

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Senate Inquiry into Palliative Care in Australia
10 July 2012

Question no: 1

Topic: Standards for palliative care

Hansard Page: CA 40

Senator Moore asked:

Who has the responsibility to ensure that standards and guidelines for palliative care are maintained and checked to see whether they are still apt?

Answer:

The Australian Government has funded the development of guidelines for a palliative approach for use in the community and residential aged care setting to help ensure that the aged population that requires palliative care is receiving the best care possible.

National Health and Medical Research Council (NHMRC) approval of clinical practice guidelines is generally valid for a maximum of five years, and applies only to the version of the guideline that was approved by NHMRC.

The *Guidelines for a Palliative Approach in Aged Care in the Community Setting* were last updated in 2011. The *Guidelines for a Palliative Approach in Residential Aged Care* were last updated in 2006 and are currently being updated.

The Australian Government has provided funding to Palliative Care Australia (PCA) to develop its *Standards for Providing Quality Palliative Care for all Australians* (PCA Standards). The PCA Standards, which have been adopted by services and providers on a voluntary basis, have not been endorsed by Australian Health Ministers.

The Government also provides funding to PCA to conduct a quality improvement project: the National Standards Assessment Program (NSAP). This project assists specialist palliative care services to self-assess their performance against the PCA Standards.

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Question no: 2

Topic: People with disabilities

Hansard Page: CA 41

Senators Moore and Boyce asked:

- a) What is the federal government doing about people with disabilities who have palliative care needs?
- b) Will the NDIS strategy consider the needs of people with disabilities who are ageing and have palliative care needs?

Answer:

The National Palliative Care Strategy recognises that people with disabilities may have unmet needs for palliative care. Goal 5 of the Strategy is to build and enhance the capacity of all relevant sectors in health and human services to provide quality palliative care. The Australian Government funded Caresearch website, which provides a wide range of palliative care resources, has a page devoted to the specific needs of people with disabilities.

The Government is committed to a national plan for improving the overall life outcomes of people with disability through the implementation of the National Disability Strategy 2010-2020. The Strategy outlines a ten-year national policy framework to drive improvement across mainstream policies, programs, services and infrastructure as well as the specialist disability services system, to better meet the needs of people with disability.

A central outcome of the Strategy is for people with disability 'to attain the highest possible health and wellbeing outcomes throughout their lives'. Under the Strategy, health and wellbeing policy action focuses on improving the capacity of health services to meet the needs of people with disability; health promotion and the interaction between the health and disability systems; as well as fundamental factors necessary for good health and wellbeing, including choice and control, social participation and relationships.

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has primary carriage of the development of the National Disability Insurance Scheme (NDIS).

The intersection between the health, aged care and disability systems is an important issue being considered in the design of the NDIS. FaHCSIA has established an NDIS Taskforce to progress the development of the scheme and the Department of Health and Ageing is working closely with the Taskforce on these issues.

FaHCSIA and DoHA are discussing how the NDIS will relate to a number of mainstream programs and palliative care will be included in these discussions

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Question: 3

Topic: Compartmentalisation of care

Hansard Page: CA 41

Senator Moore asked

Is COAG or any of its subgroups considering a coordinated approach to the needs of younger people who move between state and Australian government funded care services?

Answer:

COAG and its subcommittee of health ministers, the Standing Council on Health, are not considering this matter specifically. However, a number of the Government's national health reform measures agreed through national partnerships with states and territories, such as the establishment of Medicare Locals, have placed greater emphasis and resourcing towards linking local care providers such as General Practitioners, nursing and other health professionals, hospitals, and Aboriginal and Torres Strait Islander health organisations. In addition, the Government's development of the Personally Controlled Electronic Health Record (PCEHR) will, as adoption across the health system increases, allow access to more consistent information about patients who move between services.

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Question: 4

Topic: Palliative care drug administration

Hansard Page: CA 43

Senator Boyce asked

What is happening in terms of schedule 8 drugs where almost all the states have different rules about what has to be on a form, whether it has to be in writing or whether numbers will do, who signs it and whatever else?

Answer:

Each state and territory has its own legislative requirements on the matters that must be included on a valid prescription for a Controlled Drug (Schedule 8) medicine which differ between states and territories. The Therapeutic Goods Administration (TGA) does not regulate prescriptions. Note that the technical requirements for prescription validity is a small aspect of regulation of Schedule 8 medicines by states and territories, which have differing approaches to the public health management of Schedule 8 medicines in drugs and alcohol treatment programs, attention deficit hyperactivity disorder, and long-term use.

The TGA is aware that states and territories have given priority to assisting the delivery of the Electronic Recording and Reporting of Controlled Drugs (ERRCD) initiative. This initiative is funded by the Australian Government Department of Health and Ageing as part of the Fifth Community Pharmacy Agreement between the Commonwealth and The Pharmacy Guild of Australia. A move from manual to electronic recording and real-time reporting will improve the ability to efficiently monitor the prescribing and dispensing of Controlled Drugs to ensure appropriate access to these medicines. Real-time access to accurate dispensing information will improve the efficiency by which state and territory regulators, prescribers and pharmacists identify problems of forgery, abuse and doctor shopping and improve public health outcomes.

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Inquiry into Palliative Care in Australia
10 July 2012

Question: 5

Topic: Palliative care drug administration

Hansard Page: CA 43

Senator Siewert asked:

Why is it that a significant amount of the pharmaceuticals that are being used in palliative care are being used off label?

Answer:

The practice of prescribing registered drugs outside of their approved indications is not regulated or controlled by the Therapeutic Goods Administration (TGA), as it is at the discretion of the prescribing physician. In these circumstances, the TGA is unable to vouch for the safety and efficacy of this use for an unapproved indication and its use is therefore regarded as experimental. It should also be realised that the Australian Government, the Secretary or a delegate of the Secretary cannot be rendered liable to a person in respect of loss, damage or injury of any kind suffered by the person as a result of, or arising out of the use of a therapeutic good for a non-approved indication.

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Inquiry into Palliative Care in Australia

10 July 2012

Question: 6

Topic: Access to pharmaceutical services

Hansard Page: CA 43

Senator Boyce asked:

What is the point of having a drug on the PBS if the equipment needed to deliver the drug is not on the PBS?

Answer:

From time-to-time it is suggested that the Pharmaceutical Benefits Scheme (PBS) be used to help meet the cost of medical aids and appliances such as equipment and certain devices including syringe drivers. However, the Scheme was not designed for this purpose. The purpose of the PBS is to subsidise medicines and medicinal preparations.

All state and territory governments operate programs to assist people with the cost and/or provision of appropriate equipment, aids and appliances in the community setting.

The Australian Government provides some assistance for the out-of-pocket costs of some health expenditure that is not covered by Medicare through the net medical expenses tax offset. More information on the net medical expenses tax offset, including eligibility details, can be obtained by contacting the Australian Taxation Office Individual Info Line on 13 28 61 or from its website at www.ato.gov.au

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Inquiry into Palliative Care in Australia
10 July 2012

Question no: 7

Topic: Palliative care proportion of subacute care and state by state split

Hansard Page: CA 45- 46

Senator Boyce asked:

- a) Palliative care comprises about 5 per cent of all planned subacute care beds and equivalent services – what does that mean, what is the figure, who has collected it?
- b) Have you that on a state by state basis?
- c) Could you put a dollar figure against that as well?

Answer:

- a) Under the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) as at 30 June 2011, based on approved Implementation Plans developed by states and territories in consultation with relevant sectors, palliative care comprises approximately seven per cent of the total planned new and additional beds and equivalent services.

b) & c) Yes.

Table 1 - Planned Palliative Care Beds and Equivalent Services under the Schedule E of the NPA IPHS (as at 31 December 2011).

Jurisdiction	NPA Target	Total Planned	Total planned palliative care beds/bed equivalents	Palliative (%) planned / Total subacute	Funding for Palliative Care Beds identified as discrete Palliative Care projects*
NSW	428	462.0	64	13.7%	\$27,893,925
VIC	326	447.4	24.9	5.6%	\$644,515
QLD	265	334.9	25.5	7.8%	\$16,960,000
WA	135	287.6	4	1.4%	\$2,200,000
SA	97	133.0	0	0.0%	-
TAS	30	50.0	0	0.0%	-
ACT**	21	4.0	0	0.0%	\$86,935
NT	14	14.0	2	14.3%	\$2,075,376
Total	1316	1732.90	120.40	6.9%	\$49,860,751

*Funding for palliative care beds and bed equivalent services cannot be derived where palliative care beds are identified as a component of a project with multiple care types (i.e. rehabilitation and palliative care). Funding for these projects is not included.

** Whilst the ACT is not planning to deliver any palliative care beds or bed equivalent services, it has allocated funding for the purchase of palliative care equipment to support people in the community.

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Inquiry into Palliative Care in Australia
10 July 2012

Question: 8

Topic: Palliative care funding

Hansard Page: CA 46

Senator Moore and Senator Boyce asked:

- a) If someone is receiving hospital-standard care at home, through formal palliative care which has been taken out of the hospital focus, that will be subject to activity based funding. If it is community palliative care, which is another stream, it may not be. Is that what you are telling me?
- b) Could it still be the case that it is who provides the service that determines whether it counts rather than what the service is?

Answer:

- a) Commonwealth funding under the National Health Reform Agreement (NHRA) is provided for public hospital services, including hospital in the home services and a wide range of non-admitted services. In 2012-13, this funding may be provided on an activity basis or as a block grant. From 2013-14, this funding will be provided on an activity basis.
- b) Commonwealth funding under the NHRA is provided for public hospital services provided by, or on behalf of, a public hospital. Public hospitals may contract other service providers to deliver services. Such services would be eligible for Commonwealth funding on an activity basis or as a block grant, as per a) above.

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Question: 9

Topic: Palliative care funding

Hansard Page: CA47

Senator Siewert asked

In a perfect world, you would have somebody from the hospital potentially still involved in the delivery of that multidisciplinary team. How does that particular person get funded to operate that team?

Answer:

Integrated patient services are often funded from more than one source. Setting boundaries for the scope of public hospital services eligible for Commonwealth funding under the National Health Reform Agreement does not of itself prevent or even limit the capacity to deliver such integrated services.

Senate Community Affairs References Committee

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Inquiry into Palliative Care in Australia
10 July 2012

Question: 10

Topic: EACH packages

Hansard Page: CA47 and 48

Senator Boyce asked:

- a) Are you able to give the statistics on wait times to get an EACH package and therefore the unmet need?
- b) Do you have statistics on the people who end up being hospitalised because there are not enough EACH packages?

Answer:

- a) The Report on Government Services details information on the elapsed time between an Aged Care Assessment Team (ACAT) approval and entry to an Extended Aged Care at Home (EACH) or Extended Aged Care at Home Dementia (EACHD) package. However, this information needs to be interpreted with caution because the period of time between the ACAT approval and commencement of a package may be influenced by factors that cannot be categorised as time spent 'waiting'. For example, some clients choose to utilise other formal or informal care options before taking up an EACH or EACHD package.
- b) In 2010-11, nationally, the median elapsed time from ACAT approval to entry to an EACH package was 65 days. The corresponding period for entry to an EACHD package was 44 days. More detailed data is provided in Attachment A. The Department does not have data on people who are hospitalised due to the potential unavailability of EACH or EACHD packages. The Department also does not collect information in the Aged Care Assessment Program data to indicate whether or not it is a palliative care patient who has been approved for an EACH or EACHD package.

Attachment A

Elapsed time between ACAT approval and entry into EACH, 2010-11 (a)(b)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (c)</i>	<i>Aust</i>
2 days or less	%	3.3	3.9	2.6	3.4	10.2	6.6	4.2	11.6	3.8
7 days or less	%	9.2	7.3	9.9	14.2	16.8	12.1	10.8	23.2	10.6
less than 1 month	%	28.7	20.5	38.0	42.8	32.7	29.7	40.1	56.5	33.0
less than 3 months	%	53.3	43.9	62.7	66.5	58.7	52.7	65.9	85.5	57.4
less than 9 months	%	76.8	75.3	84.6	87.1	82.7	75.8	88.0	88.4	81.1
Median elapsed time		80	117	53	40	72	82	46	24	65
Total admissions	no.	1,236	864	1,096	832	196	91	167	69	4,551

Elapsed time between ACAT approval and entry into EACH Dementia, 2010-11 (a)(b)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (c)</i>	<i>Aust</i>
2 days or less	%	3.9	3.6	4.9	3.9	3.6	5.2	20.0	17.6	4.5
7 days or less	%	10.7	8.9	14.1	13.0	6.4	6.5	31.1	47.1	11.7
less than 1 month	%	35.7	31.4	48.7	50.8	30.0	24.7	57.8	82.4	40.2
less than 3 months	%	63.5	59.4	73.8	80.7	57.9	57.1	84.4	94.1	67.8
less than 9 months	%	89.0	87.8	88.4	93.8	89.3	92.2	88.9	100.0	89.5
Median elapsed time	days	56	67	31	30	67	75	22	8	44
Total admissions	no.	635	576	596	384	140	77	45	17	2,470

(a) Data only includes records where ACAT approval is before admission date.

(b) The measure of 'elapsed time' is utilised because the period of time between the ACAT approval and entry into residential care may be due to factors which cannot be categorised as 'waiting' time.

(c) NT data are based on the experience of a small number of residents and may not be representative of the experience of NT residents over time.

Source: Report on Government Services 2012, Table 13A.67

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HEALTH AND AGEING PORTFOLIO

Senate Inquiry into Palliative Care in Australia
10 July 2012

Question no: 11

Topic: Palliative care data

Hansard Page: CA 48

Senator McKenzie asked:

- a) what type of palliative care data is being collected, how, when and why, and
- b) what sort of data have we been collecting and working with over the past decade with previous iterations of the National Palliative Care Strategy.

Answer:

a) While data about palliative care services are primarily collected, managed and reported by state and territory governments, the Department funds a number of projects which report palliative care data. Those data are obtained from either broader national hospital data collections or Australian Government funded projects which aim to improve the quality of palliative care by assisting agencies with benchmarking and standards improvement. In the latter case, the data are collected as a way of measuring the projects' effectiveness.

Funding has been provided to the Australian Institute of Health and Welfare (AIHW) to report available national palliative care data in a single annual report. The first report is expected to be published later this calendar year. An AIHW report, also funded by the Australian Government, on *Trends in palliative care in Australian hospitals* was published in 2011.

The Palliative Care Outcomes Collaboration project assists specialist palliative care services to improve the quality of the care they provide. It publishes regular reports on its website about the outcomes of care provided to clients of palliative care services.

The Australian Government is currently working with state and territory governments to develop indicators to measure progress in achieving the aims of the National Palliative Care Strategy.

b) The Department has previously funded the AIHW to publish reports on palliative care data and related technical papers. These have included annual reports on performance against the aims and goals of the 2000 National Palliative Care Strategy. All these publications are available from the AIHW website.