



The OCAV is pleased to make a submission to the Productivity Commission's draft report on *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*.

About the Old Colonists' Association of Victoria

The Old Colonists' Association of Victoria (OCAV) is a leading not-for-profit retirement village provider offering a continuum of care from independent living, assisted living and aged care in Victoria. Our four villages in Berwick, Euroa, North Fitzroy and St Helena are home to 500 older Victorians in need.

The OCAV was established in 1869 by Victorian founding fathers including George Selth Coppin, a Member of Parliament and philanthropist. The association's first village was located at Rushall Park, North Fitzroy after the Government of Victoria gifted an acreage of land.

The OCAV recently committed to become a dementia-friendly residential community as part of its *Vision 2020*.

Our vision

To be the benchmark provider of affordable, independent community living for elderly Victorians.

Our mission

To advocate and provide affordable, safe and dignified independent homes for older Victorians within a village environment and to offer appropriate and practicable extended care when it is required.

Our values

Safe, Responsible, Dignified, Affordable, Open, Improving

Our funding model

We support capital investment in affordable housing through contributions from those with financial resources and at the same time provide safe and dignified housing for those with very limited or no financial means.

Our approach to palliative care

OCAV develops a care plan for each resident as soon as they step through the doors of its aged care facility. The plan includes their wishes for end of life. In the past year 12 patients were palliated at Liscombe House, our aged care facility, and only two went to a hospital where they died. Few people leave the aged care facility to die, a fact that defies the national trend.

During Palliative Care Week (May 21 to 28) figures from the Australian Institute of Health and Welfare (AIHW) revealed that hospitalisations for palliative care are growing faster than all hospitalisations. The figures also showed that, before their death, a greater proportion of people are accessing palliative care services in hospital. Between 2010-11 and 2014-15, palliative care-related hospitalisations rose by about 19%. This is greater than the 15% increase recorded for hospitalisations for all reasons over the same period.

The delivery of palliative care requires commitment from the OCAV management, and dedication and hard work from staff, particularly the palliative care team. In the past month four staff have been to external placements including home care palliative care with the Banksia Palliative Care Service. Two nurses spent time in the Olivia Newton John Cancer Centre at the Austin Hospital.

The Palliative Care Consortium has run a 'when to start palliative care' forum, working with OCAV nursing staff helping them examine their own feelings towards death and end of life care and how that influences their practice. Staff also receive regular training on drug administration, recognising symptoms, working with families and understanding a patient's rights and the family's wishes.

The palliative care team, which includes a registered nurse 24 hours a day, looks at more than just the medical side of palliation. Staff try and create a warm and welcoming space for the patient and their family who may spend many hours and days in the patient's room. The staff are supported by a team of doctors who attend the aged care facility four days a week. The doctors know the patients, what stage they are up to and what will be needed. This information is used when staff are preparing the palliative care plan. This includes a treatment pathway, treating the person's pain as well as their anxiety and associated needs such as turning the patient very regularly in their bed.

Our submission

This submission focuses on Reforms to end of life care, and specifically Recommendations 4.1, 4.2, 4.3, 4.4 and 4.5.

Community-based palliative care

Draft recommendation 4.1 State and Territory Governments to ensure that people with a preference to die at home are able to access support from community-based palliative care services to enable them to do so.

OCAV supports the sentiment of this recommendation but warns that without 24-hour care in place, it could be problematic. Funding for community-based palliative care services would have to be increased.

End-of-life care in residential aged care

Draft recommendation 4.2

The **Australian Government** to remove current restrictions on the availability and duration of funding for palliative care in residential aged care, and provide sufficient additional funding to ensure that people living in residential aged care receive end-of-life care that aligns with the quality of that available to other Australians.

OCAV supports this recommendation. However, we are not convinced that there is a huge gap between what residential aged care residents receive to that of other Australians.

Advance care planning

Draft recommendation 4.3

The **Australian Government** to: include initiating an advance care planning conversation as one of the actions that must be undertaken to claim the '75 plus' health check Medicare item numbers; and to introduce a new Medicare item number to enable practice nurses to facilitate advance care planning.

OCAV believes that this would be best achieved by GPs rather than nurses working in an aged care facility. There could be the potential for elder abuse, especially if there is a close relationship between the nurse and person in palliation. Education about advance care planning, as well as literature, should be made available to nursing staff

Draft recommendation 4.4

The **Australian Government** to include the facilitation of ongoing conversations about advance care planning in the aged care Quality of Care Principles.

OCAV firmly believes that conversations about advance care planning should take place before a person comes into aged care. This is especially critical for people experiencing dementia. Entry to aged care is often a stressful time for both the resident and family, and often the resident is beyond making ACP decisions when they move into aged care.

Better data on end-of-life care

Draft recommendation 4.5

The **Australian, State and Territory Governments** to ensure there is sufficient data to enable them to monitor how well end-of-life care services are meeting users' needs.

OCAV agrees with this recommendation but believes that sufficient funding should be made available to assist aged care facilities to provide the requisite data. Further, OCAV believes that the governments should report back on findings from the data appropriately.