Palliative Care Australia

Submission to the Productivity Commission

on

Caring for Older Australians: Productivity Commission Draft Report

on behalf of

Palliative Care Australia

Contact:
Dr Yvonne Luxford
Chief Executive Officer

March 2011

Submission to the Productivity Commission on

Caring for Older Australians: Productivity Commission Draft Report

on behalf of Palliative Care Australia

Introduction

Palliative Care Australia (PCA) commends the Productivity Commission's Interim Report on *Caring for Older Australians* and welcomes the recognition of the need for improved funding and availability of palliative care.

The inquiry presents an opportunity to consider the issues impacting on the relationship between palliative care and the aged care system, and improving access to optimal end of life care for elderly Australians.

PCA is pleased to see the commitment to enabling older Australians to have choice and control, and greater flexibility in care options. This is also reflected in improvements to advance care planning availability. It is vital that aged care services are supported to better provide palliative and end of life care, both in residential facilities and the community.

The recommendations of the Productivity Commission are a further step to providing comfort to ageing Australians, and their loved ones, that they will be able to die with their pain and other symptoms well managed.

PCA wishes to provide some additional comments to our original submission, *Dying Well*.

Dying Well – a key goal

With 50,000 older Australians approaching death and dying each year in residential aged care facilities alone[1], the wellbeing of older Australians would be further advanced through explicit recognition of the issues of death and dying and the inclusion of an additional key goal of the aged care reforms – to assist all older Australians to die well.

[1] Australian Institute of Health and Welfare 2010, *Residential aged care in Australia 2008–09: a statistical overview*. Aged care statistics series no. 31. Cat. no. AGE 62. Canberra: AIHW, p 141.

Palliative care delivered by aged care services

PCA is pleased that the draft report is very positive about the need to improve links between palliative care and aged care, emphasised in its finding that "Palliative and end-of-life care needs of older Australians are not being adequately met under the current arrangements" (pLX).

PCA welcomes the proposal for residential and community aged care providers to play a greater role in delivering palliative and end of life care, however, we would like to see the final report give more attention to the capacity building required to provide optimal care. Key to achieving this goal is to ensure that strong multidisciplinary teams exist to support people, and that the capacity and competence of health services to provide palliative and end of life care is increased. Further discussion of workforce capacity is provided below.

The Commission proposes in-reach services to residential aged care facilities and regional multidisciplinary teams, and PCA would be pleased to collaborate with the Commission to further develop detail so as to ensure an effective and appropriately resourced strategy.

Funding

The new and revised funding mechanisms which have been recommended deserve close consideration. We know that aged care is not currently adequately funded to meet all palliative and end of life care needs, and we welcome urgent attention to address this.

Case mix payments for palliative care and end of life care provided by aged care services are proposed but the report does not cite evidence supporting this approach. The quantum would be set by the Independent Pricing Authority and it is essential that this is based on the costs of providing optimal palliative care and end of life care, rather than the costs associated with the current inadequate arrangements.

PCA is concerned at the appropriateness of a case mix funding model for palliative care. Inherent in palliative care is a multidisciplinary team approach, with different team members providing different care and different intensity of care at different times, fully dependent on the needs of the patient and their family/loved ones. Potentially the

funding flexibility needed to properly deliver palliative care could be met through a mix of block funding and case mix, but further evidence would need to be gathered on the ability of a case mix model to truly meet patient and family needs, and for it to be adequate across both residential and community settings.

Workforce Capacity

Workforce resourcing and support is critical to the proposed reforms and PCA is pleased that the Commission's brief includes examining the future workforce requirements of the aged care sector and developing options to ensure that the sector has access to a sufficient and appropriately trained workforce.

PCA supports a model where an aged care workforce has the skill mix to reflect the complexity of care delivery required in aged care, and recommends that the Commission endorse end of life care as a basic competency for aged care workers, and its inclusion in the core curricula of aged care worker education and ongoing training. PCA is well positioned to collaborate with the aged care sector to help them apply a palliative approach in aged care facilities.

The Commission proposes a range of strategies to address the workforce challenges, including expanded scopes of practice, new models of care, expanded education to ensure aged care workers at all levels have the skills they need, more teaching aged care services, enhanced support, education and advocacy for informal carers, and setting scheduled prices for aged care services that are sufficient to pay competitive wages to nurses and other care staff and the costs of volunteers.

The final recommendations from the Commission will need to provide more detail regarding these strategies, including the timing and levels of investment, if we are to have any confidence that they will provide adequate solutions to the workforce challenges. The Commission should also recommend key performance indicators and ongoing monitoring and evaluation to ensure that the strategies keep pace with the rising demand for an appropriately skilled aged care workforce.

PCA notes that under the heading of End-of-life care on p LX of the Summary of Draft Proposals the Proposed reform column neglects to mention the need for increased funding for education for staff and carers to increase knowledge, awareness and

understanding of a palliative approach for the care of the elderly. Whilst the recognition of the problem is timely, due and overt acknowledgement must be given to the need to improve workforce capacity as part of the solution.

A needs-based model of funding and care allocation

PCA recommends a conceptual rethinking of the current distinction between aged care and palliative care. The needs of older Australians will be better met by resourcing providers to provide person-centred care based on need. When needs are not able to be met within a residential facility the staff need clear protocols and current contact details of health professionals from whom it would be appropriate to seek help (eg hospital outreach teams, mental health supports, specialist palliative care teams, etc).

It should be noted that there are jurisdictional differences in the availability of specialist palliative care services to provide consultancy and educational support to aged care services. For example, PCA understands that this is undertaken by specialist palliative care services in Victoria but there is a reluctance to provide this service in WA. The Victorian experience shows this is a very worthwhile strategy especially when complemented with other initiative such as reverse Program of Experience in the Palliative Approach (PEPA) into aged care facilities and link nurses, etc. Specialist palliative care services need to be adequately funded, resourced and supported in all jurisdictions to perform this role.

Whilst PCA strongly supports the concept of ageing in place of choice as an achievable goal for all Australians, we also recognise the current barriers that will need to be overcome to reach this, such as the lack of Registered Nurse availability, medication access and availability of appropriate medical support, especially General Practitioners. A potential solution is through enhanced linkage between residential aged care facilities and community health and/or hospital outreach staff. The proposed Medicare Local/ Local Hospital Network arrangements may facilitate this, but further detail and explanation is still required around the workings of such linkages in practice.

An example of the problem under the current system can be seen in the management of a patient using a syringe driver for subcutaneous infusion of drugs for pain management. Whilst a community Registered Nurse may be available to assist, policies frequently prevent them from visiting, or inhibit their degree of involvement in, a

residential aged care facility because the local state-funded palliative care service might argue aged care nursing capacity provided by the Commonwealth should do this work, or there is a desire to avoid the appearance of simultaneously using both Commonwealth and State based funding (double dipping). Given that the developing health reforms continue separate funding pools, it will be important to ensure that linkages are clearly established that would provide appropriate patient care beyond the reach of policy driven by funding anomalies.

Standards and Resources

Palliative Care Australia developed the original version of the *Standards for Providing Quality Palliative Care for All Australians*[2] (the Standards) in 1994 in collaboration with the palliative care community in order to clearly articulate and promote a vision for compassionate and appropriate end of life care. The thirteen standards lay out a vision of quality care for all who provide care to people at the end of life, are adopted nationally by specialist palliative care teams, and are also applicable to aged care services.

PCA recommends that the Productivity Commission report formally recognise the Standards as vital to the appropriate delivery of palliative care for older Australians. Given the importance of end of life care within this population, it may be appropriate to formally link the Standards to the Residential Aged Care Accreditation Standards.

To assist aged care services to best provide end of life care it is important that there is strong linkage into all of the supports available through the Commonwealth Government sponsored National Palliative Care Program, with especial focus on the Program of Experience in the Palliative Approach (PEPA), CareSearch, and the National Standards Assessment Program (NSAP). NSAP has recently established a Reference Group with representatives from the aged care sector to explore the most appropriate mechanisms by which to apply and promote the national palliative care standards within aged care services.

A model for bereavement support is needed that is specific to the needs of aged care. This should include formalised support for aged care staff to manage their own self care

[2] Palliative Care Australia (2005) Standards for Providing Quality Palliative Care for all Australians, PCA, Canberra

and a specific model for residents dealing with multiple deaths (as other residents die) is required. Appropriate models for bereavement support and other aspects of a palliative approach can be found in *Guidelines for a Palliative Approach in Residential Aged Care*[3] which were endorsed National Health and Medical Research Council in 2005. Funding for training of staff in the implementation of these Guidelines needs to be restored and ongoing. Similar training needs to be established alongside the release of the *Guidelines for a Palliative Approach for Aged Care in the Community Setting* which PCA understands will be released shortly.

To ensure ongoing progress of care provision, family and resident feedback mechanisms should be mandated within a quality improvement framework.

The provision of adequate palliative care in residential aged care facilities also needs consideration of a formal model for visiting General Practitioners who are fully trained in end of life care. It may be appropriate that each facility have at least one on call GP to provide emergency assistance and avoid unnecessary and unpleasant transfer to the Emergency Department.

Such visiting GPs need access to appropriate levels of technological support to enable their access to electronic medical records, updated medical charts, etc. ePrescribing should be available to ensure accurate medication delivery at all times.

PCA strongly recommends that such electronic health records also include the latest version of the person's advance care plan.

The support for professional development is another important aspect of the draft Report. All staff and informal carers need educational support to best meet the needs of those nearing the end of their life. It is vital that this education, and the provision of care itself, be sensitive to different needs, whether they be needs related to culture such as the needs of Indigenous Australians, or related to illness such as the specific requirements of people suffering from dementia.

[3] Guidelines for a Palliative Approach in Residential Aged Care Commonwealth of Australia, 2006

Australian Seniors Gateway

The Commission proposes the establishment of an Australian Seniors Gateway Agency to simplify access to information, assessment, care coordination and carer referral services. This service would be provided via a regional network of hubs.

PCA commends the concept of the gateway agency, and the objective of streamlining and coordinating access to information, assessment, referral and case coordination. To ensure success, it will be vital to establish mechanisms to ensure ongoing currency of information.

PCA is concerned that the draft report does not sufficiently address how this gateway would interface with Medicare Locals, GPs, and other primary, acute and subacute health services, including specialist palliative care. We recognise that some of this will be driven by the changing nature of the health reform agenda, but would value a more detailed proposal being made in the final report.

Advance Care Plans

PCA is highly supportive of the Commission's recommendation that interstate inconsistencies be removed in regulations regarding advance care planning. The current lack of regulatory consistency confuses and concerns Australians. An easy to use, national system will encourage people to make better use of this useful mechanism to express choices about care.

PCA strongly recommends that national legislation, national guidelines, forms and associated information be developed with regards to advance care planning within reasonable and realistic time frames. Furthermore, PCA would be appreciative of the opportunity to collaborate with governments in this endeavour.

Conclusion

The Commission's draft report outlines some key aims and design elements for reforming the aged care system. The biggest challenge will be to finalise and transform the recommendations into practical, achievable plans that mesh well with other health reforms and are appropriately resourced and implemented by Government.

Palliative Care Australia eagerly anticipates inclusion in the Commission's final report of the important goal that services for older Australians must assist them not only to live well, but to die well.