



04 March 2022

Dear [REDACTED]

Re: OIA request - Palliative Care services

Thank you for your Official Information Act request received 3 February seeking information from Waitematā District Health Board (DHB) about palliative care services.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitākere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

1. Does your DHB have a palliative care service? If yes, what is its annual budget?

Yes – the Palliative Hospital Care team has an annual budget of \$1,028,680.

2. How many palliative care specialists do you employ?

We employ four SMOs (Senior Medical Officers) for a total of 2.8 full-time equivalent (FTE) positions within the hospital-based team.

3. How many DHB FTEs are dedicated to palliative care and what are their job titles (e.g. CNS (charge nurse specialist), nurse practitioner, allied health)?

- 2.8 FTE SMOs, which includes a service level agreement for 0.4 FTE from Hospice West Auckland for cover at Waitākere Hospital
- 3.9 FTE Palliative Care clinical nurse specialists
- 1.0 FTE RMO (registered medical officer) registrar.

4. Do all palliative patients have access to telephone 24/7 specialist palliative care advice and support?

Patients at home have access to specialist palliative advice 24/7 if they are enrolled in the hospice service.

There are no after-hours or weekend palliative care specialists on-call for hospital inpatients – they do, however, have access to general medical specialists 24/7. Patients are admitted under general medicine multidisciplinary (MDT) teams and they are responsible for the patient's care for the duration of their admission.

5. Do all palliative care patients have access to visits from district nurses and general practitioners (GPs) 24/7, wherever they are located - home, care home, rural and urban?

Within the Waitemata district, 24/7 access to visits by hospice nurses and doctors is available in the west of Auckland for those patients enrolled in Hospice West Auckland. Access to 24/7 GP visits may be available if the GP has agreed or has a special interest in palliative care. District nurses are not available after-hours and do not visit palliative care patients in aged residential care facilities (ARCs). Patients with palliative care needs (palliative patients) who are in ARCs, have access to specialist palliative care assessments if they are under the hospice teams that visit those care homes.

6. Do all palliative patients (no matter where located) have access to assessment and care from multidisciplinary specialist palliative care teams?

Non-specialist teams are able to provide fundamental palliative care to their patients in the community and in hospitals and have access to guidelines developed by specialists. Patients needing palliative care that requires specialist input do not have access to it 24/7 but their needs can be met by non-specialist clinicians until they are able to access specialist teams. Access to specialist palliative care is also dependent on the GP or hospital clinician's understanding of patients' palliative care needs. In addition, some patients who have palliative care needs do not wish to be under a hospice service, or may not meet the criteria for hospice involvement, in which case, they would not have access to assessment and care from multi-disciplinary specialist palliative care teams.

Patients admitted to North Shore or Waitakere hospitals have access to our specialist palliative care team during work hours. As noted above, palliative patients who are in ARCs have access to specialist palliative care assessments if they are under the hospice teams that visit those care homes.

7. Do all patients admitted to hospital have access to multidisciplinary specialist palliative care teams?

Patients have access to specialist palliative care nurses and doctors, with the remainder of care provided by the generalist ward MDT.

8. How many FTEs do you have dedicated to implementation of end-of-life care pathways and advanced care planning?

These roles are undertaken by the full Palliative Care team – same FTE as above. While there is no dedicated FTE, end-of-life care planning is considered the responsibility of all clinicians and part of the therapeutic relationship between patient and clinician. End-of-life care pathways (e.g. Te Ara Whaka Piri) can be implemented by all clinicians in all settings.

However, our hospitals have ward-registered nurse end-of-life champions who have completed the relevant training - their primary role is care in the last days of life (Te Ara Whakapiri).

9. When are people referred to palliative care, by whom and how close to death?

For inpatients, the ward medical teams refer to the Palliative Care service:

- within up to three months of death (the majority of referrals)
- earlier in the disease trajectory (within three-to-six months of death)
- within six-to-twelve months of death
- small minority >12 months up to three years life-expectancy.

In supportive care clinics, specifically set-up to receive patients earlier in the disease trajectory, patients referred by the specialist teams – the majority are referred early (12-18 months or more from death).

For outpatients, the majority of community hospice referrals are within three months of death and are received from GPs, district nurses, hospitals or oncologists.

10. How much annual funding do you provide for local hospice services?

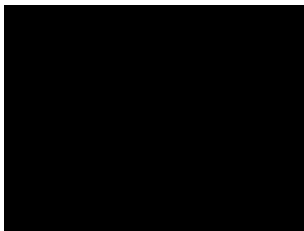
Annual funding of \$11,469,311 is provided to local hospice services across North Shore, Rodney and Waitākere. This figure covers all hospice funding, including direct patient care services and training of the health workforce in palliative care e.g. the palliative outcome initiative (POI) programme. POI is an initiative by the Auckland region’s hospices to help general practice and aged residential care deliver the best possible quality-of-life for patients and their family/whānau during a person’s final months.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Executive Director Hospital Services
Waitematā District Health Board**