

Briefing Note

Palliative Care Service Provision Needs in the South West Coastal Region

The Issue

Community-based clinical palliative care services in the South West Coastal region are provided by General Practitioners and, by referral, the clinical nurses from the WA Country Health Service – South West’s (WACHS-SW) Coast Palliative Care service. There are only two, full time equivalent clinical palliative nursing positions to service people who are dying in Busselton to Augusta and the surrounding areas, representing a population of almost 54,000 people. There is no on-call nursing service provision, so when problems arise out-of-office hours or over the weekend, carers are forced to bring a dying family member to the Busselton Health Campus Emergency Department.

With most people expressing a wish to remain at home for as long as possible, or to die at home, spending their last hours on a gurney in the Emergency Department is traumatic for both the patient and their family.

Background

A terminally ill person spends only five percent of their time with a health professional. With 95 percent of their time spent with their family, care network, or alone, it is clear more than clinical skills are required to support people at the end of life. The provision of emotional, social, cultural and spiritual support to reduce the comorbidities of social isolation, carer burden, loneliness, depression and other health problems are often overlooked as it is much harder to deliver.

For twenty of Busselton Hospice Care Inc’s. (BHCI) 30-Year history, we have been training community members as palliative care volunteers who work in partnership with the WACHS-SW clinical nursing team to address these challenges. This model recognises that social relationships and a sense of connection and belonging to community are crucial determinates of health and wellbeing.

The National Palliative Care Standards describe volunteers as members of the multi-disciplinary care team who provide the emotional, social and spiritual dimensions of care to patients and their families.

Current Status

The palliative care nursing service provision for the Busselton to Augusta area is stretched. There is no question, that to provide optimal end of life care for people wishing to die at home, there needs to be more funding allocated for community-based, palliative care nursing hours, which includes an on-call service.

However, death, dying, grief and loss are not matters solely for health and social services. They are everyone’s responsibility. Following this year’s National Safety and Quality Health Service (NSQHS) Standards accreditation inspection, the partnership between the Busselton Health Campus and BHCI to deliver the hospice volunteer program in the Hospice Unit received a special commendation from the auditors.

Palliative care volunteering is a professional role requiring skilled management for recruitment, induction, ongoing training, supervision and support. BHCI’s operational costs are sourced entirely from donations, bequests, gifts and local fundraising activities. Currently, there are no government-based funding sources or grant programs available to help sustain our work and yet the demand for home-based end-of-life care is increasing.

Government funding support will help sustain BHCI's current volunteer-based, palliative care programs and enable the implementation of a Community Outreach Service. The service aims to support people with a life limiting disease and their care network to 'live well and die well' in their choices to maximize their time and/or death at home. The service also aims to assist the bereaved, offering a place to turn to for support through their grief so they're better able to adjust to their new life without their loved one. WACHS-SW endorses BHCI's proposal to establish this service as it will support and enhance their clinical service provision.

Key Considerations

When crime rates spiralled, communities understood there was insufficient budget to install a police station on every street corner. Instead, the neighbourhood watch movement emerged. Communities are aware there will never be funding available for a hospice in every neighbourhood and to this end, the international Compassionate Community movement advocates for a public health model where formal and informal groups work in partnership to improve the integration of healthcare and social service networks; provide continuity of care; and develop the community's death literacy and resilience capacity to care; thus having a whole system impact on optimising end of life care.

In May, at the Western Australian Palliative Care Awards BHCI won Outstanding Organisation along with the Douglas McAdam Perpetual Trophy for Excellence in Palliative Care. A unique community group with no equal in the country, BHCI offers a viable, reproducible model of the international Compassionate Community movement in action.

With government funding for additional clinical palliative nursing hours, including an on-call service as well as funding support for BHCI to maintain its current programs and implement its proposed Community Outreach Service, the standard of end-of-life care in the South West coastal region will set the benchmark for best practice in palliative care whilst representing best value for the taxpayer.

Requested Support

1. Funding for additional clinical palliative nursing hours in the South West Coastal region including an on-call nursing service.
2. \$150K/year funding to sustain BHCI's current volunteer-based palliative care programs and the proposed Community Outreach Service.
3. Increased access to Palliative Care Medical Specialist visiting support across the region, in addition to access provided by Telehealth.

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