite for carers is needed, lack of access/support leads to inability to care.
- Heart and renal failure do not meet outpatient palliative care support – adverse impact on management and ED readmissions.
- Health funds access to palliative care access is limited and needs review.
- NDIS gap – palliative care needs are not well met, require review and are part of a national discussion by Palliative Care Australia.
- Living longer means access to palliative care services is increasing, and the need to manage access and support growing demand in hospitals and communities is required. Funding models are not aligned.
- Concern over sustainability. A deeper separate discussion with the WA Health Department. is required. Noting the difficulty of balancing increased requests for core service but a lack of additional funds.

During the meeting I announced the Palliative Care Summit that will be held in November 2024. This event is organised by PCWA for the sector as part of our contract with the WA Health Department. The key theme will be based on palliative care in neurodegenerative diseases along with a core segment from the department's End of Life Care team and Cancer Council WA's PaSCE team.

## EOL team overview of the program

A/Prof Alison Parr, Clinical Lead Palliative Care, WA Health, provided a comprehensive update on the progress made under the Sustainable Health Review Strategy 3: Great Beginnings and a Dignified End of Life, focusing on the horizons:

Horizon	Target date	Core
2	July 2021	AHD completion and EOL choices Coverage of evidence-based palliative care models expanded Staff training in EOL discussions
3	July 2024	Adoption of integrated models of care for older people Dignified EOL, capacity upskills and AHD Whole of government initiatives – State vs National funding streams and collaboration
4	July 2029	Older people with complex chronic conditions are cared for in the community or appropriate settings. Moving away of 70% of palliative care investment being spent in inpatient settings. Increase support for carers. Complex NDIS focus etc

See the full PowerPoint briefing document [HERE](#).

## Summary of discussion of the key topic: ‘How can palliative care reduce ED admissions?’

### 1. Overview of the funding issues

Dr Elissa Campbell, Geriatrician and Palliative Care Specialist, cited a colleague who said: “The problem with hospitals is that there is a garage door letting people in and a cat flap at the other end discharging them!”

The 2020 KPMG report authored by Dr Chris Schilling, Director with KPMG, *Investing to Save: The economics of increased investment in palliative care in Australia*, clearly states that hospital investment in early integration of palliative care results in a return on investment of \$1.30-\$2 per \$1 invested, through a range of factors such as decreased ED, ICU and procedure costs. Return on investment in community palliative care is \$2 per \$1 invested and in residential aged care is \$4 per \$1 invested. Such a return on investment is rare in health service delivery. Yet the sector is having to discharge patients who are alive to take on the greater needs of more patients.

The funding models between the States and Federal health jurisdictions fail to reward initiatives in saving admissions and they self-perpetuate inefficient processes. Working in silos is a long-understood frustration.

### 2. Challenging issues delivering palliative care in the Perth metropolitan area

Demand for palliative care outstrips supply for both specialist and generalist palliative care. Often access to specialist palliative care services is limited to those with the most complex physical symptoms, or at the very end of life. This is a self-perpetuating cycle as referrers stop referring patients for early palliative care, as they are aware services cannot meet demand. Silverchain had 5,000 referrals last year.

Access to generalist (non-specialist) palliative care is also limited. Investment is being made into upskilling residential aged care staff but there is a significant gap in home care as well as NDIS recipients. The medical profession as a whole would benefit from greater training in recognising and supporting patients earlier who should be supported in a palliative care approach.

As a result of lack of access to palliative care, many people in their last months of life have no option other than to repeatedly present to busy emergency departments.

### **3. Investment in local outpatient clinics**

The gap in the continuity of care is an issue. An example is Joondalup Health Campus (JHC) discharging patients from hospitals who reside in the northern suburbs and being supported by outpatient clinics at Sir Charles Gairdner Hospital. These patients fail to access the outpatient clinics and constantly re-admit to JHC. Local outpatient clinics would not be a duplication of service but would reduce costs and improve care by allowing for regular symptom control for non-malignant illnesses.

### **4. NDIS Gap of service**

It was identified that the situation for people under 65 years funded through the NDIS is worsening. They cannot utilise their support packages to access palliative care. Palliative care is viewed as a health rather than a disability service which requires recipients to engage separate providers. Specifically, issues that Palliative Care Australia has identified are:

- Widespread confusion about which services and systems are responsible for the provision of disability and other supports for people with life-limiting conditions.
- Limited options for people under 65 years of age diagnosed with life-limiting conditions who need support with daily living and other essential services, but who cannot access these from the NDIS or any other system.
- Inconsistencies in how the NDIS makes decisions about who can access the scheme, where the NDIS believes someone has 12 months or less to live.
- Inconsistencies in what services NDIS participants with a life-limiting illness can purchase with NDIS funds, once the NDIS becomes aware their life expectancy is limited.

Hannah McPierzie, Chair Deafblind West Australians, has lived experience with a hearing and sight disability and cited her challenges when trying to access information on the WA Health Department websites. She noted that the cohort rarely engages in death and palliative care literacy and the manner in which the information is provided is not fit for easy consumption. Modes of communication (videos with captions, Auslan interpreters, diagrams, flowcharts, visuals, without people wearing masks) and literacy levels would all improve access and making better decisions.

### **5. WAVED**

Dr Shelley Campos – Clinical Lead for System Flow and Reforms, WA Department of Health, outlined a new initiative that will support a virtual ED consultation with an ED consultant whose role it will be to act as a navigator and assist in prompt and appropriate patient management/decision making for a patient looking to be transferred to hospital. The new process will be trialled for residential aged care and is backed up with a timely process for access to pharmaceutical services, referral and discharge information to the patient's community care team.

The sector welcomes the planned expansion of WAVED into the community and collaboration with the palliative care sector to ensure that people with life-limiting illnesses receive care in the place of their choice.

### **6. Supporting Carers in the Communities**

Richard Newman, CEO of Carers WA and Clare Mullins, Executive Director of Health Consumers' Council WA, among others who represent carers, consumers and volunteers, expressed their desire for a greater emphasis on funding the community, "lifting the community model up and supporting carers" as these people provide constant support.

Prof Samar Aoun, Chair of Motor Neuron Disease WA and MND Australia, and Chair of South West Compassionate Communities Network, outlined her findings of the success of the Compassionate Communities trial. She also expressed her grave concern over the inability to formalise the program. She outlined the difficulties of finding the appropriate funding stream, whether State or Federal. Compassionate Communities can provide a systematic approach to supporting community-based support for people who are dying, helping people and their loved ones to actively participate in planning for end of life.

## **Brief Updates**

### **1. Advance Care Planning (ACP)**

The ACP education is conducted by Palliative Care WA to consumers via workshops and the 1-1 ACP support service, which is available thanks to funding from Carers WA.

### **2. Compassionate Communities**

Professor Samar Aoun has published an article which briefly states:

Relative to the control group, the intervention group cared for by the Compassionate Connectors had 63% less hospital admissions, 77% less days in hospital and 44% less emergency presentations. The rate of outpatient contacts was twice as high for the intervention group, indicating that the Connector program may have shifted individuals away from the hospital system and towards community-based care (which is a lot cheaper). Estimated net savings of \$AUD 518,701 would be achieved from adopting the connector program, assuming the enrolment of 100 patients over an average six-month participation period.

The article is attached to this paper.

### **3. Palliative Care in WA Awards 2023**

Palliative Care WA is hosting the Awards on 16 November 2023.

[see attendees over page]

## **Attendees**

Hon Amber-Jade Sanderson MLA, Minister for Health; Mental Health  
Simon Millman MLA, Parliamentary Secretary  
Cameron Barnes, Principal Policy Adviser, Office of the Hon Amber-Jade Sanderson MLA

### **Palliative Care WA Team**

Dr Elissa Campbell, President Palliative Care WA  
Lenka Psar-McCabe, CEO Palliative Care WA  
Jo Micallef, Administration and Events, Palliative Care WA

### **Guests**

Professor Samar Aoun, WA Australian of the Year, Chair Motor Neuron Disease WA & MND Australia and Chair South West Compassionate Communities Network  
Kate Brill, A/Manager Deafblind Services Senses WA  
Dr Shelley Campos – Clinical Lead for System Flow & Reforms, WA Dept of Health  
Courtney D'Mello, CEO Motor Neuron Disease WA  
Ben Irish, CEO St John of Murdoch Hospital, representing SJOG Healthcare Group  
Justin James, CEO HIF Insurance  
Fiona Jane, Manager Albany Hospice  
James Jarvis, CEO Busselton Hospice  
Sue Kearney, Clinical Project Lead, WA Children's Hospice Project  
Mark Kinsela, CEO, COTA WA  
Dr Ellen Knight, Head of Palliative Care JHC  
Renaë Lavell, Executive Director Silver Chain Group  
Dr Amanda Ling, CEO JHC  
Hannah McPierzie, Chair Deafblind West Australians, Senses WA  
Clare Mullins, Executive Director Health Consumers' Council WA  
Yasmin Naglazas, CEO Parkinson's WA  
Richard Newman, CEO Carers WA  
Etta Palumbo, CEO Neurological Council of WA  
Dr Alison Parr, Clinical Lead Palliative Care, WA Dept of Health End of Life Care Program  
Ashley Reid, CEO Cancer Council WA  
Amanda Silla, Project Manager, WA Dept of Health End of Life Care Program  
Kaele Stokes, Executive Director, Services, Advocacy & Research, Dementia Australia  
Dr Gareth Wahl, Clinical Lead, WA Dept of Health End of Life Care Program

## **Apologies**

Liz Behjat, State Manager WA, Aged & Community Care Providers Association  
Kevin Brown, CEO St John Ambulance WA  
Maria Davison, CEO Melville Cares Inc  
Renee de Prazer, Executive Manager, Clinical Operations Bethesda Health Care  
Dr Daniel Heredia, Executive Manager Health HBF  
Melanie Marsh, Cancer Information and Support Services Director, Cancer Council WA

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