



Media Release

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Health budget needs close monitoring

Tonight's Federal Budget aims to put every health care dollar as close to the patient as possible, but there are not many dollars to go around says Liz Callaghan CEO Palliative Care Australia.

PCA is concerned that the Aged Care Funding Instrument (ACFI) has been significantly cut.

The Department of Health says the ACFI has experienced unanticipated growth in the complex health domain and as a result indexation will be halved leading to a reduction of funding of \$1.2 billion.

Ms Callaghan said use of the complex health domain is what most aged care providers rely on to provide palliative care.

"PCA is concerned that residents in aged care will miss out on receiving high quality care at the end of life.

"While we support being fiscally responsible, we call on the government to commit to closely monitoring the impact of this cut to ensure there is no reduction in the quality of care as a result of this cut," she said.

PCA again calls for the introduction of quality of death audits.

"Half of all people who die in Australia access an aged care service during the 12 months before they die. Monitoring quality of death in aged care would provide evidence to inform future funding and policy," Ms Callaghan said.

PCA welcomed the outline of funding for the trial of Health Care Homes for those with chronic and complex conditions. The government have provided an investment of \$21.3 million across four years to administer the trials.

"Health Care Homes are an opportunity to prioritise care for people who can benefit from access to palliative care. Performance indicators for the Health Care Homes need to ensure they monitor the quality of end-of-life care for people with life-limiting illnesses," Ms Callaghan said.

While there was little in tonight's budget to ensure delivery of high quality palliative care into the future, PCA will take every opportunity in the lead up to National Palliative Care Week to secure support for policies that enhance care for people with terminal illnesses.

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