

“Networking End of Life Care Across Tasmania:
Integration, Innovation and Inclusion”



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Thank you for the opportunity to respond to the Exposure Draft, White Paper *Delivering Safe and Sustainable Clinical Services*.

TAHPC is pleased to see recognition in the Exposure Draft of the importance of strengthened primary health linkages and the role of primary health sites in rural areas. The delivery of palliative care in Tasmania is largely a role for the primary health sector, with general practitioners and, both DHHS and NGO community and aged care services, critical to providing care to people in the palliative stage of life. This care is provided in the person's home, local primary health sites, and residential aged and disability care homes.

TAHPC is disappointed that the Exposure Draft continues to place acute care as the focal point for discussion of the future of health care in Tasmania. We note that in-patient and ambulatory services for palliative care may be provided for people with low to moderate levels of complexity at the Mersey Hospital. We would hope that appropriately qualified, experienced and supported staff will be employed to deliver care to people with moderately complex palliative care needs. This must include strong links with primary care, psycho-social support from social work, and allied health staff.

The paper also fails to mention the important role of the non-government sector in delivering health services, particularly palliative care. It has ignored the importance of informal community supports (neighbourhood houses, clubs and local support networks), and the vital role of volunteers in supporting people living with life limiting illness, their carers and people who are bereaved. The costs to the health service for care at end of life would be considerably higher without these essential community supports.

As the peak body for hospice and palliative care in Tasmania, we represent a wide cross-section of the community who have an interest in ensuring people have real choices about their end of life care. It is vital that the community is engaged in open and honest discussions of end of life wishes, preferences and choices with families and friends.

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TAHPC considers that a public health approach and cultural change, recognising that death is a natural part of life, and that conversations about death, dying and bereavement need to be encouraged and supported, should address the following elements:

- improving understanding of advance care planning at the community and service provider level;
- encouraging completion of Advance Care Directives and appointment of substitute decision makers; and
- improving the skills of community, health and aged care staff in the delivery of excellent standard end of life care across all setting so that the choice not to go to hospital during the palliative and terminal stage of illness but to receive care in the community is a realistic and achievable option.

The Exposure Draft rightly draws attention to the difficulties of maintaining appropriate numbers of skilled staff, and to ensuring their access to professional development and maintenance of high standards.

TAHPC is also concerned that the palliative care workforce across the acute and primary health sector has experienced increased demand over the past decade with no commitment to the ongoing recruitment of additional staff.

Please contact me if you require any explanations regarding the TAHPC submission.

Yours sincerely



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