

A GUIDE TO PALLIATIVE CARE SERVICE DEVELOPMENT: A population based approach

Why was this guide developed?

The Council of Palliative Care Australia endorsed a national policy document in February 2005, A Guide to Palliative Care Service Development: A population based approach. This document was developed in consultation with members of the palliative care community. It suggests a plan for providing equitable access to palliative care in the context of efficient, effective and ethical use of resources. It also recognises the quality and extent of care currently provided by primary care providers and complemented by specialist palliative care services.

As palliative care services continue to develop throughout Australia, we anticipate this guide will provide one of the cornerstones in developing new networks and strengthening those networks already in place.

Defining the Palliative Care Population

For the purposes of populations based service planning, it is proposed that all people with a life limiting illness (including their family, caregiver/s and community) be conceptualised as falling within three broad subgroups. Based on the best available estimates of expected deaths in Australia per annum, the population represented in the conceptual model is 64,000 people.

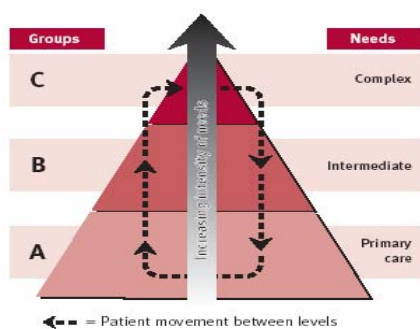


Figure 1: Conceptual model of level of need within the population of patients with a life limiting illness.

The largest **sub-group (A)** are those patients who do not require access to specialist care as their needs are met either through their own resources or with the support of primary care providers (for example generalist medical and nursing services as well as other specialist staff –

oncologists, cardiac services, geriatricians and so on). Currently, almost two-thirds of all people whose death is expected, fall with sub-group A are not seen by a specialist palliative care service prior to their death.

Just over 37.5% of patients represented in the model are currently seen by palliative care services. These patients are distributed between sub-groups B (those patients requiring consultation care) and C (those requiring ongoing specialist care). It is not known how they are proportionally distributed between sub-group B and C.

In **sub-group (B)**, patients may have sporadic exacerbations of pain or other physical symptoms or may experience social or emotional distress. This temporary increase in their level of need may require access to specialist palliative care services for consultation and advice. They will continue to receive care from their primary care provider.

Sub-group (C) are those palliative care patients who have been identified as having complex physical, social, psychological and/ or spiritual needs that do not respond to simple or established protocols of care. They usually require highly individualised care plans developed, implemented and evaluated by knowledgeable and skilled specialist practitioners, in partnership with primary care providers. This sub-group is likely to be the smallest of the three sub-groups of the population.

Where can I learn more?

This document should be read in conjunction with the PCA (2005) Palliative Care Quality Resource Guide & Tool Kit containing:

- *Palliative Care Service Development*
- *Using the Standards*
- *Linking to Accreditation*
- *Fact Sheets*
- *Information Guides*
- *In-service module*
- *Additional Resources*

