



# State of Palliative Care

## Summary Report - Tasmania 2021

# State of Palliative Care

## Summary Report - Tasmania 2021



## What is the State of Palliative Care Report?

With the support of the Tasmanian Government, Palliative Care Tasmania commissioned the services of Stenning & Associates and has produced the **inaugural State of Palliative Care Report**.

State of Palliative Care Report for palliative care in Tasmania will be a vital step in establishing clear and replicable measures for indicators of success and challenges across the sector.

The biennial report will give community, organisations, and state government policy makers insight into the movement of trends across baseline datasets showing the developing capability and capacity of the sector.

This baseline workforce data provides a snapshot of who makes up the palliative care workforce and determines capability and capacity within the sector.

## What was investigated?

The report focuses on workforce factors, including key and newly defined segments of specialist palliative care, generalist palliative care, community palliative care and the unpaid segment of volunteers and carers.

We need to create, sustain, and retain a viable palliative care sector and workforce that recognises a more inclusive definition of 'workforce' and values the roles of both paid and informal and community support that make up our communities of care.

## Why was it investigated?

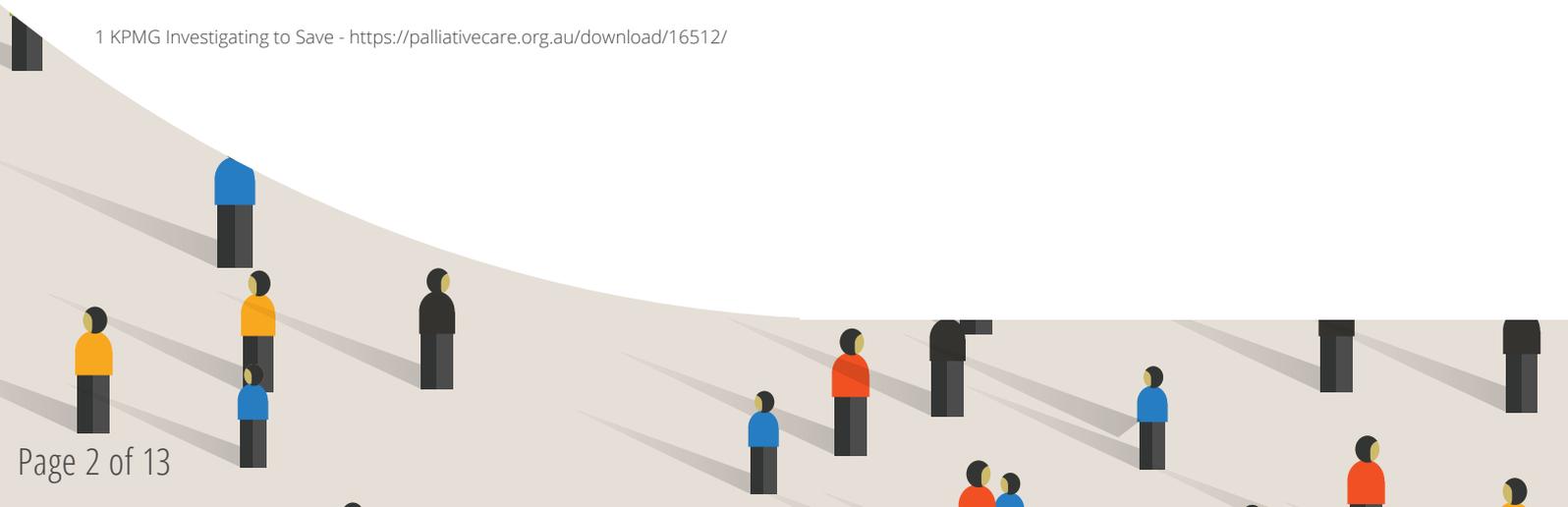
There is evidence in both Tasmania and nationally that the current demand for palliative care services is not being met.

The disparity between demand and supply will continue to grow, with the demand for palliative care being forecast to increase nationally by 135 percent by 2060.<sup>1</sup>

Tasmania's problem is more acute, due to its relatively older population profile.

To create, sustain, and retain a viable palliative care sector it is critical to understand the existing workforce and identify key issues and gaps.

<sup>1</sup> KPMG Investigating to Save - <https://palliativecare.org.au/download/16512/>



# State of Palliative Care

## Summary Report - Tasmania 2021



## How was it investigated?

The information contained in this report builds on that gathered as part of the Workforce Development Implementation Plan (2020), which involved the development of a baseline profile of the sector. The workforce data was sought for the following broad service segments:

Specialist Palliative Care Services

Generalist Palliative Care Services

Community Care Services

Unpaid Carers and Volunteers

The following data was sought:

- Numbers of services, and their regional location
- Numbers of full time equivalent (FTE) workers in each category
- Numbers of workers (head count) in each category
- Job roles in each category
- Numbers of health care professionals and non-health care professionals in each category
- Key training issues for respondents
- Key issues for the sector.

The data collection methods used included sourcing from authoritative data sources, an online survey and phone/email consultations with selected stakeholder consultations.



## What were the Research Learnings?

### Key workforce issues and challenges

In addition to growing demand, we face several challenges including:

- the ageing population
- people live longer with chronic disease and disability
- an ageing workforce
- shortages of medical and nursing staff trained in palliative care

To meet the increasing demand, a skilled workforce is essential.

*We need to create, sustain, and retain a viable palliative care sector and workforce that recognises a more inclusive definition of 'workforce' and values the roles of both paid and informal and community support that make up our communities of care.*

A community of care includes all of us: hospitals, health care professionals, volunteers, social networks, clubs, neighbors, local organisations, faith groups, local businesses or people living in a particular area. Most importantly, it includes families, carers and local communities.

- The workforce is vast and includes paid and unpaid people, some of whom don't even realise they are a part of this picture.
- 'Everyone has a role to play' in palliative care as 85% of Tasmanians will require palliative care and 100% of Tasmanians will interact with palliative care.
- Most people with life-limiting conditions prefer to spend more time at home (however they define home) than elsewhere, which will increase the task of the community care services. A great challenge is for the workforce to meet the needs of the consumers, so that they might choose where they want to die.
- Tasmania needs to ensure that well trained and supported people are available to provide quality palliative care where and when it is needed most.



## What does the current workforce look like?

**4**  
Key Segments

**49,000+**  
Workforce

**1,870**  
Services

### Workforce

---

The workforce is estimated to include **over 49 000 people** as of 30 June, 2021.

We have identified and defined **4 key segments** of the palliative care workforce which broadly include:

- Specialist Palliative Care
- Generalist Palliative Care
- Community Care Services
- Unpaid Carers and Volunteers.

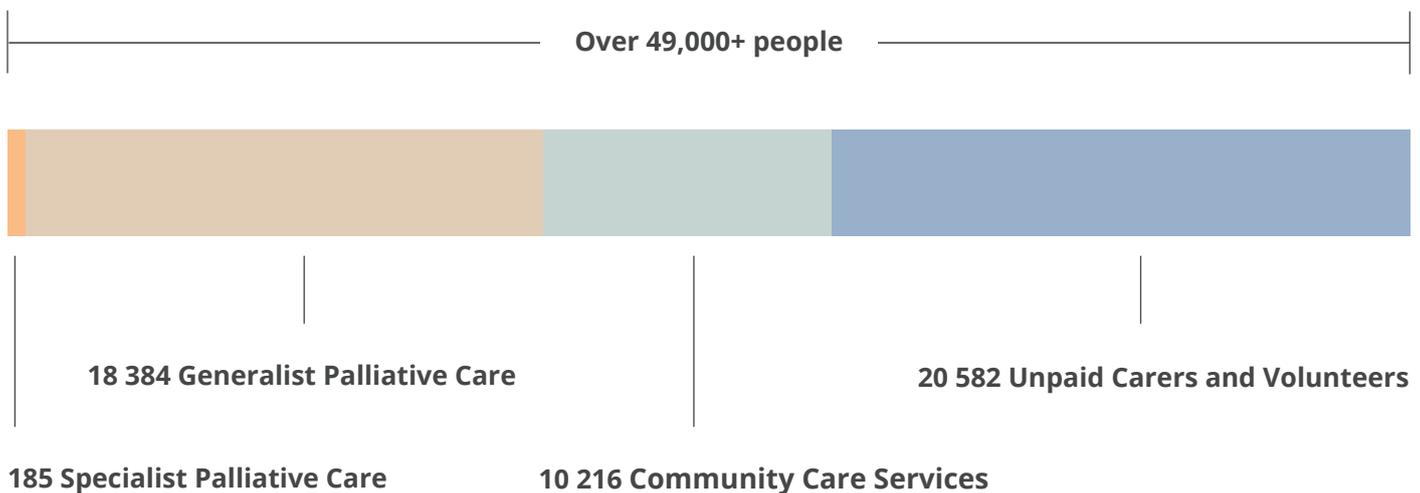
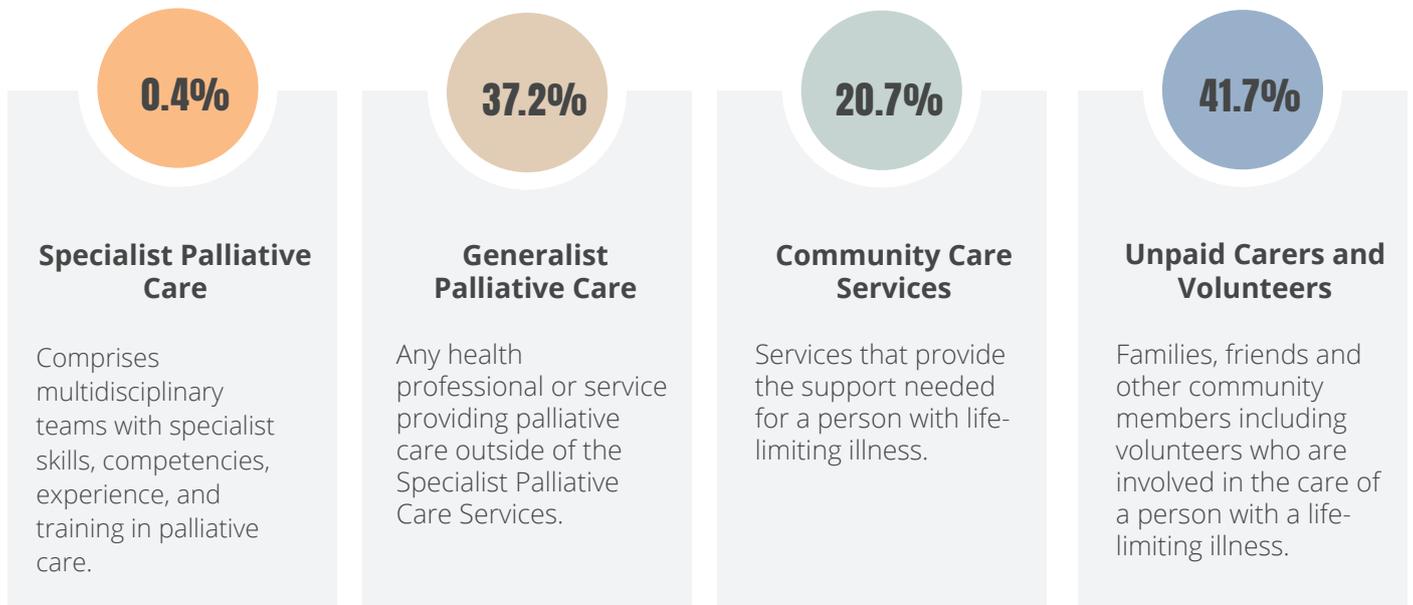


# State of Palliative Care

## Summary Report - Tasmania 2021



### 4 Key Segments



# State of Palliative Care

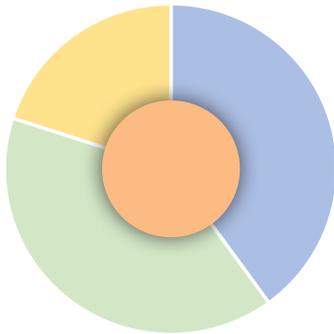
## Summary Report - Tasmania 2021

### Services

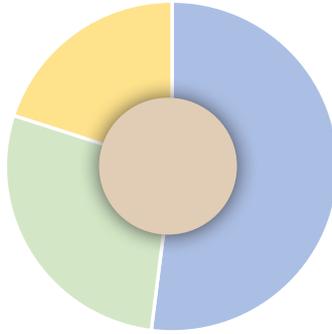
An **estimated 1,870 services** have been identified as potentially providing services to people with a life-limiting illness across Tasmania, ranging from the publicly provided Specialist Palliative Care Services to pharmacists to community care services to volunteer organisations.

### Regional Spread of Services

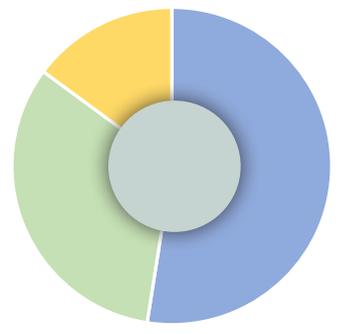
Specialist Palliative Care



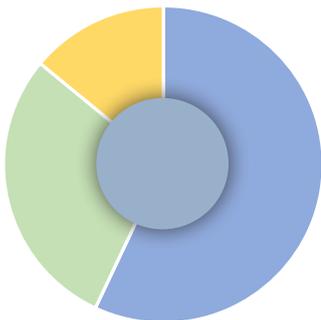
Generalist Palliative Care



Community Care Services



Unpaid Carers and Volunteers



Regional spread of services	South	North	North-West
Specialist Palliative Care	40%	40%	20%
Generalist Palliative Care	52%	28%	20%
Community Care Services	53%	33%	14%
Unpaid Carers and Volunteers	57%	29%	14%

\* On current data, the distribution of services is broadly similar to Tasmania's population distribution, where 52% of the population are located in the South, 27% in the North and 21% in the North-West.



## SEGMENT 1 Specialist Palliative Care

### Definition

Specialist palliative care services comprise multidisciplinary teams with specialist skills, competencies, experience, and training in palliative care.

### Types of services included

Government Specialist Palliative Care Service, Private Specialist Palliative Care Units in Hospitals.

### Numbers of services, and their regional location

Three government provided specialist palliative care services, one public palliative care, two private hospitals (one in Launceston, one in Hobart) with a palliative care unit each.

Tasmanian Government funds average four palliative care bed/year in North. In 2021 the Tasmanian Government also opened four public palliative beds at Mersey Hospital.

### Estimated Numbers of workers (head count)

Over 185 people.

### Key issues/requirements for the segment

#### Workforce Shortage:

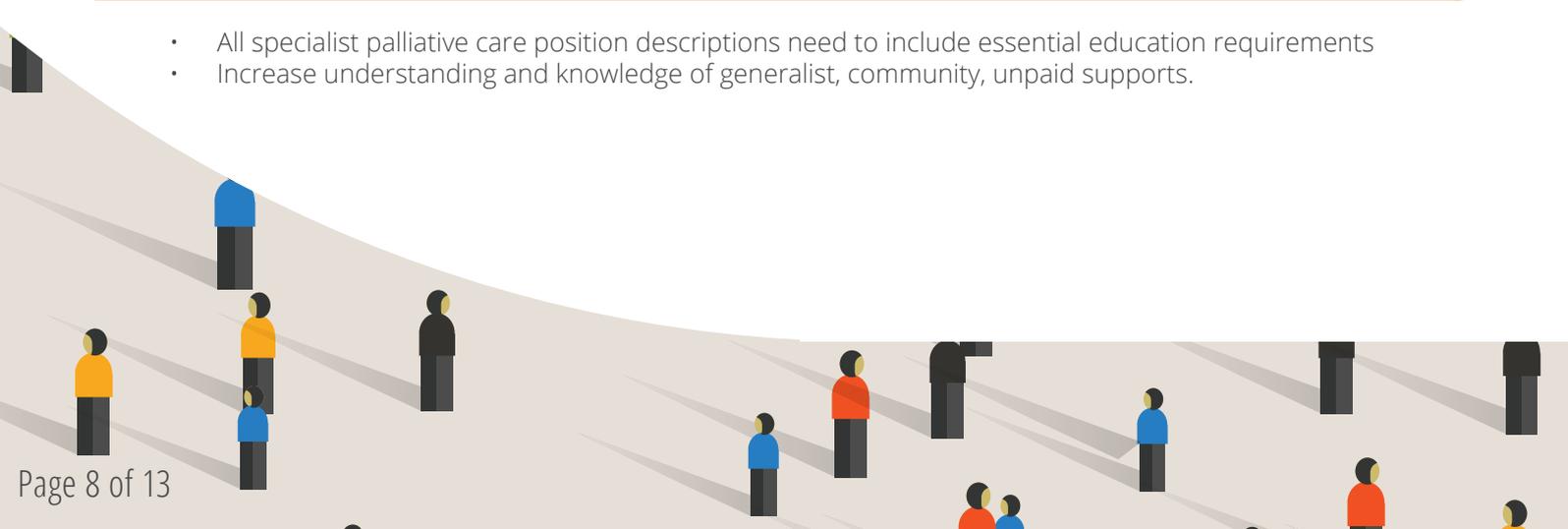
- Lack of skilled workers, particularly in nursing and medicine.

#### System Issues/requirements:

- Consistent 24 hours service provision across Tasmania
- Ability to work effectively with organisations outside this segment
- Community palliative care is not consistent (i.e, in some parts of the state people pay a fee in other parts they don't)
  - Community palliative care should be free otherwise it potentially inhibits a person's choice of care and death
- Referral process to access relevant support are not timely or effective.

### Key training issues/requirements for the segment

- All specialist palliative care position descriptions need to include essential education requirements
- Increase understanding and knowledge of generalist, community, unpaid supports.



## SEGMENT 2 Generalist Palliative Care

### Definitions

Any health professional or service providing palliative care outside of the Specialist Palliative Care Services.

### Types of services included

Public and private hospitals, ambulance services (emergency and non-emergency), general practitioners, after hours palliative care, community nursing, aged care providers, home care and support providers, allied health services, medical specialists (oncologists, geriatricians, paediatricians, cardiologists), aged care sector.

### Numbers of services, and their regional location

- The public hospital system provides four main hospitals, located in the South, North and North-West
- Palliative Care is also provided in many of the rural and regional hospitals
- Other services that provide generalist palliative care, include Aged Care and Home Care services, GPs and allied health services across Tasmania are located throughout the state (S: 52%, N: 28%, NW:20%)
- Residential Aged Care Facility services are distributed throughout the state, with 45% S, 35% N and 20% NW
- Home Support services are distributed throughout the state, with 45% S, 33% N and 22% NW
- Home Care Package Providers are distributed throughout the state, with 54% S, 28% N and 18% NW.

### Estimated Numbers of workers (head count)

- 18 384 people work in services that provide palliative care services as part of a general healthcare service. This includes almost 3 450 in the aged care sector comprising:
  - almost 2 570 full time equivalent staff work in aged care homes
  - almost 350 full time equivalent staff work in home support services
  - over 530 full time equivalent staff work in home care services.

### Key issues/requirements for the segment

#### Workforce Shortage:

- Consistent 24-hour palliative care service
- Lack of nurses to provide one on one care at the end of life
- Lack of skilled workers across this segment, but particularly in aged care and allied health
- Lack of coordination roles leads to complexity with discharge planning and accessing services.

#### System Issues/requirements:

- Generalist palliative care should be part of multidisciplinary team and have access to clinical support
- Lack of understanding and knowledge regarding service providers in communities
- Ability to work and support people effectively across service providers.

### Key training issues/requirements for the segment

- Palliative care across all health disciplines
- Position descriptions need to include palliative care training requirements
- Easily accessible education at time it's required
- Workplaces need to have ability to provide staff with the opportunity to attend palliative care professional development.

## SEGMENT 3 Community Care Services

### Definitions:

Services that provide the support needed for a person with a life-limiting illness.

### Variety of services

Community organisations dealing with life-limiting illness, disability service providers, grief counselling and bereavement services, funeral directors, peak, policy and advocacy bodies, cohort specific health organisations, death doulas, community service organisations (e.g. transport services, continence service).

### Numbers of services, and their regional location

Community health and care services, Community nursing service, community organisations dealing with life limiting illness, community transport services across Tasmania are located throughout the state (53%S, 33%N, 15%NW).

18 community health centres are dispersed throughout the state, including 10 in the South (56%), 3 in the North (17%) and 5 (28%) in the North-West.

### Estimated Numbers of workers (head count)

Just over 10,216 people.

### Key issues/requirements for the segment

#### Workforce Shortage

- Higher turnover across this segment, particularly support workers
- Lack of palliative care skilled mental health professionals, particularly for vulnerable groups
- After hours support.

#### System issues/requirements

- Lack of coordinated care resulting in inefficient support for dying people
- Lack of clear referral pathway that includes this segment
- Lack of involvement of this segment in multidisciplinary team approach to palliative care.

### Key training issues/requirements for the segment

- Access to low cost/free or subsidised professional development that leads to postgraduate or VET qualifications
- Easily accessible education when required
- Regularly provided palliative care education for service providers to ensure turnover does not impact palliative care knowledge and understanding
- Palliative care education focusing on vulnerable groups including LGBTIQ+ and CALD background people
- Position descriptions should incorporate core palliative care understanding.

## SEGMENT 4 Unpaid Carers and Volunteers

### Definitions:

Families, friends and other community members including volunteers who are involved in the care of a person with a life-limiting illness.

### Variety of services

Carers plus formal volunteers as part of organisations such as hospice care and palliative care volunteer organisations.

### Numbers of services, and their regional location

Volunteering organisations providing palliative care support are located throughout the state (South: 57%, North: 29%, North-West: 14%).

### Estimated Numbers of workers (head count)

Over 2 200 formal volunteers and over 18 300 unpaid carers, including families, friends and loved ones.

### Key issues/requirements for the segment

- Lack of availability of carers respite increases risks of burnout
- Lack of career pathways into paid employment for who want to work in palliative care
- Understanding of generalist and community supports for people who are dying
- After hours support for carers
- Mental health support.

### Key training issues/requirements for the segment

- Position descriptions for palliative care hospice volunteers should include palliative care competencies
- Regular free palliative care education across 4 segments
- Selfcare for carers.



## What were the key overall challenges across the sectors?

### Recruitment and Retention Challenges

- A lack of skilled and experienced applicants was the single most common reason cited for recruitment difficulties
- Need to tap into new labour sources. i.e young people, carers, career transitioners
- Need to develop new pathways into the sector
- Participants identified the following priority areas in recruitment and retention
- High demand for workers
- Perception of palliative care as a career path
- Quality of applicants
- Quality and accessibility of education and training
- Terms and conditions of employment (part time and casual)
- Lack of structured training and/or professional development
- Lack of subsidised post graduate palliative care courses at UTAS and in VET sector.

### External Change Driver Challenges

- The ageing workforce
- Increase in demand for palliative care services
- Changing business models for service delivery
- Aged Care reforms
- Lack of understanding of palliative care and service roles
- Community perception of palliative care.

### Education and Training Challenges

- Need for time to release current workforce to attend training
- Frequency and accessibility of palliative care training
- Broader range of education to cover client specific needs, locations and cohorts to meet the needs of a diverse community.

### Next Steps

- Address the limitations in the inaugural research
- Further engage areas including private hospitals, aged care and home care providers, community health services and unpaid supports including informal volunteers
- Prioritise and move towards addressing the key issues outlined in each segment
- Prioritise, develop and deliver identified training and development needs and gaps as identified
- Acknowledge the need to build capacity and capability outside of specialist palliative care areas
- Acknowledge the need to assist the community of care to understand it's role in palliative care
- Work with Government and the sector to foster a multidisciplinary approach to palliative care
- Refine the methodology for replication into the future.





# State of Palliative Care

## Summary Report - Tasmania 2021