2021-22 PRE-BUDGET SUBMISSION

Palliative Care – it's more than you think

PalliativeCare AUSTRALIA

PROMOTING QUALITY PALLIATIVE CARE SINCE 1991

Executive Summary

Key Initiatives

	ESTIMATED COST
Increase palliative care funding in community based settings	**$240 million per year**
Increase palliative care funding in hospitals	**$50 million per year**
Increase palliative care funding in residential aged care	**$75 million per year**

Supporting Initiatives

	ESTIMATED COST
Appoint a Palliative Care Commissioner to coordinate and champion palliative care nationally for older Australians	**$1.1 million per year**
Establish National Minimum Data Sets for palliative care	**$10 million over three years**
Develop a National Palliative Care Workforce Strategy	**$750,000**
Establish a Palliative Care postgraduate scholarship programme	**$20 million**
Investment in palliative care research	**$20 million over three years**
Development and Implementation of a National Disaster Grief, Bereavement and Mental Health Framework	**$20 million over three years**
Establish a National Grief Awareness Day	**$300,000 over three years**
Establish an education program for health and aged care professionals on quality use of opioids for cancer pain and pain management in palliative care patients	**$2 million over three years**

Broader health and Aged Care system initiatives

Fully fund the recommendations of the Royal Commission into Aged Care Quality and Safety
Fully fund the recommendations of the Medicare Benefits Schedule (MBS) Review Taskforce

Introduction

Palliative Care Australia (PCA) welcomes the opportunity to make a submission on the 2021-22 Federal Budget. In this submission, PCA calls upon the Australian Government to support funding measures and initiatives that will:

a. result in robust implementation of the National Palliative Care Strategy 2018 and the recommendations of the PCA KPMG report; *Investing to Save: The Economics of Increased Investment in Palliative Care in Australia*[1] (KPMG report) released in May 2020;
b. support Australia's palliative care, mental health, grief and bereavement needs resulting from the current COVID-19 pandemic and future emergencies; and
c. improve access to palliative care in aged care through implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety (Royal Commission).

Initiatives in this submission will ensure that the National Palliative Care Strategy 2018 is implemented robustly, resulting in more equitable access to palliative care for all who need it, when they need it and where they need it. Further, Initiatives are proposed that draw on:

» recommendations from the KPMG report;
» learnings from the COVID-19 pandemic and preparation for future emergencies;
» recommendation from the Royal Commission; and
» recommendations from the Medicare Benefits Schedule (MBS) Review Taksforce.

Background

Palliative Care Australia is the national peak body for palliative care. PCA represents 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 palliative care. We believe quality palliative care occurs when strong networks exist between specialist palliative care providers, primary care providers and support care providers and the community.

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

> *Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual*[2].

People living with a life-limiting illness deserve high quality care. They and their families, carers and loved ones want to know that high quality palliative care will be available when and where people need it.

Investment in palliative care means people can live well until their death, with optimal management of symptoms, support and care in the place of their choice.

Investment in palliative care also makes economic sense. People living with a life-limiting illness who receive palliative care, compared with those who do not, have fewer hospitalisations, shorter hospital stays, reduced use of Intensive Care Units and fewer visits to Emergency Departments (EDs)[3].

Setting the direction for future funding of palliative care

PCA welcomed the release of the National Palliative Care Strategy (2018). The Strategy highlights the need to plan for the increasing demand for palliative care as the Australian population ages and people with chronic disease and disability live longer:

> *"Investment at national, state and territory levels will be required to ensure that the systems and people are available to provide quality palliative care when and where it is needed*[4]*.'*

A key measure of success is that there are services on the ground for palliative care patients when and where they need them. The vital link between services and the Strategy is the *Implementation Plan* released in October 2020 which identifies action areas to progress the goals and priorities in the Strategy over the next five years.

PCA believes the Australian Government should consider the development of a **National Health Agreement on Palliative Care** to be signed by the Australian Government and all state and territory governments, with performance indicators and incentive payments built in.

Aged care in Australia is receiving attention through the Royal Commission. Thirty-six per cent of all deaths in Australia occur in residential aged care[5], yet the palliative care funding to support residents has been vastly inadequate. Furthermore, palliative care has not been included as an Aged Care Quality Standard and PCA has advocated that it should be.

If Australia is to meet its obligations to support older Australians in aged care, increased funding support for palliative care in both residential and community aged care must be a priority for Government.

Context for this submission

The demographics of the Australian population are changing and we need to plan ahead for the increased demand for accessible, flexible and responsive palliative care. Within 10 years, Australia's population is expected to reach 30 million and the number of deaths over 200,000 per year (current deaths are around 160,000 per year[6]).

Not only are Australians living longer, as they age their care needs can become more complex. The complexity of palliative care will continue to increase as people live longer with multiple chronic conditions. This often results in more complex symptoms and higher symptom burden.

Australia's palliative care system is not meeting current demand; investment and policy changes are required urgently to meet current as well as emerging need.

All Australians have a human right to quality palliative care – **when and where they need it**.

Palliative care is highly regarded as person and family centred, where the individual needs of people who are living with a life-limiting illness, their carers and families will determine which services they access at any given time.

PCA has a vision document, ***Palliative Care 2030: Working Towards the Future of Quality Palliative Care for All***. It sets out guiding principles to assist the health, disability and aged care sectors, governments and the general community, to plan and prepare for future need, when Australians will live longer, demand an improved quality of life, and expect access to high quality palliative care when living with a life-limiting illness. Underpinning this vision is the assumption of ongoing commitment by governments to appropriately invest in, and plan for, the delivery of palliative care, in co-design with specialist palliative care and the broader palliative care sector.

Palliative Care 2030 sets the framework for PCA's 2021-22 Budget Submission alongside PCA's ***Palli8 plan***[7], an eight-point plan for palliative care in aged care in which PCA has articulated the following key recommendations:

Palli8
ENSURING PALLIATIVE CARE IS CORE BUSINESS FOR AGED CARE

1. A person-centred approach to palliative care in aged care that aligns with the World Health Organisation definition of palliative care and is not restricted to 'end of life' or last days/weeks.
2. Clearly articulated, robustly implemented standards that include palliative care.
3. Palliative Care training for every health and aged care worker.
4. National Minimum Data Sets for palliative care which include both health and aged care.
5. Funding to fully implement the National Palliative Care Strategy ensuring aged care is included.
6. Investment in, and development of, innovative models of care to ensure older people have equitable access to palliative care services.
7. Greater focus on community awareness of death and dying, palliative care and advance care planning.
8. Palliative care should be a priority for all governments including the National Federal Reform Council, the newly formed National Cabinet and the Health Council.

Access to palliative care in aged care is a critical and pressing issue. With an ageing population and the rise in chronic disease, it is essential that palliative care is recognised as core business for all aged care providers. Aged care staff must be supported by systems, funding and training to provide quality palliative care. At the same time, aged care must not be seen in isolation from the broader health system. More work needs to be done to ensure older people do not fall between cracks created by interjurisdictional and intersectoral policy decisions, and fragmented and siloed funding models.

The COVID-19 pandemic has shown the significant role that palliative care has in supporting COVID-19 patients and people who are seriously ill or dying and their families including those in residential aged care. Further, there are likely to be a number of long-term impacts relating to grief, bereavement and mental distress for residents, patients, family and staff in health and aged care as a consequence of the pandemic.

Initiatives in this budget submission

Key Initiatives

Increase funding to meet the palliative care needs of people in:

» community based settings;

» hospitals; and

» residential aged care.

Supporting Initiatives

» The appointment of a Palliative Care Commissioner as a specialist Assistant Commissioner of the proposed Australian Aged Care Commission to coordinate and champion palliative care nationally for older Australians.

» Establish National Minimum Data Sets (NMDS) for palliative care including aged care data.

» Invest in the Palliative Care Workforce including develop a National Palliative Care Workforce Strategy and establish a Palliative Care postgraduate scholarship programme.

» Commit dedicated specific funding each year for palliative care research from the National Health and Medical Research Council (NHMRC) and the Medical Research Futures Fund (MRFF) funding grants.

» Develop a National Disaster Grief, Bereavement and Mental Health Framework and a National Grief Day.

» Develop an education program for health and aged care professionals on the quality use of opioids for palliative care patients.

Broader health and Aged Care system Initiatives

» Fully fund the recommendations of the Royal Commission into Aged Care Quality and Safety to improve access to palliative care in aged care settings.

» Fully fund the recommendations of the Medicare Benefits Schedule (MBS) Review Taskforce to support more equitable access to palliative care in all care settings.

Key initiatives

Increased Investment in Palliative Care

Rationale and benefits

Investment in palliative care means people with life-limiting illness can live well until their death, with optimal management of symptoms and support and care in the place of their choice. To meet current and future demand for palliative care, further investment is needed. This is recognised in the National Palliative Care Strategy which states, 'investment at national, state and territory levels will be required to ensure that the systems and people are available to provide quality palliative care where and when it is needed'[8].

As outlined in PCAs *Supplementary Pre-Budget Submission 2020-21*[9], PCA commissioned KPMG (with the support of The Snow Foundation) to undertake an economic study into the value of palliative care, *Investing to Save: The Economics of Increased Investment in Palliative Care in Australia*[10] (KPMG report). The KPMG report presents the economic case for increased investment in palliative care. It highlights opportunities for governments to generate significant returns on their investment in palliative care, focusing on targeted practical interventions where the evidence base about what works is strong.

The KPMG report makes key recommendations relating to funding in home-based, hospital and residential aged care settings that deliver strong returns on investment, either breaking even and being cost-neutral or providing significant cost savings. These recommendations are further supported by initiatives that address stumbling blocks that currently restrict the sector from delivering patient-centred models of care.

Integrated home based palliative care services support individuals, families and caregivers outside institutional settings of care. In the last year of life, integrated home-based palliative care services are expected to save between $4,544 and $6,109 (2019 Australian dollars) per person from reduced emergency department and hospitalisation costs. Compared with the implementation costs associated with these interventions, KPMG estimate that a **$1.00 investment in integrated home based palliative care services can return between $0.53 and $1.56** – or cost neutral on average (2019 Australian dollars). KPMG recommend an increase in funding of **$240 million per year** for integrated home and community-based services based on models of care that have been shown to be effective. This level of investment is estimated to be fully offset by equivalent savings from 37,000 more people dying at home, 230,000 less hospital beds day, 47,500 fewer ICU days and 225,000 fewer presentations to the ED.

Palliative care services in hospital can provide an increased level of targeted support to individuals, and carers of individuals, with complex health needs. In the hospital setting, palliative care can be provided both in specialist palliative care beds, as well as in other beds for individuals receiving treatment or other types of care in acute or sub-acute beds. Based on the cost savings identified in the literature, and low, mid and high costs assumptions based on the Independent Hospital Pricing Authority (IHPA) cost of sub-acute palliative care, KPMG estimate that a **$1.00 investment in palliative care in hospital delivers a return of between $1.36 and $2.13** (2019 Australian dollars). KPMG recommend an investment of an extra **$50 million per year** to support more dedicated specialist inpatient palliative care beds, broader in-hospital palliative care teams, and emergency department triaging directly to specialist inpatient palliative care beds. This level of investment would increase the number of hospital deaths occurring in palliative care by 60 per cent and provide palliative support to 6,500 deaths each, delivering savings of around $84 million per year in wider hospitalisation costs.

Palliative care services in residential aged care are underfunded and underserviced. In 2017, 36 per cent of Australians died in resident aged care, yet only one in 50 residents in residential aged care received palliative care. KPMG estimate that a **$1.00 investment in innovative models in residential aged care can return between $1.68 and $4.14** (2019 Australian dollars). KPMG recommend an increase in funding of **$75 million per year** for palliative care within residential aged care. This investment should include both direct specialist multidisciplinary palliative care services and integrated support that includes the residential aged care workforce and other health professionals such as General Practitioners (GPs), allied health and Nurse Practitioners. Such investment, tailored to jurisdictions and local circumstances, is estimated to deliver between $135 million and $310 million in reduced hospitalisation and emergency transportation costs, and free up between 100,000 to 220,000 hospital bed days, or up to 600 beds at full utilisation.

If Australia experiences further waves of the current COVID-19 pandemic or other pandemics of a similar nature, the demand for palliative care will grow further. An increased investment in palliative care is needed to ensure that Australia is well prepared to deal with the COVID-19 pandemic and future pandemics and emergency events. Palliative care can help manage the physical symptoms of COVID-19, particularly severe shortness of breath, pain and delirium, as well as emotional and spiritual distress, and provide personal support for people who are seriously ill or dying and their families. Effective palliative care can assist in the assessment and management of clinical problems in the community, including residential aged care, and help vulnerable people to avoid unnecessary emergency department presentations and hospitalisation during a pandemic.

Increased investment in palliative care will ensure that Australia is well prepared now and into the future to deal with pandemics and emergency events.

PCA estimates that fully funding palliative care will cost an additional:

- $240 million per year in **community based settings**
- $50 million per year in **hospitals**
- $75 million per year in **residential aged care**

Supporting initiatives

Appoint a Palliative Care Commissioner to coordinate and champion palliative care nationally for older Australians

Rationale and benefits

PCA has welcomed the National Palliative Care Strategy 2018 and its endorsement by all federal, state and territory health ministers. PCA notes an implementation plan was released in October 2020.

The National Palliative Care Strategy calls for a 'formal governance structure with links to the Australian Health Ministers' Advisory Council'. This would ensure that palliative care is recognised and resourced as an integral component of the health system. PCA strongly supports the establishment of such a governance structure.

PCA supports the recommendation made by the Counsel Assisting to the Royal Commission into Aged Care Quality and Safety to establish an independent Australian Aged Care Commission (Aged Care Commission) to oversee aged care policy and programs[11]. It is proposed that an Aged Care Commissioner would oversee the Aged Care Commission and be supported by at least five Assistant Commissioners with dedicated portfolios.

PCA proposes that one of these dedicated portfolios focus on palliative care with the appointment of a Palliative Care Commissioner as one of the specialist Assistant Commissioners. This would support the strong emphasis on palliative care in Counsel Assisting's Recommendations and further complement the governance structure of the National Palliative Care Strategy 2018.

The Assistant Commissioner's portfolio responsibilities would include:

- leading the implementation of palliative care recommendations arising from the Royal Commission;
- receiving from the Commonwealth and each jurisdiction an annual update of actions taken under the National Palliative Care Strategy 2018 Implementation Plan to assess and report on progress made on the goals and priorities of the Strategy by the Commonwealth and the jurisdictions;
- identifying systemic shortfalls in the provision of palliative care in Australia and recommending options for change; and
- other functions as conferred.

PCA has previously put forward the need for a Palliative Care Commissioner (PCA Pre-Budget Submissions 2018-19 and 2020-21) and has also **raised it with the Royal Commission** at its Perth hearings on 27 June 2019 and in subsequent submissions. There are also substantial savings and shared costs in incorporating this role into the Aged Care Commission.

PCA estimates this initiative will cost under **$1.1 million per year**

Establish National Minimum Data Sets (NMDS) for palliative care in both health and aged care

Rationale and benefits

The importance of establishing a Palliative Care National Minimum Data Set has been highlighted by the Productivity Commission (2017):

> *'The effectiveness of…reforms will depend on governments implementing broader improvements to their stewardship of end of life care. This should involve the Australian, State and Territory Governments, through the COAG Health Council…. developing and implementing an end of life care data strategy that establishes a national minimum data set for end of life.'* [12]

Without targeted data collection and better linkages, Australia is not in a position to analyse adequately how many people are accessing palliative care services and in what settings, the demographics of those accessing care and what their preferences are for place of care and place of death. This data is essential for governments to adequately plan for, and invest in, palliative care needs into the future.

PCA has commissioned KPMG to undertake a report *Information gaps in Australia's palliative care* that explores the reporting of funding and provision of palliative care across Australia. The report will be finalised in early 2021. To date KPMG has found that across all funders and settings there are gaps that limit health service planning, investment and the delivery of person-centred palliative care. In particular:

- There are major gaps in the reporting of the palliative care services provided in the community and residential aged care settings;
- There is a lack of systemic reporting of palliative care expenditure, especially outside the subacute hospital sector; and
- Palliative care data is not consolidated or accessible and the consistency of reporting is poor.

The Royal Commission has also recognised the need to improve data collection, sharing and governance in aged care. The Counsel Assisting's proposed recommendations include the introduction of an Aged Care National Minimum Data Set, data sharing agreements and improved data interaction between the health and aged care systems. PCA would like to emphasise that any future data collections in aged care should include palliative care data.

PCA estimates the introduction of a NMDS for palliative care in both health and aged care will **cost $10 million over three years**

SUPPORTING INITIATIVE

Invest in the palliative care workforce including the development of a National Palliative Care Workforce Strategy

Rationale and benefits

A National Palliative Care Workforce Strategy is needed to provide guidance on the appropriate staffing mix and numbers that are required to facilitate the delivery of palliative care to all Australians with a life-limiting illness regardless of age or diagnosis. A National Palliative Care Workforce Strategy should address the workforce needs across all health settings, including tertiary, community-based and residential aged care settings, and ensure appropriate access to consultancy advice from specialised palliative care services.

A National Palliative Care Workforce Strategy that includes the role of GPs, nurses, aged care staff, community pharmacy, allied health, paramedics and other health professionals in palliative care should be considered critical. Such a strategy would enable broader workforce issues to also be examined. It should also enable disparities in access to palliative care (for example, across the states and territories and inner city, regional and rural and remote locations) to be identified and addressed.

Currently there are 271 palliative medicine physicians and 3,528 palliative care nurses across Australia (1.0 and 12.2 full-time equivalent per 100,000 population respectively)[13].

There is a need to support additional palliative medicine trainee positions in Australia, particularly in rural and regional areas. The Palliative Care Service Development Guidelines set a benchmark of 2.0 full-time equivalent Specialist Palliative Medicine Physicians per 100,000 population[14]. This means that by 2030, with an expected population of 30 million, Australia should be aiming for 600 Specialist Palliative Medicine Physicians. This is more than double the current number.

Similarly, investment that supports nurses to achieve the postgraduate qualifications in palliative care, at Masters Level or Nurse Practitioner level is needed. Scholarships would assist in this area and help ensure that Australia has an appropriate number of qualified Clinical Nurse Specialists, Clinical Nurse Consultants, and Palliative Care Nurse Practitioners to meet the palliative needs of Australians now and into the future.

The establishment of a Palliative Care postgraduate scholarship programme could provide funding for successful candidates to undertake postgraduate training in palliative care, for example Graduate Certificate, Diploma or Master of Palliative Care or equivalent, Master of Nursing (Nurse Practitioner) or specific training initiatives contributing to Advanced Training in Palliative Medicine.

- PCA estimates that development of a National Palliative Care Workforce Strategy will **cost $750,000**

- PCA estimates the establishment of a Palliative Care postgraduate scholarship programme will **cost $20 million**

SUPPORTING INITIATIVE

Commit dedicated specific funding for palliative care research from the National Health and Medical Research Council (NHMRC) and the Medical Research Futures Fund (MRFF) grants

Rationale and benefits

Australia has benefited from a strategic investment in palliative care projects, which has created a large network of clinicians, academics, researchers and policy makers, and has funded initiatives such as the Palliative Care Outcomes Collaboration (PCOC), CareSearch, and the Palliative Care Clinical Studies Collaborative. The research outcomes from these networks have contributed significantly to the quality of palliative care provided in Australia.

However, to meet the emerging palliative care clinical and policy challenges, a stronger focus on palliative care research priorities and increased investment in research is needed. This will assist in developing the optimal evidence to inform interventions and services. Research that is specifically focused on palliative care for older Australians including those living in residential aged care, must also be a priority. This funding would be in addition to the national palliative care project funding.

Following the inclusion of palliative care as a standalone Field of Research, it is important that grant review panels include the necessary expertise for review of applications on both National Health and Medical Research Council (NHMRC) and Medical Research Futures Fund (MRFF) grant review panels. PCA calls for sustained targets for palliative care research sustained target calls for palliative care research and palliative care in aged care to be included in the 2020-2022 Australian Medical Research and Innovation Priorities. PCA notes the modest investment of $5 million in a Targeted end of life call from NHRMC in 2020.

PCA urges the Australian Government to allocate a minimum amount of funding, for targeted calls within NHMRC and MRFF research funding grants to palliative care and other end of life care research.

PCA estimates this initiative will **cost $20 million over three years** (in addition to current national palliative care grants funding)

SUPPORTING INITIATIVE

Develop and implement a National Disaster Grief, Bereavement and Mental Health Framework

Rationale and benefits

The COVID-19 pandemic has shown the significant role that palliative care has in supporting COVID-19 patients and people who are seriously ill or dying and their families. Further, there are likely to be a number of long-term impacts relating to grief, bereavement and mental distress for residents, patients, family and staff in health and aged care as a consequence of the pandemic.

It is estimated that 44,000 Australians will be diagnosed with prolonged grief disorder each year[15].

As part of its planning and leadership for the palliative care sector during the COVID-19 pandemic, PCA held two strategic forums in 2020 with experts in palliative care, grief, bereavement and mental health to identify the emerging issues, available resources and gaps in current service provision. The outcomes paper from these meetings summarises the key outcomes together with recommendations for policy makers, health and aged care leaders and professionals, and carers and consumers[16].

The major recommendation is the development of a National Framework for Disaster Grief, Bereavement and Mental Health to bring together currently siloed aspects of services in mental health, specialist palliative care, community health and primary care; to optimise integration and referral pathways and to minimise gaps. The framework would include a strategy for each jurisdiction that:

- Incorporates a plan to support vulnerable groups including Aboriginal and Torres Strait Islander people, prisoners and people from the full range of culturally and linguistically diverse backgrounds.
- Maps locally accessible grief counsellors and psychologists with grief expertise, continually updated to assist consumers and carers and health and aged care workers to know where services and support are available.
- Supports Primary Health Networks (PHNs) building better links and supports at the local level.
- Brings together state and territory governments with local government to coordinates services and build local capacity.

The framework could be further supported by:

- Developing national standards for bereavement service provision in Australia, based on best practice of optimal bereavement interventions. This includes incorporating access to grief and bereavement services in the Aged Care Quality Standards.
- Working with general practice organisations to ensure GPs understand the impacts of COVID-19 and have the skills and resources to provide the mental health, grief and bereavement support and care to patients presenting because of issues relating to COVID-19.
- Improving grief and bereavement education, professional development and training pathways for health and aged care professionals.
- Investing in research about the mental health, grief and bereavement impacts of COVID-19, identification of gaps and recommendations for strategies to provide better care and support for people affected by COVID-19.
- Greater financial and other capacity-building support to ensure appropriate access to grief, bereavement and mental health support to people during, and in the aftermath of, the pandemic and in preparation for future disasters with high death tolls. This also includes ongoing supports for people accessing counselling services for general grief and loss, including those in residential aged care.
- Ensuring funding models for acute care include resources to deliver bereavement care to families and loved ones after the death of a patient. Current funding models do not acknowledge this work which is often undertaken by doctors, nurses and social workers on acute wards.

Reflecting on the consequences of the COVID-19 pandemic and investing in strategic solutions will ensure that Australia is well equipped to manage the grief, bereavement and mental health challenges ahead.

PCA estimates that this initiative will **cost $20 million over three years**. This includes development and implementation of the strategy including national standards, training, education and investment in services

To support greater understanding and awareness about the impact of grief and bereavement, PCA proposes the establishment of a National Grief Awareness Day. The day would celebrate the lives of people who have died and assist in normalising conversations regarding death and dying to support people in preparing for their end-of-life. The purpose of National Grief Awareness Day would be to remove the stigma surrounding grief and death and assist people in reaching out and asking for assistance before and during bereavement.

PCA estimates this initiative will **cost $300,000 over three years**. The budget ask is for seed funding to establish branding, promotion and distribution of resources to promote the day

SUPPORTING INITIATIVE

Establish an education program for health and aged care professionals on quality use of opioids for palliative care patients

Rationale and benefits

Appropriate access to opioid medication is critical to managing and relieving pain and symptoms associated with a life-limiting illness, such as chronic breathlessness.

A number of Australian health professional bodies have co-signed the Position Statement *Sustainable Access to Prescription Opioids for Use in Palliative Care*[17], which recognises the need to increase knowledge about appropriate use of opioids within the Australian palliative care context while providing leadership and guidance in the regulatory processes for the community and prescribers[18]. It supports safe, evidence based and appropriate clinical oversight of opioid prescribing in palliative care, while recognising legitimate concerns related to inappropriate use and prescribing in other clinical settings.

PCA acknowledges that the Department of Health has made funds available under the National Strategic Action Plan for Pain Management for the development and provision of pain management training and educational resources for medical practitioners. This is further complemented by the Opioids Education Program delivered by NPS MedicineWise to increase GP knowledge and awareness and improve quality use of opioids and reduce harms for Australians with chronic non-cancer pain (CNCP).

PCA calls for the above education to be supplemented by more specialised training in evidence-based use of opioids aligned with the updated evidence-based cancer pain and palliative care guidelines[19]. This will optimise opioid management for those for whom the evidence supports benefit, ensure medical practitioners are enabled to prescribe, in a timely manner, appropriate opioids for pain and breathlessness management for those with palliative care needs and feel confident in their appropriate use and specialist support where necessary.

PCA estimates this initiative will **cost $2 million over three years**

Broader health and aged care system Initiatives

Fully fund the recommendations of the Royal Commission into Aged Care Quality and Safety

Rationale and benefits

PCA has lodged **eight submissions** to the Royal Commission into Aged Care Quality and Safety (Royal Commission). In its submissions, PCA presented several recommendations aimed at improving access to palliative care in aged care settings. On 22 October 2020 the Counsel Assisting presented their proposed recommendations to the Royal Commission[20]. PCA welcomes these recommendations and their strong emphasis on palliative care including the right for people receiving end-of-life care to access fair, equitable and non-discriminatory access to palliative and end-of life care. In particular:

- Introducing a **new Aged Care Act** that enshrines the right of older Australians to access highly quality palliative care services where and when they need them.
- Establishing a new aged care program with a residential care category that includes delivery of high-quality care across a range of domains, including palliative and end-of life care. This will ensure that **palliative care is seen as a core part of the residential care program**.
- Including an **entitlement in the new aged care program to all forms of support** and care a person is assessed as needing and certainty of funding based on assessed need. The new aged care program should also include appropriate levels of funding across all categories to ensure that people receive the support they need and that the palliative care needs of older Australians are met both in both residential and community aged care.
- Recommendations that allow more **Australians to remain in their home** as they age and receive palliative care in their home environment. This includes providing home care packages to all those on the current wait list and reducing future wait times; introducing funding categories for social supports, assistive technology and home modifications; and maximum funding amounts for care at home that are equivalent to the maximum residential care funding amounts. For people who have a life-limiting illness and a short prognosis, wait times for HCPs often mean that the person dies prior to receiving the care they were assessed as requiring or have to move to residential aged care against their wishes.
- Undertaking a **review of the Quality Standards** and amendment of the standards to include a requirement for residential aged care providers to demonstrate their capacity to deliver high quality palliative care.
- Recommendations that ensure **better coordination between the aged care and health care sectors** to ensure that aged care recipients receive highly quality primary care services and specialist care services that complement the aged care services they are receiving. In particular, the introduction of Local Hospital Network-led multidisciplinary outreach services that provide services in a person's place of residence and provide access to a core group of relevant specialists including palliative care specialists. These services must be adequately funded to meet the needs of older Australians and ensure they have appropriate access to specialist care where and when they need it.
- Recommendations **to improve the delivery of culturally safe, trauma-informed and flexible services that allow Aboriginal and Torres Strait Islander people to remain on country**; addressing service gaps for people with diverse needs; equity for people with disability receiving aged care and identifying and addressing services gaps in regional, rural and remote areas. Fully funding these measures will ensure all Australians have equal access to high quality and culturally appropriate aged care wherever they live.

Further to this, PCA supports the proposed recommendations relating to staffing and training, in particular:

- **Mandatory minimum qualification of Certificate III for all aged care personal care workers**. In addition PCA is advocating for the inclusion of mandatory palliative care units in Certificate III and IV training.
- **Compulsory dementia and palliative care training for all staff** involved in direct contact with people seeking or receiving aged care services. PCA believes that staff working in aged care should also receive training in advance care planning, death and dying, and grief and bereavement.
- A **review of certificate-based courses for aged care and health professions' undergraduate curricula** to ensure they appropriately address aged-related conditions and illnesses. This should include consideration of appropriate content on palliative care, death and dying and grief and bereavement.
- **Training, upskilling and registration of the aged care workforce** including reprofiling, revising and standardising roles and increased funding for education programs.
- An **increase in award wages and remuneration**.

PCA recommends **fully funding the recommendations** of the Royal Commission into Aged Care Quality and Safety

BROADER HEALTH AND AGED CARE SYSTEM INITIATIVE

Fully fund the recommendations of the Medicare Benefits Schedule Review Taskforce

Rationale and benefits

PCA made three submissions to the Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) and welcomes the release of the Taskforce final report and recommendations to Government.

PCA supports recommendations made by the Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC) that will facilitate more equitable access to palliative care specialists across a range of settings, including:

- Replacing the current standard attendance items with time-tiered attendance items based on attendance duration and patient complexity factors.
- Introducing a new framework of case conference items and allowing these to be accessed by all consultant specialists. This will allow palliative care specialists to access the same MBS items for inpatient case conferencing and family meetings that other specialists currently do. Many tasks often focus on the conduct of family meetings and case conferencing with other health professionals while a person is receiving palliative care. PCA also supports the introduction of case conference items for allied health professionals and nurse practitioners.
- Introducing new attendance items for acute, urgent and unplanned attendances with higher scheduled fees than for standard attendances. Due to the nature of palliative care, specialist care needs may be facilitated within non-acute settings and after hours, particularly towards the end of life and when a person is dying in order to provide care that aligns with the person's wishes and to avoid unnecessary or unwanted transfers.
- The Government working closely with peak organisations, clinicians and consumers to build support, refine details and ensure effective and sustainable transition to time-tiering and new schedule fees. This includes ensuring non-patient facing time is factored into the new fee structure.

PCA supports the recommendations made by the Nurse Practitioner Reference Group (NPRG) that will improve access to palliative care nurse practitioners across a range of settings, including:

- Significantly increasing the schedule fee assigned to current MBS Nurse Practitioner (NP) professional attendance items to more appropriately reflect the complexity of care provided.
- Creating a new MBS item for longer NP attendances to support the delivery of complex and comprehensive care.
- Enabling patients to access MBS rebates for after-hours or emergency care provided by NPs to facilitate care provided in the most appropriate settings and in a timely manner.
- Enabling patients to access an MBS rebate for NP care received outside of a clinic setting.

PCA also supports the recommendation by the General Practice and Primary Care Clinical Committee (GPPCCC) to increase the schedule fee for home visits for GPs to enrolled patients.

The COVID-19 pandemic has shown the importance of providing high quality telehealth to Australians during emergency events. Being able to provide MBS consultations by telehealth during the pandemic allowed for the ongoing delivery of clinical care while minimising risk for vulnerable patients. Beyond the pandemic, telehealth consultations can allow access to palliative care specialists for those living in residential aged care and in rural and remote areas. Telehealth must be best practice, fully funded and supported by good infrastructure, training and research.

PCA supports the telehealth measures identified by the Taskforce including:

- Establishing a National Strategy for Virtual Health Care and establishing and implementing MBS Telehealth policy and guidelines.
- Evaluating, researching and reviewing models of telehealth and virtual health care.
- Establishing a process to review all MBS telehealth items on a regular basis.
- Creating a new MBS telehealth framework for Specialists that provides consistency across specialities.
- Consideration of MBS telehealth items for Allied Health and NPs and allowing clinician participation at both ends of the MBS telehealth consultation.

Increased funding to deliver more equitable access to palliative care items on the MBS, including the use of telehealth settings, would help achieve quality palliative care for all Australians when they need it, and where they need it. Allocating appropriate funding to these items should be a priority for the Australian Government.

PCA recommends **fully funding the recommendations** of the Medicare Benefits Schedule Review Taskforce

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