

Rural Palliative Care Resource Kit



Intersectoral activity

Intersectoral Framework

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Intersectoral framework

To improve the health of the population it is essential for the various parts of the health sector to work together and often to work with other key stakeholders such as transport. Recently working together in the health sector has been labelled as intersectoral action. The Harris model as detailed in *Working together: intersectoral action for health* (1995) was commissioned by the Australian Government Department of Human Services as part of a strategy to develop the infrastructure for health promotion in Australia. It details defines six pre conditions required to work effectively together. They are:

1. need
2. opportunity
3. capacity
4. relationships
5. planned and evaluated
6. sustainable outcomes.

The tables on the following pages provides a case study of identified intersectoral activity in rural palliative care within the geographical region of one rural Division of General Practice. The tool used to identify successful collaboration stories and future opportunities for joint activity was based on the Harris¹ model. This model identifies six pre conditions for collaboration. Four factors are explored below. These are the:

- necessity to work together
- opportunity
- capacity
- relationships to conduct the activity.

This work was conducted by a local team.

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¹ E.Harris. M.Wise, P.Hawe. P.Finlay and.Nutbeam (1995) on *Working Together: intersectoral action for health*, Commonwealth of Australia

It is hoped that other rural divisions or interested stakeholders may use this table to consider:

- how rural palliative care fits into existing core business
- opportunities for promoting the palliative care approach
- workforce development opportunities, including rural general practitioners.

Table 1: Harris model: Pre condition 1 - Need

Necessity - Core Business	West Vic Division of General Practice	Department of Human Services (Grampians Regional Office) and Primary Care Partnerships	Palliative Care Consortium and the Palliative care Services Central Grampians Palliative Care Wimmera Hospice Care	Case study
Commitment to service coordination	<p>Promote best practice and enhance the quality of general practice.</p> <p>Promote internal practice systems that increase general practice capacity to meet primary medical care needs. This includes promotion of Chronic Disease items and utilisation of other professions in the general practice team.</p> <p>Advocate for the role of rural general practice in primary health care systems and initiatives.</p> <p>Advocate and inform state funded services around GP remuneration and opportunities from MBS items.</p>	<p>The key Victorian Government document on service coordination is Better Access to Services: A Policy and Operational Framework.</p> <p>Service coordination reform aims to place consumers at the centre of service delivery - ensuring that they have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes. Service coordination is one of the four key deliverables by Primary Care Partnerships, where agencies come together to agree on how they will coordinate their services so that consumers experience a health system that works together.</p> <p>The PCPs are the local service structure that implements DHS policy within the local state funded primary care sector. PCPs aim to improve the health and well being of their catchment's population by better coordination of planning and service delivery in response to local identified needs.</p>	<p>The Consortium will further develop the implementation of Service Coordination practices to ensure that service delivery maintains an ongoing focus on the consumer.</p> <p>The local services are mandated by DHS to participate in PCP service coordination and to use the Service Coordination Tool Templates and Human Services Directory.</p>	<p>WVDGP has 77 GPs, 44 (57%) are International Medical Graduates. WVDGP GP consultant and project manager conducted practice visits meeting 23 IMGs to discuss their experience of palliative care and cultural and health systems experience around death and dying. This methodology</p> <ul style="list-style-type: none"> ▪ allowed explanation of the palliative care approach ▪ introduced the local palliative care teams ▪ promoted referral processes and ▪ Access to and promotion of Palliative Care Specialist. <p>Wimmera Hospice Care and the West Vic Regional Pharmacy group developed a local after hours protocol for emergency access to palliative care medications.</p>
Funding source	Commonwealth funding and some state funding for specific programs or through tenders for projects.	PCPs also access funds from other State and Commonwealth Departments through various initiatives and funding rounds.	DHS recurrent funding, some philanthropic funds and community fund raising.	The rural palliative care project provided local services with capacity to conduct three year project. Capacity maintained by "DHS growth funding".

<p>Workforce Development</p>	<p>WVDGP have a commitment to</p> <ul style="list-style-type: none"> ▪ GP education ▪ support for IMGs to obtain their Fellowship ▪ Practice Nurse Education ▪ frameworks that bring local pharmacists together for peer support and quality processes ▪ quality residential aged care services. 	<p>Service coordination implementation requires changes to the way agencies do business and workforce development resources are available to build sustainable capacity in the sector to effect these changes:</p> <p>Victorian Service Coordination Practice Manual</p> <p>Good Practice Guide for Practitioners</p> <p>Service Coordination Tool Templates 2006 user guide self-paced training module – this is an interactive training package that provides an introduction to service coordination.</p> <p>Train-the-trainer service coordination orientation program – this is a training package that supports a train-the-trainer approach and provides resources for those wishing to familiarise people with service coordination.</p> <p>Local PCP have conducted training for palliative care staff on service coordination tools</p> <p>PCP IHP Workforce Development, including drought focused workforce development</p> <p>PCP Integrated Chronic Disease Management workforce development</p> <p>DHS funded State-wide Bereavement</p>	<p>Through the regional team, the Consortium ensures that a regional multi-disciplinary training plan is developed, delivered and monitored.</p> <p>The palliative care nurses also provide opportunistic education to medical staff and graduate nurses to promote the palliative care approach and quality discharge to a community setting.</p> <p>One on one opportunistic education with consumers and providers on the palliative care approach.</p>	<p>WVDGP distributes Palliative Regional Team ebulletin through practice and practice nurse email lists. GP education is promoted through weekly newsletter (newsfax).</p> <p>Through Aged Care GP Panels Initiative WVDGP has provided education to aged care staff on</p> <ul style="list-style-type: none"> ▪ end of life directives ▪ bereavement ▪ communication of tough topics. <p>WVDGP promoted PEPA program for GPs.</p> <p>Through rural palliative care program, WVDGP worked with palliative care services to develop a model of clinical nurse placement. Ten nurses participated in the placements. The Div 1 nurses came from acute and aged care across the region and they attended for one week, funded by their employing agency.</p> <p>A local model of GP one day placement with the Palliative Care Physician has been developed for IMGs.</p> <p>Through the Aged Care GP Panels Initiative, WVDGP has been able to implement the Respecting Patient Choices Program. A local palliative care nurse has been trained as a consultant along with a GP, consumer representative and 32 aged care staff from 10 agencies.</p>
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	WVDGP assisted in the local promotion of Program Experience in the Palliative Approach (PEPA).	<p>Service. Recruitment of new rural counsellor position. Two phone information services – a Practitioner Consultancy Service - 1300 858 113 and a Bereavement Information and Referral Service (for the general public) - 1300 664 786.</p> <p>Program of Experience in the Palliative Approach (PEPA) Program. Victoria is in the final stages of negotiating PEPA for 2007 – 2010. In 2007 clinical placements will be available for general/medical practitioners, nurses (primary care, residential care, specialist palliative care) and Indigenous health workers.</p>		
Workforce recruitment and retention	The Division is committed to recruiting and retaining an adequate general practice workforce to meet the primary medical care needs in all of the Division's communities. The Division employs a full time workforce manager to recruit and retain the general practice workforce. As 57% of the workforce is International Medical Graduates this work includes supporting GPs with the paper work associated with the state and federal bodies that are involved with IMGs.	<p>The DHS Regional Office has both a Nurse Recruitment and Retention Coordinator and an Allied Health Recruitment and Retention Coordinator. Projects/activities under the nursing portfolio include:</p> <ul style="list-style-type: none"> ▪ Grampians Nurse Recruitment and Retention Plan ▪ Grampians Regional Health Bank ▪ Grampians Health Web Portal ▪ Grampians eLearning Working Party ▪ some case management mainly of overseas-educated nurses ▪ Division 2 up skilling program ▪ Continuing Nurse Education program ▪ Conducting 2-3 monthly forums for DONs, education mangers and maternity services ▪ Nurse workforce planning and data 	The consortium has a Workforce Development Plan which focuses on recruitment and retention of palliative care staff. Additionally the plan will focus on assisting the Consortium Member Agencies to provide ongoing employee assistance & support to palliative care staff.	<p>The Central Grampians Palliative Care Service have made a commitment to be part of the graduate nurse program that will allow East Grampians Health Service graduate nurses to be introduced and participate to community palliative care.</p> <p>There is competition for graduate nurses and this is a means to promote palliative care.</p> <p>Through the rural palliative care project WVDGP set up a palliative care consumer advisory committee that provides support to the Central Grampians Palliative Care Nurse. This meeting is attended by the palliative care consortium project worker.</p>

		<p>collection.</p> <p>Projects under allied health coordinator include:</p> <ul style="list-style-type: none"> ▪ allied health workforce data collection ▪ limited case management ▪ development of Grampians Regional AH R&R Plan, Marketing strategy. <p>Rural Palliative Care Medical Purchasing Fund – Medical Practitioners Scholarship Fund. The medical practitioner’s scholarship fund has been established to support medical Practitioners’ upskilling in palliative care.</p>		
Advocacy of rural health profession and sector	<p>WVDGP advocates for the role of IMGs, assists in the orientation to the Australian health system. Supports IMGs towards Fellowship.</p> <p>WVDGP advocates for the rural community, developing regional and local systems that support community access to quality primary care services.</p> <p>The Division through six monthly reporting to the Commonwealth is able to report on rural issues.</p>	<p>State-wide meetings that feedback to DHS on rural issues. PCP structure is around advocacy and representation for the local area (3 to 4 LGA based)</p> <p>DHS has a dedicated rural and regional health and aged care service department.</p> <p>Please note the R and R approaches cited above include advocacy.</p>	<p>Palliative Care Services includes advocacy for individuals or different client groups within the rural area. This includes accessing appropriate resources and funding for identified needs. The service navigates the health service system for rural clients in an environment that is becoming more centralised.</p>	<p>WVDGP Project manager was invited to speak to the palliative care consortium about the IMG experience. The GP Consultant presented the IMG experience to a regional palliative care workforce education day.</p> <p>The rural palliative care project identified that palliative care is primarily a state funded nursing service, supported by a state funded physician. The GP role is seen as pivotal but varies across the region depending .on GP skills and attitudes. A gap identified is that there is no local mechanism to identify or negotiate the role of individual GPs in palliative care services nor a local pathway to upskill interested GPs so that they can take up palliative care roles.</p>

Aged Care	<p>WVDGP receives Commonwealth funding to conduct the GP Panels Aged Care Initiative that aims to:</p> <ul style="list-style-type: none"> ▪ ensure better access to primary medical care for residents of aged care homes ▪ enable GPs to work with homes on quality improvement strategies for the care of all residents WVDGP has 45 facilities within the region. 	See PEPA program above.	The Consortium will be responsive to the direction of both State and Federal Government initiatives and outcomes of projects pertaining to residential aged care facilities and the provision of care using a palliative approach.	Through the Aged Care GP Panels Initiative WVDGP is strengthening service coordination between GPs, residential age care facilities and palliative care services through facilitating the Respecting Patient Choices Program at a regional level. The palliative care nurse participates in a regional RPC advisory committee along with a representative from Regional Office of DHS. This committee is facilitated by the Division.
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Table 2: Harris Model: Precondition 2 - Opportunity

Opportunity	Comments
Increasing capacity	The rural palliative care project provided Commonwealth funding to increase capacity in local state-funded services particularly in the area of working with general practitioners. WVDGP will continue to seek funding opportunities that supports and or develops the GP role in rural palliative care.
Rural advocacy	A whole of region approach that includes the articulation of the agreed gaps and needs in palliative care, strengthens any state or Commonwealth applications for further project funding. WVDGP has supported a consortium submission around increasing specialist capacity.
Residential aged care	The locally developed networking and planning structures developed for residential aged care through the GP Panels Aged Care Initiative provide a framework and energy to implement regional programs such as Respecting Patient Choices.
Ageing population	The elderly form a significant proportion of GP patients, and most GPs would see residential aged care as a normal component of rural general practice. This provides opportunities to introduce conversations around palliative care and the palliative approach for all residents.
Dying at home	An increase in the community expectation of the right to die at home can create practical difficulties especially in areas of where there is no resident GP in the community. Such problems demand multidisciplinary discussions and plans.
Maintaining a sustainable service system and workforce	The shortage of a health workforce creates the need for a collaborative environment between all the health professionals and service systems associated with palliative care. The variability in the role played by GPs in palliative care makes it vital that primary health care roles are defined and negotiated in each case. There is also scope for considerable innovation in the use of the health workforce in palliative care: the use of teleconferences for case conferencing once professional relationships have been established is a case in point.

Table 3: Harris Model: Precondition 3 - Capacity

Capacity	West Vic Division of General Practice	Department of Human Services (Grampians Regional Office) and Primary Care Partnerships	Palliative Care Consortium and the Palliative care Services, Central Grampians Palliative Care Wimmera Hospice Care	Case study and or comments
	<p>Palliative care can be seen to be part of Aged Care GP Panels Initiative, community liaison programs, CPD programs and has synergy with work conducted around the utilisation of the chronic disease items.</p> <p>WVDGP is experienced in facilitating regional systems.</p>	<p>3 year community health plan that provides strategic direction.</p> <p>PCP strategy aims to build local capacity.</p>	<p>DHS policy identifies palliative care services are for people with complex needs. This means that palliative care is seen as part of generalist services and therefore requires a diverse community team that includes general practice. This approach requires that many providers are educated in the palliative care, and that providers work in teams to create the capacity to meet patients and carers needs. The team is supported by the specialist services.</p> <p>The palliative care consortium strategic plan has allowed resources to be targeted, creating capacity for action.</p>	<p>The models of clinical placement, education for residential aged care staff and implementation of Respecting Patient Choices has increased regional capacity in the palliative care approach.</p> <p>The rural palliative care project learned that the facilitation and coordination of direct services of palliative care is the respected business of the specialist services.</p> <p>Joint activity can not impede their capacity to do this work but should value add to their strategic outcomes.</p>

Table 4: Harris Model: Precondition 4 - Relationships

Relationships	West Vic Division of General Practice	Department of Human Services (Grampians Regional Office) and Primary Care Partnerships	Palliative Care Consortium and the Palliative care Services, Central Grampians Palliative Care Wimmera Hospice Care	Case study and or comments
Personnel /Positions	<p>The rural palliative care project has resulted in palliative care being recognised as a common topic in Division programs. Those involved in palliative care include:</p> <ul style="list-style-type: none"> ▪ GP Consultant ▪ senior projects manager ▪ consumer representative ▪ project worker for Aged Care GP Panels Initiative ▪ CPD project officer. 	<p>The Program and Service Advisor (PASA) based in the regional office of the Department of Human Services works with state funded agencies, and planning structures such as palliative care consortium. Their core role is to liaise, assist and monitor agencies, Providing a conduit from state wide policy and agencies. PASAs have broad portfolios. In the Grampians Region there is a PASA for Palliative Care and a PASA for Aged care. It is estimated that palliative care work is about one day a week.</p> <p>PCPs usually have Service Coordination workers as service coordination one of the key deliverables of the strategy.</p>	<p>The regional palliative care consortium has a .8EFT project worker who liaises with the Division and palliative care services, PCPs, palliative care regional team and DHS.</p>	<p>DHS PASA has a pivotal role in palliative care relationships within the region. Ironically this was a role that was not included in the steering committee of the rural palliative care project.</p> <p>All the state funded agencies have a formal relationship with DHS. WVDGP is a member of the local PCPS but the other relationships are based on goodwill and past successes in collaboration.</p>
Status of relationship	<p>The relationships range from goodwill to time limited service agreements with palliative care services, such as in the delivery of rural palliative care project.</p>	<p>PCPS have a formal funding contract with DHS to deliver DHS outcomes. The regional officer contact is the local PASA.</p> <p>PCPS have a formalised MOU with participating agencies including the Division and the agencies that auspice palliative care in the Division. The membership is voluntary.</p>	<p>Consortium has a formal funding contract with DHS and a MOU relationship with consortium members. Members are service providers. This is six agencies. The member agency representatives develop and plan palliative care services across the region. A project worker is employed to action the plan. The Regional Palliative Care Team also provide the medical and nursing consultancy and deliver the education as identified in the consortium plan.</p>	<p>Further consideration is needed in establishing local steering committees to include representation from regional state office. This would increase the formality of the relationship.</p>

<p>Networks</p>	<p>Divisions have state wide and national networks. The rural palliative care project has created a national network of eight lead Divisions.</p> <p>The Division established a community advisory committee and maintained a consumer representative on project committees. Consumers were informed of the project through consumer bulletin.</p>	<p>DHS is primarily involved through the Regional Palliative Care Consortium and Primary Care Partnership networks, however state-wide networks also exist in these areas through central / regional PASA and Consortia meetings and general liaison with central office program staff within DHS. Likewise, the DHS regional office PASA liaises with other regional office PASA and program staff to coordinate relevant initiatives and program areas.</p> <p>PCPs have a state wide network. The EOs meet state wide (monthly) as well staff (quarterly).</p>	<p>State –wide palliative consortium meetings and project worker network meetings. These are quarterly.</p> <p>PCV holds quarterly network meetings for service providers. DHS is represented.</p>	<p>GPDV held a Forum as the final part of a DHS-funded study to review key issues in the partnership between GPs and palliative care.</p> <p>The Forum was attended by 13 divisions of general practice (seven GPs, two CEOs and 18 division project staff), four palliative care physicians and 13 palliative care nurses as well as representatives from state health, DoHA, ADGP, Palliative Care Victoria and Melbourne and Monash Universities.</p> <p>Presentations focused on the strengths and barriers to effective partnership from the different professional perspectives and on effective collaborative models. Speakers from state and national health departments and from Palliative Care Victoria discussed the policy context for partnership development.</p> <p>A facilitated discussion in the final session resulted in recommendations to DHS, DoHA and GPDV.</p>
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