HammondCare Centre for Learning & Research in Palliative Care

SPECIAL SEMINAR ON ENHANCING PRIMARY PALLIATIVE CARE

We are excited to welcome two special guest speakers followed by discussion. Both speakers are advisory group members for HammondCare’s Advance Project “Initiating palliative care and advance care planning: training and resources for General Practice Nurses” www.caresearch.com.au/advance

WHO: Dr Kirsty Boyd, University of Edinburgh and LHS Lothian

Professor Geoffrey Mitchell, University of Queensland

WHEN: Wednesday 8th November 2017

4.30 – 6.00pm

WHERE: Clinical Training Centre, Pallister House, Greenwich Hospital

RSVP: mvertoudakis@hammond.com.au - spaces are limited to 50 people, so please RSVP to reserve your spot

Dr Kirsty Boyd will speak about:
Early palliative care for people with advanced illnesses – research into practice

Professor Geoffrey Mitchell will speak about:
Integration between GPs and specialists at the end of life – how and why?

Nibbles will be served

For further details about the presentations and speaker bios please see the next page
Dr Kirsty Boyd MBChB, FRCP(Ed), MMed Sci, PhD. Kirsty has worked as a senior palliative medicine physician in hospital, hospice and community palliative care for over 25 years alongside her roles as a clinical academic and expert teacher of advanced clinical communication. She has a particular interest in the application of research exploring patient and carer perspectives to health service development. She believes that access to palliative care for all those who can benefit as their health declines depends on collaborative working between patients and families, primary care teams, hospital specialists and palliative care specialists. She co-leads the internationally recognised SPICT™ programme [http://www.spict.org.uk](http://www.spict.org.uk)

More details about Kirsty’s presentation: Identifying people with advanced illnesses whose health is deteriorating, assessing their needs and planning care proactively with them are healthcare priorities given the demographic trend of ageing populations around the world. Difficulty in identifying the right people in a timely way is still a major barrier to more effective early palliative care that is well integrated with other treatment and care in hospitals and the community. The problem is greatest for people with non-malignant conditions whose illness trajectory is much less easy to predict than in cancer populations. We will look at development of the Supportive and Palliative Care Indicators tool (SPICT™) and some of the ways it can be used to improve identification and care planning alongside research into the differences and challenges associated with care of people who are dying with different advanced illnesses and multimorbidity and their families.

Dr Geoffrey Mitchell PhD MBBS, FRACGP, FACHPM, is Professor of General Practice and Palliative Care at the University of Queensland. His main research interest is in the role of General Practitioners in complex conditions, particularly palliative care, how specialists and GPs can work better together, and in N-of-1 trials of treatment. Current and recent research includes interventions aimed at improving the ability of GPs to identify patients nearing the end of life, improving outcomes for caregivers with advanced cancer, the use of case conferences in end of life care, several aspects of the management of chronic kidney disease, and three N-of-1 trial studies. He has published over 185 peer-reviewed publications, and has been a chief investigator on over $30m of research funding. He maintains a clinical general practice in Ipswich, Queensland.

More details about Geoffrey’s presentation: End of life care is everyone’s business. We are all busy now, and the number of deaths in Australia is about to increase by about 250% by 2061. How can we cope? This presentation will discuss means of GP-specialist integration and the benefits to patients, carers and the health system of doing this. Well-functioning general practice should participate in end of life care as a matter of course – but does it? Why and why not? Integration between hospital and community care should be standard practice –but isn’t. Why not? Is the effort of integrating care between specialists and primary care as people approach the end of life worth the costs? How can integration be achieved? Prof Mitchell will present evidence on the different models of care in enhancing the quality of end of life care, its cost-efficiency, and on the process of integrating this approach into daily practice.