

Address to Palliative Care Australia
Albury, NSW – 25 May 2016

I'm delighted to be here today to have afternoon tea with the Country Women's Association in National Palliative Care Week.

It's no surprise to me that the Country Women's Association have joined forces with Palliative Care Australia to support National Palliative Care Week.

Today's event organisers, and the important and serious subject we are discussing, are subjects dear to my heart.

The beloved Country Women's Association has a proud history reaching back to 1922.

Since that time your organisation has lived up to its aim to improve the conditions for women and children and make life better for families living in rural and remote Australia.

I truly appreciate that as the local MP for Farrer but also as a woman who has lived and raised a family in the country.

I also have an interest in, and passion for palliative care.

No doubt influenced by the fact that I grew up as the daughter of a palliative care nurse.

Today's focus is on encouraging people to have a difficult discussion and talk about dying.

It's worth first reflecting on the dramatic change to life and death patterns that has occurred over the last century.

25% of the population died before the age of 5 in 1900.

Largely due to infectious diseases.

Fast forward to the 2000's and less than 1% now die before the age of 5.

Similar changes have occurred for those aged over 85.

In 1900 less than 5% died after the age of 85.

In the 2000's nearly 40% of deaths are after the age of 85.

The main cause of death for those over 85 years is chronic diseases.

This changed pattern also means that death has become more predictable.

Half to 70% of deaths are now expected.

Many people know when they are likely to die in the relatively near future.

Which makes it easier, you would think, for people to be able to plan for a good death.

However, conversations about dying are generally ad hoc and remain largely taboo.

Yet having the discussion and recording your wishes can have such a positive impact on your care at this most critical time.

The “Dying to Talk” Discussion Starter will help people to both think about their own death and have conversations with loved ones about it.

To think about the things that are important to them and how they would want to be treated if they needed palliative or end of life care.

To provide suggestions about how you can open what can be a confronting conversation, with your partner or children or whoever the person is you most trust.

To identify what you need to do to document your wishes and other things you may want to think about, including things like organ and tissue donation.

What an important and useful resource.

Earlier this year Government took action that supports the aim of the “Dying to Talk” Discussion Starter.

I’m very proud that the Coalition Government has enhanced the *My Health Record* system to support uploading of advance care planning documents.

We worked closely with consumer groups as well as with health, aged and palliative care providers to develop this new online initiative.

Adding this information to *My Health Record* will allow patients to share their choices about their future health and medical care with providers and coordinators.

This will result in better advice, decisions and treatments.

While it would be nice to have all of the advance care planning documentation line up consistently across State and Territories;

what is more important is that the information about palliative and end of life care wishes, in whatever form that takes, is available to the health care practitioners caring for the individual.

Changes to *My Health Record* will ensure that it provides the way that health professionals can know and act on those wishes.

This can be backed up by working with COAG on advanced care directives.

Of course that's not the only thing the Coalition Government has done in palliative care.

It's an area that the Government is committed to.

The Coalition believes that people should have access to quality palliative care.

People should have relief from pain and suffering.

And people should be able to choose the extent of active medical treatment they receive.

When people's preferences aren't clear, the focus ends up being on cure rather than on palliative care.

The Coalition believes that there should be a focus on palliative care and has provided up to \$52m over three years to improve palliative care services.

This funding has supported projects which have:

- increased awareness;
- provided information;
- improved research and education:
- provided online education and training for health professionals including nurse practitioners and residential care services; and
- trained counsellors to support those caring for someone with a palliative illness.

Government has provided funding for research, which is currently underway, into community awareness and attitudes towards palliative and end of life care as well as advance care planning.

This is important research which will support determining future directions of the National Palliative Care Projects.

We have also funded initiatives that encourage the delivery of quality palliative care and improve access to services.

In addition the Coalition has continued to implement Labor's time limited *Better Access to Palliative Care* in Tasmania program.

The Government has extended funding arrangements for two projects funded as part of that Program.

Through this program Government provided \$2.67 million to the Tasmanian Association for Hospice and Palliative Care (TAHPC) to deliver grief and bereavement education and training packages. A contract extension will support this important work through to 30 September 2016.

In addition Government has extended its \$35.26 million contract with the Hobart District Nursing Service to 30 June 2017, to deliver at least 2,000 packages of community-based palliative care through hospice@HOME.

The Government is currently evaluating the National Palliative Care Strategy which was endorsed by the Australia Health Ministers' Conference in 2010.

The findings of that, coupled with the research underway on community attitudes, will guide priority setting for future projects, through the National Palliative Care Projects program, commencing from 1 July 2017.

A Coalition Government will of course consult with the sector on the findings and what they mean for funding priorities.

This approach will ensure that we get the best out of the available palliative care resources and the best value for the taxpayer dollar.

The Coalition's Health Care Home initiative will support people with chronic illness and complex conditions.

This approach will be targeted at the 20 per cent of patients who have multiple chronic illnesses and who has been risk assessed as most in need.

This will range from patients at high risk, with multiple co-morbidities and who need a high level of clinical coordinated care;

through to patients who are less acute, may be self-managing for now, but who still has multiple chronic conditions.

And as we know there will be a cohort within this group who will require palliative and end of life care.

This exciting initiative substantially reforms our approach to treating people with chronic and complex conditions by ensuring that they receive a level of integrated care that will wrap around the patient.

And of course this is the focus of National Palliative Care Week – Living Well with Chronic Illness.

Patients who have been assessed as needing this level of care will be invited to enroll with a general practice or Aboriginal Medical Service which will then take responsibility for coordinating their care.

The introduction of the *Health Care Homes* provide an opportunity to embed end of life planning within the GP care plan to better support the care provided and to ensure it is in accordance with the patient's wishes.

Primary Health Networks will play an important role in supporting Health Care Homes.

They were established by this Government to ensure that important primary health care services are co-ordinated and accessible; and most importantly are appropriate for the local region.

A program or service in Bondi is not always the right one for Broken Hill.

In establishing the Primary Health Networks this Government identified six priority areas for their attention

– areas where improvement needs to be made and that can be better supported by local needs identification and local solutions.

Aged care is one of those priority areas.

The Government will continue to work with the Primary Health Networks to deliver practical outcomes for older people and aged care, including in palliative care service delivery in residential and home care.

Since taking on responsibility for palliative care earlier this year I have been keen to learn about what people want and what services are provided.

What has really stood out for me is the mismatch between where people want to die and where they actually die.

The majority of people want to die at home – in the place they feel most comfortable surrounded by the things and people they love.

Surveys consistently show that 60 – 70% of us want to die at home.

But a much smaller number are actually able to achieve this.

About 54% of people die in hospitals and a further 32% die in some form of residential setting.

The Commonwealth has provided funding through the National Partnership Agreement to ensure palliative care services are available with responsibility for planning and delivery of the services resting with the State and Territory Governments.

This means that it is the State and Territory Governments that determine the mix of services needed to meet local demand and environmental factors.

A range of palliative care options, including home support, is provided in all States and Territories.

Some States, like WA, provide more emphasis on services that support people at home with the result that more people are actually able to die at home.

That's an outcome I'd like to see replicated in other states.

Support for people to die at home is an area where the Coalition and the Labor Party are in agreement. I welcome the palliative care announcement made by Labor yesterday.

It's my strong belief that my portfolio areas of palliative care and aged care should be above party politics.

Trials of palliative home care packages through the Primary Health Care Networks are a useful contribution to that quest of supporting people to die at home.

Where a Coalition Government's approach will differ is in the action it will take to make system wide structural change for all time, not just a year or two of trials that when completed have Governments casting about for ongoing funding.

Especially when we have levers that, if pulled, can support real structural change.

To do this I will open a discussion with the States & Territories about how the available resources can be utilised to give more people their wish of dying at home.

As I mentioned before the Government is currently evaluating the National Palliative Care Strategy.

In addition a number of the States and Territories are also reviewing their end of life care strategies and frameworks.

This provides a platform for a discussion about the mix and type of services required.

A discussion about the profound shifts and changes over the last century which now sees more older people dying as a result of chronic disease.

The Commonwealth has prime responsibility for supporting older people through its aged care system.

Aged care is undergoing reform.

One of the Coalition Governments key reforms is to allocate home care packages to the consumer rather than a provider.

From February 2017 consumers will make a decision about their provider of choice and can change providers if they want or need to.

In 2018 we intend to combine the home care package program with the *Commonwealth Home Support Program* creating a strong home care support network for the million older Australians who want to stay at home.

People's support needs change over time and for many older Australians this will inevitably include palliative care at some point.

Part of the discussion to have with my State and Territory counterparts is about the interplay between the Commonwealth aged care programs and the jointly funded palliative care services.

Because it's important to me, and to a Coalition Government, to work to give people the choice and opportunity to die at home.

My focus is always on having the patient – the person – front and centre – in health, in aged care and in palliative care.

This Government's investment in health is driven by the underlying principle of quality of life, and this includes during palliative and end of life care.

Thank you for having me here today.

I look forward to talking to you over one of the CWAs legendary afternoon teas.

END