

Regional Inequalities in Access To Palliative Care Across Victoria

At least 10,000 Victorians who die this year will miss out on needed access to palliative care. They do not have access to palliative care when and where they need it.

Inequalities in access to palliative care are greatest among Victorians living in rural regions.

New data released today by Palliative Care Victoria shows the extent of these inequalities:

- Victorians in the Hume, Gippsland and Loddon Mallee regions have the worst access to palliative care – the average palliative care funding per death in 2016-2017 in those regions was between 22% and 29% (\$599 to \$780) less than the average for all Victorians (\$2,690 per death). None of the rural regions received palliative care funding per death equivalent to that provided in metropolitan areas.
- Victorians in the Barwon SW and Gippsland regions face significant inequalities of access to community palliative care. The palliative care funding per death in those regions is 39% lower (around \$450 per death) compared to the state average (\$1,151 per death). Only the Hume region received community palliative care funding per death higher than the state average (but it still has the worst access to palliative care of any region in Victoria).

These data are based on 2016-2017 palliative care funding by the Victorian Government and data from the ABS on the number of deaths in 2016 in Victoria, by region.

This demonstrates:

- Lack of genuine choice for Victorians with life limiting illness in relation to access to palliative care.
- Supply constraints on palliative care are impeding access by Victorians who would benefit from palliative care prior to their death.
- Significant regional inequalities in access to palliative care, when and where it is needed.

These findings reinforce the need for urgent action on the recommendations by the Victorian End of Life Choices Inquiry and the Victorian Auditor General to improve equality of access to palliative care and to increase access to palliative care at home.

There is simply not enough funding for palliative care in Victoria to meet the current need – 55% of palliative care services report they are unable to meet current demand.

For further details:

- Refer to the supporting information attached.
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Supporting Information

1. Relevant Recommendations by the End of Life Choices Inquiry

Recommendation 1: That the Victorian Government develop a holistic, evidence-based funding framework for the palliative care workforce that includes targets to meet the current shortfall and growing demand for palliative care services.

Recommendation 5: That the Victorian Government increase access in rural and regional communities to community palliative care services.

Recommendation 13: That the Victorian Government provide support to community palliative care services so people who wish to can receive end of life care at home, and choose where to die.

Recommendation 16: That the Victorian Government, recognising the value of community palliative care and informed by its investigations as stated in Recommendation 14 and Recommendation 15, increase support and funding to community palliative care services.

Source: Parliament of Victoria Legal & Social Issues Committee, June 2016, Inquiry into End of life choices Final Report, Melbourne

2. Relevant Recommendations by the Victorian Auditor General

Recommendation 1: That the Department of Health and Human Services reviews service provision as a priority to understand gaps in the system, better forecast demand and inform future service planning.

Recommendation 7: That the Department of Health and Human Services and health services work together to understand barriers to accessing care, understand and respond to unmet demand, and engage communities who do not traditionally access palliative care.

Recommendation 12: That the Department of Health and Human Services reviews and improves the after-hours model for community palliative care services across Victoria.

Source: Victorian Auditor General, April 2015, Palliative Care, Melbourne.

3. Data on Palliative Care Funding In Victoria By Region

Please refer to the tables (attached) which provide the details and identify the data sources.

Methodology: the number of deaths in each Victorian region in 2016 (ABS data) is used as a proxy to identify the need for palliative care. This is consistent with international population benchmarks of need for palliative care indicating that 75% of all deaths would benefit from palliative care. (Source: 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)).

The Victorian Government funding for specialist palliative care (2016-2017) is used to determine average funding per death in each region. The analysis includes regional comparisons for all palliative care funding, as well as comparisons for community palliative care and admitted (inpatient) palliative care.

4. Palliative Care Funding Trends

Between 2014-15 and 2016-17, the available data indicates that DHHS palliative care operating funding increased by \$6.778 million, an increase of 6.74%. As wages and other costs increased by 8.24% over the period, the purchasing value of palliative care funding declined by (1.5%).

**Victorian 2016-2017 Palliative Care Funding Per Death
Variance and Ranking by Region Compared to State Average**

Specialist Palliative Care 2016-2017	Palliative Care Community (not admitted) Funding Compared with Vic Average per Death	Palliative Care (Admitted inpatient) Funding Compared with Vic Average per Death	All Palliative Care Funding Combined Compared with Vic Average per Death	Rank in Order of Highest Total Palliative Care Funding per Death
Eastern	4.07%	29.32%	18.51%	1
NW Metro	11.63%	11.81%	11.74%	2
Southern Metro	15.47%	-13.52%	-1.11%	3
Barwon SW	-39.31%	15.56%	-7.93%	4
Grampians	-9.28%	-8.01%	-8.55%	5
Loddon Mallee	-18.37%	-25.17%	-22.26%	6
Gippsland	-39.19%	-17.07%	-26.54%	7
Hume	8.82%	-57.28%	-28.98%	8

Metro Combined	10.39%	7.90%	9.18%
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Sources

1. Admitted Palliative Care Funding - 2016-2017 DHHS Statement of Priorities Service Agreements with Victorian Health Services
2. Community Palliative Care Funding - 2016-2017 DHHS Policy & Funding Guidelines for Non-Government Palliative Care Providers and Source 1 above
3. ABS Deaths 2016, Australia - Table 5.2 Victoria - Deaths per LGA in 2016

Total Recurrent Specialist Palliative Care Service Funding for 2016-2017 by DHHS Regions Per Actual Deaths (ABS) in 2016 in each Region

Specialist Palliative Care 2016-2017	Palliative Care Community (not admitted) Funding	Palliative Care (Admitted inpatient) Funding	All Palliative Care Funding Combined	Deaths 2016 (ABS)	Palliative Care funding (Admitted & community) per death	Difference between regional and Victorian palliative care funding per death	% Difference between regional & Victorian palliative care funding per death	Rank in order of highest funding per death
Barwon SW	\$2,345,000	\$5,967,000	\$8,312,000	3,356	\$2,477	-\$213	-7.93%	4
Eastern	\$8,601,000	\$14,282,000	\$22,883,000	7,178	\$3,188	\$498	18.51%	1
Gippsland	\$1,789,000	\$3,260,000	\$5,049,000	2,555	\$1,976	-\$714	-26.54%	7
Grampians	\$2,085,000	\$2,825,000	\$4,910,000	1,996	\$2,460	-\$230	-8.55%	5
Hume	\$2,739,000	\$1,437,000	\$4,176,000	2,186	\$1,910	-\$780	-28.98%	8
Loddon Mallee	\$2,800,000	\$3,430,000	\$6,230,000	2,979	\$2,091	-\$599	-22.26%	6
NW Metro	\$12,960,000	\$17,347,000	\$30,307,000	10,083	\$3,006	\$316	11.74%	2
Southern Metro	\$11,992,000	\$12,002,000	\$23,994,000	9,020	\$2,660	-\$30	-1.11%	3
Victoria	\$45,311,000	\$60,550,000	\$105,861,000	39,353	\$2,690			
Metro Combined								
	\$33,553,000	\$43,631,000	\$77,184,000	26,281	\$2,937	\$247	9.18%	

Excludes funding for paediatric palliative care program and Very Special Kids (state-wide programs)

Sources

1. Admitted Palliative Care Funding - 2016-2017 DHHS Statement of Priorities Service Agreements with Victorian Health Services
2. Community Palliative Care Funding - 2016-2017 DHHS Policy & Funding Guidelines for Non-Govt. Palliative Care Providers and Source 1 above
3. ABS Deaths 2016, Australia - Table 5.2 Victoria - Deaths per LGA in 2016

**Specialist Community (not admitted) Palliative Care Service Funding for 2016-2017
by DHHS Regions Per Actual Deaths (ABS) in 2016 in each Region**

Specialist Palliative Care 2016-2017	Palliative Care Community (Non-Admitted) Funding	Deaths 2016 (ABS)	Palliative Care Community funding per death	Difference between regional and Victorian PC community funding per death	% Difference between regional & Victorian community palliative care funding per death	Rank in order of highest funding per death
Barwon SW	\$2,345,000	3,356	\$699	-\$453	-39.31%	8
Eastern	\$8,601,000	7,178	\$1,198	\$47	4.07%	4
Gippsland	\$1,789,000	2,555	\$700	-\$451	-39.19%	7
Grampians	\$2,085,000	1,996	\$1,045	-\$107	-9.28%	5
Hume	\$2,739,000	2,186	\$1,253	\$102	8.82%	3
Loddon Mallee	\$2,800,000	2,979	\$940	-\$211	-18.37%	6
NW Metro	\$12,960,000	10,083	\$1,285	\$134	11.63%	2
Southern Metro	\$11,992,000	9,020	\$1,329	\$178	15.47%	1
Victoria	\$45,311,000	39,353	\$1,151			
Metro Combined	\$33,553,000	26,281	\$1,271	\$120	10.39%	

Excludes funding for paediatric palliative care program and Very Special Kids (state-wide programs)

Sources

1. Admitted Palliative Care Funding - 2016-2017 DHHS Statement of Priorities Service Agreements with Victorian Health Services
2. Community Palliative Care Funding - 2016-2017 DHHS Policy & Funding Guidelines for Non-Government Palliative Care Providers and Source 1 above
3. ABS Deaths 2016, Australia - Table 5.2 Victoria - Deaths per LGA in 2016

**Recurrent Admitted (inpatient) Specialist Palliative Care Service Funding for 2016-2017
by DHHS Regions Per Actual Deaths (ABS) in 2016 in each Region**

Specialist Palliative Care 2016-2017	Total 2016-17 Admitted Palliative Care Funding (Inpatient)	Total Deaths 2016 (ABS)	Admitted (Inpatient) Palliative Care funding per death	Difference between regional and Victorian PC admitted funding per death	% difference between regional & Victorian admitted PCV funding per death	Rank in order of highest admitted funding per death
Barwon SW	\$5,967,000	3,356	\$1,778	\$239	15.56%	2
Eastern	\$14,282,000	7,178	\$1,990	\$451	29.32%	1
Gippsland	\$3,260,000	2,555	\$1,276	-\$263	-17.07%	6
Grampians	\$2,825,000	1,996	\$1,415	-\$123	-8.01%	4
Hume	\$1,437,000	2,186	\$657	-\$881	-57.28%	8
Loddon Mallee	\$3,430,000	2,979	\$1,151	-\$387	-25.17%	7
NW Metro	\$17,347,000	10,083	\$1,720	\$182	11.81%	3
Southern Metro	\$12,002,000	9,020	\$1,331	-\$208	-13.52%	5
Victoria	\$60,550,000	39,353	\$1,539			
Metro Combined	\$43,631,000	26,281	\$1,660	\$122	7.90%	

Excludes funding for paediatric palliative care program and Very Special Kids (state-wide programs)

Sources

1. Admitted Palliative Care Funding - 2016-2017 DHHS Statement of Priorities Service Agreements with Victorian Health Services
2. Community Palliative Care Funding - 2016-2017 DHHS Policy & Funding Guidelines for Non-Government Palliative Care Providers and Source 1 above
3. ABS Deaths 2016, Australia - Table 5.2 Victoria - Deaths per LGA in 2016