

COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH MEETING MINUTES



Commission
on Excellence
and Innovation
in Health

Palliative Care Clinical Network Steering Committee (Zoom Meeting)

Date/Venue: 09 July 2020

Chair: Dr David Holden

Attendees: Jane Marshall, Alan Bevan, Mark Waters, Linda Foreman, Caroline Amato, Helen Stone, Peter Allcroft, Deidre Morgan, Elizabeth Fallas, Sonia Schutz, Stephen Byrne, Lesley King, Tracy Bryant, Peter Jenkin, Sara Fleming, Kate Swetenham, Katie Billing (Ex-officio) and Rama Ramanathan (Minutes).

Apologies: Parry Agius, Tim To and Charlotte Griffiths

Guests: Helen Chalmers, Brett Humphreys and Anji Hill

	Discussion
1.	<ul style="list-style-type: none">- Members welcomed.- No conflict of interest was declared. All members to complete and submit a conflict of interest form to the Commission on Excellence and Innovation in Health.- Meeting papers to be circulated via email and placed on Microsoft Teams.
2.	Minutes from previous meeting / outstanding action items <ul style="list-style-type: none">- The Committee accepted the draft minutes of the meeting held 11 June 2020 as a true and accurate record of the meeting.
3.	Palliative Care Service Plan <ul style="list-style-type: none">- Brett tabled the draft project brief.- Meetings have been held by the planning team with a range of stakeholders to establish relationships and to further understand different areas and

	<p>work being done</p> <ul style="list-style-type: none"> - Project Plan in development to be completed under the guidance of a small advisory group. - The intention of the brief and then the plan is to: <ul style="list-style-type: none"> o Build on the previous Model of Care and current SA initiatives o Focus on future demand and evidence-informed practice directions o Align access to services and supports based on this future need o Be a mechanism to socialise progression of Model of Care principles, including the earlier integration of palliative care expertise in people's care journey when diagnosed with life-threatening illness. - Next steps <ul style="list-style-type: none"> o Endorsement of Project Brief by Executive Sponsor o Develop Terms of Reference and seek EOIs for Project Board to lead the work - Kate based on her experience with the development of the previous palliative care services plan, acknowledged that the proposed timeline of having a Draft Palliative Care Services Plan by March 2021 ready for consultation was more realistic than the earlier Dec 2020 that was being considered. She recognised that the Health Performance Council reviews of the previous plan, the previous specialist model of care that was developed and the current work to establish a 7-day service model will be helpful in designing the way forward. - Deidre wanted to encourage active involvement from Allied Health particularly as people are dying over a longer period of time to optimise function and to support carers better. - Jane wanted to see pastoral and spiritual care engaged in development of the plan. - Linda enquired if analysis around the appropriate number of specialist palliative care beds in the state would be taken into consideration by the plan. - David reiterated that the plan would consider a consumer, carer and community perspective to the delivery of palliative care across the state of South Australia over a 5-year period. It would include generalist palliative care (particularly given that it has not been captured well previously) and the role of specialist palliative care. It would also incorporate much of the work that will happen in the Aged Care space led through the Comprehensive Palliative Care in Aged Care project. - Stephen highlighted and it was agreed that some outcomes would only be achievable in the long term, beyond 5 years. However, the focus of the plan and the implementation would be over the next 5-year period. - Brett spoke about the Governance for the plan that would be managed through a Project Board of nominated internal stakeholders but that engagement would be extensive with the PCCN Steering Committee, external stakeholders and the community. Mark and Carolyn enquired if there would be an opportunity to consider external stakeholders in the Project Board (e.g. GPs, Aged Care and community service providers). - The Plan would be pragmatic (efficiency, effectiveness and accessibility focussed) but also aspirational and visionary in terms of improving outcomes for consumers, carers and the community.
4.	<p>Updated PCCN Vision and Priorities Document</p> <ul style="list-style-type: none"> - The document has been amended to align with the final version of the National Palliative Care Strategy Implementation Plan. - David asked members to provide feedback to Rama on the amendments prior to the document being ratified at the next PCCN Steering Committee

	meeting in August.
5.	Compassionate Communities <ul style="list-style-type: none"> - Alan, Mark and David had met with Katie Billing and Jay O'Brien at the CEIH to discuss Compassionate Communities at the end of life. - Wellbeing SA and the Office for Ageing Well at DHW may have significant interest in this area. - A Roundtable will be organised in future with potential partners to scope and explore pilots in particular local Government areas: DHW, ECH, COTA, Councils, The Research Centre for Death & Dying at Flinders University and The Australian Centre for Social Innovation (TACSI). - Peter J highlighted that lifestyle coordinators based at Resthaven could also provide input into any future discussions.
6.	Private Patient Access to Palliative Care <ul style="list-style-type: none"> - Information is continuing to be gathered from the three metro Specialist Palliative Care Services (SPCs) and the private SPC (Calvary) through Charlotte regarding private patient access to public palliative care services. - This work will inform the development of the services plan. - NAPS is currently working with Calvary Central District hospital which has 11 specialist palliative care beds around improving the patient journey and discharge planning. A nurse consultant from NAPS will work with the Calvary discharge planning team to provide support and improve linkages for existing and future clients. - Peter A provides support to private palliative care patients at Flinders Private and St Andrews usually after hours. Private health funds provide only limited support for the provision of palliative care services. The private system across SA is also varied in the way that it can support palliative patients. There is some access to palliative medicine but very limited multi-disciplinary approach to care unlike the public health system. - Jane and David recognised that private patients are underserved when it comes to palliative care and that constant advocacy is required to improve access.
7.	DHW Reporting <ul style="list-style-type: none"> - Helen C spoke to the DHW Palliative Care Programs Update (June 2020) briefing: <ul style="list-style-type: none"> o Literature review for the Comprehensive Palliative Care in Aged Care project undertaken by Kate Swetenham was tabled. o Helen discussed work happening around <i>My Life Decisions</i> which are simpler forms (compared to the Advance Care Directives) that are developed locally and used in Aged Care and other settings where there is less legal competence for a person to indicate their wishes at the end of life. o DHW had brought a small group together (including Margaret Brown, Chris Moy, David Holden, Mark Waters) to have an informal conversation around exploring what role <i>My life Decisions</i> could have in addition to the Advance Care Directives and the 7 Step Pathway. The Group was supportive of particularly using such an approach for people who may not be legally competent to make decisions about their end of life. o Helen C's team will continue to do some further work to review other types of products or forms similar to <i>My Life Decisions</i> which are also available and also consider the DHW response to the findings of the review that Professor Wendy Lacey has done to assess the extent to which the objectives of the Advance Care Directives Act 2013 has been achieved. o David highlighted that further work may be required to gather feedback regarding using such an approach from clinicians who work within the public health system and other external stakeholders (e.g. RACFs).

	<ul style="list-style-type: none"> ○ Moving forward with any such approaches will involve further work with Legal and Compliance within DHW. Role of the PCCN and Health Program and Funding Branch will also become clearer over time.
8.	<p>Statewide Clinical Lead Update</p> <ul style="list-style-type: none"> - David tabled his report for the month and the report of the Palliative Care COVID Response Group. - The Palliative Care COVID Response Group does not have any more scheduled meetings but the interstate COVID situation is being monitored actively by DHW. - David mentioned that the COVID work will inform future planning from a multi-dimensional perspective. - David is currently working with the Commission on Excellence and Innovation in Health (CEIH) in developing a survey for both clinicians and consumers in identifying the impact of COVID-19 on the provision of palliative care. This will clarify the initiatives to continue and inform the development of the palliative care service plan.
9.	<p>SPC Updates</p> <ul style="list-style-type: none"> - WCHN: Sara is doing an evaluation of the implementation of the delivery of palliative care services using telehealth over the past six months. There are further plans to do a consumer evaluation of the telehealth services and the quality of afterhours service provision through the utilisation of meaningful measures from a consumer and not a purely service perspective. Similar to <i>My Life Decisions</i>, the Paediatric Palliative Care Service has been using <i>Voicing My Choices</i> with adolescents. - NALHN: Working with key stakeholders around the implementation of the palliative care grant projects (e.g. with Lyell McEwin Hospital Visitors Association to develop videos for new and emerging communities (e.g. Afghani, Bhutanese) around end of life conversations, with Helping Hand Aged Care to have designated hospice beds in their RACFs). Work with MRU and SA Community Care panel of service providers to service palliative care clients in the community in the COVID 19 environment has been progressing well. - CALHN: Rural telehealth service expansion is continuing. Work to develop models for care for those who are homeless and in prisons is continuing. CALHN is in its 3rd month of its 7-day service pilot. Evaluation of consumer experience and outcomes is being considered. - SALHN: No major developments in the last month. Election Commitment pilot projects continue; gaining some momentum. Uncertainty about what will happen after September - ongoing short/medium term funding, considering exit plans if funding discontinued. - Regional LHNs: <ul style="list-style-type: none"> ○ Last Days of Life project roll out – have met with all 6 LHN standard 5 groups, highly likely all 6 LHN will implement the project. Overarching recommendation from RSS Safety and Quality team to the 6 LHN that symptoms at end of life should be measured and addressed in a systematic framework. ○ Chronic disease presentations have been very well received by country clinicians– 45minute information session via ZOOM x8 relating to the interface between Palliative Care and Chronic disease 4 have been conducted, 4 more to go. 100 attendances to each session, either live or viewing later on a web based platform. ○ Improving collaboration with GP, primary care providers and the provision of Palliative Care – looking at broader implementation of shared care model, 7 Step community pathway and survey of Country GPs regarding current system gaps ○ Investigating the possibility of an End Stage Cardiac Failure/Needs Assessment tool Project

	<ul style="list-style-type: none"> ○ Investigating options for educational session by Level 6 service to Level 2 and 4 Country services to enhance knowledge around Palliative Care ○ Meetings with other project partners/initiatives i.e. SAAS and Residential Aged Care ○ Oversight committee involvement with the six projects within Country which include Telehealth, End of life choices packages, Chronic Kidney Disease, Multidisciplinary access to Palliative care with SAAS, Improving access to Palliative Care for people with chronic diseases. ○ Review of high rates of home deaths in Country, and contributing factors ○ Peter mentioned that the Rural Clinical Leads and the Rural Support Service are interested in meeting with the recipients of the Palliative Care Grants 2020 Program to explore how they may be able to involved or help support some of the implementation in country SA. Liz highlighted that the Mount Gambier Private Hospital has a Grant to implement Hospice in the Home which might use a similar framework to Compassionate Communities. ○ Sonia mentioned that the Palliative Care Special Interest Group of the Rural Doctors Association has met and highlighted barriers for participation of rural GPs: financial incentives, recognition of the importance of palliative care and internal medicine skills in the rural GP skill set, offering training in areas such as anticipatory directions with the Advanced Care Directives and the 7 Step Resuscitation Pathway, advocacy for universal and consistent support for our palliative patients across country South Australia, need for creation of a part time GP liaison role for each area and increased education opportunities in palliative care for rural GPs.
10.	<p>CEIH Strategy</p> <ul style="list-style-type: none"> - Has been developed and was out for public consultation on the South Australian YourSay website. 52 responses received from the public in addition to comments received through the consultation with CEIH's community of consumers and other advisory groups. - The strategy includes a decision making guideline to determine the priorities for the CEIH and a section to explain how the CEIH will encourage and build a culture of innovation
11.	<p>Updates from Sub Groups:</p> <p>Medicines</p> <ul style="list-style-type: none"> - Helen is continuing to do some further foundational work and having conversations with potential members of the Medicines Sub Group. - She has discovered that work of interest to the Sub Group (e.g. rescheduling particular medicines on the PBS) is also being pursued in QLD and NSW and therefore, any future South Australian work will have some opportunity to leverage and be cross-validated by work interstate. - COVID 19 has highlighted that there is a lot more that pharmacies can do around palliative care and medicines. <p>Bereavement Sub group</p> <ul style="list-style-type: none"> - Funding of the Bereavement Project has been approved. - DHW will provide project management support - Develop an online bereavement portal upon mapping of local bereavement resources. - Explore with the Sunrise EMR team on how to make bereavement related resources more accessible to clinicians. - Conduct a survey of GPs and health professionals in their practice of bereavement care (e.g. how they identify grief, who do they refer to if concerned about a bereaved patient, what education needs can they identify etc. for themselves and their patients - Convert existing Grief Link resources to audio pages.

	<ul style="list-style-type: none"> - Build capacity and improve community literacy and awareness around grief and bereavement for community and health care professionals. - First project Management meeting has been held. Project plans being developed, Ethics approval to survey GPs is being explored. - Sub group will meet less frequently acting as subject matter experts for the projects as they progress. - The work of the bereavement sub group will align nicely with any future work around the implementation of Compassionate Communities at the end of life. - Stephen enquired and Kate agreed that the group would also look at supporting people who are experiencing anticipatory grief (prior to someone dying). - Jane spoke of the limited bereavement follow up and support for carers and families available in Aged Care. <p>Aboriginal Palliative Care</p> <ul style="list-style-type: none"> - Approach to Aboriginal Palliative Care is still under consideration. - David has met with Tanya McGregor to discuss DHW involvement in improving palliative care for Aboriginal people. - Further conversation is still to be had with Parry. <p>Data</p> <ul style="list-style-type: none"> - Further work is being undertaken to understand and map patient journeys (between community, aged care and acute settings) better through the various data sets which are available. - Starting to work with Jay O'Brien at CEIH to explore how patient reported experience measures can be developed in palliative care. - All of the above are still foundational work to identify areas of focus for the Group prior to its next meeting. <p>Aged Care</p> <ul style="list-style-type: none"> - First meeting of the Sub Group was held on 18 June 2020. - Terms of reference is being finalised - Members have been asked to suggest three priority areas each for the Group to consider. These suggestions and the priorities identified in the PCCN Vision and Priorities document will be used to establish the Group's areas of focus. - Next meeting of the Group in on 21 July 2020.
12.	<p>AOB</p> <ul style="list-style-type: none"> - Nil
13.	<p>Close</p> <ul style="list-style-type: none"> - Meeting ended around 5.15pm. - Next meeting will be held on Thursday, 13 August, 3.30-5pm.

Current Actions		Responsibility/ Timing
1.	Provide any comments to the Palliative Care Services Plan Project brief to Rama.	Members prior to the next meeting.
2.	Work with adult metro Specialist Palliative Care Services to understand and improve private patient access to public palliative care services.	Ongoing
3.	Follow up with David, Katie and Kate around work happening within Mental Health and other areas in DHW to address any increase in rates of suicide and anti-depressant usage during COVID 19 for future consideration by the PCCN Bereavement Sub Group.	Mark prior to next meeting
4.	Provide an update around the review of <i>My Life Decisions</i> and other similar forms/ products for making decisions at the end of life.	Helen C at the next meeting.
5.	Provide feedback on the amended PCCN Vision and Priorities document based on the National Palliative Care Strategy 2018 Implementation Plan.	Members prior to the next meeting.
6.	Provide an update to the Review of SAAS in the delivery of palliative care.	SAAS and Helen C at the next meeting.
7.	Sara to email Helen C regarding the availability of Midazolam within the public health system.	Completed on 10/07/2020
8.	Contact Health Programs and Funding Branch to identify the contacts for the recipients of the Palliative Care grants 2020.	Rural Support Service and/ Rural Clinical Leads prior to the next meeting
9.	Send meeting papers via email and also create a Microsoft Teams Group for the PCCN Steering Committee for communication and dissemination purposes.	Secretariat for the next PCCN Steering Committee Meeting
10.	Rural Clinical Leads to meet with David to consider the issues raised by the Palliative Care Special Interest Group of the Rural Doctors Association to identify how they can be progressed in the short, medium and longer term through the Palliative Care Services Plan.	David met with Sonia and Stephen on 29 July
11.	Provide an update on work DHW has been involved with to improve access to assistive equipment for palliative care clients.	Helen C at next meeting
12.	Meet with Wellbeing SA and the Office for Ageing Well at DHW and ECH to explore partnerships for implementing Compassionate Communities at End of Life.	David met with Wellbeing SA, Office for Ageing Well and ECH on 13 and 21 July 2020.
13.	Circulate Compassionate Communities related literature and Kate Swetenham's Churchill Fellowship Report which draws on overseas work around compassionate communities with the members	Completed on 10/07/2020
14.	Develop a list priorities based on initial discussions with the Medicines Sub Group.	Helen S - Ongoing
15.	Continue to discuss with Parry about the Aboriginal Palliative Care Sub Group	Secretariat - Ongoing

16.	Continue to schedule one on one meetings with Steering Committee members.	Ongoing
17.	Continue to compile further information on palliative care initiatives across SA for service planning.	PCCN Secretariat post COVID 19
18.	Continue to explore funding for the provision of pastoral spiritual care in the SA community.	Jane - Ongoing