



Partners needed in working to deliver palliative care

LCM's ownership of Clare Holland House will strengthen and improve services to the dying, **TOM BRENNAN** writes

In all the recent public discussion about Clare Holland House, the commitment of Little Company of Mary Health Care to continue and enhance the present public palliative care services seems to be lost amid anxiety that our ownership of the hospice building means "things will change".

The care of people who are dying is at the heart of the works and the history of the Sisters of the Little Company of Mary. The vision of Venerable Mary Potter, who founded the order in England in 1877, was to establish a community of religious women who would pray for and care for the sick and the dying.

This ministry has been active in Australia since 1885, when the LCM began providing palliative services in people's homes. In Canberra, the LCM and then Calvary Health Care ACT have been responsible for the provision of hospice and community-based palliative care services since 1995.

Now centred at Clare Holland House, our work in palliative care is founded on the traditions of the Sisters of LCM. The care and compassion for the sick and dying is inclusive of all – regardless of their religious beliefs, cultures and traditions.

In the light of this history, we believe the ongoing provision of palliative care in Canberra is something we are committed to and would never consider abandoning.

The question has always been how we can continue to improve and strengthen this long-term commitment.

For 14 years, Calvary has worked in a very successful partnership with the staff and the ACT Palliative Care Society at Clare Holland House. If the transfer of the hospice goes ahead, it will continue to provide the same public palliative care service that it currently delivers.

For patients and families using Clare Holland House, there will be no noticeable change. The ACT Government will continue to fund the public palliative care service, and Calvary will continue to operate it.

Clare Holland House is central to our work in Canberra, and part of a network of palliative care services we provide as Australia's largest single provider of palliative care services.

The model of ownership for Clare

Holland House as part of the proposed arrangements for it and for Calvary Public Hospital is consistent with our long experience as to what works best in the delivery of public palliative care services.

This is informed by our many years operating similar public facilities in other places. That experience includes operating specialist palliative care services (in hospice and in the home) with the sponsorship of a large acute hospital. This is the model that currently applies with Calvary Public Hospital and Clare Holland House and Calvary Mater Newcastle and the Mercy Hospice.

Our assessment is that in the future we will need the institutional strength that ownership of the facility and a framework agreement on funding levels gives to assure, in the long term, the integrity and viability of the specialist palliative care services.

Ownership is part of what is required to ensure the effectiveness of negotiations for funding in accordance with the framework agreement many years in the future.

Funding and ownership working in tandem in this way is a natural expression of the long-term commitment to palliative care as proposed for Clare Holland House.

The proposed transfer of ownership of Clare Holland House was a core element of the Government's initial proposal to us. If it had not been part of the Government's proposal, the discussions of the past 14 months would not have occurred. It is not "an add on" or "a sweetener" but central and fundamental to the agreement because public palliative care services are fundamental to us.

The transfer agreement proposes a framework for ongoing government funding to be secure in the long term and matched to cost and demand elements.

The demand for access to palliative care services is growing, and this is why this element is so important to the overall proposal. Indeed, in itself this element is a major improvement on the current situation and should be welcomed by all those committed to palliative care in Canberra.

Ownership of Clare Holland House by Calvary will provide us with new opportunities for investment in both

facilities and services. But to do this, it is important for LCM Health Care to have Clare Holland House on our balance sheet – in much the same way it is important for the ACT Government to have Calvary Public on its balance sheet to invest at Bruce. The agreement has also put in place very rigid conditions on what the Clare Holland House land can be used for. There is a new Crown lease proposed, requiring us to continue to use the land for public palliative care service and hospice and not be able to unconditionally transfer or sell. This was included in response to concerns about future ownership of Clare Holland House, that Calvary could only ever sell the services to another not-for-profit organisation or the territory itself.

We have a long track record of owning and operating public hospices in conjunction with palliative care volunteers around Australia and we recognise the extensive contribution to quality palliative care by the ACT Palliative Care Society to people within the ACT and beyond.

We anticipate there will be no change to the role of the Palliative Care Society in providing services to patients of Calvary and across Canberra, and that existing relationships with it will continue.

The staff at Calvary are critical to achieving our palliative care mission in the ACT. We understand there are mixed views about change at both Clare Holland House and Calvary Public Hospital, but to the extent possible, these views have been considered and framed in our agreement with the territory. Importantly that is why the transfer agreement with the territory is structured to protect staff rights, entitlements and conditions and to guarantee they can only be better off working as part of Calvary Health Care. Ownership of Clare Holland House will allow us to strengthen our commitment to public palliative care in an unambiguous way, for the benefit of all in the community.

■ **Tom Brennan is chairman of Little Company of Mary Health Care.**

■ **In tomorrow's Forum section, the case for and against.**