



Health priority: End of life care

What do we mean?

End of life care refers to the care provided to people approaching the end of life by all health professionals, including those working in health and aged care systems. End of life is that period of time when a person is living with an advanced, progressive, life-limiting illness. While estimating the time when someone will die is difficult, our focus is on better care for those people for whom increasing disability and illness will lead to their death sometime within the next year.

Palliative and end of life care includes: early identification and assessment of need, plus advance care planning; relief from pain and other problems, including physical, psychosocial and spiritual; enhancement of quality of life; resources to support care at home, such as equipment; and assistance for families to come together to talk about sensitive issues.

Why is this a priority?

As our population continues to age, there will not be sufficient specialist palliative care services to meet demand. It is important that primary care plays an increasingly important role in addressing this increasing demand. More consistent involvement of primary care in palliative and end of life care also has significant benefits to consumers and the community, including increased ability for people to die out of hospital (in line with most people's preference).

It is also important that consumers, carers and families are prepared for the realities of end of life care. Planning for end of life care is important and there are opportunities for this to be integrated into the management of many chronic conditions.

What has the data told us?

Key points from our analysis of population health needs across South Eastern NSW include:

Health status needs

- One in five residents is aged 65 years or older
- The catchment has areas which have the highest in NSW state proportions of persons aged 65 years and over as well as highest in NSW state median age of the resident population
- More than a quarter of the population is projected to be aged 65 years and over by 2031
- Higher than state and national average rates for premature mortality (death before 75 years of age)
- High burden of long term debilitating conditions such as all types of cancer, cardiovascular diseases, chronic pain and musculoskeletal diseases especially arthritis
- The catchment has pockets where an exponential growth in prevalence of dementia is being projected

Health service utilisation

- There is growing demand for palliative care services as the population ages and the incidence of diseases such as cancer and dementia increases
- After hours access to palliative care support is inconsistent across the region, resulting in unnecessary distress and potentially avoidable hospitalisations
- Around 40% of deaths in a hospital setting were palliative and, of those, 28% were emergency-related

What have our stakeholders told us?

Feedback from service providers tells us:

- Most GPs believe that palliative care is an important part of their role
- There are some good examples of palliative care teams and GPs working together
- Access to specialist services that can support GPs will enable them to take a bigger role in end of life care

Consumers have identified:

- The need to involve them and their families early in end of life care discussions, ideally with their GP's involvement
- The need to respect each person's preferences around their death, take into account cultural differences and respond to needs as they change over time
- They would like more support for families and carers as they deal with bereavement

What is our approach?

Our goals for end of life care are to:

- Improve outcomes for patients with palliative needs and their families and carers, including greater support for dying at preferred place of choice
- Support more consistent involvement of GPs in palliative and end of life care
- Strengthen the coordination and management of palliative and end of life care between GPs, specialist palliative care services, primary health nurses and other care providers

To achieve this, we will work across our four levels of person centred interventions as outlined in our business model:

