Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 28 April 1999

MINISTERIAL STATEMENT

Palliative Care

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (9.46 a.m.), by leave: Palliative care is one of those areas of the health service that goes largely ignored and unheralded. This is for a number of reasons, not the least of which is that it requires all of us to confront our own mortality. The simple fact is, however, that there is a need for such services and these are provided by a dedicated group of health care professionals and Government and community agencies.

For many years, palliative care has been poorly funded. Funding made available for this essential service has historically been provided by the Commonwealth alone. To this end, I rise to inform members of Queensland's approach to palliative care as part of the national strategy under the Australian Health Care Agreement 1998-2003.

A National Strategy for Palliative Care in Australia 1998-2003 is a joint initiative between the Commonwealth, States and Territories and has been included as part of the Schedule of the new ACHA. As a signatory to the ACHA, Queensland is committed to developing a policy position that articulates and contributes to the national strategy. The national strategy contains four key policy objectives, namely: integration; access and equity; quality, evaluation and improvement; and education and information. These objectives will dovetail with Queensland's proposed strategy.

Palliative care is a relatively new specialty area in health care. Key points in relation to the establishment of high-quality palliative care in Queensland are as follows—

Respite care is the single biggest need for carers, which requires adequate infrastructure to provide appropriate opportunity to access.

Considerable palliative care is provided in rural and remote areas. However, access to adequate specialist advice is limited.

Significant planning exercises have occurred in Queensland with a broad variety of stakeholders, particularly those from non-Government organisations, which provide the majority of palliative care in Queensland. More recent work has affirmed the need to enrol general practitioners in palliative care provision.

The approach adopted by Queensland Health is the development of self-sufficient service capacity for the full range of health and palliative care services on the basis of geographical zones.

Special needs groups require particular attention in the planning and delivery of palliative care services. These groups include children, people living with HIV/AIDS, indigenous people and people from culturally and linguistically diverse English speaking backgrounds.

It is intended to finalise a staged development of the recommendations from previous consultation. This will occur over the next 12 to 18 months.

Mr Speaker, I am pleased to inform members of the House that under the Beattie Labor Government the ability of Queensland to meet its obligations, both as a signatory to the ACHA and also to Queenslanders providing and using palliative care services, has been enhanced and this unfortunate funding situation has been remedied. As part of the Labor Party platform taken into the last election, I promised to match the existing Commonwealth funding commitment to palliative care, a tenfold

increase in this State's funding. It is with great pride that I can report that the Beattie Labor Government delivered on this election commitment in the first Budget. Today I would like to outline to the House exactly what this has meant for palliative care services in Queensland.

Firstly, it means the injection of an additional $5.1m of State funds over a full year. We have effectively doubled the total amount of Commonwealth/State funding to this hitherto neglected and cash-starved area—a real injection of much-needed funds, not a negligible, token amount as was provided for by the previous coalition in its pre-election Budget. More specifically, in delivering on this Budget commitment, this much-needed enhancement of funding has resulted in significant increases in funds provided to the numerous agencies currently providing excellent palliative care in the community. Recipients of this increased funding include Mt Olivet Home Care Service, Karuna Hospice Service, Cittamani Hospice Service, the Ipswich Hospice Service, Hopewell Hospice Service, Fraser Coast Palliative Care Service and the Palliative Care Association of Queensland. Further, all existing district health service palliative care funding recipients have each received increases.

In addition to improved funding for existing services, new services have been provided for the Royal Children's, Royal Brisbane and Prince Charles Hospitals. To meet the palliative care needs on the Sunshine Coast, a tender for home care services to the value of $350,000 will be awarded shortly following a call for expressions of interest. But the provision of additional palliative care funds is but one part of the equation. The other, equally important part, is the move to provide stability for agencies through the development, negotiation and implementation of three-year service agreements. The importance of this move can not be understated.

In developing three-year agreements, we are providing a solid, sound basis for agencies to plan and manage service delivery. In short, it relieves agencies of the uncertainty of funding and enables resources to be freed up for service delivery, rather than redirected every year for extended periods to administrative work associated with funding submissions. This Government can proudly, and justly, say that we are achieving our election commitments in meeting the health needs of all Queenslanders.