



# Little Haven Palliative Care Inc.

COOLOOLA / SUNSHINE COAST

**FROM LITTLE THINGS BIG THINGS GROW**

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Dear Minister Miles,

I am writing as the CEO / Business Manager of Little Haven Palliative Care Inc with the consent of our management committee to request a meeting with you at your earliest convenience.

As you are no doubt aware, on the 24<sup>th</sup> March 2018 the Productivity Commission publicly released its final report from it's extensive "Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services" inquiry. In particular I draw your attention to the Inquiries recommendations for reform to End of Life Care (report attached).

In my capacity as CEO / Business manager of Little Haven Palliative Care Inc I made 3 extensive submissions to the inquiry and presented at the public hearings in Melbourne during the inquiry.

The number 1 recommendation for the Productivity Commissions report into End of Life Care as tabled on page 131 of the report:

#### **Overview of proposed reforms to end of life care**

Community based palliative care

#### **Recommendation 4.1**

State and Territory Governments to increase the availability of community based palliative care so that people with a preference to die at home can access support to do so.

#### **Timeframe**

Assess needs as soon as practicable.

Implementation timeframe depends on assessed needs.

#### **Potential Costs and Benefits**

Community based palliative care could cost less than its hospital equivalent.

Patients would be able to access community based palliative care that supports them to die at home if they choose.

Little Haven Palliative Care is recognized as the 'gold standard' in community based palliative care throughout Australia. The model of care we have developed over the past 38 years was recognized by the Productivity Commission as 'magic' and their final report is in fact a blue print that State Governments should use to roll out the model across all jurisdictions of Australia.

Minister there are 2 important issues that I would like to meet and discuss with you.

1. Little Haven Funding
2. Queensland's Adoption of the Productivity Commission's End of Life recommendations.

## 1. Little Haven Funding.

You may be aware that we have been lobbying Queensland Health and your predecessor the honourable Cameron Dick for equitable funding from Queensland Health for our service. This can be viewed on a timeline on the Little Haven website <https://littlehaven.org.au/community-based-palliative-care-funding-advocacy-timeline/>

The Productivity Commissions report states:

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### **Community based palliative care would better meet users' needs and could cost less than its hospital equivalent**

The Commission examined the financial and annual reports of 12 not for profit providers of community based palliative care (which were required by the Australian Charities and Not for profits Commission to publish information about their finances and activities). Across these organisations, the average total cost of providing community based palliative care ranged between \$6000 and \$10 000 per person, with a mean of just under \$8000.

Currently Queensland Health's funding for Little Haven is \$260,000 per annum (based on our current number of palliative patients that represents around \$1,040 per person). The commission's findings support just how inadequate our funding has been.

The commission goes on to compare that to the cost for caring for those same people in the Hospital system.

### **Palliative care in hospitals**

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The Independent Hospital Pricing Authority (IHPA) reported that the average cost per palliative care separation in sub-acute care was \$10 750 in 2014 / 15, with some patients visiting hospital multiple times in the weeks and months leading up to death (IHPA 2017). Similar costs were found in a recent database study, using data from the Department of Veterans' Affairs, of 20 000 hospital episodes ending in death. The study found the mean total cost per separation was \$10 800 if the patient was in a designated palliative care bed (about one third of patients in the study) or \$16 200 for those with no recorded palliative care access (Ireland 2017, p. 549).

The Commission concludes that funding community based Palliative Care would not lead to an increase in costs and may well be less expensive.

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Taken together, all of these sources of information suggest that reducing the proportion of people who die in hospital, and supporting more people to die at home or to stay at home for longer, would not lead to an increase in costs, and may be less expensive. It would also help people to avoid the stress and disruption of hospital admissions, which can be substantial.

Minister I am aware that as a result of our continual lobbying your predecessor Cameron Dick, QHealth is conducting a review into Palliative Care Services and the funding model. With all due respect that review cannot be just left up to Health Department and Hospital and Health services bureaucrats. The Productivity Commission report states Poor Stewardship by Governments is a major barrier to delivering Queenslanders and Australian's better end of life care.

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### **Poor stewardship is hindering better end-of-life care**

Poor stewardship by governments is a major barrier to the delivery of better end of life care in Australia. Inadequate planning, overlapping and **uncertain funding** and other responsibilities between different levels of government, and limited use of data to monitor and improve services, are all impediments to change.

The significant shortfall in the availability of end of life care in settings where people would prefer to receive it — in the community and in RACFs — is the result of poor planning and allocation of resources by governments. This has led to a high proportion of people receiving care (and dying) in hospital, which is often the setting that they least prefer and is the most costly for taxpayers.

The review Queensland Health is conducting promises a new funding model that will come into place as of July 2019. I would like to discuss how the Queensland Government hope to implement the Productivity Commission's recommendation when to date it resolutely refuses to adequately fund the handful of Community Based Palliative Care services that have evolved in the South East Corner of Queensland?

Little Haven Palliative Care is the gold standard in Community Based Palliative Care – yet in our home state we receive the 'crumbs from the QHealth' \$87 million dollar Palliative care Budget. Historically and consistently Little Haven is the lowest funded service of the 3 Community Based Palliative Care Services in Queensland. In fact the service only exists today because of the compassion and generosity of the Gympie Community. QHealth funds just 35% of our costs with the rest of the burden falling on our aging / low socio economic community to try and fund.

There is no hope of achieving the Productivity Commission's recommendation and roadmap for rolling out Community Based Palliative Care to all Queenslanders if you are not prepared to firstly properly and sustainably fund the 3 existing services.

## **2. Queensland's Adoption of the Productivity Commission's End of Life recommendations.**

Minister as the Productivity Commissions End Of Life Inquiry report clearly spells out the implementation of these reforms is the responsibility of State Governments, I would like to speak with you about what your plans are for implementing the reforms. Will the Qld Labor Party be adopting as policy the recommendations of this comprehensive review?

I am told by those responsible in QHealth for the current Palliative Care Policy review it is just one of the options they are looking at. This is disappointing as Queensland's hospice model (partially funded by the Community Funding Unit) is already acknowledged as the leader in Community Based Palliative Care (despite a history of minimal government support). With the Productivity Commission's recommendations, we have the opportunity to build an End of Life Care system in QLD that is the envy of every other state, whilst saving taxpayers money.

Minister doing that cannot be left to Health System bureaucracy, it has to be driven by yourself. Having worked at the grass roots for over 20 years, my frustration at the funding that is wasted in special projects, glossy brochures, scoping, modelling whilst not addressing the need to get palliative care services out to the communities "at the right time in the right place" has reached boiling point. In the past month Little Haven through our website have received enquiries from the communities of Coen, Townsville and also Hope Island to assist them to develop a community based model "like Little Haven's". The community is crying out for action.

The Productivity Commission has done a huge amount of work in setting out the blueprint /roadmap for designing and creating that system. Little Haven Palliative Care has developed the successful, working model of Community Based Palliative Care and the Productivity Commission has now recommended it for all Australian's. Queenslanders just need a Health Minister to step up and drive its implementation into our states Health System.

I would appreciate the opportunity to meet with you soon to discuss these issues in depth. I am happy to come to your office or perhaps you would like to make the trip to the Gympie region to visit Little Haven.

Regards



Sue Manton OAM  
CEO / Business Manager  
Little Haven Palliative Care Inc