

Better Access to Palliative Care Update

July 2015

Revisiting the Tasmanian Palliative Care Model of Service Delivery

Consultation update

During April and May 2015 stakeholders were invited to participate in the Better Access to Palliative Care (BAPC) consultation *Revisiting the Tasmanian Palliative Care Model of Service Delivery*. The purpose was to ensure that Tasmania's palliative care model is contemporary and will continue to meet the needs of the population into the future. The objectives of the consultation were to: engage all key stakeholder groups in revisiting the scope and focus of the current model of service delivery for palliative care identify gaps and areas that need further defining and development, better reflect a public health approach relevant to palliative care in Tasmania.

Consultation occurred via a range of formats in order to meet the needs of individuals, services, and community organisations and the level of stakeholder participation was very pleasing. Seventy-one people attended a face to face meeting, eighteen accessed an online survey and twenty two other written responses were provided - representing across section of service providers, consumers, families and community sector organisations.

The BAPC team would like to express its sincere thanks to those individuals, services, organisations, and in particular, consumers and community members, who have given their time and provided invaluable insights gained from their personal experience of palliative care.

Summary of key themes

Although we are unable to provide a final analysis of findings at this stage, we would like to share the following key themes from the consultation feedback:

Sense of a palliative care sector – in general, there is broad recognition of the sense of a palliative care sector, and that the sector encompasses a range of services, organisations and providers. The role of community was acknowledged by some stakeholders as vital and was seen as a gap in the current model.

The need for a model - stakeholders support the need for a model that provides direction and guidance for how the palliative care needs of the whole population will be met.



Stakeholders who are familiar with the current model identified the main strengths are that the model acknowledges there is a hierarchy of complexity of palliative care client need and it acknowledges there is a role for specialist palliative care services and a role for primary providers of palliative care.

However, many stakeholders outside of the specialist palliative care services (SPCS) do not know about/understand the intended (population needs-based and health promoting) approach of the current model. Key concerns were:

- the model seems hierarchical, prescriptive and narrow. Many stakeholders are unable to see 'where they fit' and many do not know where to go for advice/information;
- the model is seen as the SPCS model – i.e. what specialist palliative care services do and how primary providers should work with SPCS
- for some stakeholders, an ongoing role for the client's primary provider (e.g. GP) is not indicated (i.e. not wanted/not needed) once specialist palliative care services become involved, particularly as client needs become more complex.

In summary, indications are there is broad stakeholder agreement with consultation points raised in the Discussion Paper. Initial findings indicate that the model could be strengthened and further developed to ensure clarity regarding:

- Purpose - population-needs based approach and why?
- Focus - a client-centered care journey rather than a service centric approach.
- roles – the model needs to clearly acknowledge the client as agent in decisions about own care, and the role of community in providing support for people with palliative care needs, in addition to reflecting the role of primary providers, organisations, and specialist palliative care services in meeting client needs
- care management processes – continuum of care, collaborative relationships, referral triggers and criteria.
- Use of plain English, clearly explained terms, and consistent use of terms is also needed.

We are currently finalising our analysis of the feedback to inform recommendations for the statewide Partners in Palliative Care Reference Group to consider on 28 July 2015.

If you have any questions or require further information please contact the BAPC Project Team via: Better Access to Palliative Care ☎: 6777 2997 or betteraccesstopalliativecare@dhhs.tas.gov.au