

23 April 2021

Shaza Barbar
Principal Council Officer | Upper House Committees
Parliament of New South Wales
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Barbar

**RE: INQUIRY INTO THE PROVISION OF THE PUBLIC HEALTH AMENDMENT
(REGISTERED NURSES IN NURSING HOMES) BILL 2020**

Thank you for the opportunity to comment on the Inquiry into the Provision of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020.

On behalf of Palliative Care Nurses Australia (PCNA) we wish to provide the following feedback:

Question 1: Any further comments regarding the current provision of palliative medicine, nursing and care in nursing homes/aged care facilities in NSW

PCNA draws to your attention to the May 2020 published report “The economics of increased investment in palliative care in Australia” by Palliative Care Australia (PCA) who commissioned KPMG to undertake the investigation of economic value of palliative care, explore future palliative care needs nationally and effective interventions. A copy of the report can be downloaded here: [Investing to Save – The economics of increased investment in palliative care in Australia](#).

Page 6 outlines the specific recommendations in the report including expanding palliative care services into RACF. Recommendation 2.1 – Invest in specialist palliative care (SPC) and integrated support across RACF and Recommendation 2.2 - Explicitly identify palliative care in Aged Care Quality Standards.

The above report provides evidence for palliative care workforce requirements (pages 30 to 32) and outlines the significant shortfall of palliative medical specialists of two full-time equivalent palliative medicine specialists per 100,000 of population and further describes specialist palliative care nursing (page 31), particularly noting that relative to population specialist nursing numbers have remained constant.

Furthermore, the NSW Government in collaboration with the Commonwealth have provided Local Health Districts with a nursing position under CiPAC funding for 3 years only - until 2024, to improve Specialist Palliative Care access into RACF. There is no guarantee that these positions will continue after 2024.

Question 2: Any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in nursing homes/aged care facilities in NSW

Models of care need to continue to develop, those that support the integration between RACF, GP's, Specialist Palliative Care services and geriatric outreach programs, along with Hospital Emergency Departments and NSW Ambulance.

These models of care need to include clinical care and consultation, technology and telehealth, clinical handover, escalation of unstable and deteriorating residents and use of evidenced based approaches - such as palliative care needs rounds that involves Specialist Palliative Care providing regular and timely assessment and forward planning for residents needs with their primary care providers, for optimum resident outcomes (including care, comfort and dignity), improved symptom management, medication management and advance care planning.

Pages (39-40) in the above report strongly highlights the costs and cost benefits to the system if appropriate palliative care is provided in RACF.

Palliative Care Nurses Australia would be happy to provide more information in to this Inquiry as required. Should wish to discuss this further please contact me on
or

Yours sincerely

Janeane Harlum
President | Palliative Care Nurses Australia Inc.