

25 January 2022

The Hon. Greg Hunt  
Minister for Health and Aged Care  
Australian Government  
PO Box 6022  
Parliament House  
Canberra ACT 2600

**Dear Minister Hunt**

**Re. ANZSPM support for Palliative Care Australia's pre-budget submission**

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) welcomes the opportunity to make this pre-budget submission.

ANZSPM is a specialty medical society that facilitates professional development and support for its members. ANZSPM promotes the discipline and practice of Palliative Medicine in order to improve the quality of care of patients with life-limiting illnesses and support their families. ANZSPM members are medical practitioners. Our members include Palliative Medicine Specialists as well as other medical practitioners who either practice or have an interest in palliative medicine.

ANZSPM works with Palliative Care Australia (PCA) to advance improvements in the quality of palliative care available to all Australians. We broadly support PCA's case that the demand for palliative care in Australia is increasing and that there are real savings to be made by improving and developing government programs that allow people to live well at home for longer. The case put forward is evidence-based and robustly argued. We note the KPMG Report finding that we can expect a 100% increase in palliative care services by 2050 and the importance of system planning now to meet current and future demand.

In particular, ANZSPM wishes to emphasise the following areas of high potential for investment as you consider Budget 2022-2023: Health Portfolio allocations. These proposed investments reference both PCA's budget submission and the ANZSPM Strategic Plan 2022-2025, a copy of which is attached.

**Establishing a national palliative care minimum data set for health, aged care (residential and home care) and paediatric palliative care (PCA ask: \$15m)**

The ANZSPM Workforce Strategy Advisory Committee has found that there is a lack of reliable data on the number of palliative medicine specialists in Australia, the number being trained in palliative medicine, the number of general practitioners and other specialists who maintain an active interest in delivering palliative medicine services, and the locations, backgrounds, longevity of service and settings (including whether they are working in the public or private health system, and whether they are delivering services in aged care and the community). The Australian Institute of Health & Welfare is in a strong position to deliver a national minimal dataset for palliative care which covers these data needs and also answers important questions relating to the broader health and medical workforce and patient needs. Such a dataset would leverage the significant and growing opportunities for health data linkages that other chronic

disease datasets are beginning to bring together.

#### **Developing a palliative care workforce strategy (PCA ask: \$2.5m over 2 years)**

A strategic approach is needed if we are to address the critical shortage in specialist palliative medicine knowledge and skills available across the health workforce, including in training general practitioners and improving current weaknesses in transitions between care settings. We welcome the funding that has recently been made available by the Government to advance a national health workforce strategy. We seek assurance that palliative care workforce needs, and the means to addressing them, are being identified as an important element of the strategy's development. The strategy will also need to consider Australia's population diversity and the need for cultural safe services delivery in all communities and care contexts. COVID has reminded us, for example, that an Aboriginal and Torres Strait Islander health workforce is essential when targeting population needs and significant health challenges. Similarly, the service model that is required in regional, rural and remote contexts is completely different from that which will be effective in large urban settings or peri-urban populations. The development of a palliative care workforce strategy is an extension project of the overarching health sector workforce strategy to be funded and delivered by the palliative care sector led by PCA and ANZSPM. ANZSPM looks forward to assisting in strategy development over the coming year.

#### **Strengthening the research-to-practice pipeline for palliative medicine (PCA ask: \$10m annually)**

Ensuring that there is at least one annual targeted call for palliative care research through the Government's Medical Research Future Fund (MRFF). We note the MRFF's broad strategic priority to address significant existing areas of unmet health need, addressing under-investment and supporting capacity development with a focus on achieving equity in health outcomes, particularly for Aboriginal and Torres Strait Islander people and for people living in regional and remote locations. ANZSPM's Strategic Plan 2022-2025 directly aligns with this priority, which has also been acknowledged in the Government's work on the Primary Health 10-Year Plan. Effectively addressing these needs will require investment in developing new evidence. The MRFF's current call for targeted primary health research of \$5m is focused on technology innovations. Telehealth and e-diagnostics are a small step in the right direction, but are less applicable when caring for people with life-limiting illnesses, and will not significantly address the current evidence gaps for palliative medicine. Further investment is needed.

While the above items represent the medical specialty's priorities for investment in 2022-2023, ANZSPM also strongly supports PCA's call for significant investments in palliative care service delivery. We ask the Government to consider an investment of:

- \$240 million per year to increase the provision of **palliative care in the home and the community**. This much-needed investment will ensure that Australians can access specialist end-of-life support in the care settings most suitable for their circumstances
- \$1.5 million for a collaborative funding project – **Home Based Care Model for People with Complex Needs**
- \$50 million per year to increase the number of **specialist palliative care beds and integrated palliative care teams in hospitals**
- \$5 million for a trial to implement a separate, expedited assessment process at Services Australia for carers of



people with life-limiting or terminal illness that **allows carers to receive payments more quickly.**

- \$5 million per year to **continue supporting paediatric palliative care** through PCA and Paediatric and Palliative Care Australian and New Zealand (PaPCANZ)
- \$1.2 million to trial **palliative care coordinators in paediatric settings.**
- \$2.5 million to **improve community awareness** around death, dying and palliative care.

The need for quality palliative care has never been greater and demand is expected to increase substantively over the coming years. PCA has put forward a compelling case that the investment in integrated community and home-based palliative care services will save the government money over the longer term. We commend PCA's efforts in bringing forward the case for funding in the 2022-2023 budget.

ANZSPM can provide additional information and advice via email to [ceo@anzspm.org.au](mailto:ceo@anzspm.org.au).

With kind regards

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to be 'C. Mott'.

Dr Christine Mott  
President, ANZSPM

