



Palliative Care

NEW SOUTH WALES

2021-22 NSW State Budget

Submission

Palliative Care: It's more than you think

February 2021

Palliative Care New South Wales

Palliative Care NSW Inc (PCNSW) is a not-for-profit organisation representing the interests of healthcare professionals who work in Palliative Care in either a specialist or primary care capacity, people with a life-limiting illness and their carers. We are the peak body for Palliative Care in NSW

Our mission:

To Promote awareness of palliative care through education and networks for the health workforce and broader NSW community.

Quality palliative care is realised when strong networks exist between specialist palliative care providers, primary generalist and primary specialist and support care providers and the community, enabling them to work together to promote an optimal quality of life and a good death.

Our work:

We Equip

We provide resources to educate and equip professionals, volunteers and the broader community around palliative care, death and dying.

We Connect

We facilitate networks to support the effective delivery of palliative care services across the state.

We Foster Compassionate Communities

We value health services and communities that respond to the needs of individuals receiving palliative care and their loved ones at the end of life.

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Title: **Palliative Care New South Wales 2021 NSW State Budget Submission**

Date: February 2021

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Executive Summary

Key initiatives

Increase Palliative Care in community-based settings	\$24m per annum
Increase Palliative Care funding in hospitals	\$16m per annum

Supporting initiatives

Invest in clinical psychologists in each LHD specialising in palliative care/grief and bereavement	\$3m per annum
Improve access for carers to education, information and support	\$350,000 per annum
Invest in palliative care training in RACFs	\$400,000 per annum

Palliative Care NSW welcomes this opportunity to provide a submission to help inform the NSW State Budget in relation to Palliative Care.

Palliative Care aims to maximise quality of life, from diagnosis to bereavement. In recognition of this, NSW Health has made considerable investments in palliative care services over recent years and we very much welcome those investments. It demonstrates a considerable understanding and support for the vital work that palliative care specialists and others who provide care at end of life do.

There remains a real challenge in attracting health professionals and graduates to specialise in palliative care – and for those people to be able to accept positions in rural and remote areas.

We must continue to encourage health professionals to specialise in palliative care – we will support all efforts to increase the specialist palliative care workforce. However, there will likely never be enough specialist palliative care nurses, doctors and allied health to see every dying person in NSW: and many of those dying people and their families do not require specialist support. They do however require and deserve first class care. We are therefore recommending increased funding for community nursing – with palliative care training – to help meet the needs of those dying at home or in RACFs who need elevated levels of care but may not require the level of care that specialist palliative care nursing provides.

We know that most people want to die at home. For people to die at home in NSW, they need family to provide informal care and the need community nurses to be readily available. Currently across NSW, community nursing teams are often an invisible part of the health workforce, but they are incredibly important to people who want to die at home. We need to increase the number of community nurses who can work with specialist palliative care nurses to deliver that care.

The reality is that more than half of deaths in NSW occur in hospital. Acute inpatient specialist Palliative Care hospital consultation teams facilitate timely and well-planned discharge or transfer out

of the acute care system where possible, as well as reducing the use of clinically futile treatments, therefore improving a person's quality of life.

The need for Palliative Care Hospital Multi-disciplinary consultation teams in all major NSW public hospitals is well established but not consistently addressed or executed. NSW public hospitals require ready access to these teams on a regular and ongoing basis. This will support NSW public hospitals to become more "Dying Friendly" for those whose end of life occurs in these facilities.

We look forward to the opportunity to discuss these recommendations with government with a view to improving outcomes for all people in NSW who are dying and their families as we seek to support them understand that palliative care is so much more than they think.

Linda Hansen

CEO

2021-22 Budget submission

KEY INITIATIVES

ESTIMATED COST

Increase Palliative Care in community-based settings.

\$24m per annum

Integrated home-based palliative care services support individuals, families and caregivers outside institutional settings of care. In the last year of life, integrated home-based palliative care services are expected to save between \$4,544 and \$6,109 (2019 Australian dollars) per person from reduced emergency department and hospitalisation costs. Compared with the implementation costs associated with these interventions, The KPMG reportⁱ commissioned by Palliative Care Australia in 2020 estimate that a \$1.00 investment in integrated home-based palliative care services can return between \$0.53 and \$1.56 – or cost neutral on average (2019 Australian dollars). We estimate that investing in more community nurses in community-based settings providing primary level palliative care to people at home will cost \$24m a year to begin. This will need to expand as the need for palliative care inevitably expands. This level of investment is estimated to be fully offset by equivalent savings from more people dying at home, fewer hospital bed days, fewer ICU days and fewer presentations to the ED.

Increase funding for specialist palliative care md consult teams in hospitals.

\$16m per annum

Palliative care services in hospital can provide an increased level of targeted support to individuals, and carers of individuals, with complex health needs. In the hospital setting, palliative care can be provided both in specialist palliative care beds, as well as in other beds for individuals receiving treatment or other types of care in acute or sub-acute beds. Based on the cost savings identified in the literature, and low, mid and high costs assumptions based on the Independent Hospital Pricing Authority (IHPA) cost of sub-acute palliative care, KPMG estimate that a \$1.00 investment in palliative care in hospital delivers a return of between \$1.36 and \$2.13 (2019 Australian dollars). Based on this we recommend an investment of an extra \$16 million per year to support more dedicated specialist inpatient palliative care beds, broader in-hospital palliative care teams, and emergency department triaging directly to specialist inpatient palliative care beds. This level of investment would increase the number of hospital deaths occurring in palliative care by 60 per cent and provide palliative support to 6,500 deaths each, delivering savings of around \$84 million per year in wider hospitalisation costs.

SUPPORTING INITIATIVES

ESTIMATED COST

Invest in clinical psychologists in each LHD specialising in palliative care/grief and bereavement.

\$3m per annum

We welcome the increased investment in Palliative care Allied Health in NSW. There remains a gap however in the provision of highly skilled support within hospitals and community settings for cases of complex grief – at diagnosis as well as end of life. Grief is not linear – high level clinical support is often the missing piece in the specialist palliative care team, both within facilities and in the community. We therefore recommend funding for one clinical psychologist in each LHD as a starting point to address this gap.

Improve access by carers and families to education, information and support.

\$350,000 per annum

Many callers to PCNSW want simple information: what is palliative care? What services are available? How to contact their local palliative care service, how to navigate the system of palliative care referrals and the network of services, where to find equipment, and so on. It is easy to overlook just how difficult this task is when you're not in the position of carer or family member yourself.

We are not currently funded to provide any support to carers and families. Yet prompt telephone support to reliably direct a caller to the most relevant and helpful source is an efficient means of helping carers and family members. Many callers accept that they are most likely to get help during business hours.

We believe that we can offer a cost effective, well networked point of reference for carers and family members to ensure that they get the information they need or talk to the right person to give them the information.

We believe that health and palliative care awareness raising in the community will also contribute to better understanding of the network of palliative care services available to patients, carers and family members.

Our proposal is to host a support and information service with a business hours telephone contact to assist patients, carers and families to navigate the availability of palliative care services, online and print resources, and community education service.

Invest in palliative care training in RACFs

\$400,000 per annum

The aged care facility workforce requires extra support to ensure they have the skills and knowledge to provide care to people approaching and reaching the end of life and have access to specialist advice and resources

when needed. We know this will lead to reduction in presentation to emergency departments via NSW ambulance of residents of Aged Care Facilities.

We recommend an Investment in formalised palliative care education programs to provide ongoing clinical support, through case conferencing and needs assessments, education and training for staff in RACFs.

i KPMG (2020), Investing to Save – The economics of increased investment in palliative care in Australia, commissioned by PCA with the assistance of The Snow Foundation