Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Networks – *Greater Choice for At Home Palliative Care*

Brisbane South PHN

When submitting the *Greater Choice for At Home Palliative Care* Activity Work Plan 2017-2018 to 2019-2020 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The *Greater Choice for At Home Palliative Care* Activity Work Plan must be lodged to Anna Silkeci via email to Qld_PHN@health.gov.au on or before 17 February 2018, and subsequently updated, on an annual basis.

Introduction

Overview

The key objectives of Primary Health Networks (PHN) are:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

The *Greater Choice for At Home Palliative Care* (GCfAHPC) provides funding to improve coordination and integration of end-of-life care across primary, secondary, tertiary and community health services to support at home palliative care through funding Primary Health Networks (PHNs).

In line with these objectives, the PHN GCfAHPC Funding stream will support PHNs to:

- improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care;
- enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations;
- generate and use data to ensure continuous improvement of services across sectors; and
- utilise available technologies to provide flexible and responsive care, including care after usual business hours.

In the context of the PHN *GCfAHPC,* funding under this stream will support the recruitment of two Full-Time Equivalent positions within the PHN to deliver the activity in accordance with the GCfAHPC Expression of Interest (EOI) submission/proposal and any aspects agreed to during clarification sessions post EOI outcome.

PHNs are required to outline planned activities, milestones and outcomes to provide the Australian Government with visibility as to the activities expected to be undertaken by PHNs selected to implement the GCfAHPC pilot project.

GCfAHPC Activity Work Plan must:

- reflect the individual PHN GCfAHPC Expression of Interest (EOI) proposal and anything agreed to in the clarification sessions post EOI outcome;
- demonstrate to the Australian Government what the PHN is going to achieve and how the PHN plans to achieve this; and
- be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments, Local Hospital Networks/Local Health Districts and other stakeholders, as appropriate.

This GCfAHPC Activity Work Plan covers the palliative care component of Core Funding provided to PHNs to be expended within the period from 1 January 2018 to 30 June 2020.

Background

Through an EOI process undertaken in August – September 2017, all 31 PHNs were invited to submit their interest in implementing the GCfAHPC pilot measure. Through this process, 10 PHNs were selected to receive funding to implement the measure.

Further information

The following may assist in the preparation of your GCfAHPC Activity Work Plan:

- GCfAHPC measure Communique (provided to PHNs 3 Aug 2017);
- Department of Health website:
    - GCfAHPC measure – Frequently Asked Questions
    - National Palliative Care Projects
    - Key Facts Budget 2017-18 – *Greater Choice for At Home Palliative* Care measure
    - Decision Assist palliative care and aged care Linkages document

Please contact your Grant Officer if you are having any difficulties completing this document.

1. Planned activities funded under the Activity – Primary Health Networks *Greater Choice for At Home Palliative Care* Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2017-18 to 2019-2020. These activities will be funded under the *Greater Choice for At Home Palliative Care* Funding stream under the Schedule – Primary Health Networks Core Funding.

Proposed Activities	Description
Activity Title	*Greater Choice for At Home Palliative Care* (GCfAHPC) Project. At Home Palliative Care
Description of Activity	The *At Home Palliative Care* project aims to improve the provision of palliative care and end-of-life services for residents in the Brisbane South PHN region with a focus on greater choice in quality, culturally appropriate, at-home services. Brisbane South PHN seeks to achieve this by improving the at-home care options and integration of care between different care providers within and across sectors relevant to the provision of palliative care services. Key sub-activities include: • project design and implementation, including the establishment of appropriate project governance structures including relevant reference groups • stakeholder engagement with a focus on within and across sector collaboration and integration • community engagement with general population with a focus on cultural requirements of multi-cultural communities • service and data mapping with a focus on integration between primary, acute and aged care services • development of referral pathways leveraging existing work programs • capability and capacity building with a focus on GP education and up-skilling • health literacy with a focus on vulnerable populations including older persons and multi-cultural communities • evaluation at a local level and participating in the development of nationally relevant KPIs.

	As one of the select pilot sites, the Brisbane South PHN aims through this work to create an evidence based, repeatable process that will be of value to other PHNs in the future. **New Roles, responsibilities and activities** To achieve this activity the Brisbane South PHN will establish two new roles including a Project Manager and a Community Engagement Officer. Detail of the roles and responsibilities for these positions is included as Appendix A. **Implementation methodology and objectives** Brisbane South PHN proposes to improve access and quality of at home palliative care services for all, with specific strategies to address the issues impacting CALD and refugee communities. The objectives of the GCfAHPC project are to: 1. Improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care. 2. Enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations. 3. Generate and use data to ensure continuous improvement of services across sectors. 4. Utilise available technologies to provide flexible and responsive care, including care after usual business hours. The project will achieve the objectives through the methodology and associated activities outlined in Appendix B. (attached). **Use and implementation of a specific approach** The Brisbane South PHN approach will be based on the Decision Assist Palliative and Aged Care Linkages methodology underpinned by a project management methodology that includes an evaluation process. The project will seek opportunities to collaborate with, and coordinate, existing services and service providers to enhance access and care for palliative consumers and carers/families. It is anticipated that existing services may already have their relevant governance arrangements in place. Where possible Brisbane South PHN will leverage existing collaborative groups such as Metro South Palliative Care Collaborative, the Palliative Care Special Interest Group and the Queensland and Northern Territory Palliative Care Network. New groups will only be created if there is a genuine gap in existing mechanisms. **Description of how the activities will be incorporated into current governance**

	Existing project governance approaches used within Brisbane South PHN will be applied to the project. This includes establishing a Steering Committee to oversee the project and ensuring guidance and direction is sought from the Brisbane South PHN Clinical and Community Advisory Councils and Board as needed. The Steering Committee will include representatives from local health providers, ethnic organisations, palliative care peak bodies and carer representative groups. The project will also be supported in stages such as co-design by special-interest groups including a GP Practice Advisory Group, Data Advisory Group and a general Working Group that includes local community representation including the CALD community. As approximately 80% of palliative episodes of care are for people aged over 65 years an Aged Care Reference Group may also be convened for the project.
Rationale/Aim of the Activity	Through the 2017 Needs Assessment process, Brisbane South PHN has undertaken local consultation that has identified the need to improve access to quality palliative care services with a focus on at-home service availability. Local Aboriginal and Torres Strait Islander communities and multi-cultural communities (including refugees and those from non-English speaking backgrounds) especially were identified as having issues with current end-of-life service options. Similarly, local consultation with GPs and CALD and refugee communities has identified issues relating to community understanding of palliative care, including feelings of fear and minimal capacity for existing services to provide culturally appropriate care in the presence of cultural complexities. While there are strengths in the local system, identified service gaps include a: • lack of clarity regarding referral pathways for those not linked into the local HHS palliative care program, such as private health patients • service gaps for patients with motor neurone disease, respiratory disease and heart failure where referral pathways between chronic disease and palliative care services can be variable • perception of variable quality of care and access to services currently provided by some General Practitioners (GPs) • lack of data to monitor and drive performance at a system level and • lack of in-home and culturally appropriate services. The Brisbane South PHN region have 32% of the persons born overseas in Queensland and 40% of the persons who spoke a language other than English at home in Queensland. The Refugee Health Network Queensland reports (Jan - Dec 2016) that 77% of the Refugee population that have settled within Queensland live within the Brisbane and Logan regions

	(Brisbane region includes Brisbane North PHN and Brisbane South PHN regions). The complexity of palliative and end of life care in a diverse region such as Brisbane South PHN is raised by Hiruy & Mwani (2014). Their research describes the complexity that diversity of customs, religion, traditions and core values play for African palliative consumers and their families and the importance of service providers understanding their spiritual experiences and attitudes towards death, dying, pain and suffering. Similarly, Frey et al. (2013) recognise the complexities of language barriers, misinformation/misconceptions and varying decision-making styles in a study identifying challenges for Maori, Pacific and Asian patients in accessing hospice services. Brisbane South PHN aims to improve palliative care and support end-of-life services across the general population with an initial focus on the specific needs of local CALD and refugee communities. By adopting Decision Assist's *Palliative and Aged Care Linkages* methodology Brisbane South PHN aims to strengthen partnerships, connections and cooperation within and across sectors, to improve the coordinate palliative care in the region. References: Hiruy, K & Mwanri, L 2014, 'End-of-life experiences and expectations of Africans in Australia: Cultural implications for palliative and hospice care', Nursing Ethics, vol. 21, no.2, pp 187–197. Frey, R,Gott, M, Raphael, D, Black, S, Teleo-Hope, L, Lee, H 2013, 'Where do I go from here'? A cultural perspective on challenges to the use of hospice services, Health and Social Care in the Community, 21(5), 519–529.
Strategic Alignment	Brisbane South PHN will meet the strategic intent and objectives of the GCfAHPC Funding Stream and the Brisbane South PHN needs assessment priority of palliative and end-of-life care through the following activities. Objectives 1 & 2 *(1) Improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care; and* *(2) Enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations* by: • mapping existing service and existing referral pathways and identifying gaps • mapping current specialist services, formal and informal networks • mapping current data capture systems • engaging stakeholders, (professional and community), community organisations and community representatives

	• clarifying referral pathways, coordinating the linking of existing services, and establishing new referral pathways including afterhours access to care and documenting as required • encouraging CALD patients access to palliative care services • promoting the use of the Health Pathways Palliative care on-line resources • facilitating increasing the skills, confidence and cultural competency of health professionals in delivering a comprehensive, evidence-based palliative approach to care • developing resources for the program including CALD specific for consumers and their carers/families and • facilitating upskilling of palliative consumers, carers/families and their wider communities, formal and informal networks on the Australian health system generally and on accessing Palliative Care services. Objectives 3 & 4 *(1) Generate and use data to ensure continuous improvement of services across sectors; and* *(2) Generate and use data to ensure continuous improvement of services across sectors; and utilise available technologies to provide flexible and responsive care, including care after usual business hours* by: • leading the development of data capture activities • monitoring and ensuring data collection and collation • developing evaluation criteria in collaboration with the selected external provider • ensuring completion of the project evaluation. The National Palliative Care Strategy 2010 identified key areas of action: 1. *Awareness and Understanding* – This project will raise awareness of the Australian health system, what it offers and how culturally appropriate and safe services can be accessed. 2. *Appropriateness and Effectiveness* - Addressing the needs already identified by promoting appropriate referral pathways, collaborating with existing providers and coordinating services will work towards appropriate, effective and timely care being provided for palliative patients in the Brisbane South region. 3. *Capacity and Capability* - By facilitating upskilling for the primary care teams there will be a greater capacity and capability to care for palliative patients in the community. This will be supported by the care networks developed.

	The project activities will also achieve the PHN key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.
Scalability	The *Palliative and Aged Care Linkages* methodology incorporates seven strategies to promote inter-organisational linkages. Yates, P, Brown, C, Gain, W, Harrison, D, Rosenberg, JP (2017) presented case studies that exemplify the outcomes and flexibility of the strategies. Based on this evidence, Brisbane South PHN believes that the approach and findings from this activity should be transferrable to other PHNs where there are comparable circumstances. To increase the value of the project Brisbane South PHN will make project results and lessons learned available to other interested PHNs, including neighbouring Brisbane North PHN and other PHNs with similar demographics and/or with an interest in the findings relevant to CALD and refugee communities. Reference: Yates, P, Brown, C, Gain, W, Harrison, D, Rosenberg, JP 2017 'Strengthening partnerships between health and aged care services to achieve better end-of-life care for older Australians: The Decision Assist Linkages Project Case Studies', Brisbane: Queensland University of Technology.
Target Population	**Consumers** Any palliative care patient and families/carers providing support that are residents of Brisbane South region with a focus on CALD and refugee peoples. **Healthcare Professionals** Primary healthcare professionals including GPs and nurses providing palliative care services or end-of-life support.
Coverage	Brisbane South PHN region [PHN 302] with a focus on SA3s with a high proportion of multi-cultural residents
Anticipated Outcomes	The outcomes and/or benefits of this activity include: • increased knowledge of the local health system generally, and for accessing palliative care services and end-of-life support specifically, for palliative care consumers, carers/families and their wider communities, formal and informal networks will

	• increased skills, confidence and cultural competency of health professionals to deliver comprehensive, evidence-based palliative and end-of-life care services • documented care pathways connecting palliative care services between primary, acute and aged care sectors • identification and collection of relevant data to develop an evidence base to support and demonstrate the achievement of change and outcomes • evaluation of, and report on, findings and lessons learned from project to guide future initiatives.
Measuring outcomes	*Note - An External Evaluator will commence activities from July 2018 and will support PHNs to develop a set of core Key Performance Indicators (KPIs) to inform the national evaluation of the GCfAHPC. Activity related to the development of indicators with the External Evaluator should be reflected in the 2019 Activity Work Plan.* In the first instance it is expected that a range of qualitative and quantitative output indicators would be captured. These include: • co-design findings from special interest groups including service providers and needs of vulnerable communities such as CALD and refugee communities • developed education material to fill identified gaps • documented data environment and schema for capturing relevant data to develop evidence base across different data sources • documented palliative care and end-of-life support pathways (existing and new) • documented lessons learned from various stages • identified service provider education gaps. Methodology for output collection during early stages is expected to be by way of workshop/activity summaries and artefacts. Further development of measures is expected to occur as the project develops and more is known about the available data that can be collected and/or the work necessary to enable data capture. During this stage it is expected that the work of the national PHN performance framework will be leveraged and the program logic methodology adopted in this framework will be applied to develop a consistent approach to this activity. It is anticipated that, as one of the pilot sites, the Brisbane South PHN would provide input into the KPI development with the external evaluator once appointed.
Indigenous Specific	No
Collaboration/Communication	

	The following group/s are expected to be convene during the project for consultation and collaboration: • Community Working Group/s • Data Advisory Group • GP / Service Provider Advisory Group • Steering Committee. The following organisations will be invited to participate in whichever group/s are deemed the most appropriate when the project and consultation have commenced: • Metro South Health and Hospital Service – possible Steering Committee member • Palliative Care Queensland- possible Steering Committee member • Refugee Health Partnership Advisory Group Queensland - possible Steering Committee member • St Vincent's Private Hospital - possible Steering Committee member • Brisbane Refugee Health Advisory Group – consumer advisor and possible Steering Committee member • Carers Qld – consumer representative and possible Steering Committee member • Community Nurses e.g. Blue Care and Anglicare possible Working Group member • General Practitioners - possible Steering Committee, GP Practice Advisory Group members • General Practice Nurses - possible Working Group member • Refugee Health Clinical Advisory Group – possible Working Group member • Mater Health Services – general support for project.
Timeline	Please see Appendix C for details
Budget (pre-populated)	The PHN has no current plans to supplement the Departmental funding with funding from alternate sources. This may change as the project progresses.
Risk Management	Please see Appendix D for details