

Inquiry into Palliative Care

Submission to the House of Assembly Standing Committee on
Community Development by

General Practitioners, North West Region.

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Tasmanian rural general practice faces the challenge of an ageing population and increasing burden of chronic disease. Chronic diseases and cancer are important causes of death in rural Tasmania. Studies have shown that many Australians have a preference to die in their own home. Despite this preference, a study by Palliative Care Australia found that approximately 16% of Australians die in their own home and 10% in nursing home. In North West Tasmania during the last 18 months over 60% of Specialist Palliative Care patients died in their own home or Nursing home, well above national and international trends. This suggests that we have come some way to addressing the wishes of patients and families in the North West of Tasmania. The Specialist team works in collaboration with primary providers who provide in home palliative care.

Traditionally palliative care in the community in rural Tasmania is provided by general practitioners and community nurses. Specialist palliative care services support GPs in provision of palliative care, but do not have the workforce to take over care of the majority of patients. Indeed patients prefer to have their own GP provide palliative care at home. Palliative care in this district is provided by GPs who provide true “cradle to the grave” care. The General Practitioner is the key medical provider for the majority of palliative care patients. Often the GP will have known the patient and family for many years. Local General Practitioners (GPs), Community nurses and Non Government Organisations (NGOs) work together to provide care. In many cases the Specialist team will visit infrequently as the GP is experienced and aware of the patient’s needs at this time. The key to such care is involvement of General Practitioners. Dedicated General Practitioners provide in home visits and nursing home care.

Barriers exist to GPs providing Palliative care. Such barriers include a perception that the Specialist team has taken over the care. The Specialist team in this district works in collaboration, and reinforces the key role of the General Practitioner. Distance to travel to see patients at home can be a barrier to GPs providing home visits in rural and remote areas.

The care of palliative patients by GPs is poorly remunerated by the Medicare schedule. Often GPs provide care that is not funded by Medicare item numbers, this includes provision of prescriptions, and telephone calls to nurses and family, and prolonged home visits. The GPs work in an innovative way to provide care, setting aside time for home visits. For many GPs this is

not possible, but they manage to provide phone support for patients and nurses, prescriptions and surgery consultations, which goes a long way in Palliative care provision.

Rural GPs in NW Tasmania are involved in teaching medical students including care in Nursing Home and Palliative Care in the home. Rural GP training by registrars in General Practice involves caring for palliative patients in their homes and nursing homes. The GP registrars in the practice are supported in their education by more experienced GPs, with education and mentoring. The care coordination program (CCP) of GP practice nurses providing home care coordination has provided valuable support and guidance for patients as they traverse the health system at a time of transition to palliative care. Such local GP innovations have supported the palliative approach for patients with cancer and non-cancer diagnoses.

Patients and families believe that GPs are best placed to provide Advanced Care Planning discussions. GPs also see this as an important part of their role. GPs have received support and training in Advanced Care Planning, Goals of Care discussions and communication at end of life. Education has been ongoing for some decades, and is provided either by the GP clinics or the Specialist Palliative Care Service. GPs are enthusiastic to learn about palliative care, and take up opportunities to learn advanced palliative care skills. Over 40 local GPs have attended the “Decision Assist” Training in the last 6 months. The Specialist Palliative Care Service has provided this training. Local GPs have experienced training with the PEPA (Program of the experience if the palliative approach) training over the last 10 years; these GPs include the GPs from King Island.

It is essential for the GP workforce to develop and to continue with the current model with GPs providing palliative care. It is essential that rural generalist registrars gain skill and experience in palliative care in community and nursing home. Rural generalist training in Northwest Tasmania aims to ensure a GP workforce in the future that will provide palliative care in the patient's home or nursing home.

The Better Access to Palliative Care (BAPC) Program is funded by the Australian Government through the Tasmanian Health Assistance Package (THAP) National Partnership Agreement on Improving Health Services in Tasmania. Funding has been made available for the development and implementation of new and innovative workforce models that contribute to the sustainability of Specialist Palliative Care including strategies to build capacity and capability across the generalist health care services in the delivery of the palliative care. For the last two years funding was available as a program consisting of four, six-month rotations within Specialist Palliative Care Services (SPCS). The General Practitioner Registrar post (Palliative Care) aimed to build capacity and strengthen the role of the General Practitioner primary provider workforce. General Practitioner Registrars (Palliative Care) have received training in palliative care and have returned to General Practice in Tasmania with new knowledge, confidence and skills that they then transfer to the primary healthcare setting. This increased capacity includes mentoring

and provision of education of other GPs in the practice. The current registrar is returning to her home district with increased skills in palliative care. Future GP registrars with the Specialist Palliative Care service will work in collaboration with the Rural Clinical School University of Tasmania combining palliative care experience with GP teaching including Nursing Home care and the palliative approach in the Nursing home.