

Palliative Care Integration in Cancer Outpatient Clinics: the Nurse Practitioner Role Alfred Health

Alfred Cancer outpatient clinics are underserved by specialist palliative care. Currently, palliative care clinic runs for half a day fortnightly and is not well integrated within existing cancer clinics. Current palliative care clinic services are well under average compared to our peers within metropolitan Melbourne.

Patients presenting to Alfred outpatient cancer clinics who require specialist palliative care input symptoms such as for pain, nausea, breathlessness or emotional and psychosocial support, need to wait for the next available clinic appointment, which can be 4-6 weeks or more. Palliative care staff are not able to reliably attend clinic in an ad hoc capacity to see patients when there is a need, due to wider service demands across the organisation.

Because the palliative care team is not well integrated into existing cancer clinics, oncology staff might not know who to seek help from for urgent issues or even general questions about palliative care. This could lead to delays in symptom management, psychosocial support or linkage to community palliative care for cancer patients. There is currently no capacity within the palliative care team to attend cancer multidisciplinary team meetings (MDTs) and this represents a significant needs-gap. There is ample evidence to support huge benefits of timely introduction to palliative care and cancer MDTs are an ideal space to identify unmet palliative care need. Current absence of palliative care presence at MDTs means that opportunities are missed for real-time collaboration/cross pollination about ideas for patient care.

The aim is to not only increase access to specialist palliative care clinic but also, to move from an independent (siloed) model to an embedded model. Alfred Cancer wants to achieve a more regular and integrated palliative care clinic presence within existing cancer outpatient clinics, for the benefit of patients and staff. We want to prove that this is effective and importantly, with identified benefits using NWAU funding. The health service will benefit from improved efficiency and collaboration between palliative care and wider cancer staff.