



SHPA SA/NT Branch Committee submission to South Australia's Palliative Care Services Plan and Model of Care Framework, April, 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes a Palliative Care specialty practice group for palliative care pharmacists who work in hospital consultative services or inpatient units/wards, and outpatient, ambulatory or primary care settings in specialist palliative care services, or with patients who have palliative care needs within other specialties. The patients may be at various stages of their disease progression and the focus of their care is their quality of life, including improving symptom management. SHPA has also produced the Standards of Practice for Clinical Pharmacy Services¹ and the Standards of Practice for the Provision of Palliative Care Pharmacy Services² which outline the entitlement of palliative care patients to levels of pharmacy care aligned with other key patient groups.

SHPA SA NT Branch Committee commends the South Australian government on the launch of the Palliative Care Strategic Framework 2022-2027 and is pleased to see recommendations provided by SHPA's submission to this consultation, included to support the priority actions areas. Priority Area 3 – *Enhance collaboration and coordination*, showcases the impact of palliative care pharmacists in aged care in the Northern Adelaide Local Health Network (NALHN). Pharmacists are also highlighted as key members in the medical management and coordination of care for people living with a life-limiting illness.

Whilst access to palliative care is essential, SHPA SA/NT Branch Committee believes that to meet the actions outlined in the Palliative Care Strategic Framework 2022-2027, the new Palliative Care Services Plan and Model of Care Framework for South Australia must include access to palliative care pharmacy services as a priority. This will ensure the safe and quality access and use of medications for people with a life-limiting illness. Further considerations for the Services Plan and Model of Care are outlined below under each relevant Priority.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

SA Palliative Care Strategic Framework 2022-2027 Priority Areas

Priority Area 2 – Improve access to generalist and specialist palliative care particularly for underserved populations

Palliative care pharmacists are an integral part of an interdisciplinary team and optimise the outcome of symptom management through evidence-based, patient-centred medication therapy. Palliative care pharmacists educate patients, carers and fellow health professionals on the use of medications, maintain patient medication stock, follow up on patients after discharge and transitions of care, provide prescribing advice to general practitioners and create guidelines for medication use in palliative care settings. During provision of care there are great responsibilities and challenges faced by carers, especially when considering complex and frequently changing medication regimens and the fragmentation of care, with carers often being the single coordinators of care for their loved ones.



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SHPA member feedback indicates that carers are more educated and confident about managing the patient's medicines after a comprehensive counselling session with palliative care pharmacists. These counselling sessions cover what the patient's medication regimen is, the dosage and frequency of each medication, whether they are regular or as-required medications, the side effects of each medication, and medical referral points for each medication. SHPA's *Standards of Practice for the Provision of Palliative Care Pharmacy Services*² further describe activities consistent with good practice for the provision of pharmacy services to a palliative care unit, service, specialist clinic or hospice. They also encompass services provided to palliative care patients in general wards or being cared for on an outpatient basis or at home.

Therefore, the co-design and implementation of integrated models of care noted in Framework Action 4, must include access to palliative care pharmacy services within the Model of Care.

Framework Action 5 addresses workforce capacity and reiterates the importance of access to clinical pharmacy services for palliative care. Current pharmacy services provided to palliative care patients in South Australia are mainly provided on a part-time basis and involve clinical, administrative, educational and medication supply functions.³ SHPA believes that palliative care pharmacists should be embedded across all settings where palliative care is provided including: hospital, hospice, ambulatory, residential aged care, within the community and for both rural and remote settings.

Hospital pharmacists play a crucial role in supporting palliative care patients across Australia each day, and frequently inform SHPA of the workforce shortages in this space. They have highlighted the need to prioritise medication management in palliative care, by improving the pharmacy workforce capacity and increasing access to clinical pharmacy services for this patient population to ensure high quality care is provided at a level that meets community expectation. The SHPA Standards of Practice for Clinical Pharmacy Service¹ recommends 1 FTE clinical pharmacist:25 beds (or 30 longer stay admission) based on clinical pharmacy services delivered during normal business hours. SHPA recommends that South Australia's Palliative Care Model of Care supports achievement of these ratios to ensure safe and effective medication management for Australians in this population group.

SHPA has more than 660 pharmacists engaged in our Palliative Care Specialty Practice stream, working in hospitals and health service facilities nationally. This number, whilst significant, reflects the considerable shortage of these key members of palliative care teams, and is insufficient for the medicine management needs of this important patient cohort. Inclusion of the essential role palliative care pharmacists have in the Model of Care will assist in highlighting this key issue

Further investment into this key workforce is required, through development of Advanced Training Residencies in Palliative Care to develop specialist pharmacists in palliative care services. SHPA also delivers Foundation Seminars in Palliative Care to equip hospital pharmacists with the key skills required to practice in palliative care..

Priority Area 3 – Enhance collaboration and coordination of palliative care

Palliative care pharmacists are crucial to ensuring the safe and quality care of palliative care patients across all care settings, especially with respect to management of their medicines. Patients with a life-limiting illness may be transitioning from hospitals to residential aged care facilities or community palliative care services, and vice versa, and at times may be cared for by a combination of public and private healthcare providers without sufficient communication to ensure continuity of care.

These transition points are known to be a high risk for adverse medication events, including missed doses of medications and disrupted supply when patients are transferred to another setting. This population group have complex health needs and medication regimens, so missed doses and incorrect medicines place them at risk of serious complications, lack of symptom relief and re-hospitalisation.



Collaboration demonstrated by palliative care pharmacists in multidisciplinary not only results in improved medication prescribing but also has economic benefits through reduction in direct medical costs.⁴ Hence, access to palliative care pharmacy services is essential in the Model of Care to address Priority 3 of the Palliative Care Strategic Framework.

It is also important to note that hospital pharmacists working outside of the palliative care space also provide clinical pharmacy services to people with other life-limiting illnesses, in areas such as oncology, neurology, cardiology, geriatric and respiratory medicine. Although pharmacists are listed generally under the Framework's 'Generalist Palliative Care' team, in development of the Model of Care, pharmacists working outside of palliative care could be considered as 'Generalist Palliative Care' team members and palliative care pharmacists considered as 'Specialist Palliative Care' team members.

Priority Area 4 – improve palliative care data collection, monitoring and reporting

The Australian Commission on Safety and Quality in Health Care's National Consensus Statement: essential elements for safe and high-quality end-of-life care⁵ (currently being updated), discusses the importance of systems that support best practice, such as the development of consistent processes for accessing palliative medications and hence improving the timelines of treatment for distressing symptoms. In the updated draft document, Essential Element 4: Comprehensive Care, 4.3 outlines the need to avoid unnecessary medication and Essential Element 9: Evaluation, Audit and Feedback includes point 9.6, utilising medication chart safety review as a method for collecting data. Palliative Care Pharmacists are key members of the palliative care multidisciplinary team, ensuring that these essential elements are part of everyday practice.

References

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 - ² SHPA Committee of Specialty Practice in Palliative Care. (2006). SHPA Standards of Practice for the Provision of Palliative Care Pharmacy Services. *Journal of Pharmacy Practice and Research*, 36(4): 306-8
 - ³ Gilbar, P., Stefaniuk, K. (2002) The role of the pharmacist in palliative care: results of a survey conducted in Australia and Canada. *Journal of Palliative Care*; 18: 287-92
 - ⁴ Naidu, D., Jones, K., Kanyer, D., Hausdorff, J. (2018). Palliative care pharmacist interventions in a community hospital, *American Journal of Health-System Pharmacy*, Volume 75, Issue 13, 933–936, <https://doi.org/10.2146/ajhp170250>
 - ⁵ Australian Commission on Safety and Quality in Health Care. (2015). National Consensus Statement: essential elements for safe and high-quality end-of-life care. Sydney. Available at: <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Consensus-Statement-Essential-Elements-for-safe-high-quality-end-of-life-care.pdf> (currently being updated)

