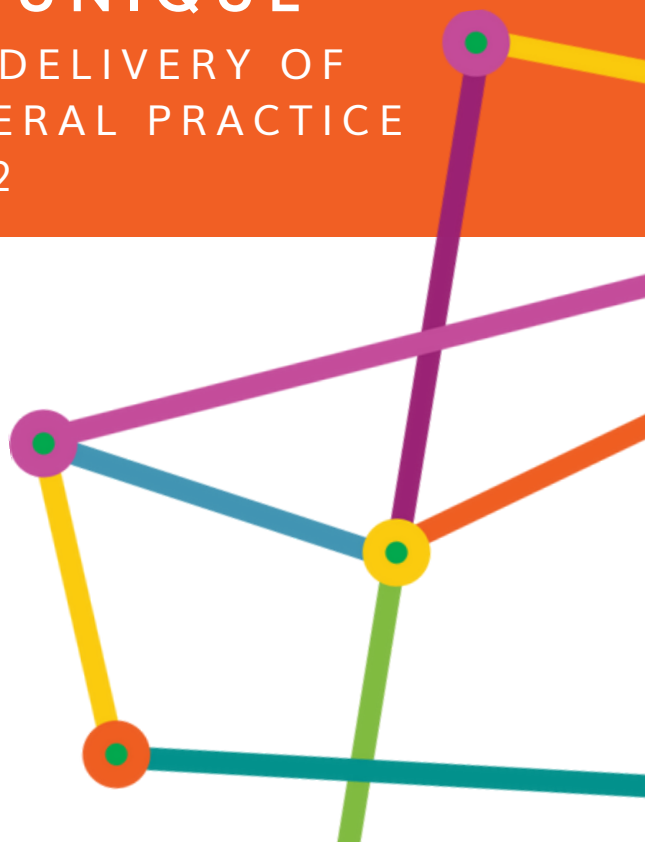




WA GP SPECIAL INTEREST PANEL CARE OF THE OLDER PERSON

MEETING COMMUNIQUE

DISCUSSION INTO THE DELIVERY OF
PALLIATIVE CARE IN GENERAL PRACTICE
AUGUST 2022



OUR PANEL

To inform the design and delivery of the PHN Aged Care Program

On 16 August 2022, select members of the WA Primary Health Alliance (WAPHA) care of the older person special interest panel met virtually to enable WA Primary Health Alliance to ensure the interests, knowledge and expertise of General Practitioners (GPs) informs the design and delivery of the Greater Choices for At Home Palliative Care (GCfAHPC) program across the three WA Primary Health Networks.

A briefing paper was developed which described the expansion of the GCfAHPC program and its expected outcomes, together with key themes from the literature relating to the role of the GP. This briefing paper was provided to the panel prior to the meeting.

GPs have an important role in the assessment of needs and the coordination of care for people with a progressive life limiting illness, including (where appropriate) the referral of patients to specialist palliative care services.

The session explored the challenges and opportunities to develop a model of palliative care, that would align with the four objectives of the GCfAHPC project:

1. Improve awareness (workforce and community) and access to palliative care at home and support end-of-life care systems and services in primary care and community care
2. Enable the right care at the right time and in the right place to reduce unnecessary hospitalisations
3. Generate and use data to support continuous improvement of services across sectors
4. Use available technologies to support flexible and responsive palliative care at home, including in the after-hours

Topic 1: How do GPs provide palliative care to people living in their own home?



In a Perth metropolitan environment, GPs are often only providing palliative care for those who are still able to come into clinic or be available for telehealth. It is not feasible to do home visits due to the current Medicare Benefits Schedule (MBS) fee structures.

WA lacks the infrastructure to support GPs to provide palliative care. GPs conduct home visits, but only for patients that they have long standing relationships with.



In the Perth Metropolitan area, the majority of GPs raised their concern about service capacity of the community palliative care service provider to respond to the palliative care need of patients. Their experience was that when they refer a patient, they were told it was too early and they had to re-refer at a later stage. Referrals are often only accepted for those patients in their last days of life.

GPs highlighted the need to understand what specialist palliative care services are available. In most cases, they prefer to rely on a direct relationship with a Palliative Care Consultant (s). GPs were interested to learn of the state-wide Palliative Care Outreach Service (1300 558 655) – which is supported by Palliative Care Consultants and can be accessed 24/7. This service is currently under review.



The role of the family/carer in managing the burden of care for the dying person was acknowledged by GPs - there is often lengthy home care waiting periods for specialist palliative care.

Topic 2: How do GPs recognise patients who require a palliative approach?



GPs highlighted they do not have a systematic/standardised approach to recognising the need for a palliative approach or palliative care.

The GPs gave examples of recognising a palliative approach include assessing care needs for older adults with terminal cancer and those with Advanced Health Directives.



Planning for advance care planning conversations was discussed by the group for patients undertaking the over 75+ health assessment and Indigenous Health Assessments. These routine and planned opportunities were encouraging the conversation of Advance Care Planning and arrangements for Advance Health Directives under MBS item numbers that support this care (701-707, 721 and 44).

Certain patient characteristics within existing GP data can be used to identify patients who might benefit from a palliative care approach or who may require referral to specialist palliative care services were discussed as potential indicators.



Out of hours assistance was raised as a significant concern – GPs discussed the challenges and gaps to proactively plan for and manage clinical deterioration by providing a clinical handover for “locum services”. GPs discussed the enormous value of after-hours access to appropriate support/direct access to specialist palliative care consultants.

Topic 3: GP palliative care training and resources



Some examples of how GPs have upskilled in palliative care was through MPaCCs, RACGP and Silver Chain resources, webinars and events. Another source for palliative care training is Palliative and Supportive Care Education (PaSCE).

Therapeutics Guidelines has been a reliable tool for guiding clinical practice.



GPs highlighted a number of suggestions to build professional palliative care education including:

- Palliative Care Evidence Based Guidelines Flipbook (WA Department of Health)
- HealthPathways (including mobile versions)
- Monthly speaker events from leaders in the field and education specifically focused on pharmacological aspects of palliative care due to feedback that much of the current education in this area is focused on non-pharmacological aspects of care.

There was support for WAPHA to conduct a learning needs assessment for the development of a training calendar, prioritising a focus on palliative care case and medication management delivered by Palliative Care Consultants. Further information on a free education program in 2023 will be made available as the project progresses.



GPs discussed that a systematic approach, utilising PEN CS, to identify patients who may require a palliative approach would assist in referral to specialist palliative care. However, they were reticent in identifying palliative care patients, if it does not lead to any additional support being offered to them.