



10 July 2020

Mr Chris Tallentire MLA
Chair
Joint Select Committee on
Palliative Care in Western Australia
18-32 Parliament Place
WEST PERTH WA 6005

Via email: palcare@parliament.wa.gov.au

Dear Mr Tallentire

**Submission to Joint Select Committee on Palliative Care in Western Australia:
Inquiry into Palliative Care in Western Australia**

Thank you for the opportunity to make a submission in relation to Palliative Care in Western Australia. Palliative care is a critical service to support both the older members of our community, but an increasing number of younger West Australians. Through its experience working both in the community, in Consumers homes, as well as through our residential aged care facilities, Hall & Prior is passionate about our commitment to a model of care that supports Consumers to make choices about how they can live at the end of their life. Please find attached a submission which is primarily focussed on palliative care provision in regional and rural areas.

Hall & Prior Health and Aged Care Group is one of the largest aged care groups in Western Australia, and a specialist provider of high and complex care services. The group provides care to over to 1,900 residential and 1000 community clients and employs over 2,400 staff across WA and NSW.

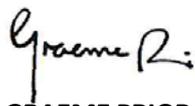
Hall & Prior own and operate Clarence Estate, which is a unique integrated residential and community care service based in the regional town of Albany, Western Australia. Clarence Estate delivers the Community Palliative Care Service for Albany, in partnership with WA Country Health Service in Albany. This service delivers significant Consumer outcomes, is embedded in the local community and is cost effective. This submission seeks to detail our experience in delivering the service, offers an opportunity for it to be replicated across other

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regional areas of Western Australia, and outlines some lesson learnt from our unique experience.

Should you would like to discuss this submission further, please contact me on 9321 1388.

Yours sincerely



GRAEME PRIOR

Chief Executive Officer

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HALL & PRIOR
Health & Aged Care Group

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Submission to Joint Select Committee on Palliative Care in Western Australia: Inquiry into Palliative Care in Western Australia

Hall & Prior Health and Aged Care Organisation

July 2020

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Palliative Care in Western Australia

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual¹.

For many, death has become predictable and is generally expected, requiring some form of end of life care. It is apparent that access to palliative and end of life care differs vastly across the state of Western Australia (WA). Evidence suggests that inequality exists particularly based on rurality.

This submission focuses on the delivery of palliative care into a regional area and showcases a successful model that is transferable to other regional and rural areas of WA.

Inquiry into Palliative Care in Western Australia

Improving palliative care services in WA was a key recommendation of the Joint Select Committee Report on End of Life Choices, to ensure support is available to those who need it most.

The Government has committed to expanding services in rural and regional WA with a focus on the provision of in-home palliative care support.

Specifically, The Joint Select Committee is to inquire into and report on:

- a) the progress in relation to palliative care, in particular implementation of recommendations of the Joint Select Committee into End of Life Choices;
- b) the delivery of the services associated with palliative care funding announcements in 2019–2020;
- c) the delivery of palliative care into regional and remote areas; and
- d) the progress on ensuring greater equity of access to palliative care services between metropolitan and regional areas.

This submission will focus on the last two points relating to palliative care provision in regional and rural areas.

Hall & Prior Health and Aged Care Group

Rising from three small nursing homes in 1992, Hall and Prior Health and Aged Care Group (Hall & Prior) is today a modern organisation committed to high quality multidisciplinary care, customer service, clinical governance and community outcomes.

Hall & Prior operate 28 residential facilities and 2 home care programs across WA and New South Wales. The group provides care to over to 1,900 residential and more than 1000 community clients and employs over 2,400 staff. Hall & Prior is one of the largest health and aged care groups in WA and a specialist provider of high acuity and complex care services, including specialised programs for Indigenous and homeless Consumers.

¹ World Health Organisation. Viewed at <https://www.who.int/en/news-room/fact-sheets/detail/palliative-care>

Hall & Prior has a strong commitment to organisational governance with a strong culture of accountability and performance. The Hall & Prior governance process identifies and manages risk at all levels of the organisation, particularly those threatening the continuity of care. Risk management therefore forms part of strategic, operational and line management responsibilities and is integrated into the business planning and management processes. Figure 1 outlines the governance framework at Hall & Prior, including clinical governance via the Clinical Excellence and Quality Care Committee.

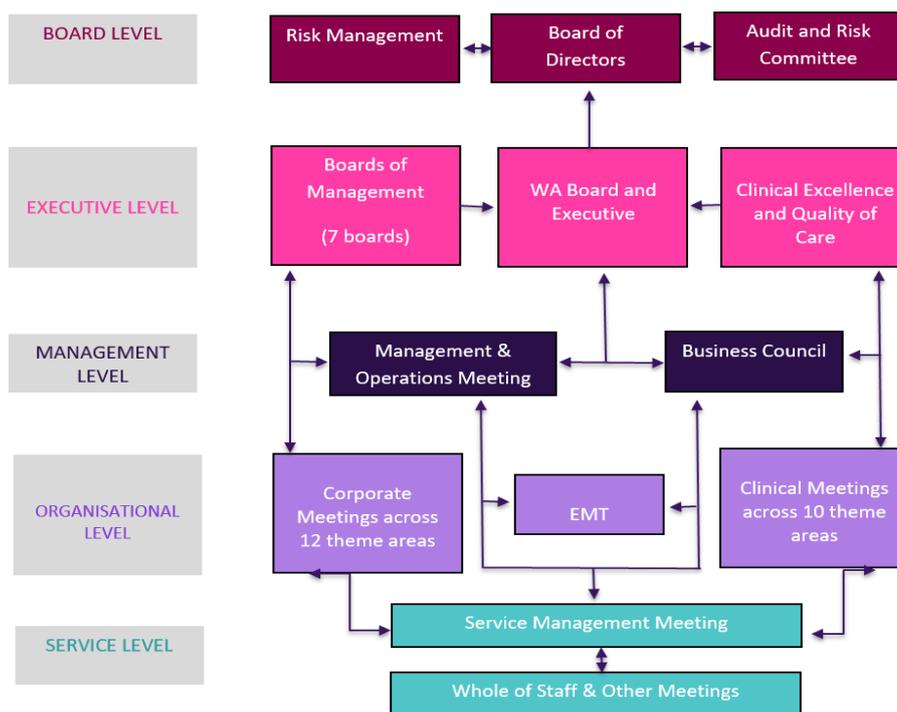


Figure 1. Hall & Prior Governance Framework

Hall & Prior is a long term provider of residential and home care services to some of Australia’s most vulnerable communities. Our team has spent the last 30 years having illuminating conversations with Australia’s senior community to understand how to create aged care experiences that truly meet their needs. Those experiences have been the building blocks of the organisation today.

The Hall & Prior care model is nurse led, with innovative models of practice that include an allied health team, including Nutrition, Occupational Therapy, Physiotherapy, Pharmacy and Nurse Practitioner, to support clinical practice. This provides a focus on relationship centred care, dementia care, palliative care and re-enablement across both residential and community settings.

Clarence Estate - Albany

Hall & Prior has a long established and trusted presence in Albany and the Great Southern region, owning and operating the 86-bed Clarence Estate facility since 2002 and operating the community care program since 2008.

Clarence Estate is a unique integrated care model which offers a true care continuum in a regional town in WA. Providing both community based in-home care and residential aged care services, built using the residential care

facility as the hub. Care provided includes centre based respite, through to more complex home care packages, veteran care, residential respite and permanent residential care.

Partnerships between the residential and community care services offer multiple benefits, including expanding the care choices available to Consumers through the combined use of resources and programs.

The shared use of staff and resources enables a flexible, effective service that is responsive to the choices of Consumers. Furthermore, the shared use of staff enhances availability and capacity to deliver 24 hour support. In times where there are increased restrictions on funding, resources and increased focus on Consumer choice there is a need for health services to be innovative and an integrated model such as the one illustrated here facilitates this.

A Palliative Care Service in Regional Western Australia

The Clarence Estate Palliative Care Model

In 2018, Hall & Prior's Clarence Estate commenced the delivery of the Community Palliative Care Service for Albany, in partnership with WA Country Health Service (WACHS). The service is designed to support clients in a regional area in conjunction with the WA Country Health Service Great Southern Palliative Care Service.

Although the WACHS Specialist Palliative Care Team provide support across the entire the Great Southern Region, the Clarence Estate Community Nursing Contract with WACHS is to provide service to the Albany area only. The specialist service offers comprehensive medical, nursing and social worker care in collaboration with the local medical practitioner and provides assistance with care coordination, symptom assessment and management, providing quality care for those approaching the end of life bereavement support.

Clarence Estate is instrumental in the delivery of palliative care to the Albany Community. The service is a clinical service delivered 24 hours per day, seven days per week. The service enables people to receive palliative and end of life care in their own homes. However, the current palliative care service is only contracted to be provided to people in the Albany area (Post code 6330, 6331, and 6332).

The services provided by Clarence Estate include registered nursing, enrolled nursing visits and at special request personal care visits. A telephone advisory service is also available, and telephone or face to face clinical nursing support is available 24 hours per day. This unique regional service has become embedded in the local community and has partnered with other key stakeholders to increase the capacity and quality of care related to palliation and end of life care (refer to Figure 2).

"YOUR WONDERFUL CARE AND KINDNESS ALLOWED MY MOTHER TO ENJOY HER LAST FEW MONTHS AT HOME- A PLACE WHERE SHE FELT HAPPY AND SAFE. I WOULD ALSO LIKE TO THANK YOU FOR THE SUPPORT YOU GAVE TO ME AND MY FAMILY DURING A STRESSFUL TIME IN OUR LIVES". FEEDBACK FROM A FAMILY MEMBER, OCTOBER 2018

The core elements of the service model provided by Clarence Estate include:

- Choice for the Consumer about whether the service is provided in their home, in their home with access to community based respite, or in Clarence Estate. This means that the Consumer can choose to palliate in home for longer, and provides an alternative to hospital based care.
- 24 hour, seven day per week access to nursing support, either via the phone or face to face.
- Links with other health care providers to support better continuity of care, and care coordination, in recognition that frequently palliation is not the only health and psycho-social need of the Consumer.

- Access to other care packages, such as home care packages.
- End of Life Planning to support each phase of a Consumer's journey, including planned transfer to the Albany Hospice if that is desired by the Consumer.



Figure 2. Palliative Care Model embedded in the community

Local Capacity and Leadership

Clarence Estate has a local governance framework that is supported and backed by Hall & Prior's organisational governance, including clinical governance.

The community palliative care service has been delivered from Clarence Estate in Albany. All staff delivering the service based in Albany have experience at delivering services in the homes of clients through the home care packages program. With more than 180 people employed to deliver services to people in a residential or community care setting, Clarence Estate remains a significant employer of local members of the Albany community.

The creation of local jobs has been supported by an intensive education program which ensures that the workforce is skilled at delivering services in line with the best practice for the industry, for the benefit of care recipients. For every role at Clarence Estate there is a tailored education program, with the expectation that staff will remain committed to continuous improvement communicated on engagement. There has been significant focus on building capacity through education, training and mentoring relating to Palliative Care.

In partnership with the WACHS Specialist Palliative Care Team and Hospice, staff undergo extensive education and training. This has included unfunded days with the specialist team and hospice, it has also included education from

“HOW CAN I BEGIN TO THANK YOU FOR YOUR CARE AND SUPPORT? YOU ARE A BREATH OF FRESH AIR, A COMFORTING PRESENCE AND AN ASSET TO ALL FAMILIES IN ALBANY WHO GO THROUGH THIS JOURNEY”. FEEDBACK FROM A FAMILY MEMBER, NOVEMBER 2018

the Palliative Care Physician, Senior Medical Officer and Clinical Nurses. Over the past two years Clarence Estate has spent in excess of \$48,000 specifically for community team training.

Clarence Estate also supports the local economy of Albany in the local procurement of goods and services. There are long-standing and productive relationships with local pharmacies, hospitals, general practitioners, health professional, council members, and non-government organisations that are together

committed to achieving optimal results for local community members as they age.

Many of these relationships exist as formalised service agreements, such as the procurement of all medications through the local community pharmacy, but many are also based on years of trust and collaboration which is difficult for new providers to build in a rural community. An example of this is access to medical opinions from local health professionals that are consulted routinely in their speciality by Clarence Estate staff.

Clarence Estate has developed strong partnerships with key stakeholders involved in palliative care service provision. This includes contribution at multidisciplinary team meetings, hospice clinical meetings, WA Primary Health Alliance Committees and community meetings. Strong collaborative relationships exist between the service and local general practitioners, physicians and other medical specialists.

The service has worked to champion increased community understanding on palliative and end of life care. There has been widespread focus in Albany to build knowledge, capacity and active involvement in community education regarding palliative and end of life. The team has partnered with key projects including the Compassion Communities Project and the Aged Care Charter Project, Advanced Care Planning Project which are building community capacity and understanding of palliative care in the Great Southern Region.

Palliative Care Client Outcomes

In a two year period (July 2018 to June 2020), the Clarence Estate community palliative care service has provided care and support to 329 people and their families in the Albany area. There has been a gradual increase in clients over the past two years, with an average of 76 palliative care clients per month, and ending June with 100 active clients (refer to Figure 3). While the service continues to grow, this represents a significant increase on the care provided in 2016, where the average per month was 52 clients.

More than 650 hours of telephone support was provided during the 2018 to 2020 period.

The demand for after-hours support cannot be overemphasised. The need for support to manage symptoms overnight and overnight deaths has been significant. This aspect of the program should be enhanced in recognition of this work load, the impact on the client and their family, and the need to adequately fund these elements of the service model.

Many of the clients also received support from other programs, such as Commonwealth home support program or home care packages. In many instances this was able to be delivered by Clarence Estate, as a single care provider, or Clarence Estate working alongside other providers to holistically provide care.

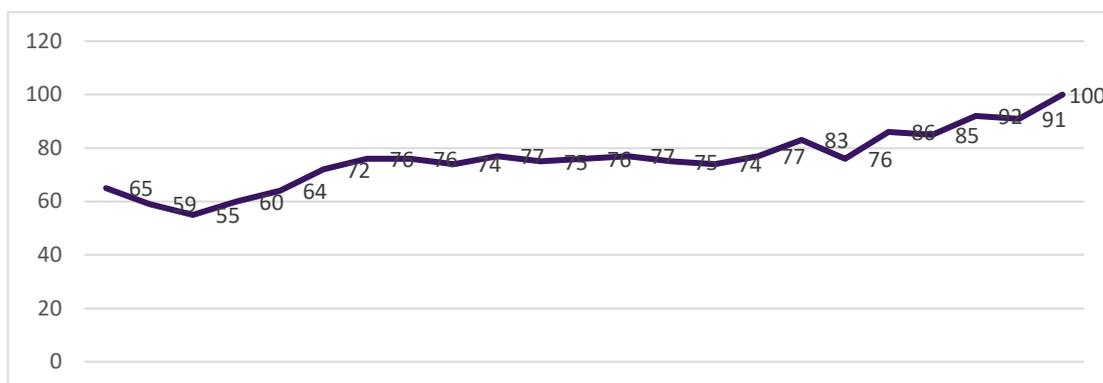


Figure 3. Clients receiving community palliative care from Clarence Estate July 2018-June 2020

Challenges present when a client requires other services not available in the community, such as needing home care packages not available due to age or wait time, or in-eligibility for the National Disability Insurance Scheme for some disabled clients.

Consideration should be made for flexible care services that could fill gaps when other services cannot be sourced.

During this period 158 clients died with the various locations of these deaths based on clinical need, personal preference and other factors. The majority of deaths occurred in hospice, followed by deaths at home. A small percentage of people died in hospital and an even smaller number of deaths in residential aged care facilities while on respite.



“I WOULD LIKE TO THANK YOUR PALLIATIVE CARE STAFF FOR YOUR HELP AND SUPPORT DURING A DIFFICULT TIME FOR US. THE REASSURANCE OF HAVING HELP AT HAND MADE A BIG DIFFERENCE”. FEEDBACK FROM A FAMILY MEMBER, JANUARY 2019

Client satisfaction with the service has been measured through positive feedback received from clients and families regarding the level of support provided by the Clarence Estate Community Palliative Care Service. Patients and their representatives have expressed a high degree of satisfaction with the service, care and support provided. Many cards expressing gratitude have been received and shared with the team.

Financially, the cost of the service has also demonstrated value. The cost for delivering the service to per client was on average \$4150 per client, compared to a similar cost (\$4855²) for just a 2.4 day stay in a hospital.

This cost is a significant reduction from the cost of providing care within a hospital (and also hospice facility).

The current model is funded for direct service provision only. However, there is a significant amount training hours and costs as well as staff resourcing that is required to provide care coordination beyond the direct care that the current funded contract allows. This is currently being absorbed by Hall & Prior and other service providers working

² Independent Hospital Pricing Authority NHDC Round 22, average cost for 2.4 day stay in an Australian hospital.



together across the community.

Furthermore, the cost of having on call staff available for after-hours telephone or face to face consultation is not currently factored into the service contract. That is, the contract only provides for payment when the staff member is called out, not for the on-call component. This requires attention for a sustainable service. On call costs for one year amount to approximately \$45,036. With the addition of on-call costs and training costs to the funding arrangement, the average cost per patient is still only approximately \$4,574, less than the average 2.4 day hospital stay.

Additionally, clients are required to cover some cost of medicines³, which can be particularly burdensome and would not be expected of a client admitted to a hospital.

Replicating the Service Model

The service model implemented at Clarence Estate could be replicated in other regional areas in Western Australia, particularly where the core elements of the service are in place. The palliative care service provision rarely happens in isolation of other health care services or programs. Having existing connections to support services or other programs is a strength which enables seamless support between care sectors and programs. For example Clarence Estate is also able to provide support to a palliative care client through a home care package or respite services as required.

As outlined earlier the core elements of the model are:

- Choice for the Consumer about whether the service is provided in their home, in their home with access to community based respite, or in the residential aged care facility. This means that the Consumer can choose to palliate in home for longer, and provides an alternative to hospital based care.
- 24 hour, seven day per week access to nursing support, either via the phone or face to face.
- Links with other health care providers to support better continuity of care, and care coordination, in recognition that frequently palliation is not the only health and psycho-social need of the Consumer.
- Access to other care packages, such as home care packages.
- End of Life Planning to support each phase of a Consumer's journey, including planned transfer to the Albany Hospice if that is desired by the Consumer.

**“THANK YOU FOR YOUR CARE,
COMPASSION, RESPECT AND KINDNESS
TOWARDS MY MUM. YOU SUPPORTED US
ALL WONDERFULLY”. FEEDBACK FROM A
FAMILY MEMBER, DECEMBER 2019**

³ The Pharmaceutical Benefit Scheme covers some costs, with the gap to be paid by clients.

In addition there is an opportunity to learn from the Clarence Estate experience and respond to:

- the issues for demand for the service after hours;
- training and on-call cost; and
- support for clients with medication costs.

The issue of the service only being available in the Albany town centre should also be addressed.

Recommendations

There is evidence that inequality exists between palliative care service provision across WA. Although palliative and end of life care is delivered in a variety of modes and locations, a key factor in facilitating client and family satisfaction and high quality support is the ability to offer choice to remain in their place of preference.

There is an exemplary palliative care service currently being delivered in Albany which has produced excellent client outcomes in a cost effective way.

The lessons from this service provide the following key recommendations to the Joint Select Committee:

1. An integrated palliative care model offers many benefits to clients and community living in a regional or rural area; and maximises available resources and networks in the community.
2. The service model is easily transferable into other rural and regional areas and responses to issues of service and staffing sustainability.
3. Utilising existing providers and building local capacity is essential.
4. Aspects of existing services such as Clarence Estate's 24 hour support could be utilised to expand service offerings into rural areas, i.e. phone service, rather than just confined to town based support services.
5. Demand for after-hours service is significant and instrumental to supporting end of life care at home. This needs to be considered in the commissioning and contracting of services. On-call arrangements should be considered as part of after-hours planning.
6. Recognition of costs for training and on-call arrangements.
7. Cost of medicines is burdensome to clients. Consideration for the provision of end of life medications consistent with hospital based care.
8. Flexible funding models to support end of life service choice is essential, particularly when services are not available in the community.

Further information

The Hall & Prior team are grateful for the opportunity to showcase the service and the service outcomes provided to and with the people of Albany. The team are incredibly proud of the relationships they have built, the support they provide and the outcomes they have achieved. Hall & Prior personnel would be willing to share this experience with the Committee first hand, and offer an opportunity either to visit the service at Clarence Estate or provide this evidence in person at a Hearing of the Joint Select Committee in Palliative Care in Western Australia.