How to refer to Specialist Palliative Care

Palliative Care NEW SOUTH WALES

Consider the eligiblity and needs of the patient/family?

Palliative care can be provided to a person who has a progressive, life limiting illness. Palliative care is *NOT* exclusively for people who have advanced cancer. It can also be provided to be people with (but not limited to) end stage heart, lung or kidney disease, neurological conditions and end stage dementia.

Discuss palliative care with patient/family

Many people think that palliative care is only about care that is provided in the last days of life (terminal phase), but that is a myth.[1] Palliative care can be provided by a number of different health professionals, depending on the needs of the person.

For those people with a life-limiting illness and relatively uncomplicated illness trajectory, care is most appropriately delivered by the generalist palliative care team – GP, other medical specialists, community nurses, allied health professionals. The goal is to improve the person's level of comfort and function, and to address their physical, psychological, spiritual and social needs. A small number of people experience more complex problems as their condition advances. These people may be referred to a specialist palliative care service where a team of specialist professionals will work together to address these concerns.[2]

Locate and engage with a Specialist Palliative Care Service?

View Palliative Care NSW Service Directory to find a service or contact the Palliative Care NSW Service Guide, phone 02 8076 5604 or email pcguide@palliativecarensw.org.au

Complete medical referral documentation

Some services have developed a specific referral form. **Referral requirements** usually include:

- Demographic data, health/fund/Medicare/DVA details.
- Medical background – medical history (stage of illness), treatment (previous and current)
- Current treatment and reason for referral (i.e. symptom management, terminal care, psychological support). Current medications, copies of recent discharge summaries, investigation results. Patient/family concerns, understanding of disease, goals of care, spiritual/cultural needs
- Current services – if any community nurses, private agency, home packages
- Referral details – name, provider number and contact details, GP details – provider number, contact details
- Patient alerts – infection status (Covid vaccination), cytotoxic medication (cancer, arthritis, psoriasis), advance care plan (if known), falls risk/behavioural concerns, functional status.

Specific indicators used among many specialist palliative care services include questions utilising the Palliative Care Outcomes Collaborative (PCOC) data tools (such as PCOC SAS, RUG – ADL, AKPS scores): PCOC Assessment tools

Within an integrated model of care, it is important to negotiate and clarify on-going care responsibilities between services. It is often the General Practitioner who coordinates and regularly monitors the patients' symptoms in collaboration with other primary care health care teams, maintains prescriptions, provision of home visits when patients can no longer attend clinics, and being available to write death certificate for patients who wish to die at home[3]. MBS remuneration to support a planned general practice palliative care pathway.

1. Patra, L., Ghoshal, A., Damani, A., & Salins, N. (2022). Cancer palliative care referral: patients' and family caregivers' perspectives - a systematic review. BMJ supportive & palliative care, spcare-2022-003990. Advance online publication. https://doi.org/10.1136/spcare-2022-00399. 0 **2**. Phillips, J., Fraser, C. & Virdun, C. (2022). Chapter 12: Palliation in Chronic Illness. Ed: Chang, E. & Johnson, A. (2022). Living with Chronic Illness and Disability. (4th Ed). Australia: Elsevier. **3**. Johnson, C. E., Senior, H., McVey, P., Team, V., Ives, A., & Mitchell, G. (2020). End-of-life care in rural and regional Australia: Patients', carers' and general practitioners' expectations of the role of general practice, and the degree to which they were met. Health & social care in the community, 28(6), 2160–2171. https://doi.org/10.1111/hsc.13027