



The Singapore National Strategy for Palliative Care

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Why a National Strategy for Palliative Care?



**A Time to Take Stock
&
A Roadmap for Future
Palliative Care Development**



**The Singapore National Strategy
for Palliative Care**

Commissioned by the Ministry of Health
Coordinated by the Lien Centre for Palliative Care
Submitted to Ministry of Health 4 Oct 2011



Background

- The Lien Centre for Palliative Care was commissioned by the Ministry of Health to formulate a National Strategy for Palliative Care
- A Workgroup was appointed, comprising health care professionals from government hospitals, charity-run hospices & home care, Agency for Integrated Care and representatives from Ministry of Health

Terms of Reference

- Holistic detailing of the palliative care needs in Singapore
- Systematic review of previous & current palliative care services with an analysis of the strengths & weaknesses of the sector
- Comparison of Singapore's organisation of services with top-tier countries such as the United Kingdom & Australia
- Recommendations with rationale for organisation of palliative care services from home to hospital, with emphasis on sustainability, use of non-specialists & physician substitutes

Goals of Strategy and Recommendations

Goal 1

- All patients with life-limiting illnesses should be identified & their palliative care needs assessed

Recommendations for Goal 1

- Ensure that all health care institutions caring for patients with life-limiting illnesses have a system for early identification & needs assessment
- Palliative care should be extended from cancer patients to include more non-cancer patients with life-limiting illness
- Chronic disease management programmes, cancer programmes & nursing homes should have guidelines for systematic identification & assessment of patients who would benefit from palliative care

Goal 2

- All patients with life-limiting illnesses should be cared for by health care professionals using a palliative care approach
- Patients with complex needs should have access to specialised palliative care services

Recommendations for Goal 2

- Ensure that all healthcare professionals use a palliative care approach to care for patients with non-complex end-of-life needs
- Ensure that all patients with complex needs have access to specialised palliative care services in the appropriate setting, with multidisciplinary team support

Goal 3

- Palliative care should be delivered in a coordinated manner that ensures continuity of care across settings & over time

Recommendations for Goal 3

- Organize delivery of palliative care based on the Regional Health Systems, with collaboration between public, private & charitable sector providers
- Ensure effective coordination of care within each Regional Health System
- Establish specialised palliative care services with multidisciplinary teams in all government hospitals
- All Regional Health Systems should, as a minimum, incorporate home hospice service & inpatient hospice service into the network of care. Inpatient hospices may be free-standing or part of a community hospital

Recommendations for Goal 3 (cont'd)

- Ensure suitable platforms for communication between service providers to plan & coordinate care, maximising use of information technology
- Establish well defined roles & criteria for referral to the various palliative care services
- Encourage involvement of primary care physicians/GPs in the care of patients with palliative care needs at home & in nursing homes

Goal 4

- Palliative Care should be affordable to all who need it
- Quality care should be provided in a cost-effective manner

Recommendations for Goal 4

- Ensure that financing structures support the development & delivery of good quality, appropriate & affordable palliative care in the health care institutions, community & at home

Goal 5

- There should be adequate health care professionals with the appropriate training to meet the needs of patients at the end of life

Recommendations for Goal 5

- Ensure that there is adequate trained staff to deliver quality palliative care
- Ensure that health care professionals are provided with the necessary training to provide the appropriate level of palliative care for patients

Recommendations for Goal 5 (cont'd)

- Incorporate palliative care training in all undergraduate & diploma courses for doctors, nurses & allied health professionals to ensure that all new health care professionals have basic knowledge of palliative care
- Develop a framework to review the curricula to match the competencies required at all levels for doctors, nurses & allied health professionals

Goal 6

- There should be adequate capacity to meet the palliative care needs of patients

Recommendations for Goal 6

- Calibrated increase in inpatient hospice beds to meet the needs of palliative care patients & to function as training resources for all cadres of staff
- Increase the capabilities of nursing homes to take care of end-of-life patients. Include end-of-life care elements in clinical audit requirements for nursing homes
- Ensure adequate home hospice care provision to meet the needs of palliative care patients

Goal 7

- There should be local standards of care to ensure the delivery of good quality palliative care

Recommendations for Goal 7

- Establish local evidence-based standards of care & common outcome indicators
- Establish a minimum dataset for collection of quality & service indicators to evaluate quality of care & for service planning
- Establish an accreditation system for palliative care service providers

Goal 8

- Public awareness & acceptance of palliative care services, advance care planning & bereavement services should be promoted

Recommendations for Goal 8

- Ensure a coordinated & concerted effort across the health & community sector to promote awareness of palliative care
- Promote advance care planning as an opportunity for open communication between healthcare professionals, patients & caregivers
- Develop clear & consistent messages on advance care planning

Recommendations for Goal 8 (cont'd)

- Ensure all healthcare professionals have basic awareness of advance care planning, including those entering the workforce
- Develop good community partnerships by engaging relevant groups including key religious & grassroots organisations to promote awareness & acceptance of advance care planning
- Incorporate grief & bereavement initiatives into the regular activities to promote hospice & palliative care

Goal 9

- Palliative care research should be promoted to improve the quality of palliative care & inform policy making

Recommendation for Goal 9

- Promote research on palliative care interventions to provide supporting evidence, especially if they are expensive or burdensome
- Promote research of particular relevance to Singapore, especially if adapting interventions from a different context

Goal 10

- There should be leadership & governance to guide the development of palliative care services in Singapore

Recommendation for Goal 10

- Establish a leadership or governance structure to ensure oversight of the development of palliative care services in Singapore

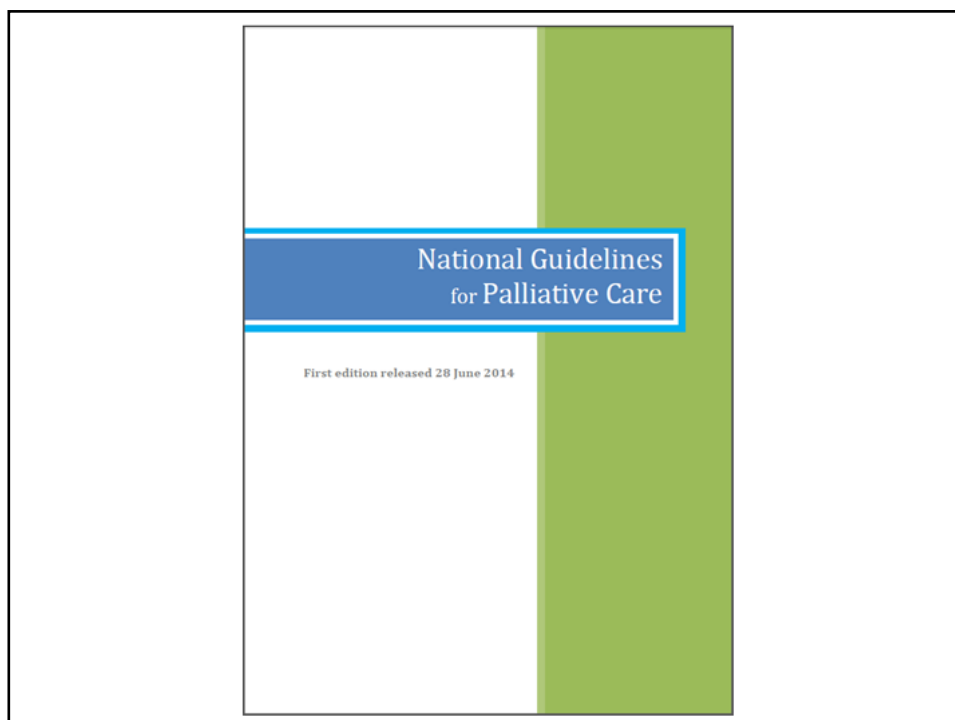
But having a strategy is not enough...

Implementation is everything

Quality of Death Index 2015:

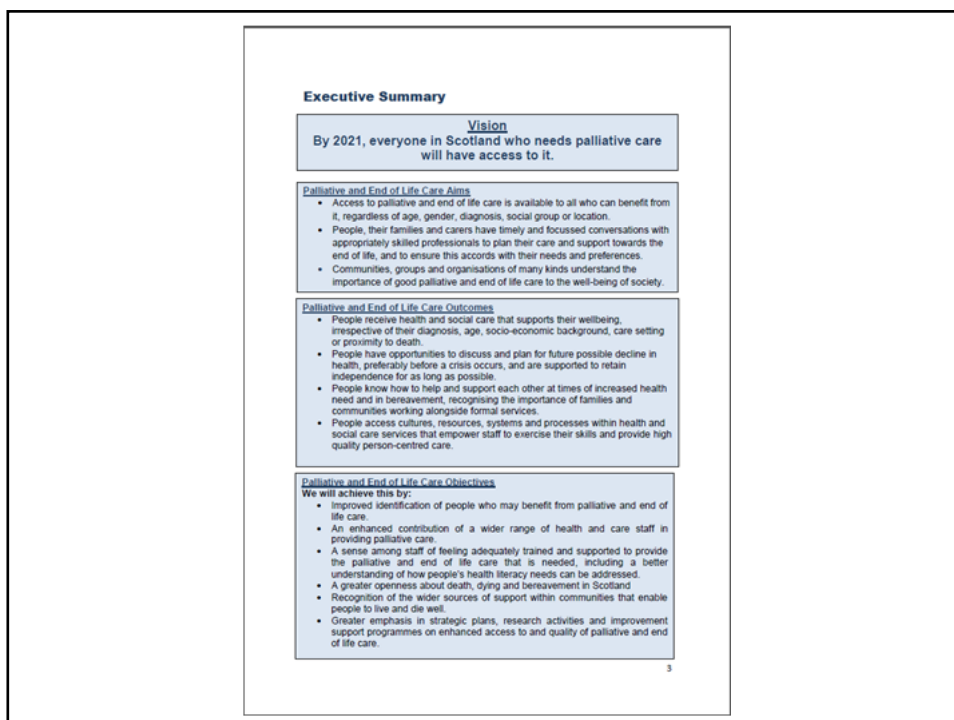
Presence & effectiveness of government-led national palliative care strategy –
(with) clearly defined targets, action plan & strong mechanisms in place to achieve targets

Overall weight on Index = 10%





	Taiwan	Singapore	Hong Kong
QOD Index 2010 (40 countries)	14	18	20
QOD Index 2015 (80 countries)	6	12	22



Commitments

The Scottish Government commits to working with stakeholders to:

1. Support Healthcare Improvement Scotland in providing Health and Social Care Partnerships with expertise on testing and implementing improvements in the identification and care co-ordination of those who can benefit from palliative and end of life care.
2. Provide strategic commissioning guidance on palliative and end of life care to Health and Social Care Partnerships.
3. Support the development of a new palliative and end of life care educational framework.
4. Support and promote the further development of holistic palliative care for the 0-25 years age group.
5. Support the establishment of the Scottish Research Forum for Palliative and End of Life Care.
6. Support greater public and personal discussion of bereavement, death, dying and care at the end of life, partly through commissioning work to facilitate this.
7. Seek to ensure that future requirements of e-Health systems support the effective sharing of individual end of life/Anticipatory Care Planning conversations.
8. Support clinical and health economic evaluations of palliative and end of life care models.
9. Support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.
10. Establish a new National Implementation Support Group to support the implementation of improvement actions.

Implementation Support

By April 2016 these commitments will have informed and be reflected in implementation and improvement plans that will be supported by a national implementation support group which will:

- Oversee the enhancements in improvement support capacity.
- Oversee the development of a new educational framework.
- Establish mechanisms to share learning and improvements across the country.
- Support the development of locally owned improvement and implementation plans that will outline the actions being taken and improvements being made.
- Provide an annual learning and improvement report that will outline the ways in which improved care and outcomes have been delivered.

Who Will Support Implementation

The Strategic Framework now requires support and action from a wide range of statutory, independent and third sector organisations nationally and locally.

The development of the framework has been greatly assisted by the membership of the Palliative and End of Life Care National Advisory Group and Stakeholder Group. We are committed to ensuring that the membership of these groups, as well as the public at large, will be able to contribute to future implementation actions.

Thank you