

## INQUIRY INTO THE CURRENT AND FUTURE PROVISION OF HEALTH SERVICES IN THE SOUTH-WEST SYDNEY GROWTH REGION RESPONSE TO SUPPLEMENTARY QUESTIONS

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### 1. Are the matters of the provision of palliative care and palliative care services in South-West Sydney formally dealt with at meetings of the South Western Sydney Primary Health Network?

The Area Manager of the South Western Sydney Local Health District (SWSLHD) Specialist Palliative Care Service is a permanent member of the SWSPHN Aged Care Committee. This provides a formal voice for palliative care matters to be discussed.

The Area Manager is also an active member of a working group that is developing a model of care and accompanying clinical pathways (HealthPathways™) to improve access to quality palliative care for people who have dementia in SWS.

#### a. If so, what has been discussed and what decisions have been made regarding these matters?

A range of matters are discussed. Most pertinent to this inquiry would be discussions around the difficulty in meeting current demand for palliative care with the level of funding and staffing available.

Staffing is limited not only by funding but also the paucity of health professionals with the relevant qualifications. There is understandable concern about capacity to meet future demand which is expected to increase by 67.5% between 2016 and 2031 from 2,275 to 3,811 people requiring palliative care. Demand is being driven by our rising population, ageing, chronic, and incurable illnesses such as dementia and cancer.

Not all palliative care needs require specialist palliative care services. People whose needs are less complex can be managed within primary care, community nursing and residential aged care, with consultation by a specialist palliative care service if necessary.



Whilst GPs are the cornerstone of primary care, their engagement with palliative care is relatively low as is their engagement with residential aged care. This can lead to inappropriate referrals to over-taxed specialist services. SWSPHN is working to build the capacity of GPs to provide palliative care through education activities. We are also working towards the completion of the model of care mentioned above.

The implementation phase of the project will include collaborative quality improvement activities (e.g. shared care arrangements between GPs and palliative care specialists) to resolve issues identified at the local level.

However, this will not address the structural barriers that impede integrated palliative care and chronic disease management (e.g. the Medical Benefits Schedule (MBS) provides little incentive for GPs for such time-consuming care).

## 2. Are you aware of any scoping or planning work that has been undertaken regarding the future needs of palliative care and palliative care services in South-West Sydney?

### a. If so, who undertook the work?

PHN's undertake needs assessments on an ongoing basis. SWSPHN work in partnership with the SWSLHD to assess the needs of our region, including palliative care. An in-depth report was produced through this partnership and released in 2019. It is available on our website [South West Sydney: Our Health](#)

In January 2016, SWSLHD released its [Advance Care Planning, End of Life and Palliative Care Strategic Plan 2016 - 2021](#) which includes a comprehensive plan of activities to improve palliative care in SWS. There are a number the activities that the LHD Palliative Care Service is working on jointly with SWSPHN.

### b. When was the work undertaken?

See above.

### c. What is the name/title of the work?

See above.

### d. Has the work been publicly released?

See links to published reports above.

## 3. How do you believe work can be best undertaken regarding the planning of the future needs of palliative care and palliative care services in South-West Sydney?

Our current model of joint assessment and planning between the SWSPHN and SWSLHD in consultation with key stakeholders, including local community representatives, is best practice with this process.

#### 4. What do you believe will be the best way of funding the future needs of palliative care and palliative care services in South-West Sydney?

Palliative Care Australia argue that an initial increase in investment in palliative care will result in significant savings to the whole of the system from costs incurred around death and dying<sup>1</sup>.

Palliative care can be provided in varied contexts depending upon the needs of the individual (e.g. primary care, residential aged care, domiciliary care or as a hospital inpatient). In principle, it follows that with a truly patient-centred delivery of care, funding allocations should follow the patient according to need.

In reality however, patient-centred care is impeded by the historic Commonwealth-State divide e.g. primary and residential aged care are largely funded by the Commonwealth; whilst much of community and inpatient care is funded by NSW.

The provision of quality palliative care that meets the demands of the future is dependent upon sufficient funding allocation from both governments and collaborative efforts by service providers to resolve systems issues at the local level.

To this end, PHNs work to develop strong working relationships with each of the Local Health Districts (LHDs) within their region. Enablement of co-funded partnerships between the LHDs and PHNs are the most practical mechanism to overcome the Commonwealth-State divide at the regional level.

In addition, it cannot be ignored that GP MBS rebates for delivering quality palliative care are not financially viable. This impedes GPs' widespread participation in multidisciplinary team approaches to palliative and end-of-life care. Therefore, if we seek to comprehensively engage GPs in both current and future demands for palliative care, funding either needs to come from sources outside of the MBS or the system itself needs to be reviewed.

Given the right levels of support to innovate, there is currently an appetite for change within general practice. A case in point is the rapid and widespread uptake by the sector since March this year with the release of the new telehealth MBS items in response to the current COVID-19 pandemic. Although these 'pop-up' MBS items are scheduled to lapse again in September, the Commonwealth already recognises the ready adoption of this initiative and with it, the opportunity to drive more widespread reform in the longer term. (e.g. extending the initiative of voluntary enrolment to these items).<sup>2</sup>

This environment presents an ideal opportunity for NSW Health to seize the initiative and partner with PHNs to invest in GP-inclusive multidisciplinary palliative care beyond the constraints of Medicare. Key enablers to consider may include:

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<sup>1</sup> Palliative Care Australia 2020 [Investing to Save: The economics of increased investment in palliative care in Australia](https://www.kpmg.com/au/issuesandinsights/articlespublications/2020/04/investing-to-save-the-economics-of-increased-investment-in-palliative-care-in-australia), KPMG [kpmg.com.au](https://www.kpmg.com/au)

<sup>2</sup> Expanding on a precedent set with the introduction from the 1st July 2020 of new MBS items for practice voluntary enrolment of patients aged ≥70 years; and Aboriginal and Torres Strait Islander patients aged ≥50 years

- Investment in structures, systems and tools that enable continuity of care by actively linking general practice with SWSLHD's palliative care services
- Fast-tracking investment in interoperable information & communication technology (ICT) platforms
- Coordinated clinical teaching and training programs inclusive of competencies for general practice, specialists, nursing and allied health providers.