



**Queensland Government**  
Queensland Health

Enquiries To: SPEECH PATHOLOGY

Telephone: (07) 49956900

Facsimile: (07) 49956977

**Biloela Community Health Services**  
PO Box 178  
Biloela QLD 4715

**Health and Community Services  
Committee**  
Parliament House  
BRISBANE Qld 4000



10/07/2012

**RE: Inquiry into palliative care services and home and community care services in Queensland**

Dear Health and Community Services Committee,

Your inquiry states it will consider capacity and future needs of palliative care services and home and community care services in Queensland. It is stated that the committee will examine opportunities to improve collaboration and cooperation between services.

I am writing to you to:

- highlight the importance of accessing allied health professionals (AHPs) in all palliative care settings. In particular to emphasize the benefits of speech pathology into palliative care
- to suggest regular assessing of consumer needs for speech pathology and other allied health professionals (AHPs) and educating care providers on how and why to refer to these specialist services who have an abundance of expertise they can offer to palliative care consumers and their families.

As a speech pathologist I feel that our services can often get overlooked by care providers due to a lack of knowledge about benefits that could be derived from assessment and intervention by a skilled speech pathologist. In reference to point 6 - Effectiveness, efficiency and adequacy of palliative and HACC services of the inquiry, increasing education of speech pathology roles in this setting will result in certain unmet needs being considered by service providers and improve consumer care.

Speech pathologists bring specific skills to the areas of communication, cognition and swallowing function with interventions in palliative care settings focusing on enhancing and maintaining the client's quality of life in line with the National Palliative Care Strategy.

It is known that communication and swallowing problems (dysphagia) can impact quality of life.

- Communication problems can diminish the ability to express ones needs or desires to family members or health care providers or can inhibit understanding of essential information related to care.
- Swallowing problems can inhibit the social, cultural, spiritual and quality of life associated with eating and drinking. Without access to speech pathology individuals may unnecessarily suffer distressing symptoms associated with oropharyngeal dysphagia. Such as not getting enough nutrition and fluids due to swallowing difficulties, aspiration resulting in pneumonia, education and reassurance to families who want to feed their loved ones but may be causing distress by doing so.
- Offering to the health team specific understandings of the powerful and emotive role that food and nutrition play in our daily lives.

These interventions can play a valuable role in such life limiting illnesses as cancer, head and neck tumours, brain tumours, progressive neurological diseases, Chronic Obstructive Airway disease, mesothelioma and stroke.

In terms of issues presented in point 7 – Improving integration, collaboration and cooperation between palliative care, HACC, disability services and other health services, a simple tool such as a list of potential services to be offered and discussed with consumers would be beneficial to all. It would increase knowledge of available services to consumers and providers and augment choices about individual care needs.

Implementing such a tool would mean having to educate service providers on the roles of medical, allied health, nursing, counselling and HACC services in settings such as hospital, hospice, home, community and aged care facilities.

Specialist palliative care teams should work closely with speech pathology providers to ensure that patients are offered access to this specialist service at the right point in the pathway. Specialist services should have agreed mechanisms for receiving referrals and agreed eligibility criteria. Service directories on supportive and palliative care in a region should include information on allied health services and should be made available to all health and social care professionals, patients and carers.

Objectives would be for:

- All patients to have their needs for palliative care services assessed throughout the patient pathway, with referrals being sent to appropriate practitioners. Reviewing assessment regularly with the consumers changing needs should include access points to AHPs.
- An education and training program, focusing on what other professionals can offer to be available to staff involved in the recognition and provision of palliative care services for consumers.

## Overview

- The palliative care needs of patients should be assessed at key points in the patient pathway, using an assessment tool agreed across districts. Listing services that can be accessed in those districts.
- Palliative services should be organised to ensure that a range of expertise is available within a palliative care network.
- Access to AHPs should be clearly defined at each stage of the patient pathway through referral and treatment criteria, including self-referral routes of access.
- Education and training programmes should be provided to enable defined levels of input to be achieved.

Yours sincerely,

Amy Lewis  
Senior Speech Pathologist  
Biloela Community Health Services