



Feedback - Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand - Final Consultation

email to: cancerteam@moh.govt.nz

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Cancer Team

Ministry of Health

P O Box 5013

WELLINGTON

Marked: Submission- Resource and Capability Framework

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Feedback Form

Submitter details (name and address are optional)	
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Questions

1. Do you support the overall approach of the framework?

Yes No

Please make any suggestions or comments, identifying any specific issues.

It is evident throughout the document that collaboration is the essence of the framework. Palliative Care is a concept of care provided by many different health care professionals in different settings and a common knowledge is essential. Palliative Care services may provide specialist care, but the health professional who knows the patient best, should be included in the care provisions at all times.

The palliative care need of intellectually disabled people and people with dementia will require a close collaboration between health professionals knowledgeable about palliative care and those knowledgeable about the needs of people with intellectual disabilities and dementias.

2. Is there anything missing from the framework that you feel should be included?

Palliative care needs will increase as population numbers increase. Although experts are needed, a general workforce and general public awareness is required. People will benchmark their palliative care experience on what they have experienced in the past with families and friends, and symptom control and general care has improved.

The General Practice team (and other primary care services) are an integral part of palliative care

Patients on specific pathways, such as COPD / CHF pathways may eventually require palliative care. For these patients there is often a close primary / secondary service involvement and this should be incorporated into the palliative care pathways.

Palliative care pathways need to be person specific. The LCP is a good concept but may not be suitable to every patient.

The document could incorporate Nurse Practitioners more readily and visibly as NPs often work closely with GPs and can be the first line of call in care facilities. Some facilities do not have GPs available at all times and work directly with NPs. Whilst the NP workforce is currently small it is growing and the document should ensure that it is future proofed

3. Please comment on the readability of the framework.

The document is easy to read with a good explanation of services and good description of concepts.

4. Please comment on any identified issues for implementation.

Shared patient notes: IT that is linked to NGO's and other primary and secondary services is essential. This prevents gaps in care provision.

The implementation of palliative care needs to be a decision based on clinical presentation and patient wishes as to avoid ageism in the decision to implement palliative care.

An enabler to implement this framework would be information regarding the scope and contractual obligations of all providers involved.

5. If you have any additional comments, please add below using further pages if necessary.

The section of palliative care needs in care facilities describes the Advanced Care Planning process. Many facilities currently have processes of advanced care planning in place, however, this is often conducted at a time of crisis and ideally, with the assistance of health professionals, patients and families could address this earlier.

It also needs to be noted that many nurses working in care facilities have experience in palliative care and completed palliative care education.

A question to consider is whether the InterRai assessment comes into this process at an earlier stage.

Thank you for allowing us the opportunity of providing feedback.

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