

දුරකථන) 0112669192 ,
0112675011
දුරකථන) 0112698507 ,
0112694033
Telephone) 0112675449 ,
0112675280

ෆැක්ස්) 0112693866
ෆැක්ස්) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑල)
postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)



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SUWASIRIPAYA

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General circular no: 01 - 34 /2020

Provincial Directors of Health Services

Regional Directors of Health Services

Director - National Hospitals, Teaching Hospitals, Provincial General Hospitals, District General Hospitals

Medical Superintendent - Base Hospitals

Heads of the Institutions

Establishment of Palliative Care Consult Services (PCCS) at the Tertiary and Secondary care Hospitals

Palliative care service is a core component of comprehensive health care delivery. The need of palliative care in Sri Lanka continues to grow owing to the rising prevalence of non-communicable diseases and aging of population.

National Strategic Framework for Palliative Care Development 2019 - 2023 (Ministry of Health 2019) identifies the establishment of palliative care consult services (PCCS) at tertiary care and secondary care as an essential task to establish comprehensive palliative care services in Sri Lanka.

Function of the PCCS is as follows:

- Provide outpatient clinic sessions
- Palliative Care inpatient Consult Services

- Link with palliative care services at primary care and home based care by Public Health Nursing Officers (PHNOs)
- Develop close collaboration with government, non-government and private hospices for provision of coordinated care
- Coordinate with social service officers attached to the District / Divisional Secretariat Offices, Non-governmental organizations etc to coordinate extended holistic care.

Director/ Medical Superintendent of the hospital should facilitate following activities to commence PCCS at the hospital.

- An interdisciplinary team should be appointed within the hospital

The team should consist of following members:

Consultant (team leader) - Consultant Physician in Palliative Medicine will be the team leader of the palliative care service. Until such consultants are available, any other specialist board certified in the PGIM as a specialist and serving in the relevant hospital can be appointed as the team leader.

Every patient that qualifies for palliative care must be identified only by a referral from specialist consultant in the relevant field and the name of referring consultant should be mentioned in the registration. Referring consultants at the hospital will need to liaise with the team leader of the PCCS, for arranging the optimal palliative care for the patients. The referring consultant may work in partnership with the PCCS team leader or may hand over the entire patient care to the team leader. When a cancer patient is referred to the PCCS, a Consultant Oncologist should always be included in the palliative care team for the discussions and planning follow up care.

Medical Officers - At least one medical officer needs to be available on a full time basis under the supervision of the PCCS team leader. When medical officers with post graduate diploma in palliative medicine are available in the hospital those medical officers should be appointed.

Nursing Officers - At least one nursing officer should be available on a full time basis for PCCS. When a nursing officer with post basic certification in palliative nursing is available in the hospital those officers should be appointed to the PCCS. Until then, experienced and committed nursing officers have trained on the basics of palliative care can be appointed.

Social Service Officer - After communicating with the district social services officer, services of a social services officer can be arranged. These social service officers need training in the basic concepts of palliative care and the role of social worker in palliative care.

Counselor- If a medical officer or a nursing officer specially trained on counseling is available in the hospital, that officer needs to be appointed to the PCCS. Also the services of the hospital mental health team can be arranged. If the consultant Psychiatrist is available, PCCS can refer patients who need psychological support/counseling / drug management.

Pharmacist- One of the hospital pharmacists should be a part of the PCCS team.

Health care assistants- male and female

In addition to above mentioned officers, physiotherapist, speech therapist, occupational therapist, nutritionist etc. are ideally needed for optimal service delivery (establishing extended palliative care).

- Training needs should be identified and arrange the trainings (with the support of NCCP if needed).

Team members should have training in the basic concepts of palliative care.

- Essential medicines for symptom management and equipment for patient care should be provided for PCCS.

- A system of fast tract of services in the hospital should be developed to prevent palliative care patients waiting in the queues.

Detailed guidelines, IEC materials and training modules will be sent in due course by the National Cancer Control Programme. Further details are available at the National Strategic Framework for Palliative Care Development 2019-2023 - www.nccp.health.gov.lk

Monitoring and evaluation of palliative care consult services are important for strengthening of palliative care services in the country. Therefore, each PCCS is supposed to send a quarterly return of PCCS to the National Cancer Control Programme for monitoring and evaluation of services at national level. Feedback review and sharing experiences will be held each year and electronic feedback system will be arranged by the National Cancer Control Programme in due course.

You are advised to take necessary actions to establish designated palliative care team and implement Palliative Care Consult Services (PCCS) in your institution.


Dr. S. Sridharan
Director General of Health Services

Dr S. Sridharan
Director General of Health Services (Covering Up)
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

Cc:

All Deputy Director Generals
Director (National Cancer Control Programme)
Director (Youth Elderly and Disability)
Director (Non Communicable Diseases)
Director (Tertiary Care)
Director (Medical Services)
Director (Medical Supplies Division)
Director (Primary Care)
Director (Health Education and Promotion)
Director (Nursing - Medical Services)
Presidents of Sri Lanka College of Oncologists/Ceylon College of Physicians /Sri Lanka College of Paediatrics / College of Community Physicians of Sri Lanka / Sri Lanka Medical Association
Provincial / District Consultant Community Physician