

CEO Roundtable for Palliative Care



Communiqué 5

Meeting on Wednesday 8th September 2021

At the fifth meeting of the *CEO Roundtable for Palliative Care in WA*, thirteen member organisations met with the Hon Roger Cook MLA (Deputy Premier; Minister for Health; Medical Research; State Development, Jobs and Trade; Science) and Parliamentary Secretary Simon Millman MLA, to discuss the delivery of palliative care in WA.

Minister Cook reiterated the McGowan Government's ongoing commitment to the delivery of quality palliative care in WA and his enthusiasm for meeting with key leaders within the sector.

Key Discussion Points

1. Strong case for ongoing investment

The meeting heard from Dr Chris Schilling, Director with KPMG and author of a [recent report exploring the economic case for increased investment in palliative care](#). Dr Schilling noted that demand for palliative care will double by 2040 and outlined the strong moral and economic case for increased investment in palliative care for WA residents. As an example, 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.

2. Significant progress in delivering palliative care in regional and rural WA

Significant investment by the WA Government has resulted in the establishment of 18 regional palliative care hubs and an increased staffing level from 30 to 70 FTE. These hubs all have a multidisciplinary team and most have a GP and Aboriginal Health Worker. Some of the many innovations to improve palliative care in rural and remote WA include a WA Country Health Service Palliative Care Coordinator for Aboriginal Health Workers, expanded tele-palliative care, and a nurse-led after hours support line. Ongoing funding is important to ensure that the successful pilot programs can continue.

3. Paediatric Palliative Care

Paediatric Palliative Care was identified as an important area, particularly when recognising the long-term health burden experienced by surviving family members, including siblings. There has been an almost fourfold increase in demand for paediatric palliative care over the past five years, currently provided by a very small team based at Perth Children's Hospital servicing the entire State. Staffing will improve with the opening of the Perth Children's Hospice, however the service will remain stretched until then.

4. Challenging issues delivering palliative care in 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. There is minimal opportunity for early and integrated palliative care, advance care planning and addressing spiritual and psychosocial symptoms. This is a self-perpetuating cycle as referrers stop referring patients for early palliative care, as they are aware services cannot meet demand.

Access to generalist (non-specialist) palliative care is also limited, even when the workforce has the appropriate skills and attitudes. This is due to high levels of clinical activity across health services leaving palliative care to be seen as a luxury rather than an essential part of health care. High activity levels in healthcare also mean that staff are unable to avail themselves of the many excellent palliative care education and training resources. Due to competing staff demands bereavement support is also suboptimal.

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. The meeting acknowledged it would be desirable if palliative care could be accessed earlier in the disease trajectory, e.g. through proactive models of palliative care. Evidence to the Joint Select Committee on Palliative Care, and the Independent Review of Consumer Perspectives of Palliative Care Service Models, shows that this is what consumers want.

5. Access for Aboriginal Communities

The meeting heard about the challenges of engaging Aboriginal families in discussions about dying, death and planning for end of life. Other than the Derby Aboriginal Health Service (DAHS), few existing services were available with an Aboriginal focus. Dr Lynette Henderson-Yates from DAHS indicated some of the mainstream messaging about palliative care does not work in Aboriginal communities and it would be better to introduce the topic as part of broader social and emotional wellbeing. However, there have been some recent interstate examples e.g. [Groote Eylandt](#) that have been successful in engaging communities in these challenging discussions and this presents WA with some opportunities to consider.

6. Palliative Care in Aged Care

Representatives from the aged care sector recognised the critical importance of improving the delivery of quality palliative care within residential aged care settings and acknowledged the vital supports provided by Bethesda Health Care's MPaCCS service and the Residential Care Line (WA Health). It was also agreed that early engagement on advance care planning, as exemplified by Collaborative Healthcare, was critical and this should be progressed as a priority with both residential and home care sectors.

7. Challenges within the disability sector

It was identified that unfortunately people under 65 years funded through the NDIS 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.

8. St John's Ambulance and paramedicine

The role of paramedicine in the delivery of palliative care was discussed at some length and St John Ambulance expressed a desire to partner with palliative care providers to explore this link. It was recognised that in the absence of a palliative care provider, an ambulance was often called for someone who was actively dying whether they wanted to be transferred to hospital or not. This placed the paramedics in a difficult position with time pressures adding to the complexity of the situation.

Brief Updates

1. Ambulance Wish WA

The establishment of this [new service](#) was acknowledged as a wonderful support to people with a terminal diagnosis seeking to fulfil a final wish.

2. Independent research on consumer perspectives

Professor Samar Aoun reported on her [Independent Review of Consumer Perspectives of Palliative Care Service Models](#). From the literature review and the consumer survey findings, it is evident that receiving palliative care provides much better quality of care for people with life limiting illnesses.

3. Advance Care Planning Community Awareness Campaign

[Palliative Care WA is seeking partner organisations](#) for a follow-up to the highly successful 2019 ACP community awareness campaign.

4. Advance Care Planning

The ACP Consortium has developed a [straightforward information tool on Advance Care Planning](#) and is promoting its use by health and aged care service providers.

5. Compassionate Communities

A highly successful [Compassionate Communities forum](#) was held in Bunbury on 7th August 2021 with over 180 participants. The Compassionate Communities approach aims to activate community volunteers to support others who are managing life-limiting diagnoses.

6. Palliative Care in WA Awards 2021

Palliative Care WA is seeking nominations and sponsor support for the [Palliative Care in WA Awards 2021](#) and Gala Dinner event scheduled for Thursday 4th November.

7. Voluntary Assisted Dying

Dr Scott Blackwell, Chair of the VAD Implementation Leadership Team, reported that VAD had been introduced on 1 July 2021 and was being delivered as planned. He suggested that there is an ongoing need for consideration about the interaction between VAD and palliative care.

Attendees

Hon Roger Cook MLA, Minister for Health
Hon Simon Millman MLA, Parliamentary Secretary
Dr Neale Fong, CEO Bethesda Health Care
Janet Wagland, General Manager Disability Brightwater
Paul Coates, CEO Carers WA
Dr Scott Blackwell, Director Collaborative Healthcare
Michelle Jenkins, CEO Community Vision
Dr Lynette Henderson-Yates, CEO Derby Aboriginal Health Service
Dr Daniel Heredia, Executive Manager Health HBF
Professor Samar Aoun, President Motor Neuron Disease WA
Dr Elissa Campbell, President Palliative Care WA
Lana Glogowski, CEO Palliative Care WA
Dr Paul Bailey, Medical Director St John Ambulance WA
Professor Shirley Bowen, CEO St John of God Subiaco Hospital
Rena Lavell, Executive Director Silver Chain Group
Amanda Bolleter, Project Director, End-of-Life Care, WA Health

Apologies

Ashley Reid, CEO Cancer Council WA
Pip Brennan, Executive Director Health Consumer's Council