

WA Government response to Joint Select Committee on Palliative Care in Western Australia

1. Purpose

To provide the Western Australian Government's response to the Joint Select Committee (JSC) on Palliative Care in Western Australia.

2. Context and background

The Joint Select Committee (JSC) on Palliative Care in Western Australia was established on 28 May 2020 to inquire into and report on:

1. The progress in relation to palliative care, in particular implementation of recommendations of the JSC into End of Life Choices (2018);
2. The delivery of the services associated with palliative care funding announcements in 2019-2020;
3. The delivery of palliative care into regional and remote areas; and
4. The progress on ensuring greater equity of access to palliative care services between metropolitan and regional areas.

The Inquiry was conducted over six months and included extensive consultation across the sector through a call for submissions. Through this, the JSC received 42 submissions and held 25 hearings, during which it heard from 48 witnesses representing a wide range of the palliative care sector across Western Australia. The Department of Health (DoH) made a submission to the JSC and gave evidence at two of the Committee's public hearings.

The Committee handed down its report *Final Report of the Joint Select Committee on Palliative Care in Western Australia* on 19 November 2020. The Report outlined 56 findings and made 25 recommendations in relation to palliative care services in WA.

3. Current policy environment

The DoH continues to work towards the state-wide implementation of the WA End-of-Life and Palliative Care Strategy 2018-2028 (the Strategy). The Strategy provides strategic, state-wide policy direction and outlines the vision, values and priorities for end-of-life and palliative care in WA through to 2028. Further, the 2018 JSC into End-of-Life Choices' report *My Life, My Choice* outlined 24 recommendations, twelve specifically relating to End-of-Life and Palliative Care, which were all accepted by the WA Government.

4. Current work underway

Statewide implementation of the Strategy and the recommendations of the *My Life, My Choice* report has been led by the WA End of Life Care team within the DoH and performance is currently being monitored via system wide trends and data collection.

As is evident in the DoH's submission to the JSC on Palliative Care, there has been significant work undertaken since the release of the report and significant progress has been made against these recommendations.

In addition to meeting new challenges and emerging needs within the provision of end-of-life and palliative care services across WA, the program of work to date has included progress in the following:

- Development of consistent definition of palliative care which will not only inform future work in accurately capturing the level of palliative care activity and expenditure in WA but also improve the level of understanding of palliative care among health professionals and the wider community.
- Considerable work to better understand and measure current and unmet demand for palliative care services which will contribute to the work around more accurately capturing activity going forward.
- Development and piloting of an education and training framework for health professionals to build palliative care capacity within the system.
- Completion of an independent review of palliative care service models from the consumer’s perspectives which will be used to inform further work around service model development
- Establishment of a non-clinical Palliative Care information and community hotline to assist people in navigating palliative care services, including providing advice on where to access further information and services.
- Improvements in governance structures for the delivery of palliative care in WACHS and to ensure regional services are adequately funded to meet demand.
- Establishment of nurse-led district-based multidisciplinary palliative care teams within each WACHS region.
- Establishment of a seven-day telehealth after-hours nursing support using high definition video consultation for WACHS regions.

5. Summary of responses to Recommendations

Responses to the Committee’s recommendations have been informed by consultation undertaken by the DoH with stakeholders. All recommendations are supported in principle and further work will be done to validate the components required and determine the feasibility, application, approach and implementation with key stakeholders. Many of the recommendations are quite broad in their scope and will have significant clinical funding and resource implications.

Rec #	Recommendation	Assigned Responsibility	Response Commentary
1	The Minister for Health facilitate the removal of administrative barriers to the smooth transition of patients between palliative care service providers.	Minister for Health	Supported, noting dependencies
2	The Minister for Health facilitate and monitor an improved communication protocol, and if necessary an improved communication	Minister for Health	Supported, noting dependencies

	pathway, between medical practitioners and specialist palliative care services.		
3	The Minister for Health ensure that the scoping of a palliative care navigator model by the Department of Health is progressed.	Minister for Health	Supported, noting dependencies
4	The Minister for Health commission an independent evaluation of whether telepalliative care services would be of benefit to patients in the metropolitan area.	Minister for Health	Supported, noting dependencies
5	The Minister for Health ensure that metropolitan palliative care patients who do not qualify for the National Disability Insurance Scheme or the Commonwealth Home Support Program have timely access to domiciliary homecare assistance.	Minister for Health	Supported, noting dependencies
6	The funding of volunteer services in palliative care be prioritised through models such as the Compassionate Communities model.	WA Health	Supported, noting dependencies
7	The Minister for Health develop a plan to increase the number of consultation liaison psychiatrists available to palliative care patients.	Minister for Health	Supported, noting dependencies
8	The Minister for Health explain why additional funding to increase the palliative care workforce was not allocated in the January 2020 Expenditure Review Committee submission	Minister for Health	Supported, noting dependencies
9	A majority of the Committee, comprising Hon Nick Goiran MLC, Mr Zak Kirkup MLA, Mr Shane Love MLA and Hon Alison Xamon MLC, recommends that the Minister for Health prioritise additional funding to increase the palliative care workforce as noted in the Department of Health's <i>WA Health End-of-Life and Palliative Care - Current State of WA palliative care service provision and key findings: Working paper</i> ; June 2020, page 30.	Minister for Health	Supported, noting dependencies
10	The Minister for Health prepare a plan to: a) increase the palliative care workforce b) increase the availability of further education in palliative care and general practitioner registrar positions in palliative care.	Minister for Health	Supported, noting dependencies
11	Palliative Care units be designed in consultation with local Aboriginal community members and elders.	WA Department of Health and WACHS	Supported, noting dependencies
12	The Minister for Health ensure that culturally appropriate resources are available for Aboriginal people to explain palliative care.	Minister for Health	Supported
13	WA Health regularly communicate the progress of implementation of the	WA Health	Supported

	recommendations of the Joint Select Committee on End of Life Choices to stakeholders in the palliative care sector, and the Department of Health include a summary of those communications in its Annual Report.		
14	<p>WA Health undertake an evaluation of whether the ten additional inpatient beds in the northern suburbs of Perth referred to in the funding announcement of 10 October 2019:</p> <p>a) will meet the unmet inpatient palliative care needs of the northern suburbs of Perth as identified by the Joint Select Committee on End of Life Choices</p> <p>b) constitute an 'inpatient specialist palliative care hospice' for the purposes of recommendation 7 of the Joint Select Committee on End of Life Choices.</p>	WA Health	Supported, noting dependencies
15	The North Metropolitan Health Service and the Department of Health report on the progress of implementation of recommendation 7 of the Joint Select Committee on End of Life Choices in their next Annual Reports.	NMHS and Department of Health	Supported
16	<p>WA Health use the results of the independent review undertaken pursuant to recommendation 9 of the Joint Select Committee on End of Life Choices, and the audit undertaken pursuant to recommendation 10 of the Joint Select Committee on End of Life Choices, to quantify the funding required to enable community palliative care providers including Silver Chain to provide for:</p> <p>a) existing demand; and</p> <p>b) growing demand.</p>	WA Health	Supported, noting dependencies
17	The Minister for Health table in Parliament the independent review undertaken pursuant to recommendation 9 of the Joint Select Committee on End of Life Choices, and thereafter the Government's response.	Minister for Health	Supported
18	<p>WA Health further refine the methodology for determining the unmet need for palliative care, and ensure the measure of unmet need includes:</p> <p>a) the number of those accessing palliative care for the first time very late in the trajectory of their illness and therefore not receiving timely referrals</p> <p>b) general practitioner and primary care data</p>	WA Health	Supported, noting dependencies

	c) patients who received palliative care in the community and did not have any hospital admissions in the year prior to death.		
19	WA Health undertake a full roll-out of the Electronic Palliative Care Information System known as ePalCIS.	WA Health	Supported, noting dependencies
20	WA Health communicate to key stakeholders its consistent definition of palliative care established pursuant to recommendation 11 of the Joint Select Committee on End of Life Choices.	WA Health	Supported
21	The Department of Health report on the progress of implementation of recommendations 8,10 and 11 of the Joint Select Committee on End of Life Choices in its next Annual Report.	Department of Health	Supported
22	The Minister for Health explain how the remaining funds allocated to expanded regional palliative care services in 2019-20 will be spent.	Minister for Health	Supported, noting dependencies
23	The Department of Health undertake a detailed assessment of demand and/or need for palliative care services in regional and remote areas of Western Australia.	Department of Health	Supported, noting dependencies
24	The WA Country Health Service and the Department of Health report on progress of implementation of recommendation 13 of the Joint Select Committee on End of Life Choices in their next Annual Reports.	WA Country and Service and Department of Health	Supported
25	A Committee in the 41 st Parliament monitor the progress of recommendations arising from this inquiry.	WA Government	Supported

**Assigned Responsibility: Responsibility assigned within the Final Report of the Joint Select Committee on Palliative Care in Western Australia*

6. Next steps

End-of-life and Palliative care continues to be a major focus of the WA Government as demand for services continues to grow. Implementation of the Committee's recommendations will require a system wide approach, with consultation and engagement across all stakeholders including public, private, community, aged care services, representative bodies and non-government organisations including primary healthcare teams.

Many of the recommendations outlined in this report build on the recommendations of the previous JSC on End of Life Choices, support the objectives of the Strategy and align with work currently underway by the DoH. The End-of-Life Care program has commenced detailed planning regarding the governance and resources required to support the implementation of the recommendations.

Where possible, the implementation of recommendations will be progressed within current resourcing however where additional funding is required, further planning and costings will be developed and progressed through usual budget processes.

Appendix 1: Recommendations response definition

Response	Response definition
Supported	Recommendation is fully supported. WA Health is supportive of leading implementation within current resourcing and operational structures.
Supported, noting dependencies	The general principles of the recommendation are supported however further work is required to confirm external dependencies and implementation approach (e.g. funding and resources).
Not supported	This recommendation is not supported.