

Specialist Palliative Care in SA: Current State Analysis Report

Key findings and recommendations | June 2023

The South Australian specialist palliative care current state analysis report provides a thorough and extensive outline of the palliative care system in South Australia. Key findings and recommendations from the report are provided in this document.

Background

South Australia faces growing demand for end of life care services, including palliative care. With a significantly ageing population, anticipated population growth of 7.9% over the next 10 years and increased death rates in most regions, palliative care service demand in South Australia is expected to increase over the next 10 years placing pressure on services to do more with existing resources if no action is taken.

Developing a new palliative care services plan and model of care framework are priority actions in *South Australia's Palliative Care Strategic Framework 2022-2027*. Stage one of the project was a current state analysis to provide an overview of the specialist palliative care system through the lens of the consumer and clinician, capturing what is working well and opportunities for improvement.

The current state analysis report was compiled via a range of research methods including review of published documentation, data analysis, stakeholder interviews, a series of case study discussions with 10 palliative care consumers and/or their families and carers, and contributions from the South Australian public via the YourSAy platform.

Key findings, challenges and opportunities

The report reveals that currently within South Australia we have a palliative care system that is dedicated to delivering high quality services and high-quality outcomes for South Australians with life-limiting illnesses. Further improvements in equity and access to services, workforce support and planning, data collection and funding will have a positive impact on managing future demand, as well as the patient and clinician experience.

The following key challenges and opportunities to support current and future population needs under the remit of SA Health are identified in the report, and align with the priority actions of *South Australia's Palliative Care Strategic Framework 2022-2027*.

Care in the community: Currently, in-home palliative care support services are provided via a range of funded options, and access to and/or eligibility for these services varies significantly based on age, clinical indicators and metropolitan versus regional location. In addition, there is a lack of clarity and consistency in roles and responsibilities of SA Health funded Specialist Palliative Care Service (SPCS) community teams, and variable access to ambulatory care services and hospice/step-down facilities.

Resourcing and service provision: South Australian SPCSs have varying structures and service offerings. Analysis of SPCS resourcing against Palliative Care Australia benchmarks, as well as against one another, demonstrates inequitable allocation of resources and significant discrepancies in access to certain services and support between metropolitan Adelaide and regional South Australia per head of population. Current benchmark recommendations indicate the requirement for additional designated specialist inpatient beds to meet the population health need.

Regional specialist palliative care medical model: Partnering arrangements defining medical staff support for regional services are outlined in individual Memorandums of Understanding (MOUs) established between respective Local Health Networks. These partnering arrangements aim to provide greater reach of medical specialists across South Australia. However, variance exists in the support provided, and review of the current model presents an opportunity to update historical funding to better reflect regional population need.

Care navigation: Navigation of the palliative care system, including timely access to appropriate providers, pathways, and support options, particularly for people in the community, has been reported as a significant challenge for consumers, carers, and clinicians. A range of initiatives are currently underway which aim to improve palliative care navigation, including the South Australian Palliative Care Navigation Pilot. Findings from this initiative will inform future models of palliative care navigation in South Australia and nationally.

Palliative care workforce: South Australia's palliative care workforce comprises dedicated, passionate teams, committed to quality and compassionate end of life care. However, within the palliative care system there is an ageing workforce, and this challenge is further compounded by skill shortages, recruitment and retention challenges, short term funded positions, and lack of career progression opportunities particularly regionally.

Data: SA Health palliative care services currently use a range of systems and data entry points in their daily work, resulting in significant administrative burden. Challenges identified include, but are not limited to, burdensome processes, incomplete data, need for meaningful data, delays in reporting and inconsistencies in data collection between services, and lack of interoperability between systems.

Funding: The current funding approach for palliative care services is not reflective of the cost to deliver high quality services and facilitate choice at end of life. There are currently two key workpieces in development within SA Health that may impact future funding of palliative care: transition of the intermediate care block funding to Activity Based Funding; development of a suite of Health Needs Indices to inform the allocation of growth funding to the areas of most need.

Underserved populations: Inadequate access to palliative care is further compounded by inappropriateness of models for some populations in relation to physical, social, cultural and spiritual preferences, particularly for those whose lives have been impacted by multifaceted trauma. These populations include Aboriginal and Torres Strait Islander people, people living with disability, people living in rural and remote areas, people living in residential aged care facilities, people living in supported accommodation, people from culturally and linguistically diverse communities, refugees, people living with a mental illness, people living with dementia, people experiencing homelessness, people who live in prison, children with life limiting conditions, people who identify as LGBTIQ+, care leavers, people affected by forced adoption, and veterans.

Paediatric palliative care: The statewide paediatric specialist palliative care service is currently under-resourced to support sustainable multi-disciplinary service delivery across a minimum five-day model (currently only the medical consultant on-call service is offered across seven days), and children with life limiting conditions requiring palliative care are considered underserved. There also exists a skills and knowledge gap in relation to paediatric palliative care across a range of service domains, including community nursing, grief and bereavement support and general practitioners.

Other challenges and opportunities: Noting that the majority of palliative care patients can have their needs met by primary or aged care providers in the community with support from specialist palliative care, the need for further capabilities and support to these sectors was identified. It is also recognised that not all these challenges and opportunities are within the remit of SA Health.

Role of the general practitioner (GP): GPs play a fundamental role as providers of generalist palliative care. Recognition by specialist palliative care services, inclusion as part of the palliative care team, access to support, training and education, and funding models that recognise the unique challenges of providing end of life care to patients in the community are areas for improvement.

Palliative care in aged care: Several Commonwealth funded initiatives are underway to address factors contributing to lower provision of palliative care in residential aged care, including lack of staff knowledge, limited implementation of effective advance care planning practices, and gaps in the availability of suitably trained and experienced staff. Learnings from projects such as the jointly-funded Comprehensive Palliative Care in Aged Care will inform future models of palliative care service provision in residential aged care, including opportunities to reduce hospitalisation and length of stay. It is also anticipated that outcomes from the Royal Commission into Aged Care Quality and Safety will positively impact palliative care in aged care. The report also acknowledges that there are a number of aged care beds which are under the governance of SA Health.

Recommendations

The following recommendations have been made in relation to the identified key challenges and opportunities for action in the next stage of the project.

Priority	Recommendation
Care in the community	It is recommended that SA Health funded community palliative and end of life care services undergo a comprehensive redesign to a new fit for purpose, consumer-centred model of care in the community for all of South Australia. The design is to include an economic analysis of the cost vs savings for the health system of the proposed model(s), as well as clearly articulated consumer outcomes to be delivered. The scope of the redesign will include consideration of the following: • The role of the Specialist Palliative Care Community Teams • SA Community Care End of Life Care services, regional End of Life Care services and alternatives • NDIS and My Aged Care services, including consideration of rapid access programs for palliative consumers • Transition pathways • Ambulatory care • Allied Health services • Equipment provision • Pharmacy • Respite • Hospice/Step Down Units • The role of SA Ambulance Service • Opportunities in virtual care • Opportunities to influence Commonwealth services and private services.

Priority	Recommendation
Resourcing and service provision	It is recommended that the SA palliative care model of care framework to be developed include a determination on specialist palliative care service benchmarking (non-clinical) processes for South Australia. It will also document minimum and aspirational practice standards applicable to South Australian specialist palliative care services, including but not limited to staffing, inpatient bed numbers and direction for consistent grief and bereavement offerings.
Regional medical model	It is recommended that an evaluation of alternative medical models for specialist palliative care regionally is undertaken, with consideration to include the following options: • centralisation of a specialist palliative care medical model for the regions to be governed and supported by the Rural Support Service • responsibility for all service partnering duties allocated to a sole level 6 SPCS • maintenance of existing arrangements, with increased service delivery in line with population need • other models which may be identified during scoping.
Navigation	It is recommended that the SA palliative care services plan facilitates and furthers the role and intended development of the SA Palliative Care Navigation Pilot, particularly in supporting people's access and connection to community services. Developmental evaluation of the pilot will inform recommendations and translation of learnings for the service system, and include the extent to which the model facilitates: • efficient and appropriate access to palliative care services including early identification and referral, in particular for identified underserved populations and the paediatric population; • access to grief and bereavement support for families and carers within the palliative care continuum; and • need for education of health professionals on the purpose and benefits of palliative care, when to refer and how to support access.
The role of the GP	It is recommended that the future SA palliative care service planning process explores avenues for addressing the role of primary care in provision of palliative care, where this sits within the SA Health remit, and that opportunities are taken to influence and inform positive change including: • clarity and recognition of the key role of the GP as part of the palliative care team • easy access to specialist palliative care services advice and support for GPs • access to training and education for GPs and appropriate support from the specialist teams • funding models to support community palliative care service provision.
Palliative care in aged care	It is recommended that the SA palliative care services plan and model of care framework build from the learnings of the Royal Commission into Aged Care Quality and Safety's Final Report recommendations (2021), the Comprehensive Palliative Care in Aged Care initiative and other Commonwealth initiatives to embed where possible within the SA Health remit, successful service components to improve palliative care service delivery to the aged care sector on an ongoing basis, with a particular focus on palliative care in SA Health governed aged care facilities.

Priority	Recommendation
Underserved populations	It is recommended that development of the palliative care services plan and model of care framework maintains a strong focus on the needs of South Australian consumers, in particular underserved populations, taking guidance from the narratives and experiences of South Australia's palliative care consumers as sourced through the project's consumer engagement processes. All identified recommendations and resulting actions will be addressed with clear consideration of the impacts on service access and delivery for underserved populations.
Statewide Paediatric Specialist Palliative Care Service	It is recommended that each priority area identified within the report maintain consideration of the needs of paediatric palliative consumers, and that a separate workpiece is undertaken in partnership with the Specialist Paediatric Palliative Care Service to consider specific needs of paediatric populations.

Enabler	Recommendation
Workforce	In line with the priority action from <i>South Australia's Palliative Care Strategic Framework 2022-2027</i>, it is recommended that the project team works with the Statewide Palliative Care Clinical Network to develop system wide approaches for increasing the capacity, capability and sustainability of the workforce to deliver person-centred palliative care across South Australia. These approaches should consider: - workforce requirements specific to specialist palliative care services including: - establishment of formalised career pathways, particularly for rural services, - innovative workforce models, including consideration of Nurse Practitioner roles, and - training and education opportunities, including the Link Nurse program. - broader workforce requirements supporting health, aged care and disability workers to: - understand and engage with end of life matters, - provide a palliative approach to care, - partner with specialist palliative care, and - support people to die in their location of choice.
Data	It is recommended that the outputs of the work being conducted by the Statewide Palliative Care Clinical Network, in combination with the directions within the AIHW National Palliative Care and End of Life Care Information Priorities report, be used to inform data improvement recommendations across the specialist palliative care services with the aim of enabling consistent data collection to support data-informed decision making for the betterment of consumer outcomes. It is also recommended that pursuit of a system suitable for capture of community service provision with integration with Sunrise is supported, with the appropriate option to be implemented consistently across all SPCS.

Enabler	Recommendation
Funding	It is recommended that funding improvements as an enabler to the palliative care system are pursued, including: • monitoring of the potential impacts of the relevant funding pieces in development • consideration of equitable funding allocation options, such as the Victorian Palliative Care Resource Allocation Model, as well as opportunities to inform the national model • consideration of alternative funding models/sources for in-home service provision • consultation with the Commissioning and Funding teams to obtain a better understanding of the consult liaison and grief and bereavement funding arrangements, as well as advice for services on appropriate coding, and record management.

Next steps

The recommendations of the South Australian specialist palliative care current state analysis report will be implemented via a staged action plan. The action plan will be developed in consultation with the Statewide Palliative Care Clinical Network, and endorsed in late-2023. Findings of the current state analysis and work undertaken to address priority areas in the action plan will inform the South Australian specialist palliative care services plan and model of care framework.

For more information

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