2019 Federal Election Statement

Palliative care is care that helps people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness, ranging from palliative care when their needs are straightforward and predictable, to specialist palliative care when they have complex and persistent needs.

In 2019-20 approximately 160,000 Australians will die – this is projected to increase to over 200,000 in the year 2030. There is an immediate need to develop evidence and plan ahead to support the increased need for person and family-centred, accessible, flexible and responsive palliative care.

PCA seeks a commitment during the 2019 Federal Election to the following key elements to prepare for the future of palliative care as elaborated in *Palliative Care 2030: working towards the future of quality palliative care for all (2019).*

- Fund and support the full implementation of the National Palliative Care Strategy, as endorsed by all Australian health ministers and released in February this year.
- Ensure palliative care is recognised as a National Health Priority by the Council of Australian Governments (COAG).
- Establish a dedicated Palliative Care Principles Committee through the Australian Health Ministers' Advisory Council (AHMAC) to develop a shared National Palliative Care Strategy (2018) Implementation Plan.
- Develop a National Palliative Care Workforce Strategy across health, disability and aged care systems which must include the role of GPs, nurses, aged care staff, community pharmacy, allied health and other health professionals, and consider the disparities in availability across the States and Territories and across inner regional, rural and remote locations.
- Invest in an economic data modelling and demand projection project that takes into account the current services available, across palliative care, disability care and aged care settings and systems, when referral to specialist palliative care is made, or not made, by whom and for what reason, the anticipated increase in demand, and how Australians are likely to want to receive care in the future.

- Invest in additional palliative medicine specialist trainee positions underpinned by clear pathways for entry into graduate positions across tertiary, aged care and primary health care.
- Invest in a training program to encourage and support nurses to achieve the qualification of palliative care nurse practitioner. This could be modelled off the previous Department of Health funded Supporting a Professional Aged Care Workforce (2010) program, which provided scholarships for registered nurses in the aged care sector.
- Provide additional funding from NHMRC and MRFF
 to palliative care focused research to strengthen the
 Australian evidence base. This must be supported
 by the establishment of a stand-alone Palliative Care
 Field of Research as part of the current Australian and
 New Zealand Standard Research Classification Review.
- Invest in telehealth models so Australians living in rural and remote locations can remain on country for the majority of their care if this is what they choose, which is supported by dedicated telehealth MBS items and innovative models of specialist palliative care delivery.
- A review of the MBS within the context of palliative care, to ensure item numbers are more suited to provide for palliative care and specialist palliative care needs across the aged, disability and and health sectors, including tertiary and 24-hour community based care.
- Review the palliative medicine schedule within the PBS to ensure it meets current evidence based practice guidelines and captures palliative care prescribing data appropriately.
- Fund a community awareness campaign to assist Australians to understand the benefits of palliative care, know where and how to access services, and feel supported to be involved in decisions about their own care, and in their grief and bereavement