



25 August 2011

National LCP Office · New Zealand
PO Box 5349
Terrace End
Palmerston North 4441

Dear Members of the National LCP Expert Advisory Group,

Thank you for your letter. I am responding on behalf of Nurse Practitioner New Zealand (NPNZ) group in reply to your letter dated 13 July 2011 seeking clarity regarding Nurse Practitioner (NP) documentation on the LCP.

The LCP is an internationally recognised tool that ensures timely quality care at the end of life. NPs support its use and are keen to contribute to reducing the barriers for its widespread implementation across all healthcare settings in New Zealand.

In response to your letter, I have been in contact with members of the Palliative Care Nurse Leaders group. This group has a Terms of Reference and was formed to bring together nurses serving on groups such as Hospice NZ, Palliative Care Advisory Group, Palliative Care Nurses NZ and the Palliative Care Council. The purpose of the group is to ensure that there is consistency regarding palliative care issues that impact on nursing. It has recently grown to include new Nurse Practitioners in Palliative Care. The issue of LCP documentation and the role of the NP in LCP documentation was raised in the group earlier in the year. As you will be aware the group does not support NP's replacing doctors in the decision to put someone on the LCP. This decision as stated in the pathway should involve all members of the multi disciplinary team. Currently there are sections of the document that only a doctor can complete.

NPNZ supports the need to modify the wording to ensure that either a medical practitioner or a nurse practitioner could complete the documentation required to start someone on the LCP. This should not be restricted to Palliative Care Nurse Practitioners. Any NP that has the skills and knowledge required to diagnose dying within their scope of practice could do this. NPNZ would like to suggest that the wording is changed to Medical or Nurse Practitioner.

There are several clinical settings in which the NP shares patient care responsibility and work collaboratively with medical colleagues. It is within many NP's area of practice to diagnose, treat and prescribe for people that are in the last days of life. This would include the 'prescribing' of the LCP as a tool to ensure best practice at the end of life.

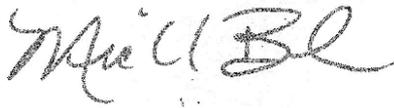
Examples of where inability to complete the medical sections of the LCP hinders quality care include rural Nurse Practitioners on call for the GPs one weekend in three, and in residential aged care. It is a significant barrier to patient care for these NPs not able to complete the LCP.

NPNZ recommends:

1. A patient is placed on the LCP after consultation with the multi-disciplinary team which includes the medical provider.
2. That consideration be given to modifying certain sections of the LCP to include the term "Medical or Nurse Practitioner".
3. Any changes would be the result of consultation with LCP national office and LCP central office and a representative group of New Zealand NPs.

We hope this clarifies our views. We are happy to continue discussing this important issue.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Michal Boyd', written in a cursive style.

Dr Michal Boyd, RN, NP, ND
Gerontology Nurse Practitioner
NPNZ Chair