

# Clinical Reference Group Communiqué

## June 2018

This update highlights key discussions and considerations from the fourth and fifth meeting of the Sustainable Health Review (SHR) Clinical Reference Group held on 14 March 2018 and 23 April 2018 respectively, as well as a joint meeting with the SHR Consumer and Carer Reference Group held on 22 May 2018.

### Key Topics for 2018

The Reference Group Chair accepted a list of key topics from the SHR Panel which may be used as a guide to inform their advice to the Panel for 2018. Key topics for the Clinical Reference Group include:

- Hospital in the Home;
- End of Life Care;
- Narrative and vision for the Final Report;
- Clinical Variation;
- Elective Surgery Factory;
- Telehealth; and
- Workforce health and safety

### Feedback on Interim Report

The Reference Group provided the Panel with extensive feedback on the SHR Interim Report from a clinician viewpoint. Key comments included:

- Ensure prevention and health promotion is funded. Often met with no money to innovate despite potential to stop the bleed to other acute parts of the systems.
- Currently there is short-term, competitive and piecemeal funding for non-government organisations with no stability for the sector and the people in it. This results in a lack of continuity which breeds a reactive response and duplication.
- Alcohol, drug care and chronic pain are areas missing from the report, and often overlap with mental health issues.
- Need for clarity around NDIS funding (who covers accommodation, what does it cover if it excludes direct clinical services?)
- Access to information, no single record is a major frustration for providers and patients.
- Look at other sustainability reviews and how can addressing wastage in the system fund the Review changes itself?
- Wanted to hear more on what a commitment to action will actually look like – legal, political or just a set of recommendations?

### Hospital in the Home discussion

The Reference Group were invited to explore the possible impacts of integrating care in WA by expanding scope of Hospital in the Home services.

Key points from the discussion included:

- Members discussed what system wastage could be reduced or eliminated by an integrated system, in particular carer burden and anxiety which often sparks emergency department attendances and reliance on inadequate home environments.

- Three suggested models were explored by Members; (1) copy Victorian system and expand Hospital in the Home on an inpatient basis; (2) wait for IHPA non-admitted care classification to be revised so it can fund allied health or a care coordinator; or (3) pilot with Commonwealth IPHA funding.
- Key barriers to realising the full benefits of integrated care included; non-collaboration, IT, duplication and paperwork, system issues, single medical record, lack of coordination and education.
- Cohorts to be considered include Peel, residential aged care e.g. Busselton, NDIS patients, or patients with certain conditions e.g. cancer. Patients come in broad categories. If we want to expand clinical services we need to look at the pathways, the high-volume areas, understand where the gaps are and map them.

## End of Life Care discussion

A Joint Reference Group was held in May 2018 with the key topic being end of life care. The Panel invited members to identify opportunities and risks to improving end of life care in Western Australia, through two key areas:

1. End of life care community initiatives; and
2. A range of clinician focused end of life care programs.

Members were asked to provide high level implementation advice (including outlining any adaptations required for the WA context) for some of known 'end of life care' programs and asked to consider an extensive range of resources, models and other related work being done in this area.

Key points and advice from their discussion:

- **Develop a whole of community, place-based approach to palliative and end of life care**

The members supported a broad communication/implementation initiative for implementing Compassionate Communities on an industrial scale, recognising the importance of a community response. Also discussed were WAPHA partnerships for outreach programs, education and spaces for community level engagement, and much greater involvement of local government to gain traction in every community.

- **Strengthen the relationship between hospitals and residential aged care facilities**

Embrace Residential Aged Care Facility (RACF) staff and provide specialist palliative care for complex cases at no charge, in return for holistic end of life care for the majority of the residents. Develop a specific communication plan between hospital staff and RACF staff, adapt the funding approach to support reporting to shared outcomes, develop KPIs for advance care plans and specific outcomes in aged care.

- **Address structural changes**

Members discussed the need for a Medicare Benefit Schedule (MBS) item for GPs to support consumers to develop advance care plans. The MBS item for advance care planning can be expanded to Nurse Practitioners and Practice Nurses, and greater use of pharmacies to deliver advance care planning (with Nurse Practitioners). Also Community Connectors are a key strategy to consider implementing. Use My Health Record as the central point of storage of advance care planning and as a constant prompt.

- **Implement process changes**

Implement process changes, such as; require advanced care planning as a condition of admission to the Residential Aged Care Facility; build advance care planning into the aged care assessment process; and consider starting early with linkage to driver's licenses. Approach advance care planning as a prevention initiative and target primary, secondary and tertiary prevention stages or consider develop social enterprise to provide the service.

- **Establish clinical alerts for advance care planning in St John and RFDS systems**

## Next Meeting

Meetings for the Clinical Reference Group will be scheduled monthly.

## Further information

Email: [SHR@health.wa.gov.au](mailto:SHR@health.wa.gov.au)

Website: <http://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review>