

Queensland Health Palliative Care Services Review: Initial Outcomes

The Queensland Health Palliative Care Services Review was conducted by the Queensland Department of Health (the Department) to better understand the current and future palliative care service needs in Queensland.

The health system in Queensland delivers a broad range of important services. As Queenslanders, we are living longer, enjoying the benefits of a world class health system and continual advancements in technology, medicine and diagnosis.

Death and dying, however, remain an inevitable part of life. Most people are touched by the loss of a loved one at some stage in their lives and palliative care can play an essential role in helping people to live well and die well. It can also help lessen the pain of bereavement and help families cope with the loss of their loved ones.

There is significant work underway at the state and national levels regarding the delivery of palliative care services. There have already been positive changes in the way palliative care is delivered in Queensland, with advance care planning gaining momentum. While advance care planning discussions can be difficult, they enable patients to retain power and choice over their care needs and preferences at the end of life.

Ensuring that all Queenslanders and their families have access to the care and support they deserve at the end of life is a priority for Queensland Health.

The findings from the Queensland Health Palliative Care Services Review will assist to further strengthen Queensland's health system to produce positive outcomes for palliative care patients, their families and carers, clinicians and volunteers.

During the time that the Queensland Health Palliative Care Services Review was being undertaken, it was announced that there would be a Queensland Parliamentary Inquiry into aged care, palliative care and end-of-life care, undertaken by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee of the Queensland Legislative Assembly (the Parliamentary Committee). The findings from the Queensland Health Palliative Care Services Review will be provided to the Parliamentary Committee to inform its deliberations.



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What is palliative care?



The need for palliative care services can occur at any age and palliative care is provided in a range of settings.

Australian Health Ministers have endorsed the *National Palliative Care Strategy 2018*, which notes that “palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual”¹

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness; and
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.²

Who is responsible for the palliative care service system?

The delivery of palliative care services is enabled through the Australian and state and territory governments. Under the National Health Reform Agreement:

- the Australian Government has full funding and program responsibility for aged care and has lead responsibility for General Practitioner (GP) and primary health care. The Australian Government is responsible for the provision of palliative care services in the community by GPs and in residential aged care facilities.
- the State Government is the system manager of the public health system. This includes the provision of specialist palliative care services in the hospital and in the community.

Current service system in Queensland

Providers of palliative care include GPs, public and private hospitals, hospices, non-government and private sector organisations, residential aged care facilities and families and carers. The Department funds Hospital and Health Services (HHSs) and non-government organisations (NGOs) to provide palliative care services.

Queensland’s HHSs provide specialist palliative care services, including in-patient care in a designated bed, consultation liaison and outpatient services in the acute hospital setting and specialist palliative care advice and support to home and community-based care organisations and residential aged care facilities. Demand for these inpatient and outpatient services is high. Non-government community providers deliver care in different ways with some providing home and community-based care only, others providing hospice bed-based care only and others providing both. Palliative care can include a range of options depending on the patient’s needs.

¹ Australian Government, 2018. *National Palliative Care Strategy 2018* (page 4).

² World Health Organization, 2018. WHO Definition of Palliative Care. Available at <http://www.who.int/cancer/palliative/definition/en/>. Accessed 1 March 2018.

Where are we now?



One million
Queenslanders will be aged
65+ by 2026³,
an increase from
766,000
in 2018

Queensland's ageing population
will live longer with



**illness and
disability,**
causing increased
demand for
healthcare services³

Approximately

31,000
people died in
Queensland in 2017⁴



Six in ten
deaths in 2016
were caused by
**cancer and
cardiovascular
disease³**

90% of these Queenslanders
were aged **50+ years**

In 2017-18 there were approximately

11,500

palliative care separations*
in Queensland public and
private facilities⁵

In 2014-15, **less than**



10%
of Australians
wishing to
die at home
were able to do so⁶

Given the growing and ageing Queensland population and the increasing complexity of disease diagnosis, it is anticipated that the demand for palliative care services will increase over time.

Consultation feedback received by the Department also suggests that the community supports improving the choices of patients, their families and carers about the type of palliative care they wish to receive. There is a growing expectation that people who wish to die at home or in a home-like setting should be able to do so.

There is also increasing demand for suitably qualified and experienced palliative care staff in Queensland, and for a workforce that can operate flexibly and adapt to the community's changing needs and preferences for choice. This demand is particularly evident in Queensland's rural, regional and remote areas.

These factors underline the importance of planning palliative care service arrangements that can meet the needs and preferences of Queensland's population into the future.

³ Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane.

⁴ Australian Bureau of Statistics. Causes of Death, Australia, 2017.

⁵ Queensland Health, Queensland Hospital Admitted Patient Data Collection, 2018.

⁶ Productivity Commission 2017, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Report No. 85, Canberra.

* Separations are not individuals. A separation is an admitted episode of care which can be a total hospital stay or a portion of a hospital stay.

Who did we hear from?

Through our public consultation process, we asked the Queensland community about:

- the suitability and accessibility of existing palliative care services and service models
- the expected changes in demand for palliative care services in the future
- preferred palliative care service models and arrangements for the future.

We received submissions from:



We also heard from HHSs and Australian Government-funded Primary Health Networks (PHNs), NGOs, and other key stakeholders through face-to-face meetings.

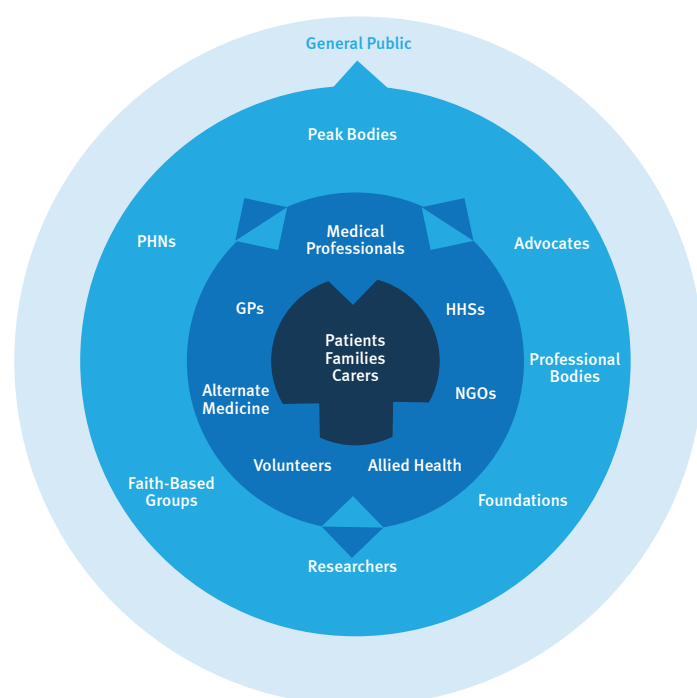


Figure 1 - Respondent groups that provided a submission



“These are not easy discussions to have, but in a caring, safe setting they are discussions that are healthy and make the end-of-life stage better managed for all concerned”

“It was honestly like caring members of the family came to visit from time to time to offer support and guidance”

“It was a good death, free from pain at home surrounded by his loved ones and not a drip or tube, chart, doctor or nurse (apart from me) in sight – just family”

Anna F
(wife of a palliative care patient who received community-based hospice care)

“One of the reasons I love delivering palliative care is that I can help every single patient I see”

Dr Lukin
(Royal Brisbane and Women’s Hospital)

What were the findings and outcomes?



The Department considered the information provided by the community as part of the consultation process, extracting common themes regarding perceived barriers to the delivery of good palliative care services and suggestions for improvement. Key issues to be addressed to achieve a more person-centred, accessible and integrated system of palliative care service arrangements into the future were identified.

A key theme within the submissions was that population growth, particularly in relation to growth in the number of Queenslanders aged 65 years and older, will require enhanced palliative care service delivery solutions across Queensland.

Patients, families and carers emphasised the importance of delivering high quality, person-centred palliative care in a way that promotes patient choice and control. Stakeholders suggested more services are needed, in community-based settings, to help enable the delivery of person-centred palliative care services.

This suggestion is supported by the recommendations in the Australian Productivity Commission's report entitled *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, which was publicly released on 26 March 2018. Within the report, one recommendation suggested that state and territory governments should increase the availability of community-based palliative care so that people with a preference to die at home can access community-based specialist palliative care services and other supports to do so.

The Department already provides funding to NGOs to assist them to deliver palliative care clinical services within the community. As an outcome from the Queensland Health Palliative Care Services Review, the Department will be increasing the amount of funding provided to seven identified NGOs that currently have contracts with the Department to provide community-based clinical palliative care services.

The provision of additional funding will assist these NGOs to respond to the demand for palliative care services within their local areas and allow more people the choice to receive palliative care in community-based settings if desired.

It is important to note that palliative care services involve a range of options depending on the patient's needs. The provision of services in the community is only one component of an overall model for palliative care service delivery. There were many other issues raised and solutions proposed throughout the consultation process.

Other key issues raised and solutions proposed throughout the consultation process undertaken as part of the Queensland Health Palliative Care Services Review have been collated as key themes and were provided to the Parliamentary Committee to support it in its inquiry into aged care, palliative care and end-of-life care.

Providing information about the findings from the Queensland Health Palliative Care Services Review to the Parliamentary Committee ensures that the Parliamentary Committee is able to consider the valuable input from all stakeholders who contributed to the Queensland Health Palliative Care Services Review process when it is making its deliberations.

The Parliamentary Committee is required to complete its inquiry and report to the Legislative Assembly by 30 November 2019.



Queensland Health Palliative Care Services Review

Key themes

Key themes emerging from the Queensland Health Palliative Care Services Review that were included in the submission to the Parliamentary Committee included suggestions such as:

- helping people to receive high quality palliative care services
- supporting the palliative care sector to deliver quality palliative care services
- helping to deliver better access to palliative care services to Queenslanders regardless of where they live
- providing more information about palliative care services in Queensland
- working with the Australian Government to advocate for the reform of national systems and processes to better support the delivery of palliative care services in Queensland.

Next steps

The Department will:

- take immediate action to increase funding for seven NGOs providing community-based clinical palliative care services
- continue to support the Parliamentary Inquiry into aged care, palliative care and end-of-life care.



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