

**Title:** **Adult Models of Care (Palliative Care);  
National webinar for stakeholders**

**When:** **Wednesday 23 October 2024, 3 - 4pm**

**Presenters:** **Louisa Ingham and Hinetewai (Co-chairs of the Models of Care – Adult Working Group)**

**Webinar:** **Teams Live event**

**The Co-chairs of the Models of Care – Adult Working Group presented an update to stakeholders of the Working Groups progress to date.**

**The presentation included:**

- **An overview of the National Palliative Care Work Programme**
- **Providers of palliative care**
- **Current challenges**
- **Future population challenges**
- **Proposed guiding principles**
- **Proposed core components of palliative care**

**As well as an opportunity for attendees to ask questions (via the Q&A function)**

**The slides and recording of the presentation were made available on the Te Whatu Ora palliative care webpage from November 2024.**

**Please email any questions about this webinar to [PalliativeCare@tewhatauora.govt.nz](mailto:PalliativeCare@tewhatauora.govt.nz)**

# Adult Models of Care (Palliative Care) National Webinar for Stakeholders

Co-hosts: Louisa Ingham and Hinetewai

# Working Group Members

Hinetewai

- Christchurch
- Māori Liaison, Nurse Maude Palliative Care, Member of Te Rōpū Taki Māori

Louisa Ingham

- Dunedin
- Director of Nursing and Clinical Services - Otago Community Hospice, Nurse Practitioner

Anna Blackwell

- Palmerston North
- Owner/Operator Aged Care Provider, Registered Nurse

Evelyn Gerrish

- Tauranga
- Palliative Care Physician and Clinical Lead Tauranga and Whakatane Hospital

Hera Pierce

- Auckland
- Pou Atawhai for Te Korowai Atawhai, Mercy Hospice, Member Honohono Taatou Katoa

Kate Grundy

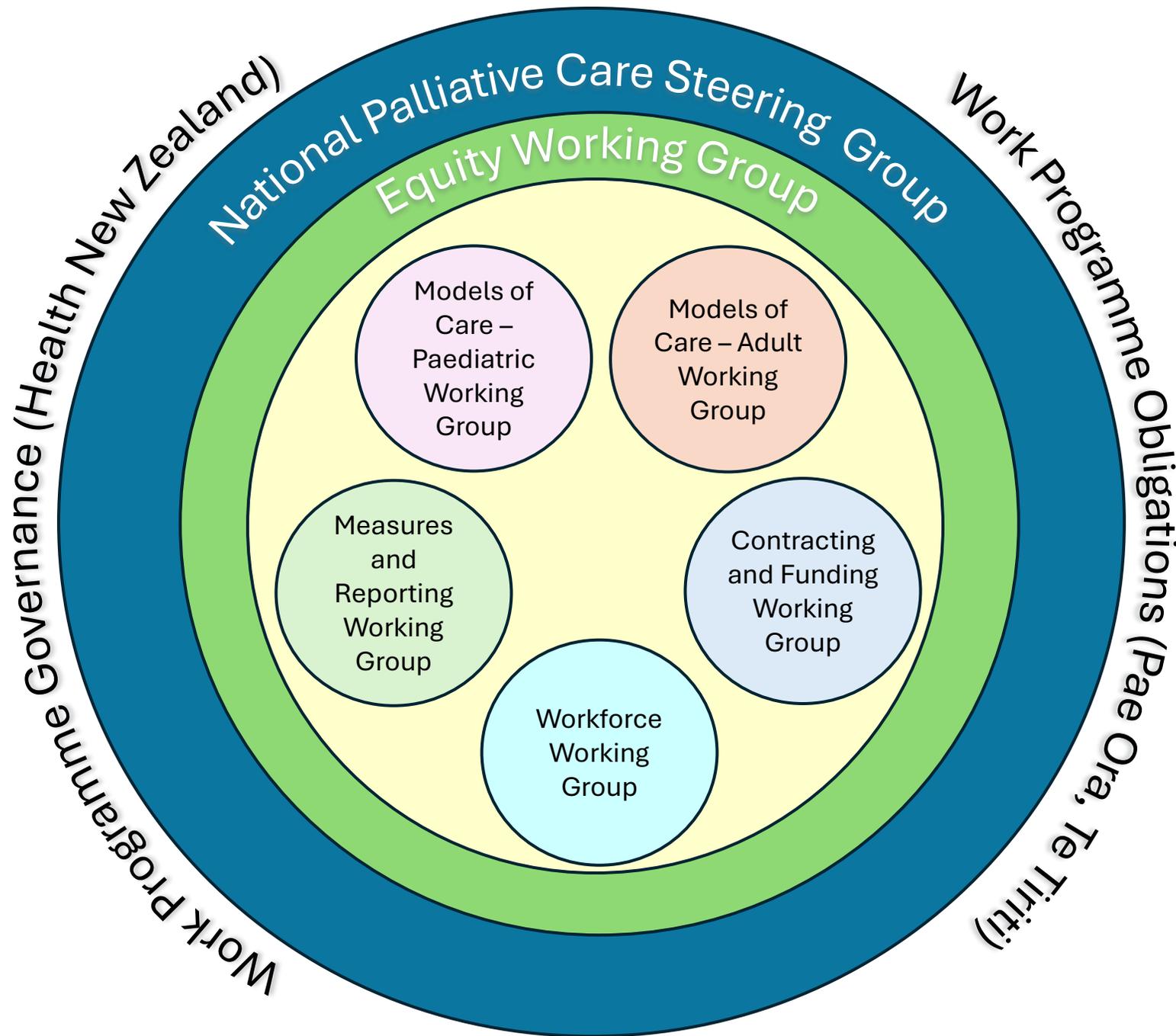
- Christchurch
- Palliative Care Physician and Clinical Director, Christchurch Hospital Palliative Care Service

Salina Iupati

- Wellington
- Palliative Medicine Consultant at Te Omanga Hospice

Sue Tutty

- Auckland
- HNZ CMO Primary and Integrated Care, GP Liaison, Counties Manukau



# National Palliative Care Work Programme

## Overview

# National Palliative Care Work Programme deliverables:

1. providing recommendations on achieving **equitable access to, and outcomes from, palliative care services** for all New Zealanders
2. **identifying and recommending core palliative care services** that will be publicly funded
3. **developing a national model for paediatric and adult palliative care**
4. proposing **national adult specialist palliative care service specifications**
5. providing recommendations to sustain a **clinically and culturally competent, diverse workforce** that represents the community it is serving and **meets service demands**
6. developing a **national outcomes and reporting framework**

## What is palliative care?

*Palliative care is an approach that improves the quality of life of patients – young and old – and their families who are facing the challenges associated with life-threatening illness. This is achieved through the prevention and relief of suffering, by means of **early identification, assessment and treatment** of pain and other physical, psychosocial and spiritual distress. (WHO 2024)*

**Death is a significant life event that is deeply embedded in our cultural, spiritual and societal traditions.**

**Dying is more than a medical experience.**



# Who provides palliative care?

Everyone!

Palliative care is an interdisciplinary *approach* to care; it is not limited by the patient's age, diagnosis, care setting or provider.

## Normal dying

2/3 of those who die will be looked after by their usual care team eg,. their GP.  
This is called '**Primary palliative care**'

Shared or episodic care

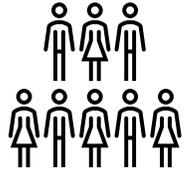
## Complex dying

1/3 of those who die will be looked after by '**Specialist palliative care**' services eg,. Hospices and hospital palliative care teams



## Hospitals

20 of 87 hospitals deliver specialist palliative care (61 FTE). The others deliver primary palliative care. Over 30% of expected deaths happen in hospital\*



## Home and community support services

Eg., Health care assistants provide in-home personal cares and carer respite. 17.7% of expected deaths happen at home\*



## Pharmacy services

Support palliative patients and whānau with medication services including syringes for 'pain pumps'



## Ambulance services

Significant provider of after-hours assessment, treatment and advice for palliative patients and their whānau



## District Nurses

Various models delivering primary palliative care, shared care with hospices or stand-alone specialist palliative care in patient's homes.



## Kaupapa Māori services

There are various Hauora Māori services for priority populations, long-term conditions and cancer care.

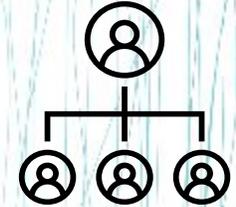


## Hospices

32 hospices - 28 receive government funding  
26 have community services  
18 have in-patient beds  
Over 2000 staff (approx. 700 FTE nurses)  
Over 10,000 volunteers.  
7.8% of expected deaths happen in hospice in-patient units\*



Who provides palliative care?



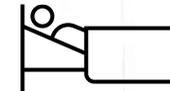
## Whānau

Provide the majority of hands-on care as well as spiritual and emotional support



## General Practice

All GPs deliver primary palliative care. Some GPs can access a small amount of PHO palliative care funding eg., for extended or home visits.



## Aged Residential Care

Most facilities can provide primary palliative care. Some employ specialist palliative care NPs. Some Districts have palliative care funding (non-asset tested) for newly admitted patients in the last weeks of life.

Over 40% of expected deaths happen in ARC\*

All numbers are approximate and subject to change

\*Source of data: MORT Study 2000-2018, Heather McLeod

# Current challenges

- Societal discomfort with palliative care and dying
- Inconsistent services nationally (variable staffing, services and funding)
- Services don't consistently meet peoples' cultural needs
- No national data
- Health professionals want more training
- People experience preventable crises and unwarranted interventions / admissions
- People fall through service gaps, especially after hours
- **The physical, psychological and financial burden on families can be high and prolonged**

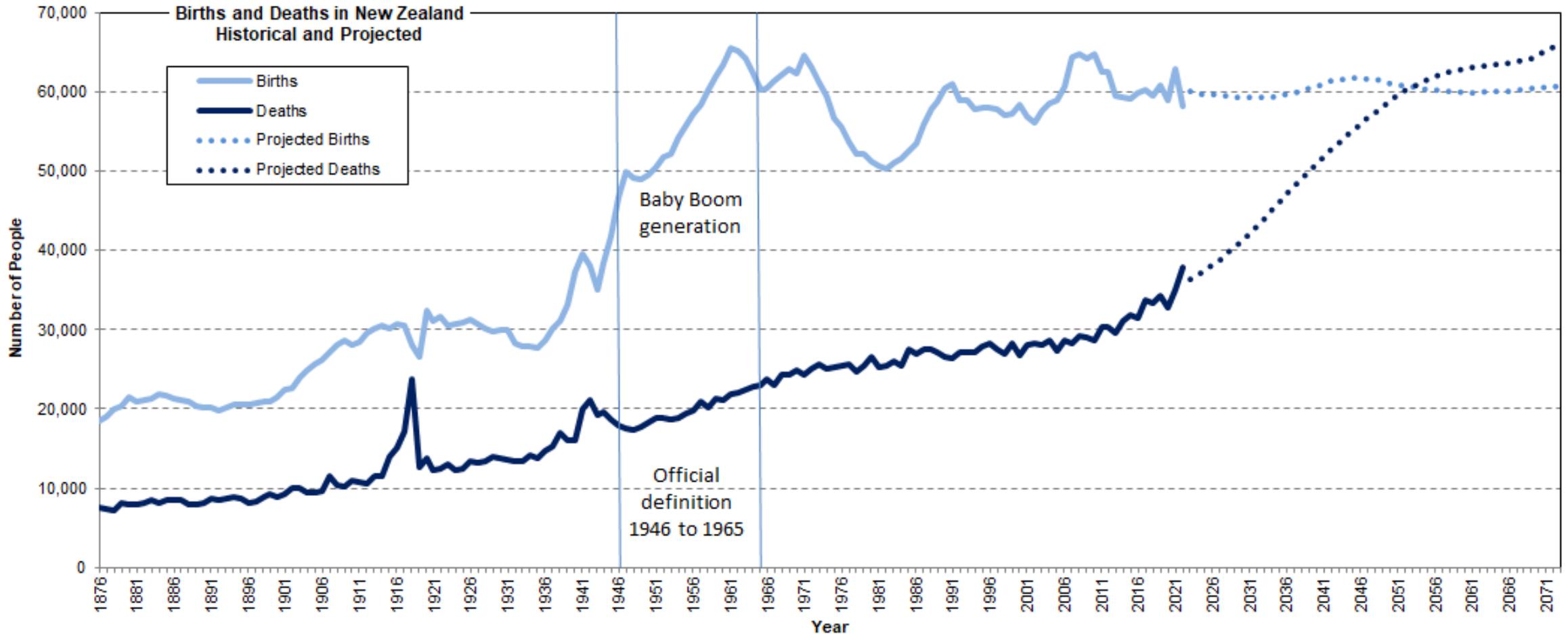
# Future challenges

What our aging population means for palliative care:

- The number of people dying in NZ will increase significantly
- People will die at much older ages
- People will live with a higher burden of disease/frailty for longer

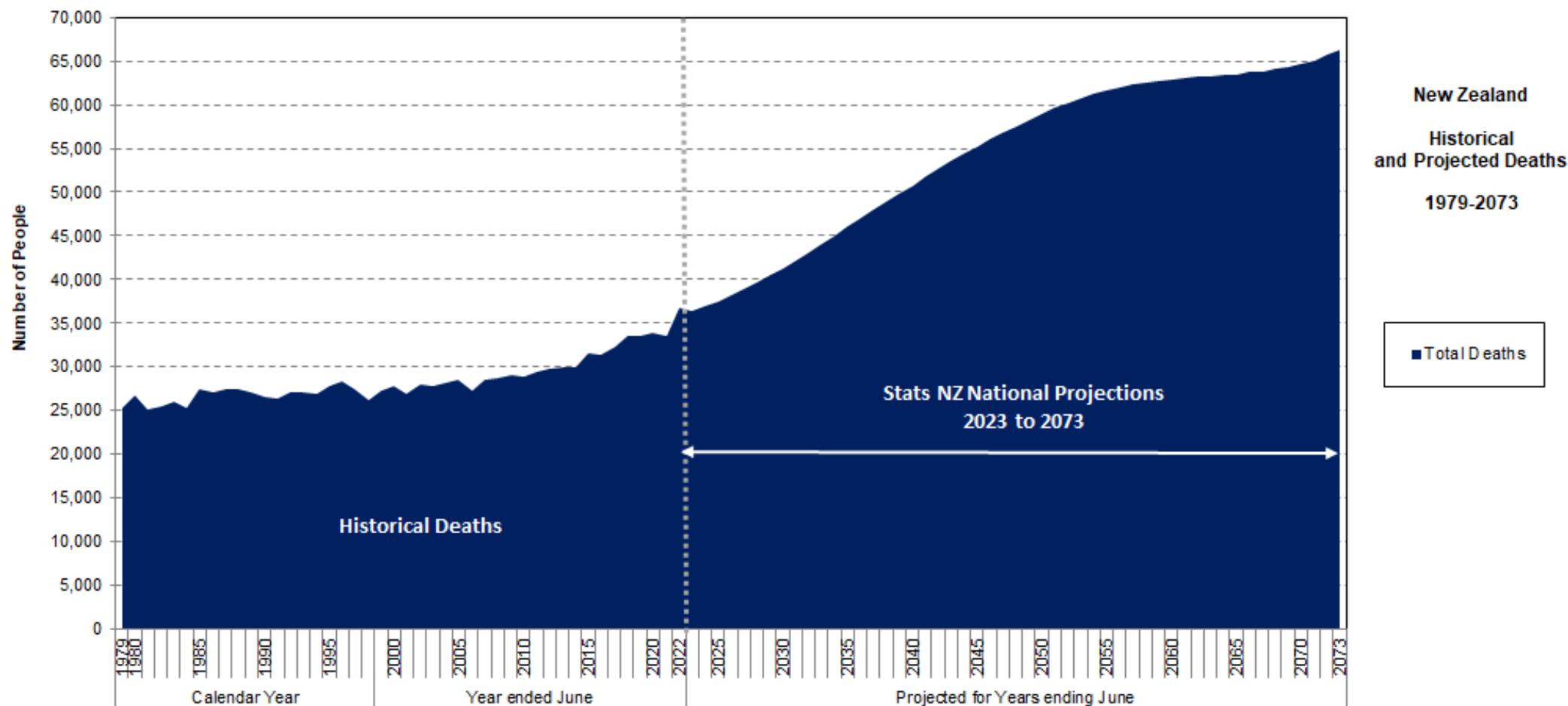


# Births and Deaths in New Zealand 1876-2022 and projections to 2073



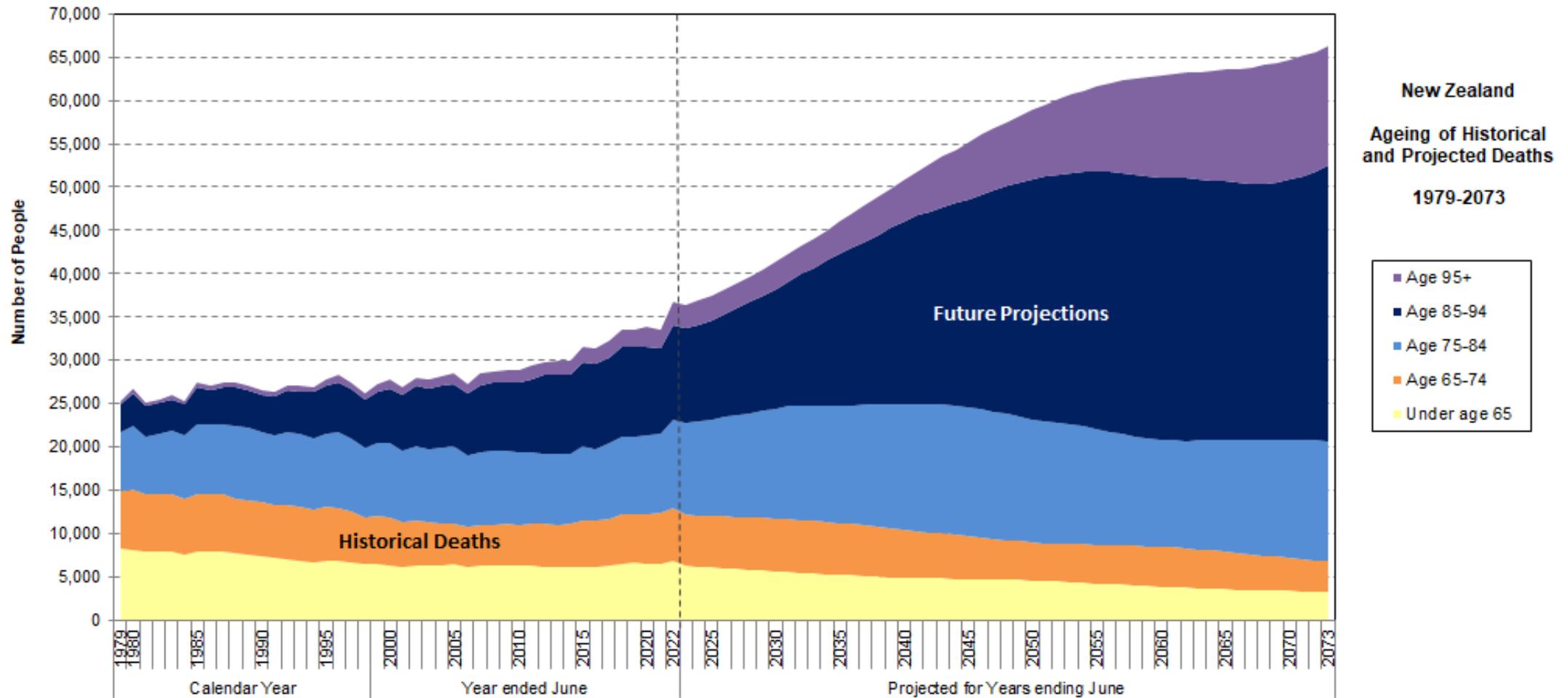
Entries to the world and exits from the world. Deaths have only recently exceeded 30,000 a year. Deaths will catch up to around the 60,000 level each year. Deaths projected to exceed births in 2050s.

# Total Deaths 1979-2073



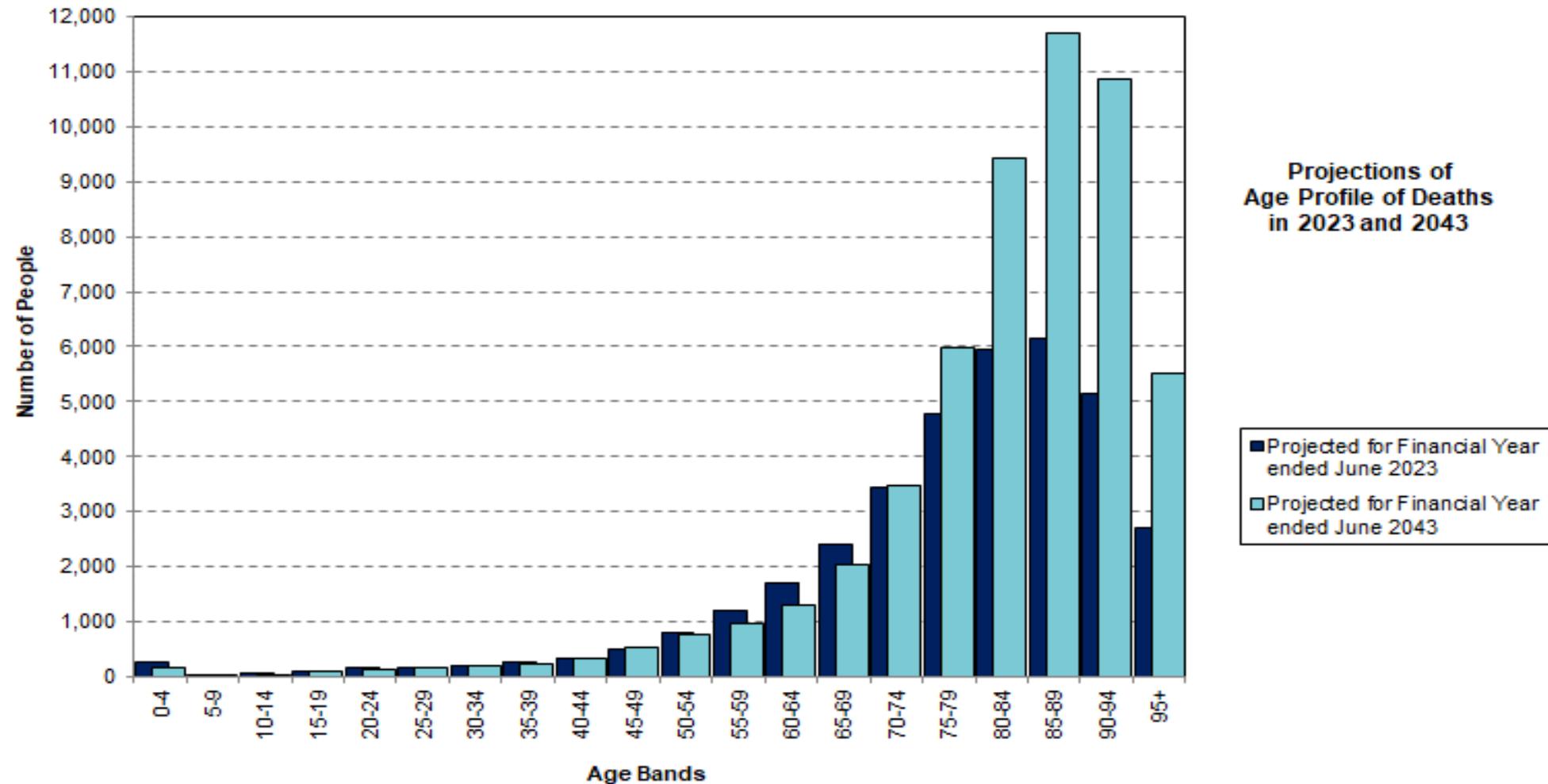
The graph begins in 1979, the year of the first hospice in Aotearoa. National Projections are to 2073. These 50-year projections are useful for overall strategic direction for palliative care and for workforce planning.

# Ageing of Deaths 1979-2073



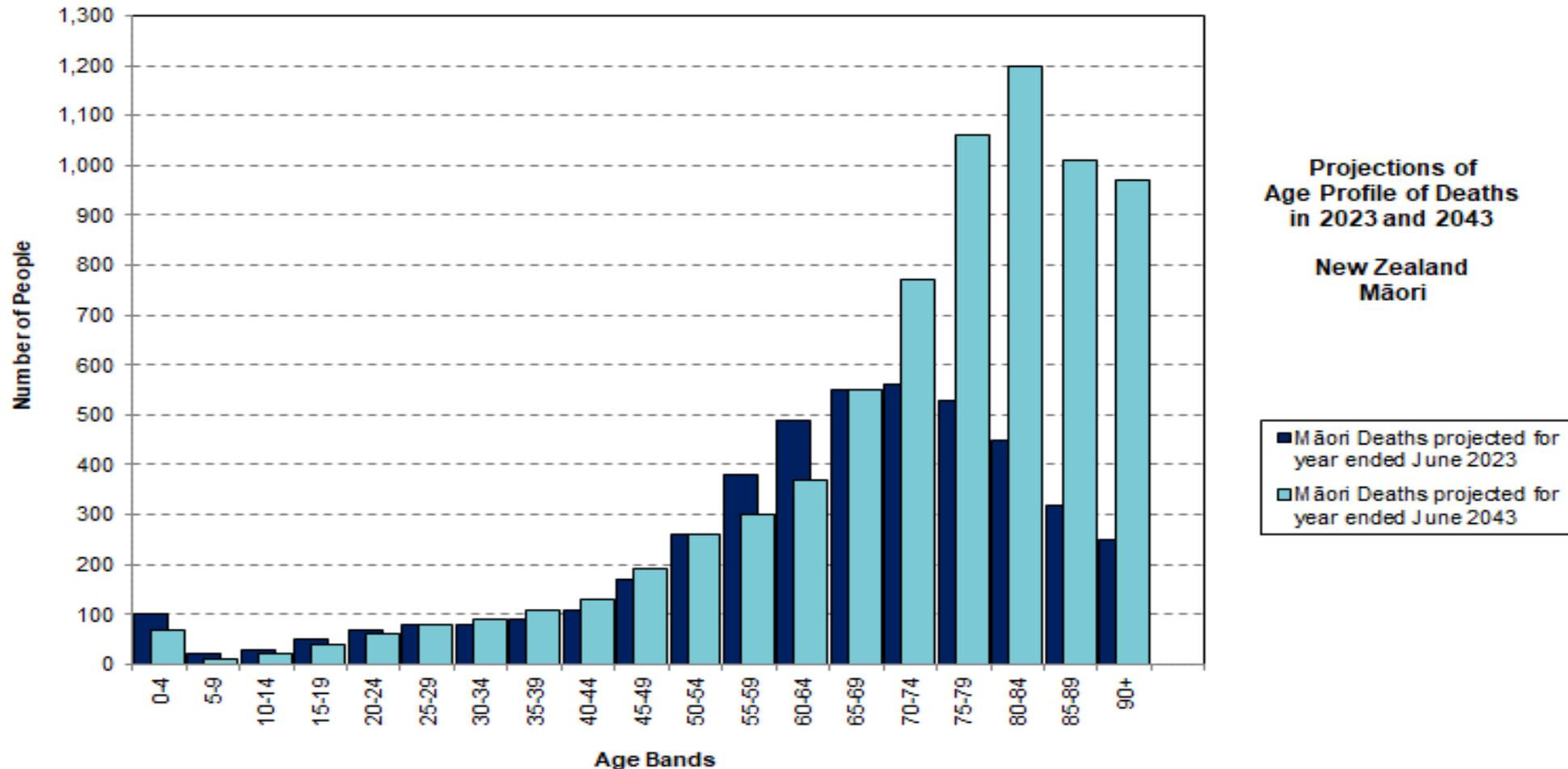
The challenge is not only the increasing number of deaths, but the ageing of deaths. Projected deaths are at significantly older ages than what the sector has experienced historically.

# Ageing of Total Deaths 2023 and 2043



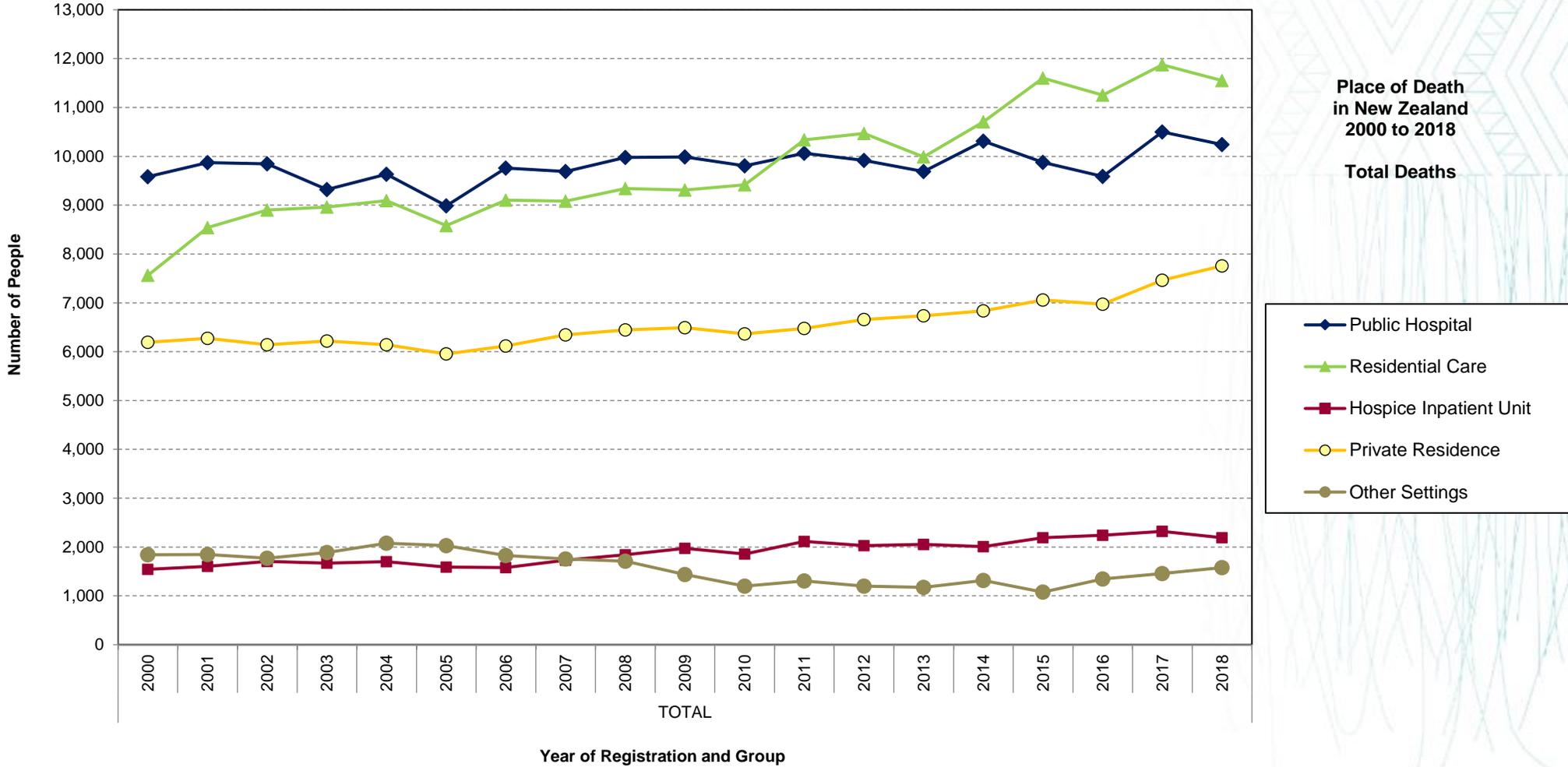
The ageing of projected deaths is a significant strategic challenge for palliative care.

# Ageing of Māori Deaths 2023 and 2043



The substantial ageing of projected Māori deaths is a significant strategic challenge for both palliative care and for whānau Māori and communities.

# Place of death 2000 - 2018



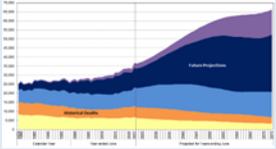
• Heather McLeod 2023. Data source: MORT Study 2000-2018

# What could a future state look like?

- Equitable access to quality palliative care services – regardless of who you are or where you live
- Variable inputs but equitable outcomes
- Networked services and systems that make sense to patients
- Resource efficient services (collaboration between services, sectors and areas)



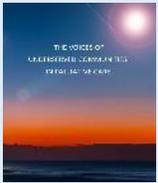
# Completed work



Updated data on historical deaths and projections



National survey findings (1052 responses)



The voices of underserved communities in palliative care report

Website: [Palliative care – Health New Zealand | Te Whatu Ora](#)

# Proposed Guiding Principles

- He Kōrero Māmā, He Hōhonutanga: Early Conversations
- He Hanga Rerekē: Needs-Based
- He Tikanga Māori, He Ngākau Māori: Culturally Responsive and Appropriate
- He Pātaka Whānau: Whānau-Centred
- He Pūtea Āhei, He Āwhina: Funding Follows the Patient
- Te tika o te uru: Equity
- He Arotake me te Whakapai Ake: Reviewing and Improving

# Essential Components of a Palliative Care Model

- Culturally responsive care
- Holistic assessment and care planning
- Symptom management
- Whānau support and education
- Access to resources and supports
- Interdisciplinary collaboration
- Access to specialist support
- Advance Care Planning (ACP) and shared decision making
- Psychosocial and emotional support
- Community engagement and Compassionate Communities
- Quality Improvement and evaluation

# Proposed Core Components

## Specialist Palliative Care Services

- **Culturally competent care**
- **Comprehensive holistic assessment**
- **Ongoing follow up care**
- **Individualised Care Plans**
- **Complex psychosocial and emotional support**
- **Education and support to Primary Palliative Care providers**
- **Access to specialist resources and supports**
- **Access to inpatient care**
- **Coordinated care**
- **Audit, research and Quality Improvement**

# Integrated Model



# Ngā mihi nui

For more information about our  
National Palliative Care Work Programme:

[www.tewhatora.govt.nz](http://www.tewhatora.govt.nz)

Search: 'palliative'