Extract from Catholic Health Australia submission to Senate inquiry into Palliative Care

Minimum standard

The provision of palliative care should be guided by a minimum health care standard, to be developed by the Australian Commission on Safety and Quality in Health Care, the purpose being to provide a nationally consistent statement of the level of care consumers should be able to expect from health services.

CHA argues that because there is no minimum standard in health for the delivery of palliative care that this then leads to perverse service model outcomes, such as the lack of cohesive client centred service models, resulting in inequitable service delivery.

If a minimum standard were introduced (and the ensuing burden of compliance were minimised) then the ability of the sector to measure improvements in outcomes would increase. This would also drive the sector into building capacity within the community, primary care, general practice and aged care sectors to deliver high quality, equitable, supportive palliative care

Lack of standardisation

The lack of a nationally consistent statement of the level of care consumers should be able to expect from health services means that it is difficult to be certain of the level of quality of service, equity of access and identification of expenditure relating to palliative care. The absence of a standard that explores care planning, assessment and access to specialist palliative care is the single most important deficit in palliative service delivery in Australia today.

Standards

The absence of a standard that explores care planning, assessment and access to specialist palliative care is the single most important deficit in palliative service delivery in Australia today.

The National Palliative Care Strategy, endorsed in 2010, is a document to be used to guide palliative care policy development and service delivery. The goal areas of the Strategy are:

- Awareness and Understanding
- Appropriateness and Effectiveness
- Leadership and Governance
- Capacity and Capability

This document, whilst aiming to produce a quality national palliative care system, fails to articulate the service system. The Strategy aims to support the development

of innovative models and integrated and coordinated models of service without articulating what the service model should line up against. **CHA supports the development of integrated care pathways but again these must align to something**. It is recommended this be a health care standard for people approaching or reaching the end of their life, and that the current National Standards Assessment Program be the tool to assist with compliance with of the standard.

Milestones that could be achieved with the introduction of such a standard include: decreased use of emergency departments; recognition of when people are within the timeframe of end of life phases; care planning; intervention to prevent inappropriate treatment; and better family support.

In addition to the development of a national health standard for people approaching or reaching the end of their life a **national service framework that embeds palliative care and supportive care** could also assist in ensuring an equitable, high quality supportive palliative care system.

National Service Frameworks - UK
"In the UK the government set up a national service framework for each medical specialty e.g. renal disease, neurodegenerative diseases, cancer etc. The aim was to improve the quality, effectiveness and equity of access to care. A requirement of the framework was that all specialties had to address the issue of palliative and end of life care. As a result Palliative Medicine Specialists became involved with this planning and the profile of palliative care was raised enormously. This is the power of legislation. The specialists had to address issues such as prognosis and end of life. The result has been that there are now earlier referrals being made to palliative care. For many patients with a life limiting condition there is now a slower transition to palliative care, and this has proven less traumatic for patients and significant others".
Dr Julia Wootton, Director of Palliative Care, St Vincent's Brisbane

Roadmap for standards

- Development of a single Australian Health Standard for people approaching or reaching the end of life. This standard could cover issues of:
  - o Care planning
  - o Assessment
  - o Access to specialist palliative care

- Development of a national service framework that embeds palliative care and supportive care across all care.

Competency of the workforce

Generally in terms of palliative care there is no minimum standard of competency for allied health and the VET sector. This is becoming increasingly problematic as palliative care is integrated into residential aged care as well as other settings.

Nursing does have some required competencies in relation to palliative care but these could be broadened.

For physicians there is a set of competencies and recently the Royal Australian College of Physicians developed of an end of life policy. This policy will affect all trainees and the College intends to recommend that all Medical Colleges have explicit end of life training.

Advanced Care Planning (ACP) should be incorporated into standards and quality assessment processes,

Roadmap for Aged Care Sector

- Ensure RAC facilities apply the Palliative Care Australia Guidelines for a Palliative Approach in Residential Aged Care within their facilities. This may be achieved through the expansion of the aged care standards to include documented evidence of interdisciplinary teams meetings for residents who require end of life care.

Extract from Aged and Community Services Australia submission to Senate inquiry into Palliative Care

The adequacy of palliative care standards

ACSA considers that the Standards for Providing Quality Palliative Care for All Australians developed by Palliative Care Australia provide a useful benchmark against which service providers can measure their quality of care. These Standards are optional in both health care and residential care settings.

Residential aged care services currently must be accredited by the Aged Care Standards and Accreditation Agency against the Aged Care Accreditation Standards, including Standard 2: Health and Personal Care which includes outcomes relating to pain management and palliative care.

Whilst ACSA is supportive of the Standards for Providing Quality Palliative Care, it does not support their incorporation into the Aged Care Standards and Accreditation Agency's processes and accreditation requirements at this time. As canvassed earlier in this submission, for reasons to do with resourcing, the availability of staff skilled in palliative care and timely access to advice and information from specialist palliative care practitioners, the quality of palliative care across Australia is variable. As a result it would be difficult for providers to consistently achieve the standards.

In the circumstances, pending reforms which would allow a consistent improvement in palliative care service standards, ACSA considers that the standards should remain optional and be treated as standards to which providers should aspire within the limitations of current resources and arrangements.

Extract from joint ECH, Eldercare and Resthaven submission to Senate inquiry into Palliative Care

1. Quality and Standards

Residential aged care services are required to comply with the Australian government's Aged Care *Accreditation Standards*. The current Standards include an expected outcome, 2.9 Palliative Care – the comfort and dignity of terminally ill residents is maintained. Other expected outcomes under the four Standards are taken to refer indirectly to palliative care as well as directly to the total care of all residents (e.g. 2.5 Specialised nursing care needs; 2.8 Pain management; and 3.6 Privacy and dignity, among others).

Draft Revised Accreditation Standards for Residential Aged Care do make a distinction between palliative and end of life care (by removing reference to 'terminally ill') and recognise that specialist palliative care cannot always be accessed. However, that is the limit of the changes.

Palliative care is not referred to in the *Community Care Common Standards* that govern community aged care services, but there are *Guidelines for a Palliative Approach to Aged Care in a Community Setting*.

Our view is that, subject to the acceptance by government of recommendations regarding funding, resourcing, assessment, education etc., PCA's *Standards for Providing Quality Palliative Care for all Australians* could form the basis of a quality framework for both residential and community care, with key elements incorporated into the existing aged care standards.