

# New Zealand Palliative Care

## Resource and Capability Framework

### Questionnaire

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Contractor  
Ministry of Health

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# Resource and Capability Framework Questionnaire

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## Introduction

The New Zealand Palliative Care Strategy was published in 2001 and promulgated two interlinked levels of palliative care services. Subsequently, the Working Definition of Palliative Care in New Zealand (Ministry of Health, 2007) described a service model of generalist and specialist care. The definition stated that *“Palliative Care is best delivered through an integrated approach to care that recognizes the roles and responsibilities of both palliative care generalists and specialists, in meeting palliative care need. This integrated model or framework of care delivery is essential for effective palliative care provision”*.

The terms “Specialist” and “Generalist” were defined in the Working Definition, however there remains considerable confusion in the sector regarding which services may be considered specialist services, and which may be considered generalist. There is no common agreement regarding the team composition or qualifications that would define a specialist service, and eligibility for specialist services varies from district to district.

The need for palliative care services is predicted to increase significantly as the population ages, with most who would benefit from palliative care being in the over 65 age group. A different approach is required to ensure a sustainable integrated palliative care approach which will enable the right service in the right place at the right time. This approach is already used in other specialties, for example most patients with cardiac problems are managed by general practice teams, with a referral to a specialist cardiologist only when complex conditions arise which cannot be managed by the primary team.

The project to develop a resource and capability framework for palliative care commenced in May 2011. A draft framework was developed, based on the work of Palliative Care Australia to:

- define the different levels of palliative care services
- and
- describe the support services and staff capability required at each level.

The draft framework has been primarily developed for District Health Boards and hospices to guide and assist service planning and funding, and is integral to the completion of the Specialist Palliative Care Service Specifications.

The Resource and Capability Framework, when completed, will establish criteria against which all services can be assessed to determine which level of care they provide, and how they fit as part of the integrated model of care delivery. This will assist regional and local planning to provide consistent access to palliative care services across New Zealand, and establish formal linkages to ensure all those who would benefit from palliative care have access to an appropriate level of care, from generalist through to specialist, based on an assessment of their need.

## Consultation Process

The draft Resource and Capability Framework accompanying this questionnaire has been circulated to a number of key stakeholders, and presented at a number of forums over the last two months.

Initial feedback has been that New Zealand is too small for the three levels of specialist services which feature in the Australian model.

An alternative approach from the United Kingdom has also been presented during the consultation forums. This alternative model is included in the questionnaire to determine its appropriateness for the New Zealand setting.

Your feedback regarding a resource and capability framework is now sought, as wide consultation with stakeholders is an integral part of the project.

Consultation for the framework closes **5 pm, 28 September 2011**

Please complete the following questionnaire and send to [brendah@xtra.co.nz](mailto:brendah@xtra.co.nz). This is the preferred method to assist processing and analysis of the responses.

If you are unable to provide comments electronically, please complete the form and send to:

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**New Plymouth 4310**

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<b>Organisation</b>	College of Nurses Aotearoa (NZ) Inc.
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### **Privacy declaration**

The Ministry of Health (Ministry) is bound by legislation, primarily the Privacy Act 1993 and the Health Information Privacy Code 1994 in handling any personal information obtained as part of this form.

The information provided in your feedback form is being collected for the sole purpose of developing a Resource and Capability framework. No personally identifiable information will be released to anyone outside the Ministry without your permission. Your contact details will only be used, by the Ministry, to inform you of information pertinent to the development of the framework.

**Instructions**

The following questionnaire contains a total of eleven questions - Please select the appropriate check box to indicate your response and use the spaces provided to include your comments and suggestions.

## Question One

The draft Resource and Capability Framework proposes three levels of specialist palliative care services. How many levels of specialist palliative care services do you recommend are required in New Zealand?

One

Two

Three

Please describe your rationale:

Thank you for the opportunity to comment on this draft framework.

Nurses commenting on this question indicated that:

2 levels of specialist Palliative care could provide adequate support. Many primary health care services have staff with additional palliative care education and because the GP teams are the primary contact for a patient, these services could be supported by a specialist team. The predominant opinion of nurses commenting to this survey is that 3 levels would increase fragmentation of service.

Please add any other comments or suggestions on the number of levels of specialist palliative care services.

Taking into consideration that a large number of patients living in care facilities will require Palliative care input, increasing the knowledge base of staff working in these settings would be prudent.  
Practice nurses should also have increasing input in palliative care needs of patients

## Question Two

An alternative approach to role delineation, as described by the recent Palliative Care Funding Review in the United Kingdom ([www.palliativecarefunding.org.uk](http://www.palliativecarefunding.org.uk)), has also been presented during the consultation forums. This alternative model is illustrated below.



Do you consider this model has merit as an appropriate framework for New Zealand?






**Strongly Agree**

**Agree**

**Unsure**

**Disagree**

**Strongly Disagree**

Please describe your rationale:

Nurses commenting on this question disagreed.

Comments included:

Nurses working with older people in any setting should be generalist palliative care educated.

By specializing the Palliative care services strongly, the patient journey may be too disruptive as health professionals assisting the patient may not be familiar with them.

The core and universal palliative care services in this model should be combined

Teams should not be hierarchical but work across settings



### Question Three

Formalised linkages between generalist and specialist providers are essential to ensure appropriate services are available to meet the continuum of needs, from uncomplicated to complex.

Do you:

**Strongly Agree**

**Agree**

**Unsure**

**Disagree**

**Strongly Disagree**

Please describe your rationale:

Nurses commenting on this question agreed. Comments included:

Services should be aware of each others' scope and skills.

Service linkages may be in parts of NZ depending on staff availability, patient demographics and geographical distances.

Please add any other comments or suggestions on the development of linkages between generalist and specialist palliative care services.

N/A

### Question Four

The United Kingdom National Council for Palliative Care and the National Health Service (NHS) National Institute for Clinical Excellence (NICE) “*Guidelines for Improving Supportive and Palliative Care for Adults with Cancer (2004)*” - recommend specialist palliative care teams should include palliative medicine consultants and palliative care nurse specialists together with a range of expertise provided by physiotherapists, occupational therapists, dieticians, pharmacists, social workers and those able to give spiritual and psychological support.

**Specialist palliative care teams in New Zealand should reflect this team composition.**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Please describe your rationale:

Nurses commenting on this question agreed. Comments included:

Palliative care should be available for all patients who are dying, not just for patients with cancer. Integrated teams could be compiled from experts from services, such as primary and secondary services. This would require revisiting funding models. Specialists could also include GP teams having direct access to nurses and social worker with palliative care knowledge to ensure advanced care planning is commenced as a pro-active plan, rather than decided on in a crisis situation.

### Question Five

a) To reduce variability and increase equity of access to services, national eligibility criteria for access to Specialist Services need to be defined.

Do you:

**Strongly Agree**

**Agree**

**Unsure**

**Disagree**

**Strongly Disagree**

Please describe your rationale:

Nurses commenting on this question agreed. Comments included:

National eligibility criteria appear fair.

This would reduce inequity

b) An example of eligibility criteria for specialist palliative care services is the Leeds Eligibility Criteria (Bennett, 2000). This includes three key criteria:

1. The patient has active progressive and advanced disease
2. The patient has an extraordinary level of need (those which exceed the resources of the primary team)
3. The patient has been assessed by a Specialist Palliative Care Service.

Patients are required to be regularly reviewed and the criteria serve as both entry and exit criteria and on a needs basis patients will be referred back to their original health care team.

**Please comment of the suitability of these criteria as an approach for New Zealand.**

Nurses' comments on this question included:

The ability and availability of the patients' family should be considered

The original health care team (GP/team) needs to be kept informed and partake in the care throughout.

The primary health team may be best supported by a specialist team working alongside rather than taking over

### Question Six

The Working Definition for Palliative Care in New Zealand (2007) states that “Specialist palliative care is palliative care provided by those who have undergone specific training and/or accreditation in palliative care/medicine, working in the context of an expert interdisciplinary team of palliative care health professionals.”

What form should this specific training take/what minimum qualifications for specialist teams are required for?

**Medical Staff:**

Palliative care post graduate qualification, Clinically focussed, preferably interdisciplinary education, experience, ongoing mentorship and professional case review

**Nurses:**

Palliative care post graduate qualification, clinically focussed, preferably interdisciplinary education, experience, ongoing mentorship and professional case review

**Social workers:**

Knowledge services, postgraduate interdisciplinary qualification

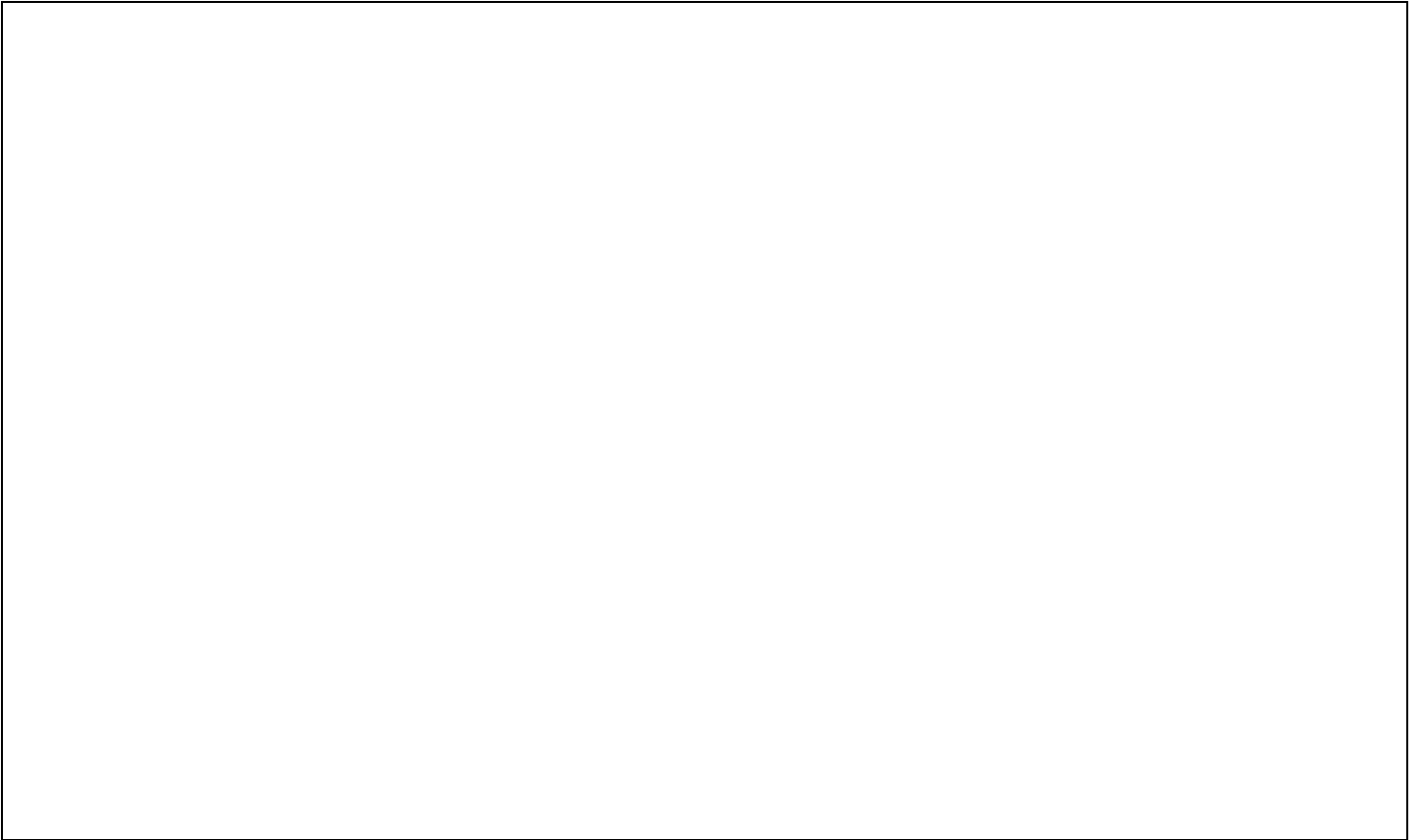
**Counsellors:**

Knowledge services, postgraduate interdisciplinary qualification

**Allied Health Staff:**

Palliative care post graduate qualification, experience, ongoing mentorship and professional case review

Any other comments



### Question Seven

At least 60 per cent of staff in specialist services described above as requiring specialist palliative care qualifications will hold the agreed qualifications in order that the service may meet the criteria for the specialist service level. The remainder of staff will be actively engaged in gaining qualifications in specialist palliative care.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Please describe your rationale:

Nurses commenting on this question disagreed:  
Comments included:

At least 80-90% should have postgraduate qualifications with others working towards this  
Ongoing update is also required

If specialist service providers have lesser degree of education / qualification in palliative care than generalist providers, they may not be considered as specialists

Please add any other comments or suggestions on the skill and qualification mix for specialist palliative care providers.

### Question Eight

All specialist palliative care services will have a continuous quality and audit programme applicable to palliative care.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Please describe your rationale:

Nurses commenting on this question agreed. Comments included:

The audit programme should not only specify the specialist services but other services should also be audited on the quality of their palliative care.  
Audits should guide further service delivery settings.  
Compliance with service level contracts and service linkage are best evaluated with continuous quality programmes

Please identify appropriate quality and audit programmes for palliative care in New Zealand and add any other comments or suggestions on quality and audit programmes for palliative care in New Zealand.

Comments included:

The palliative care component of audit should be incorporated in general audits. For example, the Health certification audits from the Ministry of Health for care facilities should incorporate best practice audits for palliative care. Similarly, GP teams should emphasize any palliative care component in the 'Cornerstone' programme.  
As palliative care is likely to become 'mainstream' the evaluation of the service should fit in this frame so that all services have an opportunity to improve palliative care for patients.

### Question Nine

Specialist palliative care advice for health professionals must be available in all areas of New Zealand on a 24 hour/seven day basis. This may be accessed via regional linkages.

Do you:

- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Strongly Agree</b>               | <b>Agree</b>             | <b>Unsure</b>            | <b>Disagree</b>          | <b>Strongly Disagree</b> |

Please describe your rationale:

All nurses commenting on this strongly agreed, with all indicating that phone contact is preferable.  
2 Comments promoted 24/7 access to have shared electronic patient records.

Please add any other comments or suggestions on the need for 24/7 service availability.

Nurses commenting on this question indicated that specifically when working in isolation, to be able to have a quick phone conversation with a specialist service was helpful and provided continuity for the patient.



### Question Ten

**Specialist palliative care teams will be required to be actively involved in the provision of training and education in palliative care.**

Do you:

- Strongly Agree**       **Agree**       **Unsure**       **Disagree**       **Strongly Disagree**

Please describe your rationale:

Nurses commenting on this question strongly agreed. Comments included:  
Education resources will be consistent when provided by specialist teams.  
Further education and updating generalist teams is essential.  
Specialist teams may need to have 'education' sessions from generalist teams to keep abreast of the needs as presented by patients to generalist teams.  
Education should be an interactive process.

**Please describe the expected involvement in research and linkages to tertiary education and research institutions of specialist palliative care teams.**

Nurses commenting on this question noted that:  
Palliative care education should directly align with specialist teams, tertiary institutions and current research.  
Educational institutions should endeavour not to replicate

## Question Eleven

**Please identify any other issues which you feel require consideration in the implementation of the framework**

The nurses commenting on this questionnaire all indicated that they were passionate about delivering appropriate palliative care. Some indicated that resources, such as time and appropriate equipment sometimes made care delivery challenging.

Thank you for the opportunity to comment on this framework.

### **Thank you for your time**

Feedback will be collated and analysed and the findings will be presented to a reference group comprised of key stakeholders. Recommendations for a New Zealand framework will be developed and a further stage of consultation will be undertaken. Implementation of the final framework will occur over time as regions/District Health Boards review the service configuration required to meet the needs of their population.

Once the framework has been finalised, further work to complete the Draft Specialist Palliative Care Service Specifications can be undertaken with the development of funding and pricing mechanisms to enable their full implementation.