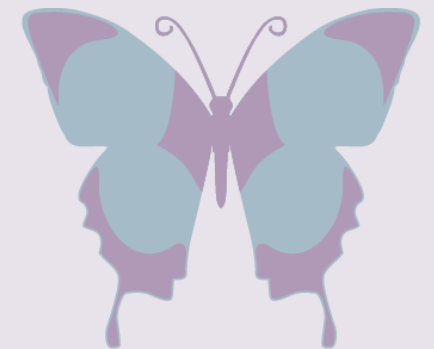


Model for the Implementation of the National Policy Framework & Strategy on Palliative Care, in the Western Cape



Western Cape
Government

Health



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PALLIATIVE CARE

Where it all started in the WC

- Historically Palliative Care was rendered by Hospices and Intermediate Care / Step Down Care facilities for many years with a good few of these organisations funded by the WCGH.
- GAP = public sector Pall Care
- 2016: first meeting called by the Chief Director for Metro Health Services with various stakeholders in the WC
- 2016-2017: Baseline Survey on Pall Care while awaiting the NPFSPC
- 2017: Pall Care Task Team established – giving rise to 11 sub-task teams
- 2018: Launch Pall Care Policy in Oct

Integration



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PALLIATIVE CARE

Palliative Care



Public Health Care



Overview of the Western Cape Palliative Care Model





Community level –Inpatient Facilities

- No distinction made between Intermediate Care Facilities (ICFs) and Hospices
- Palliative Care Services at this level will be delivered by palliative care-trained nurses and CHWs/carers

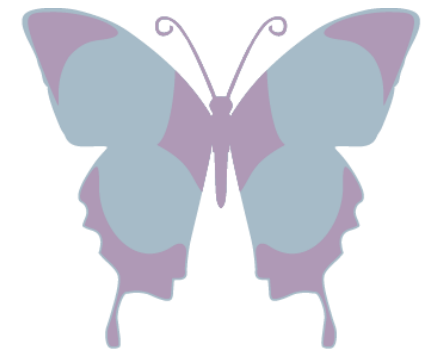


The big job that lied ahead



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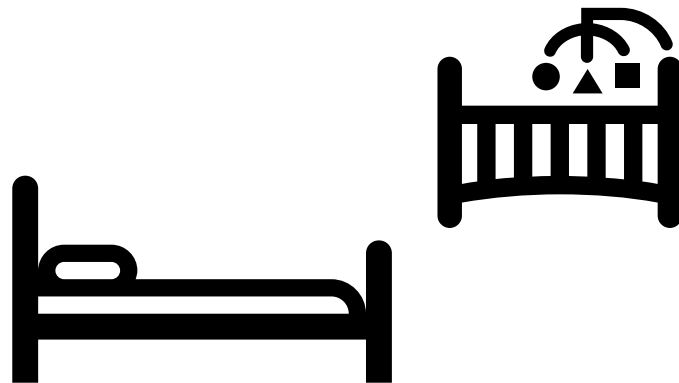


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Palliative Care for both Adults and Paeds at the following levels of care:

- Primary Health Care
- Acute Hospital
- Tertiary & Central Hospital
- Training



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Since 2018 – some progress made

- **2019: Mini contract – 133 health professionals trained in 40hr course. Pall Care slowly but surely is implemented to varying degrees at public sector facilities. Formal course contract in place.**
- **2020: Pall Care training continues, PHC Pall care teams being set up & then COVID-19 hits with still many visible gaps in Pall Care service provision**

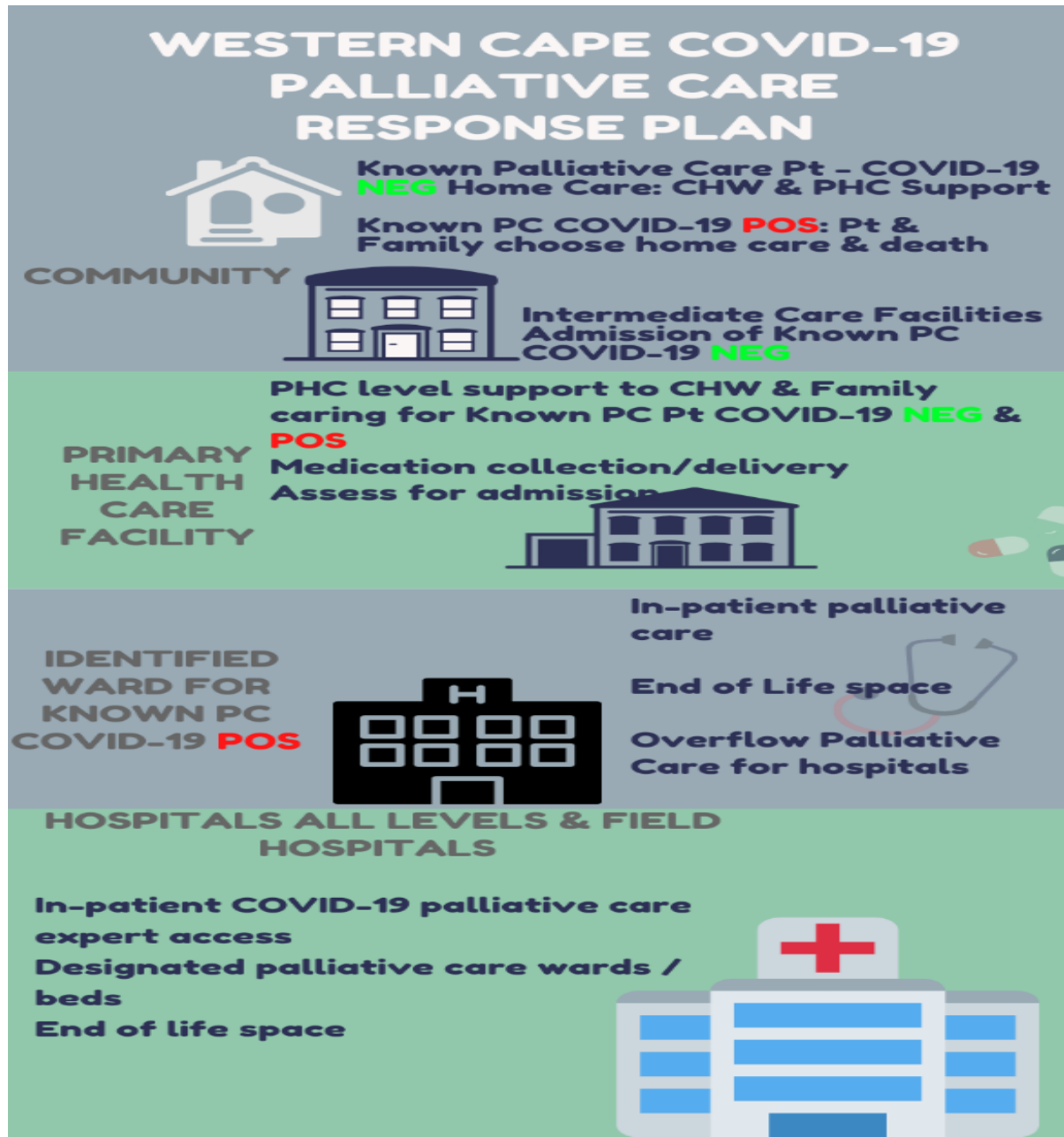
Provincial Palliative Care Plan – COVID-19 Response



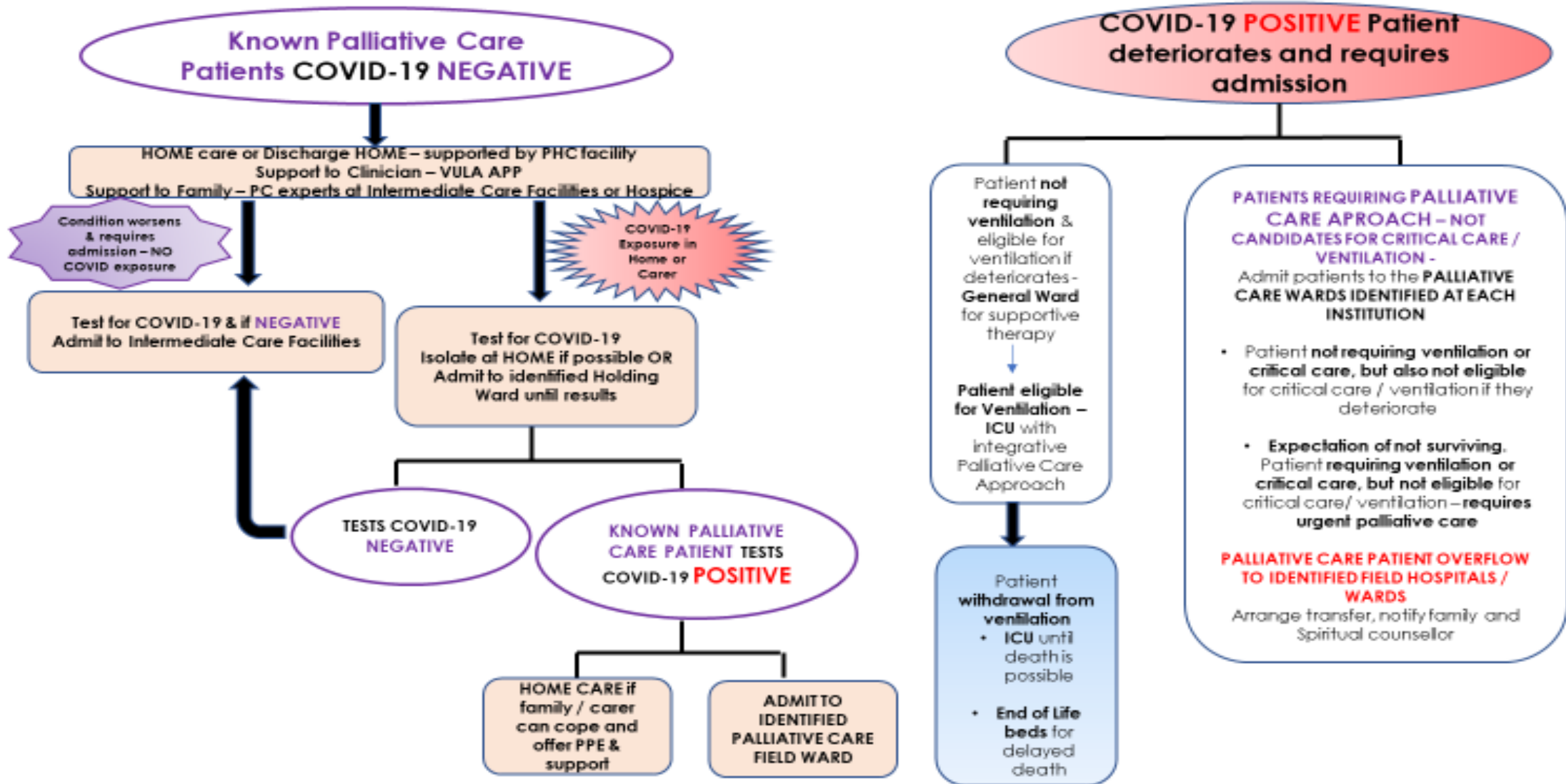
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Patient Flow for Palliative Care in COVID Pandemic



Known Pall Care Pt vs COVID Pall Care Pt Flow



What we need to keep in mind during the Pandemic

- Pall Care was not yet our business as usual in the public sector – our focus has Hx been on Prevention, Promotion, Curative & Rehabilitation – we were still at the starting blocks in many areas
- Spiritual Care gap was significant & needed attention!
- Social Workers and their crucial role for both pts and staff were not fully explored
- Many Myths to deal with – “End of Life” “Euthenasia” “Morphine trust”, etc



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Thank you