

Palliative Care Australia (PCA) is located in Canberra on the land of the Ngunnawal People. PCA wishes to acknowledge the traditional owners of this land, the Ngunnawal People and their Elders past and present. PCA acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region.



2022



PalliativeCare
AUSTRALIA

Federal Election Statement

Palliative Care Australia (PCA) seeks a commitment during the 2022 Federal Election to an increase in Australian Government investment in palliative care to allow Australians to live well until their death, with optimal management of symptoms, support and care in the place of their choice.



Many Australians are unable to access high-quality palliative care where and when they need it. It is especially difficult in rural and remote Australia and for people from diverse needs groups.

The evidence shows that:

- » There is a 'postcode lottery' in the provision of palliative care services in the home and community.
- » The demand for palliative care is increasing with the estimated demand in Australia expected to increase by 50% between now and 2035, and to double by 2050.¹
- » Due to COVID-19, demand for palliative care services in the home and community increased dramatically. Some services have noted that demand increased by over 60% since the pandemic began, with no additional funding to meet this demand.
- » Only 1 in 6 public acute hospitals in Australia has a specialist palliative care inpatient unit.²
- » There is a large variation in access to palliative care in hospitals – in Victoria, there are 12.2 palliative care public hospital hospitalisations per 10,000 population; in NSW, the rate is 21.1 per 10,000 population.³

PCA calls for the following investment:



\$240 million per year

to dramatically increase the provision of palliative care in the home and community to respond to the increasing demand for being cared for and dying at home with funding to provide integrated home and community-based palliative care support and ensure quality of life and a dignified death. This funding would allow for more than 35,000 more deaths to occur at home and be cost neutral due to 28,500 fewer Emergency Department visits and over 200,000 fewer hospital bed days.



\$50 million per year

to increase the number of specialist palliative care beds and integrated palliative care teams in hospitals to support an extra 6,500 palliative care episodes each year.



Many Australians are dying in aged care without adequate access to palliative care. There are inadequate levels of skilled and trained staff to deliver palliative care across the health and aged care sectors.

The evidence shows that:

» There is a substantial unmet need for palliative care in residential aged care facilities (RACFs). Over 53% of residents have high complex health care needs⁴, and there are over 53,000 deaths in RACFs each year.⁵ Yet in 2018/19 under the current Aged Care Funding Instrument, just 3,178 residents were appraised as needing palliative care, accounting for less than 6% of deaths in RACFs.⁶

» The new Australian National Aged Care Classification (AN-ACC) funding model has specific palliative care provisions. Still, the impact on increasing the provision of palliative care, reducing the unmet need and improving resident outcomes is yet to be determined.

PCA calls for the following investment:



\$175 million per year

to provide a minimum of one registered palliative care nurse per residential aged care facility. This funding would provide an additional 2,200 registered palliative care nurses to provide palliative care services to the 200,000 residents of residential aged care facilities who need it.



\$100 million per year

to provide specialist palliative care services for residents with complex needs in residential aged care services. This funding would provide access to specialist palliative care staff to complete 'needs rounds' (comprehensive case management of residents) and subsequent provision of palliative care services for all of the 100,000 residents of aged care facilities across Australia with complex needs.

The economic case for greater investment

KPMG estimates that a **\$1** investment in:



Integrated community and home-based palliative care services can return between

\$0.53-\$1.56



Palliative care in hospital delivers a return between

\$1.36-\$2.13



Palliative care Innovative models in residential aged care delivers a return between

\$1.68-\$4.14

What is Palliative Care?



PCA subscribes to the World Health Organization (WHO) definition of palliative care:

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

Palliative care offers



Control



Dignity



Choice



Guidance on their journey



Quality of life



Support for family and loved ones

Proposed Collaboration Projects

Together with the four stated and aforementioned investment asks, PCA also proposes three immediate, aligned and smaller national projects for Australian Government funding consideration.

1 A NATIONAL PALLIATIVE CARE WORKFORCE PLAN

\$2.5 million over two years to develop a national palliative care workforce plan with all sector stakeholders.

This project to develop a contemporary specialist palliative care and generalist workforce plan, would be conducted with national health stakeholder/professional association organisations, and Palliative Care Australia member organisations. It would build on the outcomes of the current national palliative care projects as well as the national palliative care standards. This project would require complex project management/stakeholder engagement and draw on clinical/workforce design expertise. It would also include research into the establishment of a scholarship fund for palliative care training (inclusive of dementia training) in aged care (for Cert 3 and Cert 4), and other clinical qualifications. This collaborative project would be overseen by national Steering and Working Groups.

2 PALLIATIVE CARE REGISTERED NURSES IN RESIDENTIAL AGED CARE

\$8.7 million over 18 months for a project to trial palliative care registered nurses in residential aged care facilities (100 full time equivalent palliative care nurses).

KPMG estimate that a total investment of \$175 million per year would fund the required 2,200 nurses (one for every facility). This project is a key step to pilot the placement and integration of 100 FTE palliative care nurses hours in aged care facilities across Australia, including underserved regions, over one year. The project, to be managed in collaboration with PCA member organisations and aged care bodies includes a research/evaluation component overseen by a National Steering Committee.

3 HOME BASED PALLIATIVE CARE MODEL FOR PEOPLE WITH COMPLEX NEEDS

\$1.5 million over one year for a project to review and analyse current palliative care programs that provide support for people with complex needs who are palliative, to allow them to remain in their home.

People receiving aged care need to be able to access health care services in their home. This project would address the findings of The Royal Commission into Aged Care Quality and Safety, that people in aged care do not consistently receive the health care they need, including palliative care. The project would address nursing care, palliative medicine reviews, case conferencing, overnight support, and bereavement follow up, in order to develop a national program model to deliver to people receiving an aged care package. It would be modelled on the Palliative Care Home Support Packages (PEACH) Program currently in operation in NSW.

The project would fund and encompass project management, clinical leads, data analysis and health economic analysis, with a view to establishing a more ambitious pilot program in subsequent years.

Palliative Care Australia

Palliative Care Australia represents all those who work towards high quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, we aim to improve access to, and promote the need for, palliative care.



Full details are available in the PCA Roadmap, which sets out the investment and initiatives that are needed in palliative care over the next five years to ensure that Australians have access to high-quality palliative care when they need it and where they need it.

References

- 1 KPMG (2021) analysis based on KPMG and PCA (2020), *Investing to Save: the economics of increased investment in palliative care in Australia*
- 2 Australian Institute of Health and Welfare (2020), *Palliative care services in Australia Table APC.15 Public acute hospitals with specialist palliative care inpatient units, by remoteness area, states and territories, 2018-19.*
- 3 Australian Institute of Health and Welfare (2021), *Palliative care services in Australia Table APC.9 Palliative care, other end-of-life care and all hospitalisations per 10,000 population, by jurisdiction and sector, 2014-15 to 2018-19.*
- 4 Australian Institute of Health and Welfare (2021), *People's care needs in aged care. Proportion of current assessment ratings by care domain, 30 June 2020.* Accessed 6/11/2021.
- 5 Australian Institute of Health and Welfare (2021), *Palliative care services in Australia Table AC.4 Separations of permanent residential aged care residents, by palliative care status, mode of separation, 2019-20.*
- 6 Australian Institute of Health and Welfare (2021), *Palliative care services in Australia, Palliative care in residential aged care.* Accessed 6/11/2021.

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