



**Palliative
Care
Australia**

Submission to the Senate Community Affairs Legislation Committee

on

The Aged Care (Living Longer,Living Better) Bill and associated Bills

on behalf of

Palliative Care Australia

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Overview

Palliative Care Australia (PCA) welcomes the opportunity to comment on the *Living Longer Living Better* legislation package.

The Productivity Commission clearly stated that palliative care is core business for aged care¹. PCA hopes that the implementation of the *Living Longer, Living Better* package will operationalize this indisputable fact.

PCA strongly supports this legislation and urges its immediate passage.

Background

PCA is the peak national organisation representing all state and territory palliative care organisations, the Australian and New Zealand Society of Palliative Medicine, and the interests and aspirations of all who share the ideal of quality care at the end of life.

PCA's mission is to influence, foster and promote the delivery of quality care at the end of life for all.

PCA advocates for equitable, needs based delivery of quality care at the end of life through promotion of the principles of palliative care; development of evidence and needs based service provision models; workforce capacity building; awareness and community capacity building; appropriate funding and resourcing.

***Living Longer, Living Better* and palliative care**

Living Longer, Living Better includes dedicated funds of \$21.7 million to provide better palliative care and support in aged care. PCA strongly supports this initiative, noting it has not yet commenced operation. Palliative care was recognised by the Productivity Commission report *Caring for Older Australians* as being core business for all aged care and PCA's primary aim from this legislation package is to see this principal in place.

The evidence suggests that a population based approach to palliative care service development, based on local need and capacity, is the most appropriate framework for the delivery of effective and efficient palliative care in rural and regional areas. PCA strongly supports this approach to planning for palliative care services nationally.

The Australian Bureau of Statistics reports that in 2011 there were 146,928 deaths in Australia². The Australian Institute of Health and Welfare has published data showing that approximately 50,000 people (that is approximately one third of deaths) die in residential aged care facilities annually³. A large percentage of these residents would benefit from palliative care services, but without a comprehensive policy response, such as will be implemented through *Living Longer, Living Better*, providing services to residential care is challenging.

¹ Productivity Commission, *Caring for Older Australians*, p226, Canberra 2011

² ABS, Deaths, Australia, Catalogue 3302.0, Canberra 2013

³ AIHW, *Residential Aged Care in Australia 2008-09: A statistical overview*, Aged care statistics series no. 31. Cat. no. AGE 62. Canberra: AIHW, p 141.

Supporting the delivery of palliative care services through aged care services will require not only education of aged care professionals, but access to specialists and multidisciplinary teams able to support the delivery of comprehensive and responsive services.

The policy environment is not limited to metropolitan and urban areas. Australia is a geographically large and diverse country. Where we live can influence how we live; the number, type, access to and quality of services and other resources. Urban and rural health disparities in Australia, including health status, life expectancy and prevalence of disease, are widely documented.⁴

While recent investments by the Australian Government in regional health infrastructure, training for health practitioners and programs, such as the telehealth initiative, are a welcome support, the investment will only redress the health disadvantage experienced by people living in rural and remote areas if doctors, nurses and other health practitioners with the appropriate skills and training are available on the ground to deliver the care.

Access to quality palliative care, and by inference a 'good death' (where the freedom to choose the place of death is available and acknowledged by the health system and where care is focused on addressing preventable pain and maintaining quality of life), is also dependent on how many health practitioners and other carers are trained in or have the right skill base to provide and support quality care at the end of life.

Areas for additional action

PCA has identified additional opportunities that we believe should be embedded in either the legislation or in the underlying principles. These policy options will ensure that the benefits of *Living Longer, Living Better* will spread beyond residential aged care and support the delivery of palliative care where it is needed and when it is needed.

PCA seeks assurance that aged care services delivered in the home will include access to palliative care, and that being in receipt of palliative care in the home will not exclude an individual or carer from access to home and community care services.

The inclusion of responses to these options through the underlying principles will ensure that the legislation package is not delayed.

PCA seeks commitment to a quality communication strategy to inform consumers of the range of choices that will be available to them, especially with the implementation of Consumer Directed Care. This must not be dependent on web based information, but should include items in appropriate magazines, television programs and radio.

PCA believes that this communication strategy should be developed sooner, rather than later, and needs to begin educating consumers and aged care professionals ahead of implementation about the range of options that they may be able to access.

This strategy should also include culturally appropriate approaches and materials for people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people from other identified special needs groups.

PCA also seeks training of Aged Care Assessment Teams in the choices and development of systematic tools to ensure consumers and their carers receive and understand the range of options that may be available to them, and the steps they need to take following assessment. At present

⁴ AIHW, *Australia's Health 2010*. Australian Government

there are far too many examples of consumers and their carers who have no idea what to do next following their assessment. In an environment of fundamental change, it is vital to have good quality information delivered by people who have been well trained and know how to refer people and carers appropriately.

Conclusion

PCA is committed to working with government to develop and deliver high quality palliative care to consumers in the place of their choosing, including residential aged care facilities and people's homes.

PCA commends the *Living Longer, Living Better* package for the positive impetus it provides in supporting this goal.

PCA has raised a number of additional issues for consideration which we believe will enhance the operation of the package and improve the ability of the most important people who rely on the services it will deliver – Australia's older people.