

A photograph of two women in a kitchen. The woman in the foreground is wearing a white lace-trimmed sweater and is rolling out a piece of dough. The woman behind her is leaning in, looking at the dough. On the counter, there is a rolling pin and several round cookies. The background shows a kitchen sink and shelves with various items.

Pre-Budget Submission

2022-23



PalliativeCare
AUSTRALIA

This submission is endorsed by Palliative Care Australia's (PCA) Member Organisations:



Acknowledgement of Country

Palliative Care Australia (PCA) is 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. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Introduction

Palliative Care Australia (PCA) has developed the *Palliative Care Australia Roadmap 2022 – 2027: Investing to Secure High-quality Palliative Care for All Australians who need it*. This 2022–2023 Pre-Budget Submission draws on this Roadmap to identify key investment opportunities for the Australian government to support palliative care in the 2022–2023 Budget.

PCA calls upon the Australian Government to support funding measures and initiatives that will:

- » grow the palliative care, health care, aged care and community care workforce
- » fund innovative and efficient models of palliative care delivery; and
- » increase accessibility to palliative care.

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.

2022–23 Pre-Budget Submission Overview

HOME AND COMMUNITY CARE

- » **\$240 million per year** to dramatically increase the provision of palliative care in the home and community.
 - **+ \$1.5 million** Collaborative funding project – *Home Based Palliative Care Model for People with Complex Needs*

AGED CARE

- » **\$87.5 million per year** to increase the number of registered palliative care nurses in residential aged care facilities.
- » **\$50 million per year** to provide specialist palliative care services for residents with complex needs in residential aged care services.
 - **+ \$8.7 million** Collaborative funding Project – Palliative Care Registered Nurses in Residential Aged Care

HOSPITAL FUNDING

- » **\$50 million per year** to increase the number of specialist palliative care beds and integrated palliative care teams in hospitals.

PALLIATIVE CARE WORKFORCE

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

DATA AND RESEARCH

- » **\$10 million per year** dedicated to targeted calls for palliative care and end of life research.
- » **\$15 million** to establish a Palliative Care National Minimum Data Set for health, aged care (residential and home care) and paediatric palliative care.

CARERS

- » **\$5 million** for a trial to implement a separate expedited assessment process at Services Australia for carers of people with life-limiting or terminal illness that allows carers to receive payments quickly.

PAEDIATRIC PALLIATIVE CARE

- » **\$500,000 per year** to support PCA and PaPCANZ to continue working to support paediatric palliative care in Australia.
- » **\$1.2 million over two years** to trial palliative care coordinators from specialist palliative care teams to support children and parents to receive integrated care from health care and other support services.

COMMUNITY AWARENESS

- » **\$2.5 million** to increase funding to improve community awareness around death, dying and palliative care.

PEAK FUNDING

- » **\$400,000 per year** to provide core peak funding to support PCA's advocacy and peak body work beyond 30 June 2023.

Background

PCA 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.

PURPOSE

Palliative Care Australia leads a unified voice to strengthen our collective impact towards excellence in palliative care.

PCA subscribes to the World Health Organization (WHO) definition of palliative care which is the definition used in the National Palliative Care Strategy (2018):

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.

Palliative care:

- » provides relief from pain and other distressing symptoms
- » affirms life and regards dying as a normal process
- » intends neither to hasten or postpone death
- » integrates the psychological and spiritual aspects of patient care
- » offers a support system to help patients live as actively as possible until death
- » offers a support system to help the family cope during the patient's illness and in their own bereavement
- » uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- » will enhance quality of life, and may also positively influence the course of illness
- » is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.¹



VISION

We see a world where quality palliative care is available for all, when and where they need it.

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. The Palliative Care Outcomes Collaboration (PCOC), based at the University of Wollongong collect data about the outcomes for patients accessing palliative care. Measuring a range of reported outcome measures including responsiveness to urgent needs; anticipatory pain management; responsive pain management; PCOC are able to demonstrate the improvements for patients who commence palliative care.²

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



What is needed to support people with life-limiting illness in Australia?

To be able to offer people with life-limiting illness the care and support they and their families need requires investment. This is recognised in the National Palliative Care Strategy (2018) agreed to by the Australian government and all state and territory governments.

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

How to use this submission

Drawing on our *Palliative Care Australia (PCA) Roadmap 2022 - 2027: Investing to Secure High-quality Palliative Care for All Australians who need it*, this 2022-2023 pre-budget submission outlines the comprehensive investments that are needed to meet palliative care now and into the future as demand for services increases. Within this submission, PCA also provides aligned and smaller national projects for Australian Government funding consideration. These smaller scale projects provide opportunities to trial, pilot and evaluate measures that could later be expanded as part of more comprehensive measures to be implemented nationwide.

In the PCA Roadmap 2022 - 2027, PCA states what is needed for palliative care in Australia:

-  **Greater investment in dedicated palliative care services across Australia including rural and remote areas**
-  **Making palliative care core business in aged care - a key finding of the Royal Commission into Aged Care Quality and Safety**
-  **Supporting and growing the palliative care workforce - this includes the specialist palliative care workforce and the workforce in primary and community care**
-  **Augmenting palliative care data and research**
-  **Providing more support to carers so they can care for their loved ones in the place of choice**
-  **Fully funding the Paediatric Palliative Care National Action Plan**
-  **Investing in palliative care awareness campaigns to raise community awareness about death, dying and palliative care**
-  **Supporting Palliative Care Australia to undertake palliative care advocacy and peak body work beyond 30 June 2023**

Investment in palliative care across health and aged care

PCA recommends the Australian government invest an additional \$427.5 million for palliative care each year commencing in the 2022–2023 Budget.



Greater investment in dedicated palliative care services across Australia including in rural and remote areas



Making palliative care core business in aged care – a key finding of the Royal Commission into Aged Care Quality and Safety

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. Demand for palliative care is expected to increase by 50% between now and 2035 and double by 2050.⁵

Currently, 36% of all deaths in Australia occur in residential aged care⁶, and increasing numbers of people are receiving aged care in their homes.

At the present time, palliative care in aged care is not supported by the aged care regulatory framework (Aged Care Act and Aged Care Quality Standards), aged care funding models or training and support systems for staff. The Royal Commission recognised the significant role palliative care has in aged care and the need for it to be core business:

Palliative and end-of-life care, like dementia care, should be considered core business for aged care providers. People at the end of their lives should be treated with care and respect. Their pain must be minimised, their dignity maintained, and their wishes respected. Their families should be supported and informed.⁷

People with a palliative diagnosis need to be better supported to transition across all care settings according to their needs. If people are provided with the appropriate care in the setting of their choice, this in turn reduces the burden on the health system, especially the hospital sector.

PCA also call for stronger support for GPs to undertake community based care. To support this PCA recommends a review of current MBS items to ensure they are providing the appropriate remuneration to allow GPs to delivery quality palliative care.

PCA calls for an immediate increase in funding for direct delivery of palliative care in home-based, hospital and residential aged care settings

FUND

HOME AND COMMUNITY CARE

\$240 million per year to dramatically increase the provision of palliative care in the home and community.

Such an investment would respond to the increasing demand for being cared for and dying at home and provide integrated home and community-based palliative care support. This is a broad area of need including increasing investment in general practice and primary care, personal care support, respite and home and community care packages. This investment would particularly support people with a life-limiting illness who are lacking support and services in rural, remote and regional Australia. It would also allow for more than 35,000 deaths to occur at home and be cost neutral due to 28,500 fewer ED visits and over 200,000 fewer hospital bed days.⁸

KPMG estimates that a \$1.00 investment in integrated community and home-based palliative care services can return between \$0.53–\$1.56.



FUND

AGED CARE

Immediately increase funding by \$87.5 million per year to increase the number of registered palliative care nurses in residential aged care facilities. This would fund an additional 1,100 registered palliative care nurses to provide palliative care services to residents. This is an initial investment to be increased in the short to medium term.

By 2025, increase this funding to \$175 million per year to provide a minimum of one registered palliative care nurse per residential aged care facility. This would fund an additional 2,200 registered palliative care nurses to provide palliative care services to the 200,000 residents of residential aged care facilities (RACFs) who need it.

Immediately increase funding by \$50 million per year to provide specialist palliative care services for residents with complex needs in residential aged care services. This would provide access to specialist palliative care staff to complete 'needs rounds' and subsequent provision of palliative care services for approximately half of all residents of aged care facilities across Australia with complex needs.

By 2025, increase this funding to \$100 million per year to provide specialist palliative care services for residents with complex needs in residential aged care services. This would provide access to specialist palliative care staff to complete 'needs rounds', and subsequent provision of palliative care services, for all of the 100,000 residents of aged care facilities across Australia with complex needs.

KPMG estimates that a **\$1.00 investment** in innovative models of palliative care in residential aged care can return between \$1.68-\$4.14.



PCA also supports the implementation of a National Dementia Palliative Care Program to support the unique needs of people living with dementia. For example, the Dementia Australia Nightingale Program currently operating in South Australia that consists of Clinical Nurse Consultants and a Geriatrician who provide strategies and advice to people living with dementia, their families and care providers with a focus on promoting choice and well-being during all stages of diagnosis.

FUND

HOSPITAL FUNDING

Increase funding by \$50 million per year to increase the number of specialist palliative care beds and integrated palliative care teams in hospitals, supporting an extra 6,500 palliative care episodes each year.

KPMG estimates that a **\$1.00 investment** in palliative care in hospitals delivers a return between \$1.36-\$2.13.



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- Based on the University of Stirling and Calvary Palliative Care Needs Rounds Implementation Guide, needs rounds defined are monthly 60-minute staff triage meetings, where 8-10 residents are discussed at care homes. The choice of residents to discuss is based on those most in need. The idea is to focus on those who are at greatest risk of dying without a plan in place and who have a high- symptom burden. Focusing on these residents promotes equitable and efficient distribution of specialist palliative care services. See: Calvary-Palliative-Care-Needs-Rounds-Implementation-Manual.pdf (calvarycare.org.au)

Collaborative funding project

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, 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.



Collaborative funding project

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 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.

Palliative care workforce



Supporting and growing the palliative care workforce – this includes both the palliative care workforce and the workforce in primary care.

To support the growing demand for palliative care, Australia needs a highly skilled and trained workforce to meet the current and emerging need.

A national palliative care workforce plan 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 plan 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 paediatric workforce component will be part of the plan.

A national palliative care workforce plan that includes the role of GPs, nurses, paediatric care, 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.

PCA can lead the development of a contemporary specialist palliative care and generalist workforce plan.

Nurse Practitioners are significant contributors to quality palliative care. They are uniquely positioned to enable equitable access to care given their ability to work across care settings and locations. Increasing MBS rebate for Palliative Care Nurse Practitioners will help to support the delivery of palliative care services, especially in aged care, rural and remote areas and for those working with Aboriginal and Torres Strait Islander Communities.

FUND

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 Certificate 3 and Certificate 4), and other clinical qualifications. This collaborative project would be overseen by national Steering and Working Groups.



Data and research



Palliative care needs more data and research

To meet the emerging palliative care clinical and policy challenges of the future, a stronger focus on palliative care research priorities and increased investment in data 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.

To better fund and plan for palliative care, it is important that we understand current activity and expenditure to determine the adequacy of funding levels and if there are any gaps or overlaps in service provision.

In 2021, PCA published the commissioned KPMG report *Information gaps in Australia's palliative care*⁹, to explore the existing evidence on palliative care funding and provision across Australia. KPMG found that reporting of palliative care activities and expenditure in Australia ranges from excellent to non-existent. This makes it difficult to determine the current levels of palliative care services and funding, identify gaps or areas of overlap and evaluate and track progress over time. Palliative care data is not consolidated or accessible, and the consistency of reporting is poor.

Without targeted data collection and better linkages, Australia is not able to adequately analyse how many people are accessing palliative care services and in what settings, the demographics of those accessing care, and their preferences 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.

Development of a National Palliative Care Minimum Data Set (NMDS) that includes health, paediatric, and aged care data will allow for the collection of uniform data and reporting at a national level. This further supports Goal 6 of the *National Palliative Care Strategy 2018*¹⁰, which focuses on research and data, including nationally consistent data collection and reporting.

Increased funding for the Australian Institute of Health and Welfare (AIHW) to support them to manage increased data collection in palliative care and aged care, including the development of data sets and management of national collection will be necessary.

FUND

Immediately commit \$10 million per year dedicated to targeted calls for palliative care and end of life research.

Immediately commit \$15 million to establish a Palliative Care National Minimum Data Set for health, aged care (residential and home care) and paediatric palliative care.

Carers



Carers need more support so they can care for their loved ones in place of their choice

A person and family-centred approach to palliative care and end-of-life care accepts that an illness has an impact on both the individual and their family and carers. The extent and quality of support provided to the carer and the person nearing the end of life is key to the experience they both have. Carers need support to allow them to provide care in a manner that also promotes their health, well-being, and personal aspirations.

There are many areas where carers of people with a life-limiting illness could receive further support and assistance which will help them continue with their caring roles. In this pre-Budget submission, PCA draws attention to the problems and delays encountered by many carers when trying to access services and income support through Centrelink and Services Australia.



Carers of people with life-limiting illness are time-poor. They do not have time to be on long phone calls or in Centrelink offices while they try and lodge and application for a payment or service. Their time is precious, and with an increase in additional household and administrative burdens already falling on them, they would prefer their available time to be spent caring for their loved one and accessing needed respite to enable them to keep up their caring role.

Palliative care service providers have identified that people who do not have IT skills or an email address are finding it difficult to apply for Centrelink support – notably a Carer Payment or a Carer Allowance. While services encourage family members to assist wherever possible, where a person does not have a family member to help them, they can have great difficulty making the applications.

Many Australians experience long delays when waiting for an assessment for their applications or claims. These long delays mean that people with life-limiting illnesses and their carers may miss out on a service because they may die before they are even assessed for services.

A priority queue for carers of people with a life-limiting illness at Services Australia would go a long way to supporting carers.

FUND

Invest \$5 million in a trial to implement a separate expedited assessment process at Services Australia for carers of people with life-limiting or terminal illness that allows carers to receive payments quickly.

Paediatric palliative care



Fully fund the Paediatric Palliative Care National Action Plan

The Australian government has funded PCA to support paediatric palliative care through a \$3.25 million grant over three years (2020 - 2023) with a detailed Activity Workplan which includes the development of a Paediatric Palliative Care National Action Plan. This three-year project, a collaboration between Paediatric Palliative Care Australia and New Zealand (PaPCANZ) and Palliative Care Australia (PCA), which commenced in June 2020, will start to build the capacity of the Australian health care system to respond to the specialist needs of children with life limiting conditions. However, more investment is required.

As part of this funding, PCA and PaPCANZ have undertaken a major exercise to develop a Paediatric Palliative Care National Action Plan. It has been developed with extensive consultation and input from families, clinicians, researchers and government and peak bodies. It will need to be resourced to be implemented.

The vision of this Paediatric Palliative Care National Action Plan is for all Australian states and territories and stakeholders working in paediatric palliative care align to prioritise and work towards common goals and objectives. This is to ensure that children with high medical needs and life limiting conditions and their families are supported and receive the information and the care they need.

Currently there is no funding to support the implementation of this Paediatric Palliative Care National Action Plan. It is important to note that the full costing of actual implementation is not expected until 2023 and will cross Australian and state and territory government responsibilities.

In this pre-Budget submission, PCA is calling on the Australian Government to adequately resource PCA and PaPCANZ to continue to maintain the infrastructure and resources developed to date, and to undertake the work and consultation necessary (across jurisdictions, agencies and relevant sectors) to develop and scope the detailed requirements for full implementation of the Paediatric Palliative Care National Action Plan.

While the Paediatric Palliative Care National Action Plan is still to be finalised, a clear and resounding call from paediatric palliative care consumers and carers is the need for **paediatric palliative care coordinators** within specialist palliative care teams to support children and parents to receive integrated care from health care and other support services as appropriate including disability, education, income support and other community-based services. To understand how paediatric palliative care coordinators could best be used in Australia, and in making inroads into what will come out of the Paediatric Palliative Care National Action Plan, PCA recommends a pilot project within a major paediatric hospital within one of the jurisdictions to trial these positions and evaluate their impact.

FUND

An immediate investment of \$500,000 per year to support PCA and PaPCANZ continue working to support paediatric palliative care in Australia.

\$1.2 million over two years to trial palliative care coordinators from specialist palliative care teams to support children and parents to receive integrated care from health care and other support services. The trial will be undertaken in one of the major paediatric hospitals and will include a full evaluation with a view to supporting a rollout across other jurisdictions.

Community awareness



Investing in palliative care awareness campaigns to raise community awareness about death, dying and palliative care

For many people in Australia, there is still a stigma about talking about death and dying. This can have a negative impact when people don't want to talk about their end-of-life preferences and wishes which can leave family members and carers burdened if they don't really know what their loved ones wants as they near the end of their life.

Furthermore, there is often a misconception about what palliative care is and how to access it. Many people think that palliative care is only offered at the very end of life when in fact, palliative care can be provided at any point after a life-limiting diagnosis. In fact, the earlier palliative care is provided, the better the impact for the person. Palliative care offers pain and symptom control and the sooner this is provided the better the quality of life for the person will be.

In 2020, with the support of the Australian government and pro bono philanthropic assistance, PCA developed the **Palliative Care *It's more than you think*** campaign (launched May 2021) which raised awareness about what palliative care offers. It included a series of radio and TV advertisements in regional Australia. In 2022, the second stage of this pilot campaign will launch – targeting culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander audiences. The value of this campaign would be significantly amplified if it could be continued in regional Australia but also extended into capital cities.

FUND

Invest \$2.5 million to increase funding to improve community awareness around death, dying and palliative care, including:

- » Funding for Palliative Care Australia to continue the **Palliative Care *It's more than you think*** campaign (encompassing radio and TV and digital advertising) across Australia, including capital city TVC media buy and a CALD and Aboriginal an Torres Strait Islander component.

Peak funding



Supporting Palliative Care Australia to undertake palliative care advocacy and peak body work beyond 30 June 2023

PCA is the peak body for palliative care in Australia. Our vision is to see a world where quality palliative care is available for all, when and where they need it. PCA supports its membership base which includes all State and Territory peak bodies for palliative care and the professional bodies representing palliative medicine physicians, palliative care nurses and paediatric palliative care.

Based in Canberra, PCA works with the Department of Health and other health bodies to represent the needs of people with a life-limiting illness and the workforce that cares for them.

PCA has traditionally received funding through the Department of Health to support our peak body advocacy work to represent our membership base and people living with life-limiting illness, carers together with the health, aged care and disability workforce.

In 2021, the nature of the core health body peak funding changed to prioritise organisations linked to the National Preventative Health Strategy. While PCA still made an application for this funding, the nature of the changed terms of peak funding meant that PCA was unsuccessful in its application to secure a three-year funding agreement. However, PCA has been granted funding until end June 2023.

PCA seeks a commitment from the Government to secure core peak funding to support PCA's advocacy and peak body work beyond 30 June 2023. PCA has used its core peak funding wisely over many years and without this ongoing funding, the following activities will be at risk:

- » Supporting palliative care to be core business in aged care including PCA's advocacy for the aged care workforce to be skilled in caring for people as they near the end of life;

- » Supporting people living with life-limiting illness to have access to appropriate pain relieving and symptom relieving medications through PCA advocacy for the palliative care schedule of the Pharmaceutical Benefits Scheme (PBS);
- » Supporting people living with life-limiting illness throughout Australia and their carers to access critical information through the PCA phone system and website which has been supported to date with peak body funding;
- » Supporting the work that PCA undertakes with other peak bodies to advocate for increased access to palliative care for people living with dementia and complex diagnoses;
- » Supporting the work that PCA undertakes with other peak bodies to advocate for increased access to palliative care for those living in rural, regional and remote Australia;
- » Working to build capacity in the Australia health and aged care sectors to provide appropriate palliative care to Aboriginal and Torres Strait Islander people;
- » In the absence of funding for a paediatric palliative care peak body, PCA will be unable to offer full support for paediatric palliative care in Australia;
- » Offering independent and expert advice to the Australian government about issues affecting the Australian health system where higher than normal deaths can be expected such as during pandemics and natural disasters; and
- » Supporting Australia's neighbours in the Western Pacific region to build their palliative care capacity.

FUND

Invest \$400,000 per year to provide core peak funding to support PCA's advocacy and peak body work beyond 30 June 2023.

Acknowledgements

Palliative Care Australia would like to acknowledge all those organisations that contributed to the development of this Budget Submission. This includes:

- » Palliative Care Australia Board
- » Palliative Care Australia Election Advisory Group
- » Palliative Care NSW
- » Palliative Care Queensland
- » Palliative Care SA
- » Palliative Care Tasmania
- » Palliative Care Victoria
- » Palliative Care WA
- » Palliative Care ACT
- » Palliative Care NT
- » Australian and New Zealand Society of Palliative Medicine (ANZSPM)
- » Palliative Care Nurses Australia (PCNA)
- » Paediatric Palliative Care Australia & New Zealand (PaPCANZ)

References

1. World Health Organization definition as outlined in the National Palliative Care Strategy, 2018, Australian Government: Department of Health (see The National Palliative Care Strategy 2018 | Australian Government Department of Health)
2. Palliative Care Outcomes Collaboration (PCOC), University of Wollongong – see reports including: A helicopter view of patient outcomes in palliative care, 2019 PowerPoint Presentation (uow.edu.au)
3. KPMG (2020), *Investing to Save – The economics of increased investment in palliative care in Australia*, commissioned by PCA: <https://palliativecare.org.au/kpmg-palliativecare-economic-report>
4. Department of Health (2018), *National Palliative Care Strategy 2018*, <https://www.health.gov.au/resources/publications/the-national-palliative-care-strategy-2018>
5. KPMG (2021 Analysis) based on KPMG and PCA 2020, *Investing to Save: the economics of increased investment in palliative care in Australia* <https://palliativecare.org.au/kpmg-palliativecare-economic-report>
6. KPMG (2020), *Investing to Save – The economics of increased investment in palliative care in Australia*, commissioned by PCA: <https://palliativecare.org.au/kpmg-palliativecare-economic-report>
7. Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations*, pg. 94
8. KPMG analysis based on Rosen wax, L., Spilsbury, K., Arendts, G., McNamara, B. and Semmens, J., (2015). *Community-based palliative care is associated with reduced emergency department use by people with dementia in their last year of life: a retrospective cohort study. Palliative medicine*, 29(8), pp.727-736, and Spilsbury, K., Rosenwax, L., Arendts, G. and Semmens, J.B., 2017. *The impact of community-based palliative care on acute hospital use in the last year of life is modified by time to death, age and underlying cause of death. A population-based retrospective cohort study. PloS one*, 12(9), p.e0185275.
9. KPMG (2021), *Information Gaps in Australia's Palliative Care*, <https://palliativecare.org.au/information-gaps-in-australias-palliative-care/>
10. Department of Health (2018), *National Palliative Care Strategy 2018*, <https://www.health.gov.au/resources/publications/the-national-palliative-care-strategy-2018>

Palliative Care Australia Limited ABN 85 363 187 904

P: 02 6232 0700

Unit 8, 113 Canberra Avenue

PO Box 124

E: pca@palliativecare.org.au

Griffith ACT 2603

Fyshwick ACT 2609

palliativecare.org.au



PalliativeCare
AUSTRALIA
