
21 July 2017

Productivity Commission
Locked Bag 2
Collins Street East
Melbourne
8003

RE: Productivity Commission Inquiry into Introducing Competition and Informed User Choice into Human Services

Thank you for the opportunity to appear before the commission to further contribute to the enquiry into end of life care for Australians.

The District Nurses thank the Commissioners and their assistants for the draft reports many references to the successful hospice@Home program and gratefully acknowledge the recognition that the program has not been funded past June 2017.

Whilst a number of end of life pilot projects have been conducted in Australia over the past 4 years we believe we have taken our operational purpose of “the right service to the right person at the right time” to a level not before seen in Australia. Through high level care co-ordination and a commitment to supporting services in the community where our clients live, a state-wide, consistent service delivery model has been achieved. The wrap around packages reduce fragmentation and promote integration from the user’s perspective. This said, we support the reports recommendation that each State and Territory undertake an assessment of needs and gaps in services. We strongly suggest that the time for piloting, testing and trialling models of care is at an end. Each state and territory government must now establish their local needs, decide the model best suited and fund providers accordingly.

The Tasmanian Government consistently maintains that the Australian Government is responsible for funding those Tasmanians aged over 65. The time has come for palliative and end of life care to be separately funded to reach across age and funding barriers. Ensuring equitable, cost effective services can be achieved with the robust accreditation and data collection strategies the report recommends. The Tasmanian Government admits that,

A robust estimate of expenditure on palliative care in Tasmania is difficult to quantify. While the THS receives an allocation to deliver Specialist Palliative Care Services funding, funding for community palliative services (such as community nursing) is hard to isolate. Given the level of palliative care delivered in the community, this risks underestimating expenditure.

(Compassionate Communities: A Tasmanian Palliative Care framework 2017-21)

Prior to hospice@Home the Tasmanian experience had been one where confusion ruled for users at all stakeholder levels. There remains the presumption that if a patient is referred to the Specialist Palliative Care Service, (SPC) that they will receive end of life care. This is not always the case. The classification of patients may well see them receive no in-home

services, and no care coordination. hospice@Home has filled the gap between the SPC consultative service and in-home end of life care through the ongoing monitoring and engagement with clients and families. It is a common occurrence that SPC service have no involvement with clients at level 1 and 2. It is the experience of h@H that these clients can proceed to terminal phase and death whilst remaining in the lower classifications.

It is our position that end of life care is delivered by a myriad of providers in the primary care setting. That these providers encompass clinically based allied and nursing care through the spectrum to volunteer companion type services. The majority of care is not provided by or in fact known to Specialist Palliative Care services. That said, the risk is not in underestimating expenditure but the reality of under resourced and underfunded service providers being unable to sustain their current level of commitment resulting in a return to Tasmanians dying in the place they least wish, acute care settings.

Kim Macgowan

Chief Executive