Top End Palliative Care Planning Project

Funded by Department of Health and Ageing
The carer

Working together with Carers NT, we are also developing more appropriate practical supports for carers, and training for health professionals to provide more meaningful support for carers. We are planning policies and procedures to include referrals to Carers NT when there is a referral made to Territory Palliative Care Top End Service. It is well recognised that when the carer’s needs are addressed, the palliative client’s needs are more likely to be addressed. Carers NT will support the carer according to the individual’s multitude of needs. The idea is that carer’s will have their own care plans and case conferences.
Barriers

- Unclear role delineation
- Reluctance to change the status quo
- Most Top End GPs don’t bulk bill
- 25% of palliative care clients don’t have a GP
- Process of gaining ethics approval was time consuming
Foundations needed for change:

- Address stakeholder, systems and infrastructural foundations.
- In doing so address foundations of project work:
  - Role delineation
  - Capacity building endeavours
  - Sustainability
  - Dissemination
  - Problem solving strategies
  - Generalisability
Change management activities:

- Practice visits
- Appropriate carer services developed
- And…
And now....
The Diamond Register
Diamond Register:

- **Holding a Diamond Register means:**
  - Being aware of and taking an interest in your palliative care patients and their carer/s,
  - Allocating priority and timely appointments to palliative care patients and their carer/s,
  - Instigating care plans and case conferences for palliative patients and their carer/s,
  - Where possible, direct (bulk) bill palliative patients and their carers when they are frequently seeking GP assistance, and
  - Maintain contact between Territory Palliative Care and related organisations, such as Carers NT.
  - Flagging palliative patients and their carers as “Diamond Patients”
Palliative Care Partnership:

- Being a Palliative Care Partner means:
  - Fostering a philosophy of holistic end-of-life care,
  - Promoting carer support, such as referring to Carers NT,
  - Building primary care capacity within the community,
  - Encouraging and supporting education in palliative care for practice staff and the wider primary health care sector,
  - Nurturing and developing network partnerships to service complex needs of palliative patients and their carers, and
  - Engaging with Territory Palliative Care when needing assistance and support.

While the “Diamond Register” promotes the GP’s relationship with the palliative care patient and carer, the “Palliative Care Partnership” promotes the GPs relationship with Territory Palliative Care and other related organisations such as Carers NT.

Let us build a bridge between the primary and tertiary health care sectors!
Practice visits:

- Increased Top End GP engagement with Territory Palliative Care Top End Service (TPC) from 13.8% in 2006 to 75% in 2007.
- 25% not engaged - some are too busy, already doing it, have other core business - cosmetic doctors, ear nose and throat doctors
- Resources disseminated.
- Feedback given
  - had positive experiences with pall care,
  - S8 drug prescriptions policy needed to be clear to patients,
  - open to culturally appropriate pall care,
  - happy for other GPs in practice to take over if usual GP is away,
  - more practical training for end of life care wanted. Has been addressed
  - fully appreciate that the carer is vital to palliative care.
- Main message – GPs are extremely busy but want to be involved – recognition that primary health sector is essential to palliative care.
There were no palliative care referrals to Carers NT at the beginning of the project.

Carer capacity is now fostered and is part of a systems support in the Top End.
NT Rural and Remote Palliative Care Project

- Linking in with TPC
- Building on robust relationships
- Developing systems to support health providers and implementation of other project initiatives
- Capacity building with synchronicity
- Strategic planning – NT pall care strategy and PCA quality standards
- Hope to gain funding for generalisable resources across pall care, renal, cardiac, respiratory.
- Communities don’t always stay within state
Final comments