Midland Specialist Adult Palliative Care Service Development Plan

2015 – 2018

9 October 2015

Executive Summary

Palliative Care is comprised of specialist and generalist/primary providers. Generalists or primary palliative care providers are responsible for delivery of quality palliative care to patients and family/whānau using an integrated approach with specialist palliative care providers.

Quality palliative care contributes to the achievement of several critical strategic priorities in the sector, including cancer care service targets, health of older people, and integrated care. Concurrently, New Zealand's ageing population is contributing to an increasing demand for specialist palliative care services.

Specialist palliative care service planning and improvement is useful to ensure that the delivery of specialist palliative care services is effective, safe and of high quality including supporting generalist/primary providers.

This service plan guides service improvement for specialist palliative care services in Midland inclusive of Waikato, Lakes, Bay of Plenty and Tairawhiti DHBs. It focusses on the achievable outcomes for specialist palliative care delivery and does not include local level DHB service planning, which are being managed at local palliative care work groups.

The plan was completed in collaboration with the Midland Palliative Care Work Group to inform areas for improvement and actions which the work group will focus on over the next three years. No additional funding is budgeted for the completion of the actions in the service plan; therefore all activities need to be completed within the current resources. The Midland Specialist Adult Palliative Care Work Group Discussion Document (2014) provides the detail behind the development of this service development plan.

Specialist palliative care service providers in Midland includes:

- Waipuna Hospice including Tauranga Hospital palliative care liaison team
- Eastern Bay of Plenty Hospice
- Hospice Waikato
- Waikato Hospital Specialist Palliative Care Services
- Lake Taupo Hospice
- Rotorua Hospice
- Hospice Tairawhiti.

There were multiple initiatives that were identified for service improvement. Due to constrained resources it is not possible to undertake all these areas for improvement. The following are key areas of work that the Midland Palliative Care Work Group will focus on for the next three years:

- workforce recruitment and retention of specialist palliative care staff
- last days of life care
- national palliative care service specifications
- clinical guidelines
- education and training of specialist and generalist providers
- equity of access
- quality data to inform service planning and faster cancer treatment data collection where palliative care is the first treatment
- quality improvement initiatives
- telehealth innovations

The Minister announced in Budget Bid 2014 Hospice Boost Funding. The details regarding this funding initiative have yet to be formally announced.

Focus areas

Below is a summary of key recommendations and actions for Midland specialist palliative care services:

1. Workforce recruitment and retention of specialist palliative care staff

Specialist palliative care medicine has been identified as a vulnerable medical speciality by Health Workforce New Zealand and the Cancer Programme Steering Group. There continues to be unfilled trainee positions and ongoing Senior Medical Officer (SMO) vacancies. DHBs have been urged to fill as many palliative care vocational trainee positions as current SMO supervisory resources permit. This may require a regional approach to vocational training rotations.

There needs to be a workforce recruitment and retention strategy that is applicable to all disciplines of healthcare professionals in palliative care for Midland. These include recruitment and retention of nurses, medical staff, bereavement counsellors, occupational therapists, dieticians, and physiotherapists.

The majority of actions will occur at a local level, but there are some critical workforce areas that would benefit regional focus and collaboration.

Actions:

- develop a Midland specialist palliative medicine advanced trainee model of service and agreed funding mechanism
- support Hospice Waikato to gain accreditation for advanced medical training
- explore options for Tauranga Hospital to gain accreditation for advanced trainee rotation
- support the development of nursing staff such as nurse specialists and nurse practitioners
- support the development of allied staff in palliative care
- develop sustainable relationships with clinical schools to attract healthcare professionals to the palliative care workforce
- hospices and hospital palliative care services to continue to foster a supportive learning culture in their organisations through initiatives such as improved access to clinical supervision
- develop a plan that addresses current workforce gaps and explore opportunities to maximise current roles or explore new roles and ways of working.

2. Last days of life care

Nationally, the Palliative Care Council (PCC) is working on a Last Days of Life Project to replace the Liverpool Care Pathway (LCP) through a nationally consistent framework.

In the interim, the Midland LCP Facilitators Group continues to facilitate improving end of life care.

Actions:

- Midland implements the PCNZ Last Days of Life Care Project recommendations.

3. National Palliative Care Service Specifications

The National Palliative Care Service Specifications incorporates development work previously undertaken by the Ministry of Health in conjunction with the sector and aligns with the Resource and Capability Framework. It describes the levels of palliative care required in New Zealand and what is needed to support service delivery and provides guidance to funders, planners and policy makers to inform strategic planning and purchasing of accessible and equitable palliative care services. The new service specifications are in draft, and when released will provide further guidance for delivery of specialist palliative care in Midland.

Actions:

- When available Midland to implement the national palliative care service specifications within the national mandatory timeframe
- Note link Action 7 quality data, includes service specification reporting requirements.

4. Clinical guidelines

Regional guidelines and referral criteria will benefit Midland in providing consistency and standardisation with service delivery, support for generalist palliative care providers; and ease the burden on specialist services by providing clarity on criteria and clinical care.

Development of clinical guidelines is reliant on the support of specialist palliative care staff including SMOs. This plan recognises the current critical shortage of SMOs impacting on this action area.

Actions:

- Midland adult specialist palliative care referral criteria has been implemented in July 2014
  - review and update the referral criteria implementation in 2015/16
- Midland clinical guidelines:
  - continue with work on clinical guidelines when medical workforce shortage improves
- support the development of the Midland Map of Medicine/Bay Navigator clinical pathways
- work with Midland cardiac services to support end stage cardiac disease management 2015/16 – 2016/17

5. Education and training of specialist and generalist/primary providers

Continuous palliative care education and training is essential as the palliative care need continues to increase. Education and training for palliative care staff should remain a key focus for palliative care service planning. Specialist palliative care staff are responsible for the training of generalist/primary through a range of local initiatives and nationally driven programmes.

Education and training is predominately led by local specialist palliative care providers, however collectively the Midland Palliative Care Work Group see benefit working together on common initiatives.

Actions:

- ensure advanced medical trainee regional education plan is part of wider Midland education plan
- support nurses to complete post graduate education as per the Resource and Capability Framework (2013) recommendations
- explore potential for more nurse practitioners in Midland, including roles and functions
- support and provide input into the development of the generic Fundamentals of Palliative Care education package for hospital palliative care providers across disciplines
- scope the feasibility on the development of master class GP education programme.

6. Equity of access

Late and difficult access to palliative care is often found to be common among Māori and high needs populations. It is important that in Midland the inequality gap in delivering care is not widened. Focus areas include support for whānau who are caring for someone with palliative care needs in the community and improving the health literacy regarding palliative care. Developing rural locations to assess needs and facilitate community connections and coordinated access to services and resources.

Actions:

- To deliver specialist palliative care in Midland according to need rather than diagnosis or locality
  - develop plan to ensure consistency and equal access to funded palliative care beds across Midland region. At Waikato palliative care beds are funded for six weeks, whereas in BOP and Tairawhiti, beds are funded for twelve weeks. Some patients and families may need respite or end of life care is received in a rest home facility. Enabling consistent access to funded palliative ensures that palliative care is delivered according to need rather that location
- Scope feasibility of including palliative care component into the Kia Ora E te Iwi programme

- Scope feasibility to include palliative care component into the Waikato DHB NZQA level 3 whānau ora training package
- access video-link services or telehealth as able to deliver specialist care for hard to reach populations and advice/support to generalists, especially those living rurally – link to focus area 9.
- Support equity of access and service improvement for paediatric and adolescent palliative care services

7. Quality data to inform service planning and faster cancer treatment (FCT) data collection where palliative care is the first treatment

Quality data is needed to ensure that there is useful information to for service planning, delivery of care and improvement initiatives. There is a need to implement the National Specialist Palliative Care Data Definitions and Standard (HISO 10039) and the reporting requirements from the new National Palliative Care Service Specifications. In addition palliative care is defined as a first treatment under the FCT Health Target.

Actions:

- Work with stakeholders to ensure data collection to capture data where palliative care is the first treatment for inclusion in the faster cancer treatment health target
- Scope current information to the national palliative care data definitions, identify gaps and implement strategies to capture
- Implement mechanism to ensure providers capture on national service specifications reporting requirements. Agree on regional repository mechanism to ensure this information can be used to inform service planning and improvement initiatives
- Midland palliative care services to agree on standardised local and regional data collection.

8. Quality improvement

In order to deliver high quality specialist palliative care services, it is necessary for providers to engage in continuous quality improvement activities.

Actions:

- use the Hospice New Zealand audit standards across all specialist palliative care services to monitor and develop improvement activities
- palliative care stakeholders contribute to the regional review of services against national tumour standards for treatment – palliative care cluster
- keep a watching brief on research opportunities and engage in research when opportunities arise
- develop a regional gap analysis against the Resource and Capability Framework (2013) and an action plan for items that can be managed regionally
- support Advanced Care Planning (ACP) (BOP known as Future Care Planning) – note: should hopefully being addressed prior patients accessing specialist palliative care services.

9. Telehealth

Use of telehealth as an enabler is an opportunity to maximise the use of limited specialist palliative care workforce time and improves communication and delivery of care to communities that are hard to reach. Video-link is as a means to deliver telehealth enables clinicians, patients and families to communicate and plan care via virtual 'face to face' meetings. It therefore reduces the time needed for specialist staff to travel. The use of telehealth is becoming more common in delivering of care. It is recognised that new initiatives are infrastructure dependant.

Actions:

- As infrastructure develops scope the feasibility of new models of service delivery.

Midland palliative care service work plan 2015 - 2018

The activities will be the responsibility of the Midland Specialist Palliative Care Work Group and palliative care providers. Work plan will be reviewed and updated annually.

Key focus area	Activities	Deliverable	Timeframe for completion
Workforce retention and recruitment	1. Support a regional advanced trainee model of service for palliative medicine and agree funding mechanism	Agreed and improved regional advanced trainee model of service for palliative medicine	2015/16 for implementation 2016/17
	2. Support Hospice Waikato to gain accreditation for advanced trainee rotations	Hospice Waikato achieve training accreditation	2016/17
	3. Explore options for Tauranga Hospital to gain accreditation for advanced trainee rotations	Tauranga Hospital achieve training accreditation	2017/18
	4. Develop a workforce plan to address the gaps and solutions to workforce issues inclusive of nursing and nurse practitioners, and allied health 5. Define and agree specialist palliative care workforce needs and roles and implement succession planning based on regional requirements 6. Develop a plan that addresses current workforce gaps and explore opportunities to maximise current roles or explore new roles and ways of working.	Midland specialist palliative care workforce plan and pathway forward	2017/18
	7. Develop sustainable relationships with clinical schools to attract healthcare professionals to palliative care workforce		2015-2018
	8. Hospices and hospital palliative care services to continue to foster a supportive learning culture in their organisations through initiatives such as improved access to clinical supervision		2015-2018
Last days of life care plan	1. Midland implements the PCNZ Last Days of Life Care Project recommendations	implementation of best practice end of life care	2015/16
National Palliative Care Service Specifications Note link Action 7 quality data, includes service specification reporting requirements	1. Midland to implement the national palliative care service specifications within the national mandatory timeframe	compliance with national service specifications	2015/16 – 2017/18
Clinical guidelines	1. Midland adult specialist palliative care referral criteria have been implemented in July 2014. Review and update the	Improved regional specialist palliative care referral criteria	2015/16

Key focus area	Activities	Deliverable	Timeframe for completion
	referral criteria implementation		
	2. Develop Midland palliative care clinical guidelines (when medical workforce shortage improves)	Regional clinical guidelines developed	2016/17
	3. Support the development/update of the Midland Map of Medicine/Bay Navigator clinical pathways	Specialist palliative care pathways integrated with primary	2017/18
	4. Midland adult specialist palliative care referral criteria loaded onto MOM and Bay Navigator	Primary and secondary providers aware of specialist palliative care referral criteria	2015/16
	5. work with Midland cardiac services to support end stage cardiac disease management	Integrated approach for Midland end stage cardiac disease management	2015/16–2016/17
Education and training of specialist and generalist/primary providers	1. Incorporate advanced medical trainee rotations as part of Midland education plan	Plan to support workforce development	2016/17
	2. Support nurses to complete post graduate education as per the Resource and Capability Framework (2013) recommendations	Plan to support workforce development	2016/17
	3. Explore potential for more nurse practitioners in Midland, including roles and functions	Opportunities identified to inform future planning prioritisation	2017/18
	4. Support and provide input into the development of the generic Fundamentals of Palliative Care education package for hospital palliative care providers across disciplines	Active participation with national development	2016/17
	5. Scope the feasibility on the development of master class GP education programme	Feasibility completed to inform future planning prioritisation	2017/18
Equity of access	1. Develop plan to ensure consistency and equal access to funded palliative care beds. At Waikato palliative care beds are funded for six weeks, whereas in BOP and Tairawhiti, beds are funded for twelve weeks. Some patients and families may need respite or end of life care is received in a rest home facility.	Proposed plan developed, aiming for equity of access, to inform future planning prioritisation,	
	2. Scope feasibility of including palliative care component into the Kia Ora E te Iwi programme (community based)	KOETI programme includes palliative care element for MHP train the trainers and for those that attend the community based programme	2015/16
	3. Scope feasibility to include palliative care component into the Waikato DHB NZQA level 3 whānau ora training	Waikato NZQA L3 programme includes palliative care component	2015/16
	4. Access video-link services or telehealth as able to deliver	Business case developed to enable telehealth solutions	2017/18

Key focus area	Activities	Deliverable	Timeframe for completion
	specialist care for hard to reach populations and advice/support to generalists, especially those living rurally – link to focus area 9.	to support service delivery and also to inform future planning prioritisation	
	5. Support equity of access and service improvement for paediatric and adolescent palliative care services	Equity of access, integrated services and model of services meets local needs	2016-18
Quality data	1. Work with stakeholders to ensure data collection to capture data where palliative care is the first treatment for inclusion in the faster cancer treatment health target	Compliance with FCT health target and wait time indicator reporting	2015/16
	2. Scope current information to the national palliative care data definitions, identify gaps and implement strategies to capture	Compliance with national minimum data set and business rules	2016/17
	3. Implement mechanism to ensure providers capture on national service specifications reporting requirements. Agree on regional repository mechanism to ensure this information can be used to inform service planning and improvement initiatives	Compliance with national service specification reporting requirements	2016/17
	4. Midland palliative care services to agree on standardised local and regional data collection	Pathway and mechanism to capture required data for region	2017/18
Quality improvement	1. Use the Hospice New Zealand audit standards across all specialist palliative care services to monitor and develop improvement activities	Specialist palliative care services comply with Hospice New Zealand standards	2015-2018
	2. Palliative care stakeholders contribute to the regional review of services against national tumour standards for treatment – palliative care cluster	Specialist palliative care services comply national tumour standards	2015-2018
	3. Keep a watching brief on research opportunities and engage in research when opportunities arise	Incorporate new research into future planning and service improvement initiatives	2015-2018
	4. Develop a regional gap analysis against the Resource and Capability Framework (2013) and an action plan for items that can be managed regionally	Regional gap analysis completed and opportunities for service improvement informs future planning prioritisation	2017/18
	5. Support Advanced Care Planning (ACP) – note: should hopefully being addressed prior patients accessing specialist palliative care services	Promotion of ACP	2015-2018
Telehealth	1. Scope feasibility of new models of service delivery	Link to focus area 6	2017/18