

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2013-14, 5/6 & 7 June 2013

Question: E13-009

OUTCOME: 13 - Acute Care

Topic: Palliative Care

Type of Question: Written Question on Notice

Senator: Boyce

Question:

According to the AIHW - palliative care admissions rose by more than 50% between 2001-2010.

- a) With 56,000 palliative care admissions in the year 2009-2010 (AIHW) - given the clear shortfall between available palliative care beds and current palliative care admissions - where do patients go, what happens to them?
- b) Would not this gap, this shortfall between demand and supply suggest - your 'planning' has been deficient?
- c) What's the core problem - funding or priority?

Answer:

a) to c)

State and territory governments are the system planners and managers of public hospital services. They work closely with their Local Hospital Networks (LHNs) to plan the volume and type of services that will be provided by each public hospital in their jurisdiction. An increasing range of services is also being provided in community settings. This statewide and LHN-level planning is undertaken in light of both the community's health care needs and the finite resources available, which necessarily requires decisions to be made about priorities for funding.

In addition to the base funding that the Commonwealth provides to subsidise every public hospital service, additional funding has been provided through two National Partnership Agreements specifically for subacute care services, including palliative care.