

Estimated Need and Unmet Need for Palliative Care in Victoria

1. Population need for palliative care

Current population needs for palliative care produce broadly similar results in terms of how many people are estimated to need palliative care.¹

The estimated population need for palliative care at the end of life is 75% of all deaths.²

This population estimate of need is based on ten conditions that are recognised as benefiting from palliative care: cancer, heart failure, renal failure, chronic obstructive pulmonary disease (COPD), Alzheimer's disease, liver failure, Parkinson's disease, motor neurone disease, HIV/AIDS and Huntington's disease.³

2. Estimated unmet need for palliative care in Victoria

At least 10,000 Victorians who die currently miss out on needed palliative care.

This is a conservative estimate based on available data on palliative care service provision to Victorians compared with the estimated population need for palliative care.

This includes specialist palliative care and palliative care integrated into usual care within primary, acute, and aged care settings.

- Palliative care provision as a proportion of deaths in 2014-2015 available data on services provided prior to death indicates that up to 19,939 Victorians who died in that year may not have received palliative care at the time of their death. This represents a shortfall of two-thirds compared to estimated need. The data suggests that up to 80% of those who died in residential aged care and up to 63% of those who died in acute care may have missed out on needed palliative care.
- Victorians receiving specialist palliative care services in 2016-17
An estimated 20,000 Victorians received specialist palliative care services in 2016-2017; of these 8,288 died in that year. An estimated 21,712 Victorians would have benefited from palliative care prior to their deaths, and this would need to have been provided by non-specialist palliative care services. This level of palliative care provision by acute, aged care and primary care services is not reflected in available data. Greater expertise and capacity is needed to provide palliative care than is currently available in the non-specialist palliative care workforce.

Section 3 below provides data available on palliative care provision as a proportion of Victorian deaths and in relation to specialist palliative care service provision.

3. Data on Palliative Care Provision Relative to Need

a) Provision of palliative care in relation to Victorian deaths:

The estimates of population need for palliative care are based on the number of deaths. The data below shows available data on palliative care provision in relation to people who died in Victoria. As the most recent available data for deaths in residential aged care is 2014-2015, this year has been used to compare need with provision. However, available data for 2015-16 for the other services shows little change.

	% Deaths	2014-15	2015-16
<u>Total # Deaths in Victoria</u> ⁴		39,955	40,015
<u>Population Need for PC</u> 75% of deaths – midpoint in the range (Murtagh et al) ⁵	75%	29,966	30,011
<u>Community Palliative Care Deaths (VINAH)</u>			
Community palliative care # deaths ⁶		6,850	6,888
Less community palliative care clients who died as PC inpatients ⁷		3,973	3,958
Total community palliative care deaths (excluding those who died as inpatients)		2,877	2,930
<u>Inpatient PC # deaths (VAED)</u>		5,411	5,340
<u>Deaths in Victorian residential aged care (AIHW)</u> ⁸		14,497	not available
Percentage aged care residents who died receiving palliative care ⁹	12%	1,740	
Total number deaths where palliative care was provided the services listed above		10,028	see note
Shortfall compared to minimum palliative care population need		-19,938	

Data on place of death ¹⁰		2014-15	Est. PC need	Actual	Shortfall	% Shortfall
Hospitals	50%	19,978	13,784	5,411	9,572	63.89%
Aged Care	35%	13,984	9,649	1,740	8,749	83.41%
Community	15%	5,993	4,135	2,877	1,618	35.99%
	100%	39,955	27,569	10,028	19,939	66.54%

[Note: Specialist palliative care was provided for 8,288 of these deaths.]

b) Population need estimates compared with specialist community palliative care provision (not limited to deaths)

In 2016, 40,016 Victorians died.¹¹ This means that 30,011 Victorians who died in that year would have benefited from palliative care, using an estimated need for palliative care of 75%.

In 2016-17, specialist palliative care services providing care to around 20,000 Victorians (of whom 8288, 41%, died that year).

Data available on palliative care provision in aged care¹² and General Practice¹³ indicate that this falls well short of the indicated population need, reinforcing the need for a greater focus on palliative care education of health professionals providing primary care and aged care to people with conditions that would benefit from palliative care.

As the disease trajectory of dementia is both prolonged and unpredictable, specialist palliative care services may need to care for individual patients for longer periods of time and potentially at several time points.¹⁴ Around 52% of over 46,000 Victorians resident in aged care facilities are likely to have dementia based on national data.¹⁵

4. References

¹ Etkind A.E., et al, How many people will need palliative care in 2040? Past trends, future projections and implications for services, BMC Medicine (2017) 15:102, DOI 10.1186/s12916-017-0860-2

² Murtagh, FE et al, 2014, How many people need palliative care? A study developing and comparing methods for population based estimates, Palliative Medicine 2014 Jan, 28 (1):49-58, p 59

³ Brameld Kate, et al, 2017, Issues using linkage of hospital records and death certificate data to determine the size of a potential palliative care population, Palliative Medicine 2017, Vol. 31(6) p 539

⁴ Births Deaths and Marriages Victoria, Victoria

<http://www.bdm.vic.gov.au/utility/about+bdm/about+us/data/>

⁵ Murtagh, FE, et al, ibid

⁶ Department of Health and Human Services, Victorian Integrated Non-Admitted Health (VINAH) dataset for community palliative care – number of community palliative care clients who died during the relevant reporting period.

⁷ Ibid, number of community palliative clients who died as palliative care inpatients during the reporting period.

⁸ Australian Institute of Health & Welfare, 2016, Residential aged care and Home Care 2014-15, <http://www.aihw.gov.au/aged-care/residential-and-home-care-2014-15/> Tables S1.17 and S1.1

During 2014-15 in Victoria, there were 17,701 separations of permanent residents from residential aged care facilities (almost 40% of all permanent residents). Assuming the national rate of separations due to death of 81.9% applied, death was the reason for the separation of 14,497 of these permanent residents.

⁹ Australian Institute of Health & Welfare, 2017, Palliative Care Services in Australia 2016, Palliative care in residential aged care, Table AC.14

¹⁰ Swerissen, H and Duckett, S., 2014, Dying Well, Grattan Institute, p 20

¹¹ Births Deaths and Marriages Victoria, op.cit.

¹² Australian Institute of Health & Welfare, 2017, Palliative Care Services in Australia 2016, Palliative care in residential aged care, Table AC.14

¹³ Nationally in 2014-15, approximately 5 GP encounters per 1,000 population were related to palliative care. Australian Institute of Health & Welfare, 2017, Palliative Care Services in Australia 2016, Chapter: Palliative care in general practice. Table GP 1.

¹⁴ Etkind A.E., et al, op.cit., p 7

¹⁵ Australian Institute of Health & Welfare, 2017, Palliative Care Services in Australia 2016, Palliative care in residential aged care, Table S1.28.