

9 August 2016

Poppy Wise Associate Director National Palliative Care Strategy Evaluation, Urbis, Reply Paid 5278, Sydney NSW 2001

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Dear Ms Wise,

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to provide comment on the public consultation of the evaluation of the 2010 *National Palliative Care strategy (the Strategy)*.

The RACGP has provided a survey response submitted through the public consultation portal and a summary of feedback below for your consideration. Feedback from our members specifically addressed Goal 2 (p.11) and Goal 5 (p.15) of the Strategy.

Goal 2: Awareness and understanding: "to enhance community and professional awareness of the scope of, and benefits of timely and appropriate access to, palliative care services." (page 11)

Proposed actions:

- Support the national roll out of Advance Care Planning across all sectors (primary, acute, aged care) including addressing any barriers to uptake.
- Encourage integration of palliative care training within all health undergraduate and relevant postgraduate curricula.

The RACGP supports continuing strategies to enhance community and professional awareness of the scope of, and benefits of timely and appropriate access to palliative care services. In particular, the role of general practice in Advance Care Planning should be recognised and supported in both the National Palliative Care and National Chronic Disease Care Strategies.

Goal 5: Capacity and capability: "to build and enhance the capacity of all relevant sectors in health and human services to provide quality palliative care." (page 15)

Proposed actions:

- Provide coordinated, flexible local care delivery for people at the end of life regardless of where they live and address any barriers.
- Further improve the skill and confidence of the generalist workforce to work with people with palliative care needs.
- Continue to develop the role of the general practitioner in palliative care through supporting approaches including:
 - o The development of those with special interest



- o The development of practice nurse roles in palliative care
- o Incorporation of Advance Care Planning in enhanced primary care planning
- Appropriate support for general practitioners who are providing an active role in a client's palliative care, including providing telephone support and home visits

The RACGP supports and encourages efforts to continue the proposed actions above. In particular, the RACGP recognises the importance of addressing demographic barriers to quality palliative care¹.

In a rural context, palliative care patients and their families experience a range of unmet needs associated with isolation and remoteness, access to appropriate care, and a lack of service integration. Palliative care requires a multidisciplinary approach, with the rural GP often playing a central role in providing and coordinating this care for patients both in the home and in the hospital.

The current fragmentation of care and inadequate professional and financial support for GPs to provide palliative care is placing significant pressure on health providers in rural and remote communities. Findings from the RACGP's *New approaches to integrated rural training for medical practitioners* (2014) project indicated that GPs required greater support to meet the palliative care needs of rural and remote communities².

The RACGP recognise that the patients stage of illness, care setting, and individual preferences add to the complexity of palliative care. To address this, there are a number of areas that require attention including²:

- more training and education in palliative care, across the palliative care team
- a focus on collaborative partnership building across primary and tertiary healthcare settings, with stronger networks and better use of clinical pathways
- adequate funding for after-hours care
- adequate funding for coordination of services and team based care planning
- GP admitting rights to hospitals to support continuity of care across settings

In order to support the role of general practitioners in providing palliative medicine, the RACGP encourages the implementation of appropriate, specified palliative care MBS item numbers for GPs to improve needs based planning to ensure community based care and services are financially feasible and sustainable.

Yours sincerely

Dr Frank R Jones President



References:

- 1.RACGP Rural position statement on GP-Led palliative care in rural Australia http://www.racgp.org.au/download/Documents/Rural/RACGP-Rural-Position-Statement-GP-led-Palliative-Care-in-Rural-Australia-.pdf
- 2. RACGP Rural Faculty Palliative Care Survey: New approaches to integrated rural training for medical practitioners (2014) http://www.racgp.org.au/download/Documents/Rural/NRF-Palliative-Care-Research-FINAL-Palliative-Care-Survey-results-website-version-21-May-2015.pdf