

Approved for release by the PCV Board.

Palliative Care Victoria wishes to thank all the palliative care staff and services that provided the valuable feedback that has informed this report.

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Executive Summary

This report presents insights about the health of the Victorian palliative care sector based on feedback from 50 palliative care services, 78% of the palliative care sector, via two surveys conducted by Palliative Care Victoria in the period December 2016 to mid-April 2017.

Our aim in producing this report is to contribute to actions that will strengthen the specialist palliative care sector in Victoria – one of the five goals identified in *Victoria's end of life and palliative care framework* released by the Victorian Minister for Health, Hon. Jill Hennessy, in 2016.

Capacity to meet community need for palliative care

The majority of palliative care service respondents report difficulties in meeting the current demand for palliative care services.

Overall, only 45% of respondents reported capacity to meet current demand and 29% of respondents reported capacity to meet anticipated demand over the next 3 years.

The capacity to meet current demand reported by respondents for the specific palliative care types is: 52% of inpatient palliative care, 33% of consultancy palliative care and 42% of community palliative care services.

The capacity to meet anticipated demand over the next three years reported by respondents for the specific palliative care service types is: 30% of inpatient palliative care, 15% of consultancy palliative care and 14% of community palliative care services.

Trends in Government funding

The majority of the 50 respondent services have experienced a decline in the real value of Government funding received since 1 July 2014, as it has not kept pace with increases in wages and other costs. This has been the experience of 48% inpatient, 56% of consultancy palliative care, and 74% of community palliative care service respondents.

Funding over the three-year period kept pace with costs for 48% of inpatient, 28% of consultancy and 21% of community palliative care service respondents.

Although the expected annual growth in demand for palliative care is 4%, very few services have received any growth funding over the last three years- 4% of inpatient, 17% of consultancy services and 6% of community palliative care service respondents.

Impact on the experiences of patients and families

The report includes case scenarios and quotations that highlight the impact on patients and carers, and the difficulties in providing timely and equitable access to quality palliative care and end of life care. It also identifies the barriers that need to be addressed in order to support Victorians to die in their place of choice.

Needed investment in palliative care services

Feedback from thirty-seven palliative care services, 52% of the palliative care sector, indicates the need for substantial increased investment over the next 3 years. Based on this detailed information, the indicative investment required for the palliative care sector as a whole over the next three years is \$175 million in recurrent operating funding plus \$21.5 million in capital funding (excluding the development of new facilities or major upgrades). Indications are that around 368 extra full-time palliative care staff are required, covering medical, nursing and allied health disciplines.

Key Priorities

This report details the top priorities reported by 48 respondents for the sector as whole over the next 3 years. Respondents were invited to rank their top three priorities for the sector from a list of twelve options. The top five priorities nominated are:

1. More capacity to support people to die at home
2. Improve access to palliative care in rural and regional areas
3. Improve support for carers
4. Increase consultancy for clients outside of hospital
5. Funding for palliative workforce strategies AND innovation of palliative care service models.

These top priorities align well with the goals of *Victoria's end of life and palliative care framework*. The report provides further information on the rankings by the sector of 12 sector-level priorities.

We also invited respondents to nominate their top three service-level priorities for inpatient, consultancy, community and day hospice services respectively. The priorities nominated via an open response field provide useful insights for strengthening each type of palliative care service and include proposed strategies to enhance and innovate service models.

Next Steps

We would value the opportunity to discuss the findings of this report with the Government, palliative care services and consortia, and other key stakeholders. It will be important to work together to strengthen the specialist palliative care sector and to progress the vision and goals of the new framework. Our goal must be to ensure that all Victorians have timely access to high quality palliative care and end of life care – in accordance with their needs and aspirations.

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Methodology

This report presents the findings of the feedback from Victorian palliative care services through two surveys conducted by Palliative Care Victoria (PCV) between early December 2016 and mid-April 2017.

PCV invited 64 Victorian services providing palliative care to provide feedback regarding:

- the capacity of their service to meet current and anticipated demand for palliative care over the next 3 years
- trends in Government funding for palliative care services received over the past three years
- case scenarios illustrating issues in meeting community needs for palliative care
- service-level priorities for specific types of palliative care services and priorities for the Victorian palliative care sector as a whole; and
- any additional operational, capital and workforce requirements for their palliative care service to meet needs over the next 3 years.

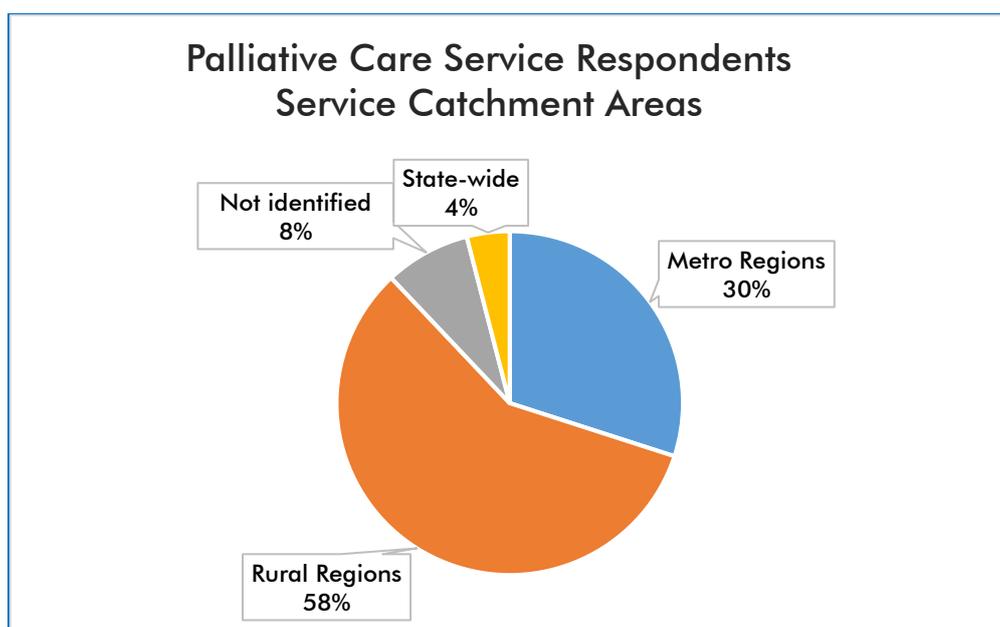
The first survey sought information about the operational, capital and workforce needs of the palliative care sector over the next 3 years. These questions were included as an option in the second survey for those who had not provided this information in the first survey.

The second survey addressed the other matters covered above. The structure of the second survey was designed to facilitate analysis of feedback for each type of palliative care service (inpatient, consultancy, community and day hospice), as well as by service catchment locations and for the palliative care sector as a whole.

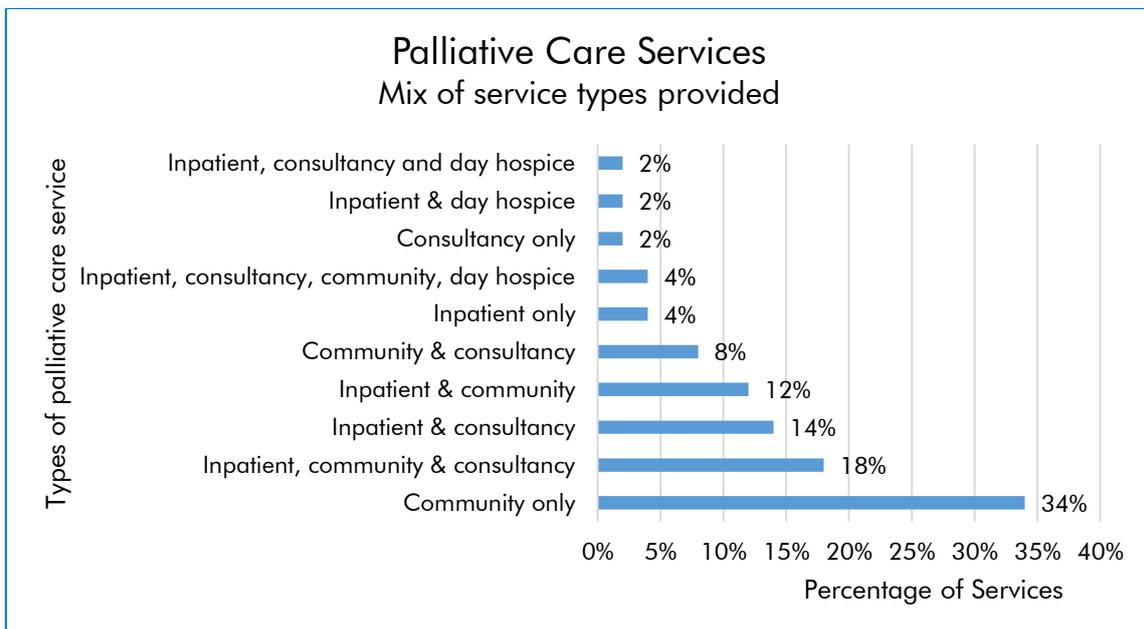
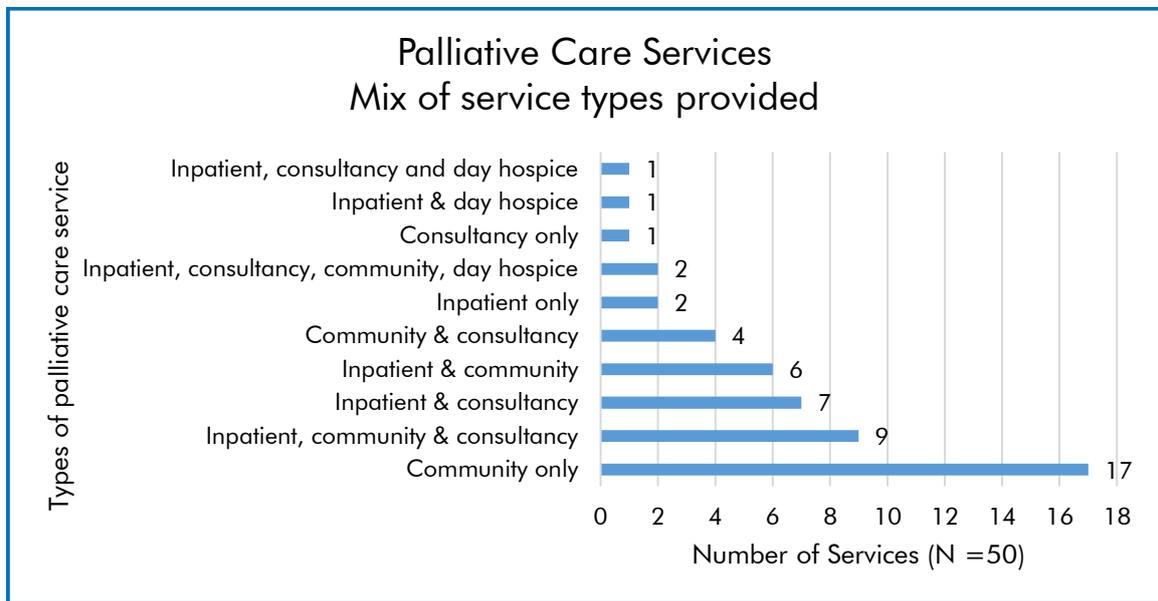
Profile of Survey Respondents

Fifty Victorian services providing palliative care contributed feedback giving a response rate of 78%.

The 50 palliative care service respondents are representative of metro, regional and state wide palliative care services, as illustrated below:



The survey respondents collectively provided all four types of palliative care services: inpatient, community, consultancy and day hospice. The majority (76%) provide one or two types of palliative care service and almost a quarter provide three or four types of palliative care service, as illustrated in the graphs below:



Capacity to Meet Demand

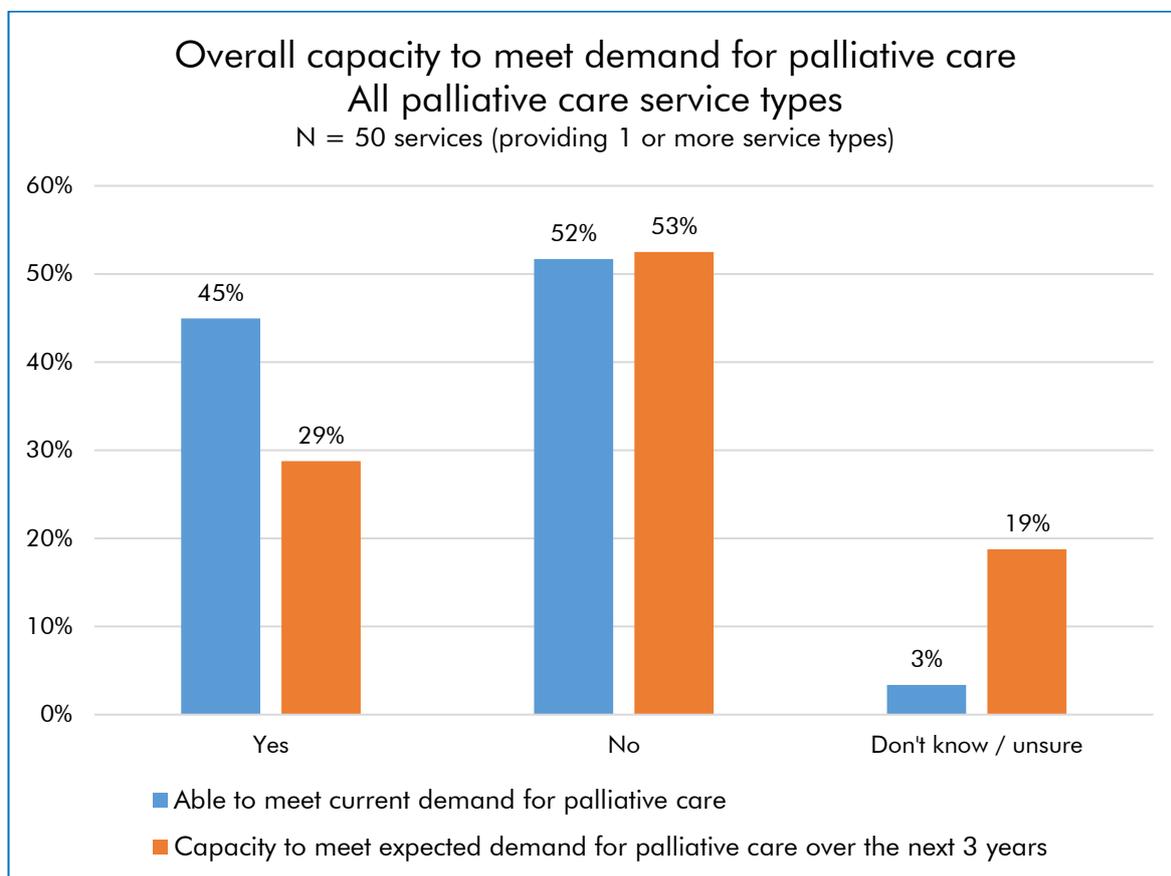
All Palliative Care Services

The reported capacity of palliative care services to meet current demand and to respond to expected demand over the next 3 years is cause for concern.

50 palliative care service respondents (representing 78% of the sector) provided feedback on their capacity to meet the demand for palliative care in respect of each of type of palliative care they provide – inpatient, consultancy, community and day hospice.

Only 45% of the palliative care sector overall can meet current demand, as indicated by 40 of the 89 respondents for all four of the palliative care service types.

Only 29% of the palliative care sector overall has capacity to meet expected demand over the next three years, as indicated by 23 of the 80 respondents to this question across the four palliative care service types.



Inpatient Palliative Care Services

Around half (14, 52%) of 27 inpatient palliative care service respondents reported being able to meet current demand for palliative care. However, only 8 (30%) assessed their inpatient service as having the capacity to respond to expected demand over the next 3 years.

“We desperately need more inpatient palliative care beds, or alternatively, better access to more beds in the suburbs of Melbourne.” #2, NW Metro Region

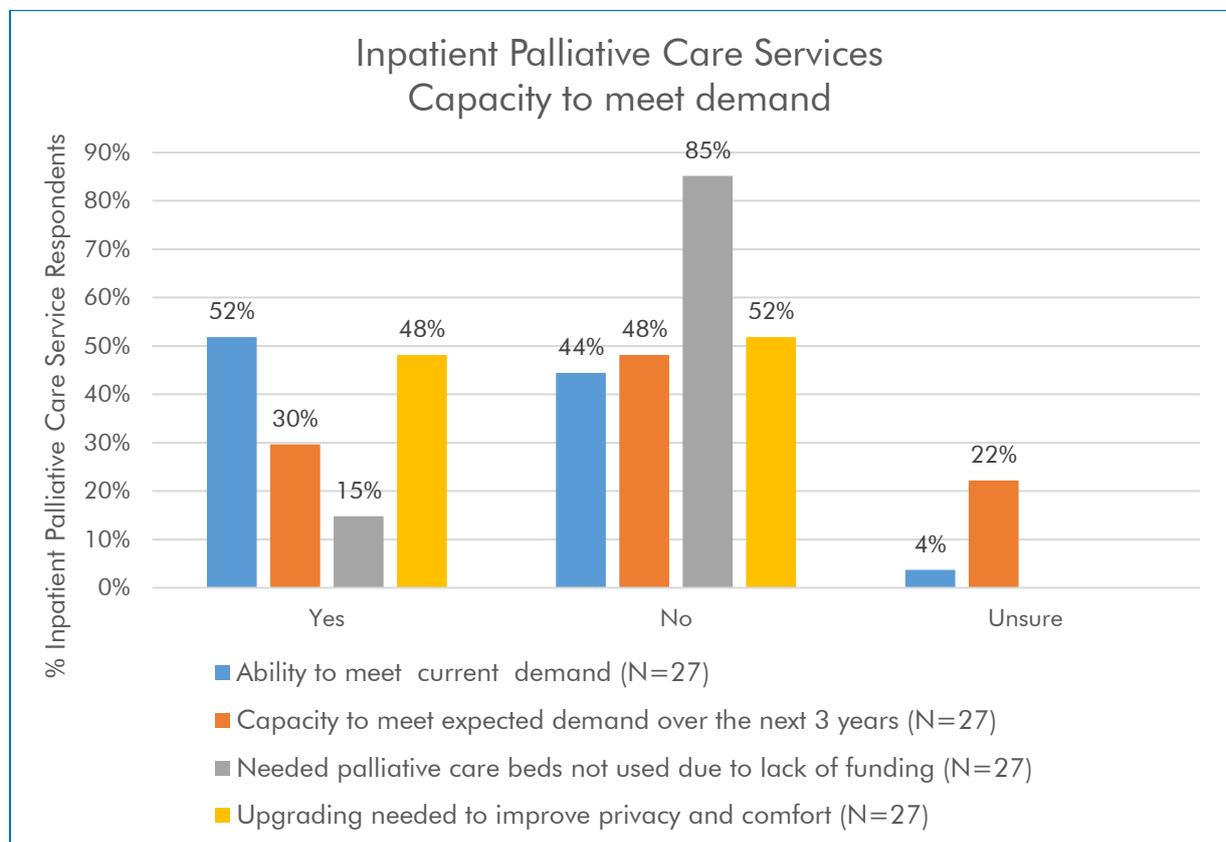
Four of the 27 inpatient services (15%) noted that they were unable to use available beds that are needed for palliative care due to lack of operational funding.

“We have the capability to provide the service and the need for the service exists but the funding does not match.” #29, Gippsland Region

“Funding was received for the capital build, which was completed, but no operational funding was received to open the beds. This places significant demand on the existing palliative care unit to meet growing demand within our community.” #5 Barwon SW Region

Thirteen inpatient services (48%) indicated that their palliative care facilities needed upgrading to improve privacy and comfort for patients.

“The physical infrastructure .. in the pall care inpatient ward is the worst I have ever worked with, although the care is excellent. Sharing a room is the norm rather than the exception.” #2, NW Metro Region



One respondent shared the following scenario to highlight the impact of the facilities on potential patients:

Case Scenario

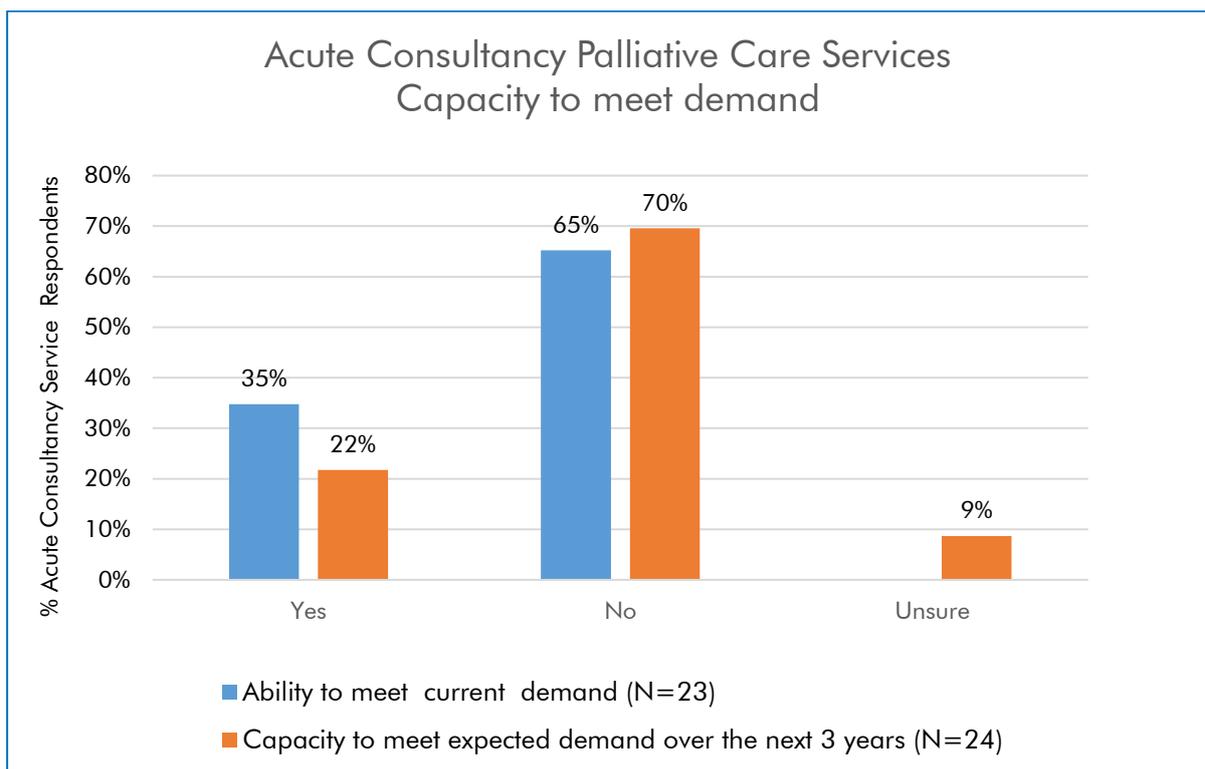
“Yesterday, a 38 year old single mother of three children was seen in outpatients. She could not walk due to hip pain but had driven herself in a considerable distance. She was assisted from the car park... She needed a CT and MRI and admission for pain management. There may have been an inpatient palliative care bed at [service name](if we cancelled another admission) but she refused due to the poor amenities of the ward and having to share a room. She drove home.”

#2, NW Metro Region

Consultancy Palliative Care Services

In Acute Settings

Fifteen (65%) of the 23 respondents providing consultancy palliative care in acute settings reported not being able to meet current demand with only 5 of 24 respondents (22%) indicating that they have the capacity to meet anticipated demand over the next three years.



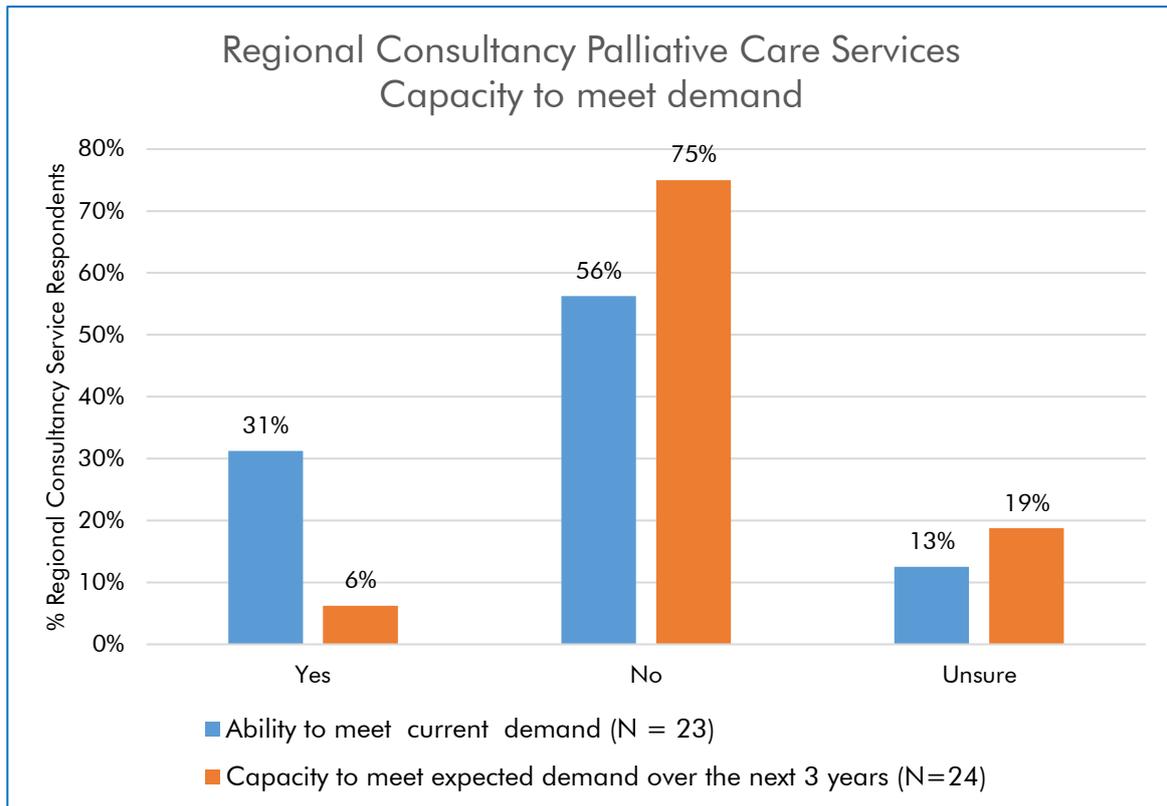
An acute consultancy service in metro Melbourne discussed the challenges they face in meeting growing demand:

“Currently in the midst of attempting to increase consult service to extend to geriatrics and non-malignant disease and chronic disease. We anticipate more funding is required to enable us to continue the pilot work in the chronic disease space which aims to target this gap and interface with community

services. Rapidly increasing numbers in geriatric referrals since commencing this consult service and we anticipate this to continue.” #50, Southern Metro Region

Regional Consultancy Services

Only 5 (31%) of respondents providing regional consultancy services reported capacity to meet current demand and only 1 service (6%) considered that their regional consultancy service could meet demand over the next 3 years, as shown in the graph below:



The following comments illustrate some the difficulties experienced by consultancy services:

“[We have] no current opportunity to support residential aged care facilities due to lack of resources especially non-malignant population.”

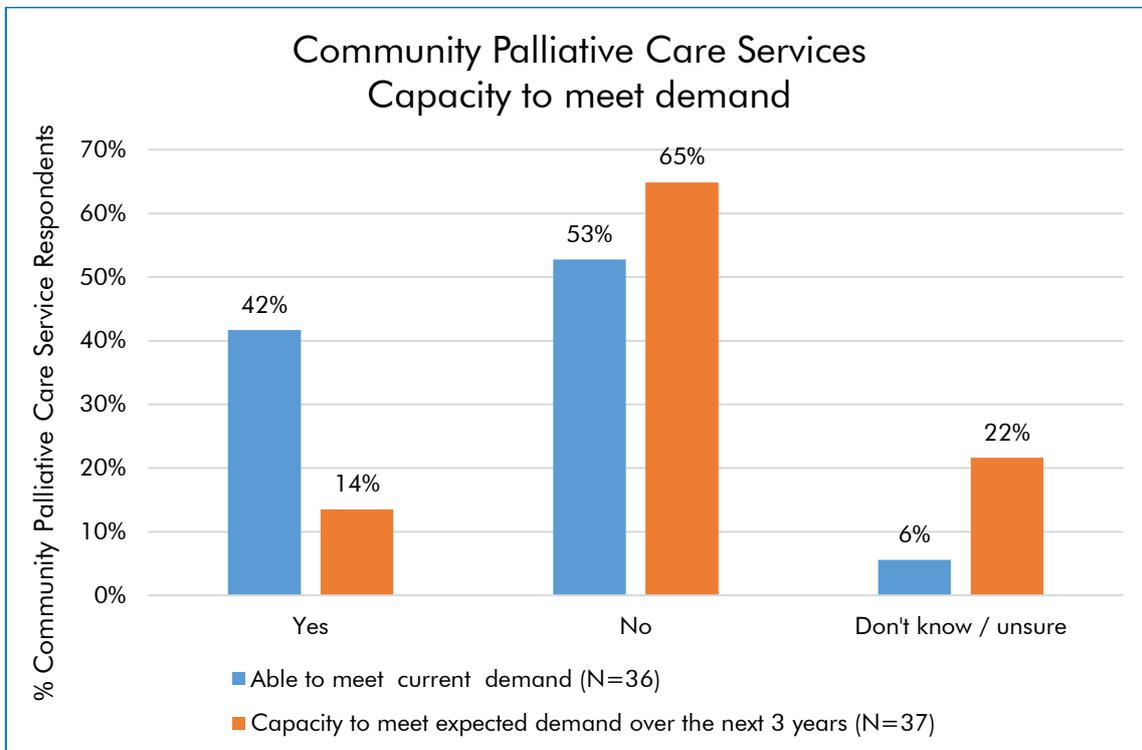
#41, Gippsland Region

“[Our service is] not funded to provide support into small unfunded hospitals where care teams are GP and primary care providers. Often do this but are aware we are not funded to do so. Our consultancy team is one person and they cannot possibly meet the need of all hospitals across the region.”

#27, Hume Region

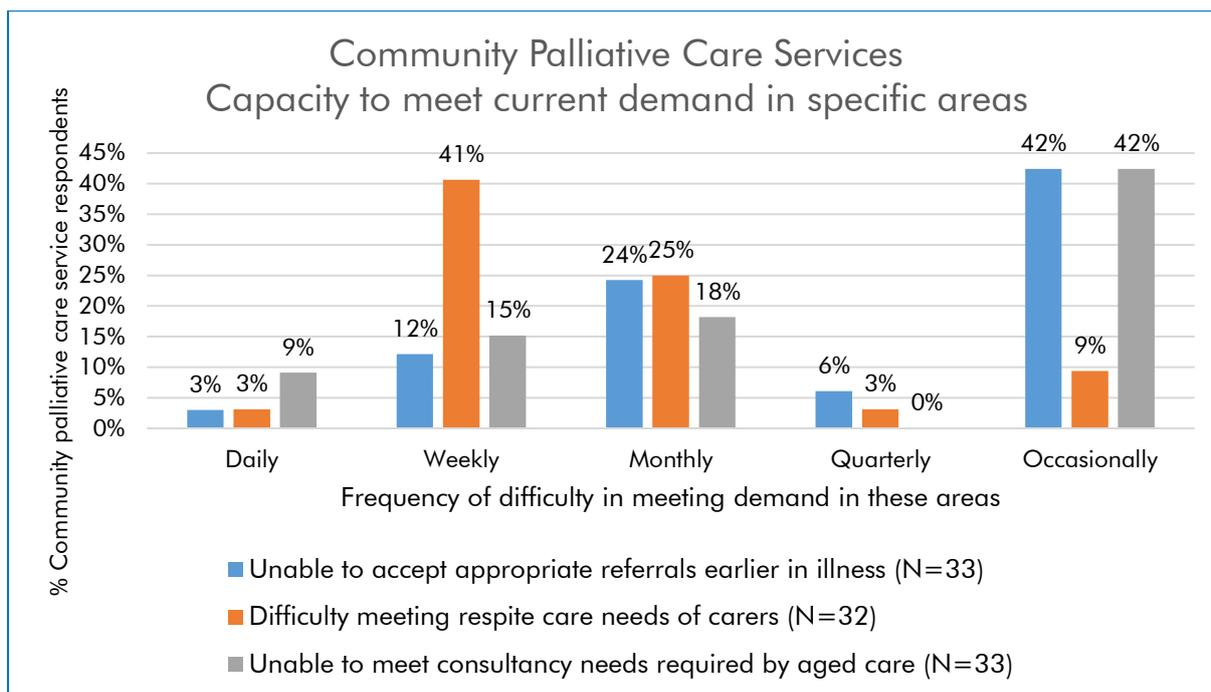
Community Palliative Care Services

Fifteen (42%) of 36 service respondents providing community palliative care reported that they are able to meet current demand. Only 5 (14%) of 37 respondents considered that their service would have the capacity to meet the anticipated demand for community palliative care over the next 3 years.



We also sought specific feedback about:

- difficulties in accepting appropriate referrals to palliative care for people who would benefit from palliative care earlier in their illness trajectory (not just at end of life)
- difficulties in responding to the need for respite care (in or out of home) for carers of palliative care clients
- inability of community palliative care services to provide the level of consultancy support required for clients in aged care services within their catchment areas.



The graph above illustrates that 5 (15%) of 33 community palliative care services had difficulty on a daily or weekly basis accepting appropriate early referrals and 8 services (24%) had difficulty doing so on a monthly basis.

Difficulties in meeting the current need for respite (either in or out of home) for carers of patients receiving palliative care were experienced on a daily or weekly basis by 14 (42%) of 32 respondents providing community palliative care and on a monthly basis by 8 services (25%).

Eight (24%) of 33 community palliative care respondents reported inability to meet the current need for consultancy support by aged care services in their catchment area on a daily or weekly basis, 6 services (18%) reported this difficulty on a monthly basis and 14 services (42%) reported experiencing this difficulty occasionally.

The reported difficulties in meeting demand for community palliative care are reflected in the following comments:

'[There is a] mismatch between demand and service delivery, lack of access to high quality palliative care in our community.'

#21, Gippsland Region

"Unable to meet client demand - Increase in number of clients with non-malignant diagnoses who tend to be on a palliative care program longer than those with a malignant diagnosis." #31, NW Metro Region

"Community palliative care staff are unable to meet the demand regarding community capacity building, capacity building with staff from the inpatient setting- both acute and subacute. Also the residential aged care facilities, GPs and the community." #33, Barwon SW Region

Feedback from inpatient and consultancy services reflected the flow-on effects of poor capacity to meet current demand for community palliative care.

“The main issue for us is the lag time between us making a referral out to a [palliative care] community service and that service's ability to take on the patient. It means patients stay in hospital when they would rather be at home. It may mean they die in the hospital when this is not their wish or the wish of their family.” #3, State wide service

The following case scenario from the Grampians region illustrates the impact on clients when there is inadequate service capacity to support their wish to receive care in the community:

Case Scenario

“Client with minimal community support unable to remain at home as services to refill syringe driver were not available seven days per week. Once client was no longer able to attend local hospital to have his syringe driver refilled on the days when there was no community nursing service, he was forced to go into care even though he wanted to remain at home.” #9, Grampians Region

Day Hospice

Three respondents providing day hospice care reported capacity to meet the current demand and two (66%) expected that their day hospice service could meet anticipated demand over the next 3 years.

Barriers to Home Deaths

We invited respondents providing community palliative care to identify the three main barriers that limit their capacity to support people to die at home (where this is their preference).

Thirty-seven community palliative care services provided 109 responses, which we analysed and clustered into 8 themes that reflect the main barriers to supporting people to die at home:

Barriers to Supporting People to Die at Home Nominated by 37 Community Palliative Care Services			
Barriers	Rank	#	%
Palliative care sector capacity	1	17	46%
After hours service	2	16	43%
Primary care sector capacity	3	14	38%
Access to respite care	4	12	32%
Carer availability and capacity	5	11	30%
Travel, distance and location	5	11	30%
Poor referral practices	6	6	16%
Cost of care, equipment	7	2	5%

The lack of access to after-hours support is discussed by this respondent:

“None of our clients have access to 24 hours support meaning that in the last days and on weekends, the only help they can access is through GP helplines. Subsequently, the clients and carers have no relationship with these health workers, lose confidence and clients are often transferred to inpatient facilities for end of life care.” #19 Grampians Region

The following real situations reported by respondents highlight some of the difficulties:

Case Scenarios

“Family in rural area wishing to provide end of life care at home. Difficulty in obtaining after hours medications and GP orders from local GP and pharmacy. Required to be arranged via a hospital 60 minutes away, which inconvenienced the family significantly. Nil after-hours services available.” #47, Loddon Mallee Region

“A frequently re-occurring scenario - clients that express the wish to die at home and after a period of time, carers feel unable to continue to care for the client at home or the client feels they are a burden on their carers. No respite options are available for either the client or the carer and the result is often an admission to hospital that results in death of the client in hospital rather than in their expressed place of care.” #33, Barwon SW region

Trends in Government Funding

We invited respondents to select one of the following statements that best described the trend in Government funding received by their service since 1 July 2014 in relation to each applicable palliative care service type that they provide (inpatient, consultancy, community and day hospice):

- Government funding for our service has not kept pace with increases in wages & costs
- Government funding for our service has only kept pace with increases in wages & costs
- Government funding for our service has kept pace with increases in wages & costs and included increases for growth in demand.

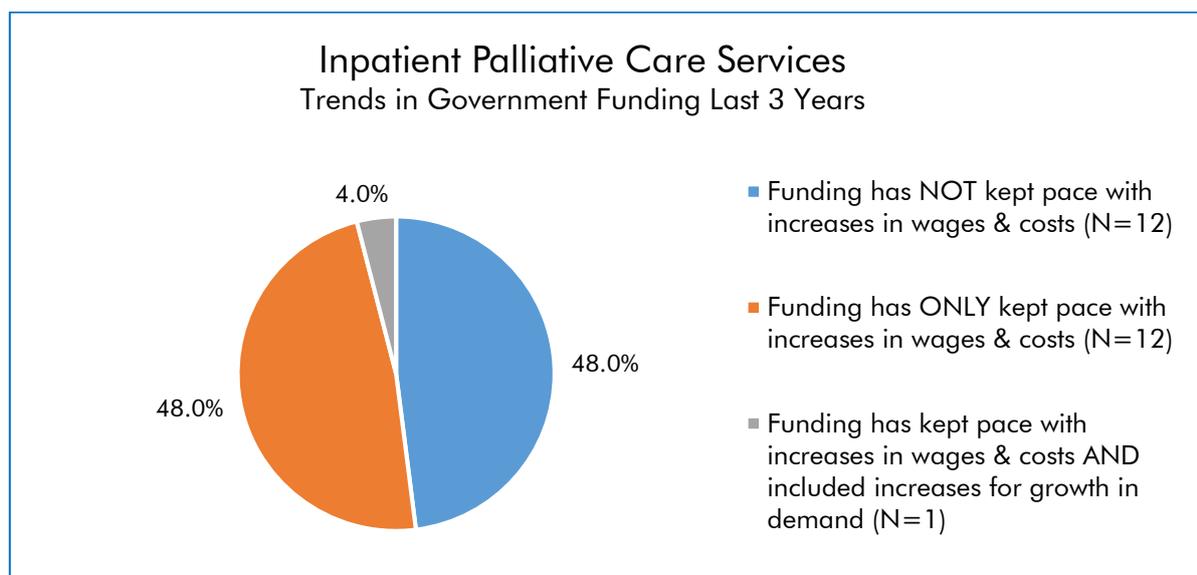
The demand for palliative care is increasing by 4% per year (Ref: *Victoria's end of life and palliative care framework*, 2016, p 3). However, with only a few exceptions, most services report that they have not received any growth funding over the last three years, as outlined below.

The adverse effects of lack of growth funding to meet increasing demand are compounded by inadequate funding to keep pace with increases in wages and costs. For at least half of the palliative care sector, funding has gone backwards in real terms over the last three years.

Inpatient palliative care

Only 1 (4%) of 25 respondents providing inpatient palliative care was able to report receipt of growth funding. Twelve respondents (48%) reported that the Government funding they had received over the last 3 years had not kept pace with wages or costs).

“Indexation rates have been lower than staff salary increase which has resulted in real reduction in funding.” #40, Loddon Mallee Region



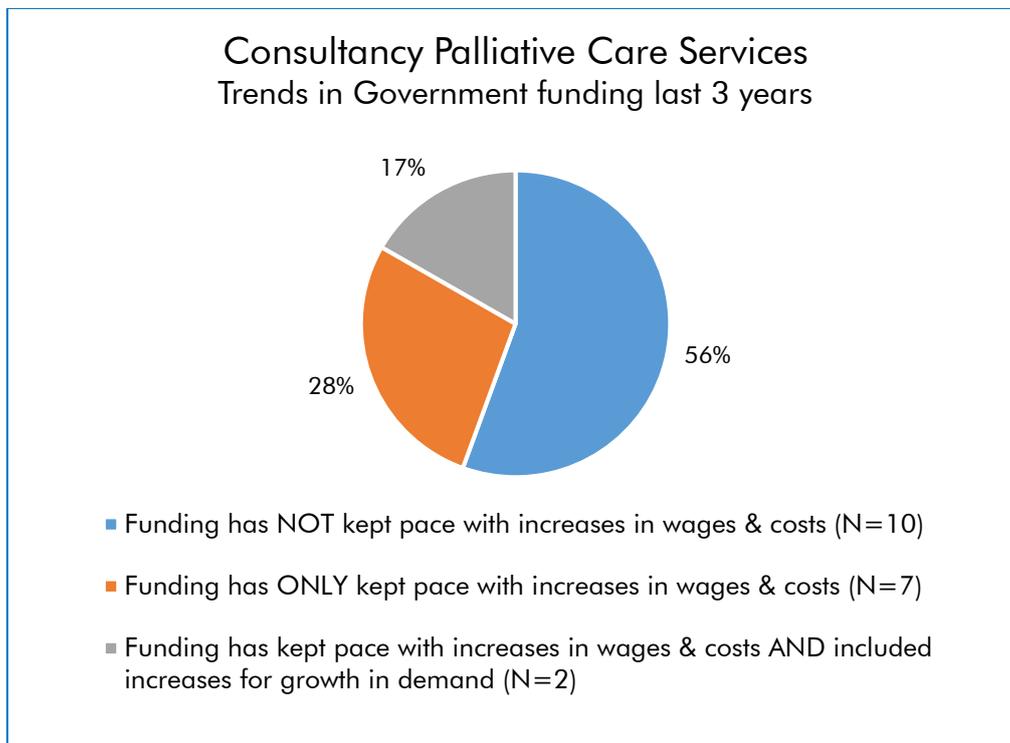
Comments by respondents illustrate the implications of inadequate funding on the quality and scope of service provision:

“The practical impacts have been an inability to provide robust allied health care with suitably engaged practitioners to facilitate discharge planning and standard daily care. Has impacted on ability to provide psychosocial care for patients and carers in a timely way with active follow up.” #43, NW Region

Consultancy palliative care

Two (17%) of 19 consultancy palliative care service respondents reported that their consultancy service had received growth funding over the past 3 years.

Funding had declined in real terms for 10 consultancy respondent services (56%) and only kept pace with wages and costs for 7 (28%) of service respondents providing consultancy palliative care, as illustrated below:



The following comments indicate the impact on the provision of consultancy palliative care services:

“The increased recognition of the value of palliative care and early engagement from outpatient clinics, Chemotherapy Day Unit, ED, has led to a significant increase in demand. There has been no additional funding for this growth to assist consultancy services to resource this adequately. An increase in funding would allow patients and families to be adequately assessed and prepared for early discharge.” #36, Eastern Metro Region

“Only urgent cases seen whilst in hospital. Very limited ability to pass onto community services as unable to pick up early or supportive cases.” #10, Eastern Metro Region

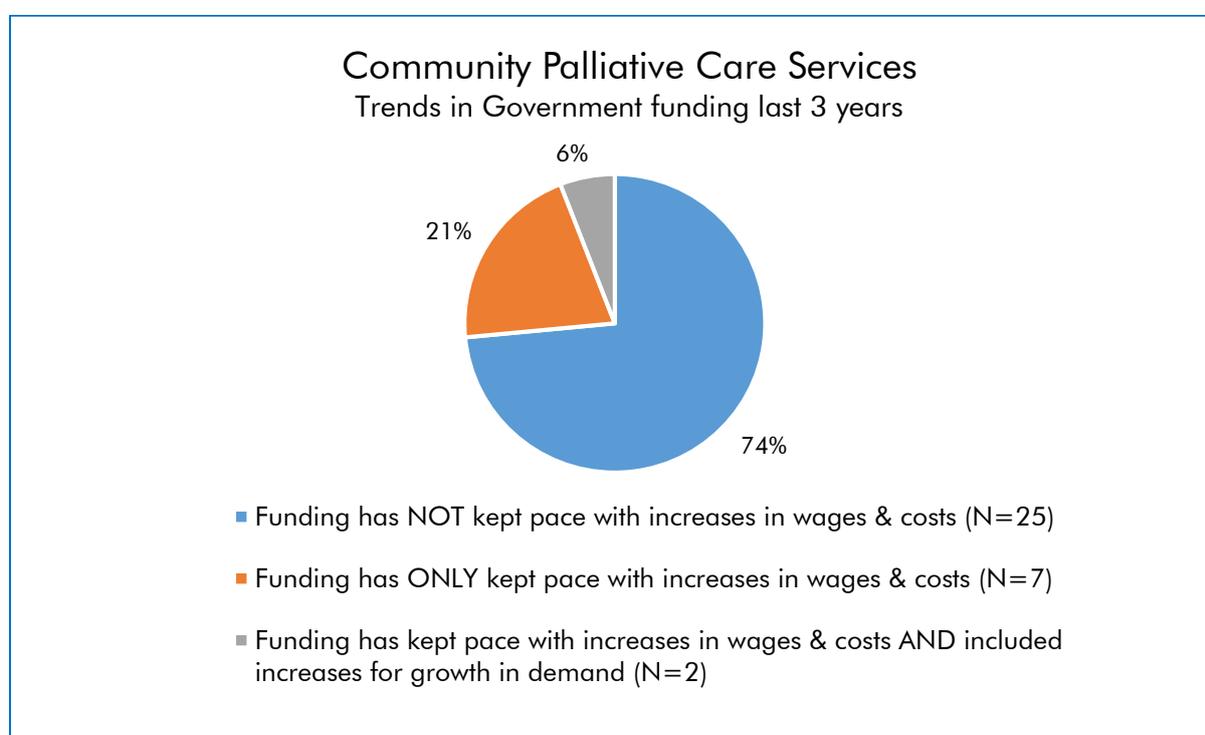
Community palliative care

In spite of the community preference to receive care at home and (for many) to die at home, only 2 (6%) of 34 respondents providing community palliative care reported receiving funding to meet growth in demand.

“We received increased funding in the 2016 - 2017 year which has assisted greatly with increase of demand.” #45, Grampians Region

For 25 (74%) of 34 respondents providing community palliative care, Government funding received over the past three years had lost value in real terms, as it has not kept pace with increases in wages & costs.

For 7 (21%) of 34 community palliative care service respondents, funding trends had kept pace with increases in wages and costs, but note included any provision for growth, as shown in the graph below:



The following comments reflect the impact of inadequate Government funding on community palliative care service provision:

“There has been no substantial increase in funding to manage the number of clients; this has led to a recent round of redundancies at the service. Have had to utilise our casual staff during busy periods to ensure all clients are assessed in a timely manner with a commensurate 'blow out' in our budget.”

#31, NW Metro Region

“The organisation only receives 27% government funding for service provision and we are reliant on fundraising to ensure continuation... The service is limited ...and we have been unable to grow our program to accommodate the needs.” #42. State wide service

“The biggest impact has been on the lack of capacity for community based services to be able to respond to referrals in a timely way.” #5, Barwon SW Region

Day hospice

Two day hospice providers responded to the questions about Government funding – one reported that it receives no Government funding (this is a goal for that service); the other respondent reported that funding had kept pace with increases in wages and costs but had not included any growth funding for their day hospice service.

Extra Resources Needed Next 3 Years

PCV sought information from Victorian palliative care services about their additional operating funding, capital funding and workforce requirements over the next three years. We requested that this information be provided following discussion with relevant senior executives.

Extra Funding Needs of Respondents

Thirty-seven organisations, 57% of the palliative care sector, provided detailed information about their additional operational funding, capital funding and workforce needs over the next 3 years.

Overall, the 37 respondents require almost \$100 million in additional operating funding, plus \$12.3 million in capital funding (excluding new facilities and major upgrades) and 210 extra full-time palliative care staff.

The table below summarises the extra resources needed over the next 3 years by these 37 palliative care services:

37 Victorian Palliative Care Service Respondents Additional Resources Needed Next 3 Years				
Resources	Metro Regions	Rural Regions	State wide Services	Total
Operating	\$80.207 M	\$14.881 M	\$4.668 M	\$99.756 M
Capital	\$6.187 M	\$2.950 M	\$3.150 M	\$12.287 M*
Total \$	\$86.394 M	\$17.831 M	\$7.818 M	\$112.043 M
Extra Staff				
Full time	117	81	12	210
# Service Respondents	12	22	3	37
% Services	63%	52%	75%	57%

Note: The capital funding requirements are understated, as several respondents indicated the need for major facility upgrading or new beds/facilities but were unable to indicate the capital funding required.

The detailed additional resource needs over the next 3 years reported by 22 palliative care service respondents in Victorian rural regions are outlined in the table below:

22 Palliative Care Services in Rural Regions Additional Resources Needed Next 3 Years					
Resources	Barwon SW	Gippsland	Grampians	Hume	Loddon Mallee
Operating	\$4.487 M	\$3.077 M	\$0.50 M	\$0.33 M	\$6.476 M
Capital	\$175 K	\$335 K	\$240 K	\$80 K	\$2.120 M
Total	\$4.661 M	\$3.412 M	\$752 K	\$410 K	\$8.596 M
Extra Staff Full time	20	17	8	7	29
# Respondents	5	6	3	3	5
% Services in region	63%	55%	43%	38%	63%

Note: The capital funding requirements are under-stated as they exclude new facilities and major facility upgrades.

Operational funding

The need for extra operational funding reflects the impact of the decline in the real value of operational funding over the last three years, as reported by 25 (74%) of 34 respondents providing community palliative care, 10 (56%) of 19 respondents providing consultancy palliative care services and 12 (48%) of 25 respondents providing inpatient palliative care.

The following comments reflect the impact of insufficient operational funding:

“We are well over our Annual target WEIS for inpatient beds which means we are currently inadequately funded. We have the capability to provide a service and the need for the service exists but the funding does not match.”

#29, Gippsland

“We have very limited allied health staffing that does not allow for non-pharmacological symptom management. Our equipment and IT needs are suboptimal. Our patient spaces could be improved. We have issues with access to interpreters. We have difficulty in providing enough family support. We have no capacity for bereavement follow-up.” #10, Eastern Metro Region

Capital funding

The extra \$12.3 million of capital funding identified by 25 respondents is required for minor refurbishments to care facilities, additional vehicles for staff, administration amenities, equipment and IT. The welcome availability of \$5M for equipment in 2016-2017 will assist in meeting some of these costs.

However, the capital funding requirements identified do not reflect the need for new beds or facilities or major upgrades, as reflected in the following feedback:

“We average around 18 patients in the 12 beds, i.e. have an average of 6 outliers (in acute beds) at any time. Many patients are admitted through ED and die in ED or short stay.” #2, NW Metro Region

“We desperately need more inpatient palliative care beds, or alternatively, better access to more beds in the suburbs of Melbourne.”

#2, NW Metro Region

Additional Staff

The diagram below shows the professional roles of the 210 extra full-time staff identified by 32 respondent services:



Comments by respondents reflect the impact of inadequate staff on the availability, scope and quality of services provided:

“After-hours (overnight) nursing ratio is 8 patients per nurse (2 nurses) and so with the high death rate we are noting that care is compromised resulting in poorer outcomes. Also we lack after hours/weekend access to social work and pastoral care which again impacts outcomes.” #50, Eastern Metro Region

“Small palliative care service that covers 4 towns and outlying areas - Two CNS working 0.4 and 0.6 EFT, covering 5 days per week (i.e. sole practitioners) - Struggle to meet the needs of patients and carers at times - On call staff are not available in some areas.” #38, Hume Region

“On call nursing care unavailable during active EOLC. Limited bereavement model not able to respond to individual needs.” #32, Barwon SW Region

All Victorian Palliative Care Services

Given that funding for the majority of Victorian palliative care services has declined in real terms (i.e. not kept pace with wage and cost increases) over the past 3 years, there is an urgent need for increased investment to sustain and strengthen the capacity of the palliative care sector to meet community needs.

The feedback from 37 palliative care services indicates that a minimum investment of \$112 million is required over the next three years.

As this represents only 57% of Victorian palliative care services, a more realistic investment is almost \$200 million (based on a pro-rata adjustment to reflect 100% rather than 57% of the palliative care sector) as outlined in the table below:

Victorian Palliative Care Sector Indicative New Resource Requirements Over the next 3 Years	
Operating	\$175,010,927
Capital	\$21,556,507
Total	\$196,567,434
Extra Staff <i>Full time</i>	368
Note: capital funding does not include new palliative care facilities or facility upgrades.	

Top Priorities for Next 3 Years

Palliative Care Sector Overall

We invited survey respondents to rank the top three priorities for the palliative care sector as a whole over the next three years from a list of 12 options; they could also nominate other priorities. The table below indicates the overall ranking of priorities from the 48 respondent services who answered this question:

Palliative Care Sector Top priorities for the next 3 years	Rank	# N=48	%
More PC capacity to support people to die at home	1	40	83%
Improve PC access in rural and regional areas	2	35	73%
Improve support for carers	3	34	71%
Increase PC consultancy for clients outside of hospital	4	31	65%
Funding for PC workforce strategies	5	25	52%
Innovation of PC service models	5	25	52%
Increase PC consultancy in acute settings	6	21	44%
Increase community awareness & understanding of PC	7	21	44%
PC education for health, aged & disability workforce	8	20	42%
Strengthen PC volunteering	9	18	38%
Improve PC access for diverse & special needs groups	10	14	29%
Palliative care research	11	13	27%

Four respondents highlighted specific priorities via the open response option:

“Working with the ambulance service to increase their service to support after hours.” #48, Loddon Mallee Region

“Funding to support 24 hour nursing care for end of life care at home.” #32, Barwon SW Region

“After hours support is a key priority. I have been working in the field for more than 10 years and it has been 'looked at' for most of this time but no progress has been made. This is the biggest issue for families and it is where most things go wrong.” #3, State wide service

“Decrease silos of care - namely need to transition between different providers across inpatient, community and consult services.” #4, NW Metro Region

We also invited respondents to nominate their top three service level priorities for each type of palliative care service. These are outlined below.

Inpatient palliative care

The priorities identified by the 26 respondents providing inpatient palliative care have been analysed and clustered into 8 key areas, as summarised in the table below:

Inpatient Palliative Care Services Top 3 priorities for the next 3 years	Rank	# N = 26	%
Service model development	1	16	62%
Education	2	11	42%
Upgrade facilities	3	10	38%
Staffing mix/increase	4	8	31%
Increase inpatient beds	5	7	27%
Funding (specifically mentioned as a priority)	6	5	19%
Quality	7	3	12%
Equipment	8	2	8%

Service model development

Nearly two thirds of respondents identified priorities that we have categorised as ‘service model development’. For example:

“Review capacity to provide home-based medical care in conjunction with inpatient hospice care.” #42, State wide service

*“Development and funding for Palliative Care At home beds.”
#40, Loddon Mallee Region*

*“Establish new outpatient clinics/models to promote earlier palliative care input for cancer and chronic disease patients and those with cancer pain.”
#50, Southern Metro region*

“Working with cardiac and intensive care services to improve access to specialist palliative care.” #3, State wide service

“Develop an extended care unit where people with poor prognosis can go instead of nursing home.” #23, NW Metro Region

Consultancy palliative care

Twenty respondents providing consultancy palliative care services identified their top three service level priorities for this service type over the next three years. These were analysed and clustered into 5 categories, as summarised in the table below:

Consultancy Palliative Care Services Top Priorities for the next 3 years	Rank	# N=20	%
Strengthen PC consultancy capacity and service models	1	18	90%
PC consultancy staff increases & education	2	15	75%
Education strategies with other health staff / services	3	10	50%
Respond to demand	4	7	35%
Miscellaneous - ACP, data, IT, promote service	5	6	30%

Service model development

Eighteen (90%) of the 20 respondents identified priorities related to strengthening the capacity of palliative care consultancy services and service models. For example:

“Funding to provide an integrated service model underpinned by contemporary information technology & video conferencing for outreach and rural areas.” #33, Barwon SW Region

“Extend coverage to other hospital sites.” #23, NW Metro Region

“Working with regional service providers to develop models of care which support palliative care clients in their local area.” #9, Grampians Region

“Establish consult service for geriatrics and general medicine/ED/ICU and be able to support increased early referrals and meet increasing demand.” #50 Southern Metro Region

Community palliative care

Thirty-five respondents providing community palliative care services identified their top three service level priorities for the next three years. These were analysed and clustered into eight categories, as summarised below:

Community Palliative Care Services Top priorities for the next 3 years	Rank	# N=35	%
Workforce size & development	1	24	69%
Enhance service models	2	21	60%
Improve carer support – including after hours, respite	3	13	37%
Extra funding, resources	4	11	31%
Build capacity of primary care, aged care	5	8	23%
Increase end of life care at home	6	7	20%
Advance care planning	7	5	14%
Community engagement & capacity	8	4	11%

Workforce size and development is the top ranking priority for community palliative care service respondents.

Service model development

Sixty percent of respondents identified priorities that we categorised as enhancing service models. These include:

“Develop nurse practitioner and palliative care consultant model.”

#41, Gippsland Region

“Investigate the development of a community medical care team.”

#42, State wide service

“Redevelop service delivery model to accommodate end of life care changes [framework].” #30, Southern Metro Region

Day hospice

Three respondents providing day hospice services provided feedback on their top three service level priorities.

Two respondents identified priorities to strengthen their day hospice service model by improving access to clinical nursing and allied health staff.

Providing more comprehensive respite, increasing service provision to the non-malignant client group, supporting carers and meeting community needs were the other priorities identified.

Conclusion

This report provides important insights into the health of the Victorian palliative care sector.

The feedback from 50 palliative care services (78% of the Victorian palliative care sector) indicates that the majority are unable to meet current demand, have very limited capacity to meet anticipated demand over the next three years and have experienced a decline in the real value of Government funding over the past 3 years.

This concerning situation makes it very difficult to provide timely and equitable access to high quality palliative care and end of life care across Victoria.

The Victorian Government's commitment to improve palliative care and end of life care is very timely. Importantly, strengthening the specialist palliative care sector is one of the five key priorities identified in *Victoria's end of life and palliative care framework* released last year. It recognises the need to maximise the expertise of the specialist palliative care sector as a core part of providing person-centred care to people with chronic or life-limiting conditions and improving end of life care throughout Victoria's health and care services.

The top priorities of palliative care service respondents outlined in this report align well with the goals of the new framework.

With appropriate investment in palliative care services and collaboration to achieve improvements and innovations, it will be possible to make significant progress towards implementing the worthy goals of the Victorian end of life and palliative care framework.