End of life and palliative care in residential aged care

GP Consultation

Government of Western Australia Department of Health

WA Primary Health Alliance Better health, together

phn PERTH NORTH, PERTH SOUTH, COUNTRY WA An Australian Government Initiative

GP Consultation: End of Life and Palliative Care in Residential Aged Care

20 October 2021 - Key themes

Table activity 1: Current GP interaction with Palliative Care services: What do you need from these services to improve your engagement?

Key themes	
1.	Increase responsiveness
2.	Clinical knowledge of individual patient rather than generic advice
3.	Improve communication with GPs on the 'why' as well as the 'what'
4.	Assistance with challenging family dynamics
5.	Respect and value the GP role and relationship with patients/families, and work within their processes- different GPs do things differently, do not take over
6.	Clinical teams with responsibility for a patch of nursing homes- needs to be done systematically for service integration and easier communication
7.	Upskilling RACF staff including RNs in RACF- clinical & cultural diversity etc.

Table activity 2: Case conferencing

Key themes	
1.	Embedding GPs in case conferencing process in RACFs
2.	Structured & systematic- someone whose job it is to set up series of case conferences on one day to make it valuable use of everyone's time i.e. in RACF, in GP Practice, other- it can work well
3.	Family conferences are required- family members do not count in case conferencing funding at present
4.	Improve relationships & communication locally
5.	Another clinician needs to be there for MBS- responsibility for DoH, specialist clinics to attend
6.	GPs are doing lots of paperwork, but cannot claim this, less red tape needed
7.	Transitional Care facility model that dedicates specific time for case conferencing with geriatrician present
8.	Coordination and use of all the funding that is available (MBS, allied health etc)
9.	Link case conferencing to education and Quality Improvement processes with GP involvement

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Table activity 3: Additional GP Support requirements

	Key themes
1.	Fund GPs to deliver RACF education – can be in partnership with existing education providers
2.	Funding back-fill to attend education
3.	Specialist access varies (depends on specialist & place/HSP), needs to be systematic and formal – geriatrician, specialist palliative care
4.	Specialists to work across primary and secondary care in RACF
5.	Need for someone in RACFs to be responsible- steward idea
6.	Financial encouragement needed for GPs- toolkit might help?
7.	Community of Practice for GPs in RACFs
8.	Something needs to be done about GP after-hours in RACFs as unmanageable at present
9.	Goals of Care to be completed when entering aged care
10	Consistent care assessment templates for Nursing to guide decision making, make clear on when to call a GP, & can provide the GP with the right information at the right time
11	System to improve medication access out of hours as challenging at present

Table activity 4: Practical recommendation for funding

	Final practical recommendation for action provided by each table
1.	Establish role within RACFs to liaise with GP & coordinate case conferencing
2.	Collaborative grant to RACF to include funding to work with GPs- funding GP time for quality service improvement activity etc
3.	Palliative care stewardship in RACF - Experienced GPs mentor in-experienced GPs in RACF
4.	Whiteboard at each RACF to highlight patient decline and symptoms
5.	Every registrar to complete RACF training with particular focus on symptom management and communication in palliative care - scholarships?
6.	Resource Toolkit to guide GPs within RACF- clinical care/education, schedule for family mtgs/billing, coordination and access to resources
7.	Fund family meetings, particularly on admission to RACF - advance care planning and/or goals of care
8.	Community of Practice of GPs in RACF
9.	Out of hours pharmacy medication management
10	Set expectation of regular case conferencing in RACF from patient first entering to monitor progress & make changes to care as required
11	Assessment & decision-making tool for RACF staff/Nursing before calling GP or after-hours service
12	Use of MyHR by RACF/from RACFs so ED, ambulance, locum can access patient history & ACP, AHD

Car park items
MBS funding
• Telehealth- MBS rules
• Family members must be included in billable members for MBS claims for case conferencing
• complex patient in case conferencing- complex family structures- how do we address, can't MBS item?
• MBS item 35- needs to be increased
• funding for family meetings
• Out of hours
Medication
• management, anticholinesterase scheme, opiates etc
• Nursing support in RACF, particularly with regard to medication management for GPs to prescribe appropriate meds
Training, education & mentoring:
• RACEPC- PEPA- day long attachments (come to facilities)
• Fund GP educators to mentor new GP into RACFs
• education & support of facility staff
Staffing
• under staffing (nurses) at facilities
• aged care disconcerting for young doctors, could be call for flexibility but supports need to be there
• 24/7 presence of nurses lacking
• RN responsibilities
• RNs leaving aged care- case conferencing (RNs under-valued)
ICT
• IT infrastructure at facilities
• inability to upload to MyHR from RACF
• RACF clinical information systems are clunky, not GP friendly- 'I use paper'
Assist GPs, not substitute GPs in Aged Care
erosion of role to GPs- when admitted lose status as GP/told will not follow GP
Resources- ETG
in corridor conversations, only not paid

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guardianship
streamlining of ED assessment of RACF residents (minimising costs)
Need a model where multi-speciality team of doctors are available to all upon with access to urgent care- in clinic where required
Involvement of palliative services in advanced care planning
organising family meetings for ACP- needs to be done
dealing with challenging family
disincentive unnecessary trips to ED
no real incentive for GPs to be available after hours
management of RACFs and GPs need to be more cohesive- at the moment treated more like a visitor
no communication between clinical teams
similarities between remote ATSI medicine & aged care
Funding needed for GPs out of hours in RACF
transfer of care
PIP incentive to the practice- not to the GP providing the service