Greater Choice At Home Palliative Care (GCfAPC) Program

Supporting ongoing improvement of Palliative Care

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We acknowledge the Kaurna peoples who are the traditional Custodians of the Adelaide region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present. We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kaurna Country.

Marni Naa Pudni "Welcome"

Greater Choice for At Home Palliative Care Program

Palliative care

Palliative care helps people live as fully and as comfortably as possible with a life-limiting illness. Palliative care is for people of any age. It can be provided in your home, a hospital, a hospice or an aged care (nursing) home.

Source: https://www.health.gov.au/topics/palliative-care

https://www.health.gov.au/topics/palliative-care/palliative-care-initiatives-and-programs

Greater Choice for At Home Palliative Care Program

Aims to

- improve access to palliative care at home and support end-of-life care
- support palliative care services in primary health and community care
- enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations
- generate and use data to support continuous improvement of services across sectors
- Use available technologies to support flexible and responsive palliative care at home, including in the after-hours.

Outcomes:

- Improved capacity and responsiveness of services to meet local needs and priorities.
- Improved patient access to quality palliative care services in the home
- Improved coordination of care for patients across health care providers and integration of palliative care services in their region.

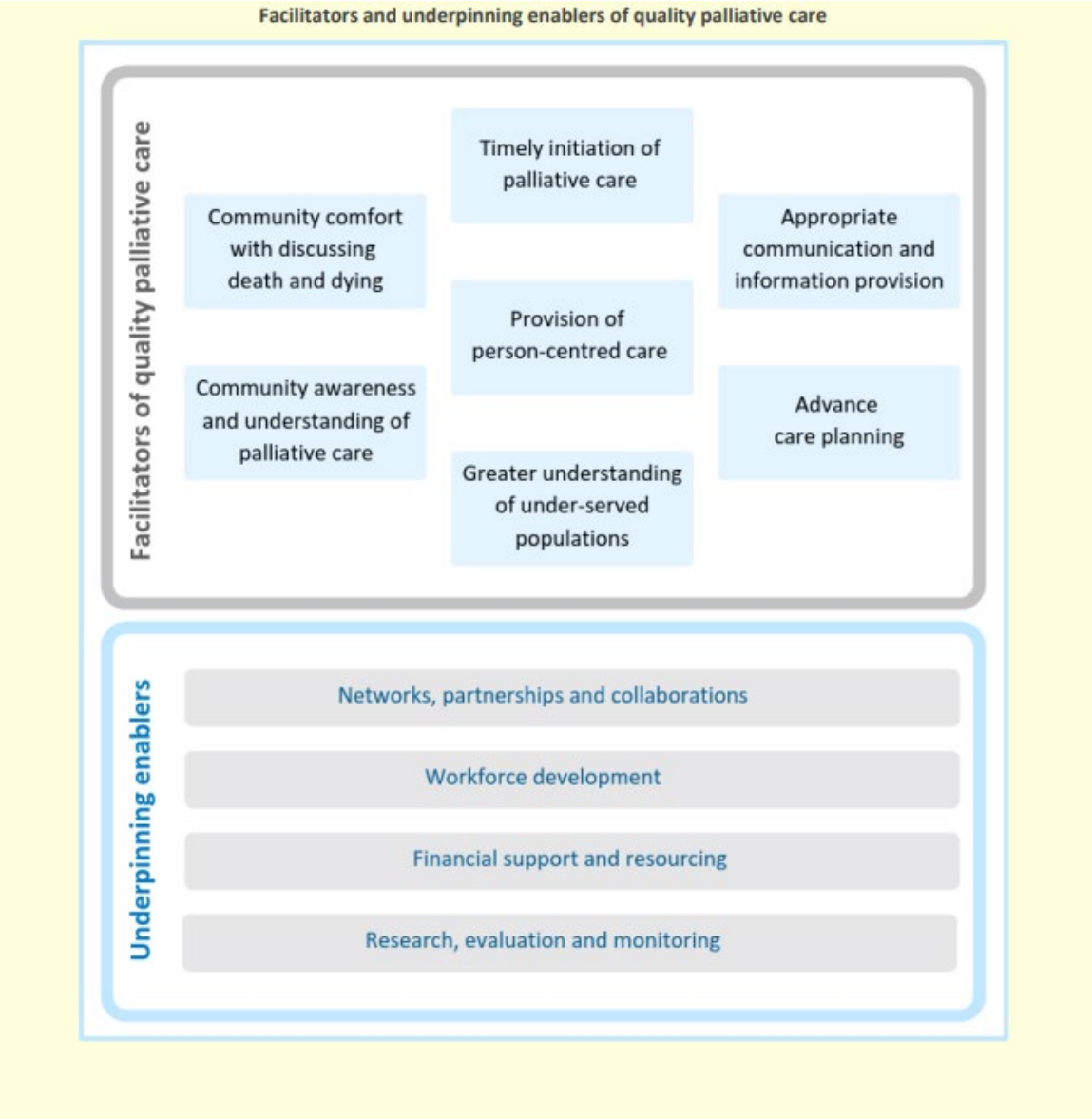
Barriers to receiving quality Palliative Care

Universal and common barriers to quality palliative care for people from under-served populations

CONSUMER-SIDE	SERVICE-SIDE
Lack of comfort discussing death and dying	Lack of relevant cultural awareness/competency within available services
Lack of understanding/awareness of palliative care	Lack of health worker skills/experience (in palliative care and/or working with people from under-served population groups)
Fear and mistrust (e.g. of Western medicine, health care services, perceived authority)	
History of trauma	Lack of available services and support to facilitate dying in setting of choice
Social/family breakdown, isolation	
Delayed diagnosis/presentation to healthcare services	Referral issues (lack of/late referral to specialist services)
Language and communication barriers	
Mismatching cultural understandings and preferences	
Fear/perception of stigma/discrimination/racism	Actual stigma/discrimination/racism
Financial constraints	Insufficient funding/ funding model issues

Source:
Australian Government Department of Health, Exploratory Analysis of Barriers to Palliative Care Summary Policy Paper, September 2019, available at: https://www.health.gov.au/sites/default/files/documents/2020/01/exploratory-analysis-of-barriers-to-palliative-care-summary-policy-paper.pdf

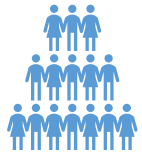
Enablers to receiving quality Palliative Care



Source:
Australian Government Department of Health, Exploratory Analysis of Barriers to Palliative Care Summary Policy Paper, September 2019, available at:
https://www.health.gov.au/sites/default/files/documents/2020/01/exploratory-analysis-of-barriers-to-palliative-care-summary-policy-paper.pdf

The Top Three Priorities

1. Building Compassionate Communities



- Is a key ingredient of public health and community development approaches to palliative care.
- Builds compassion in the communities reduces social isolation and increases social interaction, therefore leading to healthier communities.
- Strengthening community understanding of palliative care helps strengthen community referrals and self-referral to palliative care services.

"Its recognizing that death is a social event with a medical component, not a medical event with a social component".

Professor Allan Kellehear

Compassionate Communities

Compassionate Communities are described as ‘naturally occurring networks of support in neighborhoods and communities, surrounding those experiencing death, dying caregiving, loss and bereavement.’ (Abel, Kellehear and Karapliagou, 2018). The benefits of Compassionate Communities include:

- Assisting to address the challenges (barriers) to accessing good palliative care
- Focus on earlier intervention and social approaches to the problems and experiences of dying (WHO, 1986).
- Encourage service providers, people at end of life, families and communities to seek ways to promote emotional, social and spiritual well-being, as well as physical health.
- Aim to address the social determinants that impact on people’s health and wellbeing at end of life and ensure equity of access to palliative care and other supports, recognizing that marginalized populations may have less access to services and worse outcomes at end of life than others.
- Acknowledge a broader public health approach to palliative care, end of life care and bereavement is required.
- Encourage community members to engage and become more informed about death, dying and care to support people in their end stage of life.

The Top Three Priorities

2. Supporting Cultural and Society changes

- Person/family-centered management and awareness
- Through increased death, health service, grief and social literacy
- Increasing communication and /or planning with person and family – supporting the uptake of Advance Care Planning
- Recognise there are differences in death perspectives between individuals and groups
- Health equity

3. Support Integration of Palliative Care Services

- Within palliative, end-of-life and bereavement through empowering, respecting and valuing those who work in the care industry.
- A shared community responsibility is important to the broader, health, aged care and social care systems.
- Supporting Telehealth models of care.
- Developing workforce capability through education, training and integration through sharing and having a common understanding.
- Bring the right people together to support integration across health systems.

Thank you

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