



PalliativeCare
AUSTRALIA

*His Excellency General the
Honourable Sir Peter Cosgrove AK
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Patron*

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11 July 2017

Human Services Inquiry
Productivity Commission
Locked Bag 2, Collins Street East
Melbourne Vic 8003

Dear Members of the Productivity Commission

RE: Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Productivity Commission Draft Report

Thank you for the opportunity to provide input on the draft report released in June 2017. Palliative Care Australia (PCA) strongly endorses all five of the Commission's draft recommendations related to end-of-life care.

PCA are pleased that the Productivity Commission has formally acknowledged that few people in Australia are able to access high quality community-based palliative care. Further the draft report states that *without significant policy reform, tens of thousands of Australians will die in a way and in a place that does not reflect their values or their choices.*

In our submission to the Productivity Commission's preliminary findings report in October 2016, we highlighted the need for more emphasis on community-based palliative care provided by non-specialists, which has clearly been examined and emphasised in draft recommendations 4.1 and 4.3. We see an opportunity for the Primary Health Networks to facilitate some of this work through the recently announced Greater Choice for At Home Palliative Care 2017-18 Budget measure through cross sector involvement and the promotion of working relationships and co-design practices to improve access to palliative care services, particularly referral between general practice and specialist services.

The need to ensure the availability of high quality palliative and end-of-life care services in residential aged care is the basis of the [Principles for Palliative and End-of-Life Care in Residential Aged Care](#) released during Palliative Care Week in May 2017. These Principles are a collaboration by PCA, Alzheimer's Australia, COTA Australia, Aged & Community Services Australia, Leading Age Services Australia, Catholic Health Australia and the Aged Care Guild. The Principles present a united commitment in recognising the diverse needs of residential aged care consumers, families, carers, aged care staff and service providers in providing palliative and end-of-life care. PCA believes that the Productivity Commission's draft recommendations 4.2 and 4.4 will facilitate many of these Principles and agree that end-of-life care should be seen as core business for residential aged care. As the draft report notes, this will unavoidably require additional funding from the Australian Government, and PCA encourages consideration of this during the current Aged Care Legislated Review looking at the impact of the *Aged Care (Living Longer Living Better) Act 2013* to date, as well as the other work underway to investigate alternative approaches to determining residential care funding that delivers more stable funding arrangements.

The proposed end-of-life care data strategy (draft recommendation 4.5) could provide the catalyst required for ongoing monitoring of palliative care services, which need to be supported by appropriate standards and data collection mechanisms that allow for useful analysis and linkage opportunities. I ask that the Commission note that PCA are currently conducting a review of the *Standards for Providing Quality Palliative Care for all Australians*, with the view to wider consultation in July 2017, in addition to an update of the *Guide to Palliative Care Service Development: a population based approach* and *Palliative Care Service Provision in Australia: a planning guide* originally developed by PCA in 2005.

It is also timely that the *National Palliative Care Strategy 2010 - Supporting Australians to Live Well at the End of Life* is being updated. PCA encourage government consideration of the Productivity Commission's draft recommendations through this process.

We would also highlight the important issue of support for families, carers and in many instances, health professionals and support staff during the dying and bereavement processes. This is an integral element of holistic standards based palliative care. This important aspect to care is not universally funded and most often paid for in out-of-pocket costs, therefore it is inequitably accessed by Australians in need.

More broadly, PCA would welcome specific inclusion of end-of-life care within the services in remote Indigenous communities section of the draft report. Quality care at the end-of-life is realised when it is culturally appropriate to the particular needs of individuals and groups that includes families, kinships and tribes. The place of dying and death is culturally and spiritually significant for many Aboriginal and Torres Strait Islander peoples and the need to 'return to country' is very important for many at the end of their lives. PCA encourage the Productivity Commission to consider the end-of-life care draft recommendations in the context of the needs of Indigenous communities, not just those in remote locations.

It is an enormous challenge for Government to embark on reforms to improve the effectiveness of end-of-life care through the provision of greater choice, competition and contestability, which has been long overlooked. Dying is a normal part of life and a human experience, where recognising when a person is approaching the end-of-life is essential to delivering appropriate, compassionate and timely end-of-life care.

Please do not hesitate in contacting Kelly Gourlay, National Policy Advisor, if you wish to arrange to discuss these matters further

Yours sincerely

Liz Callaghan
CEO
Palliative Care Australia