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30 June 2009

Dr Peter Flett
Director General
WA Department of Health
189 Royal Street
EAST PERTH WA 6004

Dear Dr Flett

National Partnership Agreement on Hospital and Health Workforce Reform

Palliative Care WA Inc is the peak body representing all Western Australians who seek to secure better care and support for people dealing with the problems of dying, death, and bereavement.

It is evident to us that health reform objectives, such as taking pressure off our public hospitals, can be advanced with an understanding of the positive impact of building the entire health system's capacity to provide quality care at the end of life. We know that, given the opportunity, many people with a life-limiting or terminal illness will choose not be admitted to an inpatient facility when they are dying,[1] and that if plans and assessments are substandard, or providers lack skills and confidence, avoidable admissions and long hospital stays are all too common.

Palliative Care WA Inc has been (with our national peak body Palliative Care Australia) watching with keen interest the development and now implementation of the *National Partnership Agreement on Hospital and Health Workforce Reform*. We welcome the Agreement as a substantial strategic investment in the health system, and as an indicator of the intention of all parties to better coordinate development nationally and between each level of government.

We are aware that several of the initial milestones identified in the implementation plans in the Agreement have already passed. The purpose of this letter is to:

- enquire about the steps taken so far in Western Australia
- put forward, in the enclosed Issues Paper, some ideas, views and information which might be helpful as the Western Australia Department of Health progresses work, both as the lead agency in this state and as a participant in the national processes outlined in the Agreement.

Palliative Care WA Inc's representatives would be very pleased to meet with you or your team at any time to further discuss this issue. Please contact me at this office to arrange a meeting.

Yours sincerely

Will Hallahan
Executive Officer

[1] 'Factors predictive of preferred place of death in the general population of South Australia' – Foreman L, Hunt R, Luke C, Roder D – *Palliative Medicine* – 2006 20(4) pp 447-453

Council of Australian Governments
National Partnership Agreement on Hospital and Health Workforce Reform
Issues Paper

Background

The incidence of life limiting conditions like cancer and organ failure is growing[2] as the population of Western Australia ages.[3] In addition, more people are everyday diagnosed with multiple chronic diseases.[4] Many are likely to eventually die from a sudden exacerbation of one or more of these illnesses,[5] while most live for years with poor health and high care requirements. We understand that this growing patient population places increasing pressure on the hospital system, especially when people who are clearly dying continue to receive aggressive treatment. Poor planning leads to the management of palliative care patients in acute hospitals when they may be better cared for in the community, and after-hours treatment failure in frail medical patients.[6] Good palliative and end of life care can help alleviate these problems.

For some time now Palliative Care Australia and its members have advocated for needs-based service provision to support those approaching the end of their life.[7] Our model recognises that:

- not all people will need input from a specialist palliative care service at the end of life
- end of life care is, and should be, part of the normal scope of practice for all primary health care workers
- some people will need access to inpatient care at the end of life – using appropriately resourced sub-acute beds
- many will benefit from improved community care models which aim to provide more acute-care type services outside of hospitals.

We believe that there are many opportunities and some risks in the Agreement's reform proposals and provide some discussion of these below.

Specific Issues

Schedule A – Activity Based Funding

We welcome the development of a rigorous Activity Based Funding framework for palliative care, as this has been an underfunded area in all jurisdictions, in both inpatient and community settings, and not least in Western Australia. Historic underfunding in palliative care service provision is partly due to the ad-hoc development of palliative care services and partly due to current and past difficulties quantifying the need for end of life care on a population basis. This has resulted in significant variation in resource capability to meet the specialist care needs across the state.

We are aware that the Palliative Care Outcomes Collaborative (PCOC) has developed and incorporated a surrogate casemix model but understand that this has not been validated adequately to support robust cost studies. Anecdotal evidence suggests that participating services do not consistently code clinical events within the 'phases of care' criteria used by PCOC so that benchmarking and validation is impaired. The current PCOC dataset requires significant evaluation and validation before it becomes capable of providing information to support a casemix classification system underpinning activity based funding.

Any future Activity Based Funding framework should seek to accurately measure the cost of good practice and account for indirect care activity like clinician-to-clinician consultation, telephone advice, coordination of volunteers, provision of education, and health promotion. A funding model exclusively based on activity would not cover the infrastructure and indirect care costs of

[2] *Chronic diseases and associated risk factors in Australia 2006* – Australian Institute of Health and Welfare – November 2006 – p ix and p 8
[3] *1301.0 Year Book Australia 2008* – 'Feature Article 1: Population Projections' - Australian Bureau of Statistics, accessed May 2009 at www.abs.gov.au
[4] *Chronic diseases and associated risk factors in Australia 2006* – p 4
[5] *3303.0 Causes of Death, Australia, 2007* - 'Leading Causes of Death', accessed May 2009 at www.abs.gov.au
[6] 'Access block can be managed' – Cameron PA, Joseph AP & McCarthy S – *MJA* – 2009 190(7) pp 364-368
[7] *A guide to palliative care service development: A population based approach* – Palliative Care Australia – February 2005

specialist palliative care services. Palliative care clinicians from a range of settings should be involved in the development of any framework.

Schedule B – Workforce Enablers

Educating the entire healthcare workforce in the ideas and concepts that support quality care at the end of life has the potential to decrease the rate of hospital admissions for all people approaching the end of their regardless of the care setting.

The Agreement is focussed on undergraduate education – we support this but note that graduates are in the majority and their ongoing development should not be neglected even though the Agreement limits funds for postgraduates. In addition, Schedule B emphasises developing clinical competencies and skills through clinical placements – we feel also that a wider range of educational interventions will be needed to develop the health workforce attitudes and behaviours required to provide quality care at the end of life for all Australians.

Schedule C – Subacute Care

The Agreement shows that Western Australia will receive an additional $48.609M from the Commonwealth in order to increase the volume and quality of subacute care services, including both hospital and community-based palliative care. While Palliative Care WA Inc welcomes this increased funding, we have the following concerns about the detail in Schedule C:

- there is no indication that these increased funds will continue after 2014
- the agreement mentions using the PCOC to report activity in this area – until now PCOC has been promoted as a voluntary quality improvement initiative – we are concerned about the initiative's capacity to support performance reporting and activity based funding without significant evaluation and validation of the existing dataset
- there are no well-developed performance benchmarks or indicators in palliative and end of life care, and specifically:
    - goals of care vary for people at the end of life so functional outcomes, however measured, may not be appropriate indicators of performance for all patients
    - there are no standardised measures for 'timeliness' or 'efficiency' in palliative and end of life care
    - no end of life care outcome measures of any sort have been developed for primary care settings, although the bulk of care at the end of life is provided there
- increasing activity in a sector which does not yet have stable referral criteria/agreed thresholds and service models may lead to suboptimal outcomes; Palliative Care WA Inc welcomes the work of the Western Australian Palliative Care Network in this area.

Schedule D – Taking Pressure Off Public Hospitals

Quality care at the end of life, whether provided by specialists or generalists, includes holistic, comprehensive and ongoing assessment and care planning, an inclusive and empowering approach to decision-making, coordinated service provision and support for those people who are close to the dying person.[8] Such care is likely to help ensure the needs of people at the end of life are met, and, in addition, to minimise inappropriate, unnecessary or unwanted hospital admissions.

Palliative Care WA Inc believes that a portion of the $75M allocated to Western Australia in Schedule D could be productively allocated to the ongoing enhancement of the entire health care system's capacity to meet the needs of people at the end of life. There are potential gains in:

- implementing a comprehensive advance care planning program in this state[9]
- providing flexible care packages for people with long-running complex life-limiting illnesses (eg MND or HD)
- increasing capacity within specialist palliative care services
- improving the whole health workforce's capacity to provide quality care at the end of life
- funding specialist bereavement support services.

[8] *Standards for providing quality palliative care for all Australians* – Palliative Care Australia – May 2005
[9] *Advance Care Planning in WA: A Position Statement* – Palliative Care WA Inc – March 2009