

**Government Response to Recommendations**  
**Health and Community Services Committee**  
***Palliative and community care in Queensland: towards person-centred care (Report No. 22)***

## Introduction

On 7 June 2012 the Legislative Assembly asked the Health and Community Services Committee (the Committee) to conduct an inquiry into Queensland's chronic, frail and palliative care services. The Committee's report, *Palliative and community care in Queensland: towards person-centred care* (the Report), was submitted to the Legislative Assembly on 17 May 2013. This document outlines the Queensland Government's response to the Report.

The Government commends the Committee's efforts in producing a thorough report that identifies just how complex and multifaceted the provision of palliative and community care is in Queensland. The Government also wishes to pay tribute to the valuable contributions made by many individuals and organisations through the provision of written submissions and participation as witnesses at public hearings to the inquiry.

The Committee's terms of reference included consideration of the capacity, needs, effectiveness and efficiency of Queensland's Community Care Services, however, very limited evidence was provided in relation to this because this is a sector that is currently undergoing intense reform. The Report however provides a very detailed response in relation to the provision of palliative care and thought provoking recommendations for the Government to consider.

One of the undeniable truths in life is that we will all be faced with our own mortality at some point in our lives. Unfortunately conversations about death and dying are generally not always a common feature within Australian society and discussions about palliative and end of life care tend to be avoided.

It is important to the Queensland Government that Queenslanders are supported to live well at the end of their lives; that they and their families and loved ones feel that they experience a 'good death' which includes well managed pain and other symptoms, the right treatment at the right time, and where ever possible in the place of choice with the people they wish to have present. For this to happen, we as a society need to be more willing to have conversations about palliative and end of life care to ensure that our needs and preferences at the end of life can, if possible, be met.

As identified within the *Blueprint for better healthcare in Queensland* we have a good health system but one in which there are many opportunities for better performance. Queenslanders expect high-quality health care whenever it is needed, where there is a high value placed on scarce health resources where patients and their carers are the primary focus.

The Government's response to the Report recognises that palliative care is an important element of a broad spectrum of public health services. It also recognises that there are many other providers such as non-government organisations and General Practitioners who support people at the end of life who also make a valuable contribution in the provision of palliative care services in Queensland.

The Government's response also recognises the reforms to the governance and funding arrangements of public health services in Queensland. This includes the establishment of 17 Hospital and Health Services as statutory independent bodies responsible and accountable for the delivery of public health services in their local communities. These reforms have provided the opportunity for new approaches in the delivery of health services that are innovative, flexible and are responsive to the needs of local communities and we are already seeing the benefits of this change. Some of the recommendations in the Report suggest a return to the centralised controlled public health system of the past. Reverting to the system of the past will limit the capacity of Hospital and Health Services to be responsive, flexible and innovative in the planning and delivery of health services for their local communities.

In 2013-14 the Queensland Government will purchase around \$120 million in a range of palliative care services from Hospital and Health Services and non-government service providers. This equates to an increase in investment of approximately 11 per cent over that purchased in the previous financial year. These services include inpatient, outpatient, community care, hospice services, patient and carer information and support services as well as workforce development. Whilst the amount of investment is important, the Government's response also focuses on what services are delivered, ensuring that these services are responsive, innovative and flexible in meeting the needs of patients and their carers.

Since 1 July 2011 the Commonwealth through its Home and Community Care (HACC) program been fully responsible for funding, policy and delivery of care to people aged 65 and over (50 and over for Aboriginal and

Torres Strait Islander people), while the Queensland Government, through Community Care has been responsible for people aged under 65 (under 50 for Aboriginal and Torres Strait Islander people) who have a disability. Both of these programs seek to maximise the ability of these people to live independently and avoid early or unnecessary use of residential care facilities.

In addition, the disability service sector is going through major reform with the implementation of DisabilityCare Australia, the national disability insurance scheme (NDIS). In Queensland, there will be progressive implementation from 1 July 2016 with all eligible people covered by the scheme by 1 July 2019. While currently 38,000 people living with a disability are supported annually under the Queensland Community Care, it is anticipated that approximately 97,000 Queenslanders will benefit from DisabilityCare Australia by 2019.

The Queensland Government as it prepares to transition to DisabilityCare Australia has already commenced action on the types of issues raised in the Committee's recommendation.

The Queensland Government is committed to continually improving the care of people who are elderly, have a disability and/or are at the end of their life. The Committee's report and recommendations will help shape the action that the Queensland Government takes to this ongoing process of improvement for the benefit of Queenslanders.

Recommendation Number and Title	Recommendation	Government Response
1. 24 hour state wide telephone service	The committee recommends that the Minister for Health provide resources as soon as possible for a 24-hour state-wide palliative care telephone information, referral and support service, staffed by skilled nursing and allied health staff, and supported by an internet information service by, for example, incorporation into 13 QGOV.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government currently supports: <ul style="list-style-type: none"> <li>○ a Palliative Care Information Service which provides information and links to local support services for the terminally ill and their carers as well as support for general practitioners and clinical nurses with access to experienced palliative care medical practitioners in participating hospitals. This service is available via a free call number Monday – Friday 9 am to 5 pm.</li> <li>○ 13 HEALTH (13 43 25 84) which for the cost of a local call can provide qualified health advice 24 hours a day, 7 days a week.</li> </ul> </li> <li>• In responding to this recommendation the Queensland Government will assess and consider the capacity of 13 HEALTH and/or HealthDirect Australia to provide the telephone services proposed under this recommendation.</li> </ul>
2. Participate in Palliative Care Outcomes Collaboration	<p>The committee recommends that the Minister for Health:</p> <ul style="list-style-type: none"> <li>• ensure that all public sector palliative care services participate in and provide data to the Palliative Care Outcomes Collaboration (PCOC), and</li> <li>• that Queensland Health publishes PCOC state-wide data on palliative care effectiveness.</li> </ul> <p>The committee recommends that the Minister for Health:</p> <ul style="list-style-type: none"> <li>• through the Chief Health Officer, encourage all private health facilities that provide specialist palliative care to participate in and provide data to PCOC</li> <li>• encourage other specialist palliative care providers to participate in and provide data to PCOC.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government encourages public sector palliative care services to participate in continuous quality improvement processes, of which the Palliative Care Outcomes Collaboration (PCOC) is one tool available to these services.</li> <li>• The Queensland Government will encourage all private health facilities and other specialist palliative care providers to participate in and provide data to PCOC.</li> <li>• The Queensland Government notes that PCOC publishes six monthly reports at a national and individual state level on its website (<a href="http://ahsri.uow.edu.au/pcoc/reports/index.html">http://ahsri.uow.edu.au/pcoc/reports/index.html</a>). This level of reporting is considered sufficient.</li> </ul>
3. Children's hospice	The committee recommends that the Minister for Health work with the Commonwealth Minister for Health to provide a children's hospice in Queensland, with strong links with the specialist Paediatric Palliative Care Service at the Children's Health Hospital and Health Service. The hospice should provide end-of-life care, respite care for children and adolescents with a life-limiting condition, information and advice on accessing services and bereavement counselling and support for families, including siblings.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government will provide \$5.5 million over seven years to establish a children's hospice. This is to be matched by a Federal Coalition Government, if elected.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
4. Aboriginal and Torres Strait Islander cultural training	The committee recommends that the Minister for Health ensure that service agreements, purchasing arrangements and funding for Hospital and Health Services which provide palliative care encourage the provision of targeted training in Aboriginal and Torres Strait Islander cultural issues and perspectives for staff who provide palliative care services.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• All Queensland Health staff, including staff working in palliative care, is required to participate in an Aboriginal and Torres Strait Islander cultural practice program.</li> <li>• Staff working in palliative care services already have access to the Program of Experience in the Palliative Care Approach (PEPA) training and resources. These resources enable staff to become aware of, and provide, culturally appropriate palliative care and end of life support.</li> <li>• A range of other resources such as <i>Sad News, Sorry Business: guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying</i> are available to support health care providers to provide appropriate palliative care for Aboriginal and Torres Strait Islander people.</li> </ul>
5. Promote awareness of Patient Travel Subsidy Scheme	The Minister for Health ensure that palliative care services and Aboriginal and Torres Strait Islander Health Services are made aware of the Patient Travel Subsidy Scheme and the situations in which financial assistance may be available to palliative patients and their families.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government is committed to supporting Queenslanders access appropriate healthcare through improving the Patient Travel Subsidy Scheme (PTSS). These improvements will benefit all Queenslanders including Aboriginal and Torres Strait Islander people requiring palliative care services. During December 2012 and January 2013 a print and radio advertising campaign was delivered in regional areas to raise awareness of the PTSS and promote the subsidy increases.</li> </ul>
6. Accommodation for Aboriginal and Torres Strait Islander people	The Minister for Health consider how accommodation for Aboriginal and Torres Strait Islander patients and their family and friends can be best provided during periods when patients are away from their usual residence to receive palliative care or other related treatment.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government is working with the Commonwealth Government to identify ways to enhance transport and accommodation services for Aboriginal and Torres Strait Islander patients accessing specialist care.</li> </ul>
7. Cultural Training	The committee recommends that the Minister for Health ensure that service agreements, purchasing arrangements and funding for Hospital and Health Services which provide palliative care encourage the provision of targeted training in cultural issues affecting palliative care for staff who provide palliative care services.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government is committed to ensuring that Queenslanders of all cultural background receive health services that are appropriate and acceptable in relation to their cultural beliefs. Staff working in palliative care services can access the Program of Experience in the Palliative Care Approach (PEPA) training and resources which enable them to become aware of, and provide, culturally appropriate palliative care and end of life support.</li> </ul>
8. Needs based funding and interpreters	The committee recommends that the Minister for Health ensures that needs based funding to Hospital and Health Services for palliative care take account of the anticipated cost of interpreters in locations with a high proportion of people who speak a language other than English.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government funds interpreter services in Queensland's public health facilities for all patients, including those requiring palliative care services. Interpreters are provided on-site (face-to-face), via video conference or over the phone. Interpreters are available 24 hours a day seven days a week and are provided at no charge to the client.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
9. Promote use of interpreters	The committee recommends that the Minister for Health direct Queensland Health to use service agreements and purchasing arrangements to ensure that Hospital and Health Services and non-government organisations that receive public funds use interpreters when needed.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government funds interpreter services at no cost to all non-government organisations with current Department of Health service agreements. There is no cost to the client or the non-government organisation and there are no funding limits or caps on access to this service. The service provides access to interpreters for all community languages including Australian Sign Language (Auslan).</li> </ul>
10. Medicare benefits for GP palliative care	The committee recommends that the Minister for Health ask the Commonwealth Minister for Health to consider whether changes to the Medicare Benefits Schedule should be made for general practitioner consultations, home visits and residential aged care visits and associated travel costs for palliative care to support care in the home.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Minister for Health will write to the Commonwealth Minister for Health requesting consideration to changing the Medical Benefits Schedule.</li> </ul>
11. Medication in community settings	<p>The committee recommends that the Minister for Health consult with medical, nurse practitioner, RACF and pharmacy stakeholders and consider whether amendments to legislation are needed to facilitate more streamlined prescribing for patients in residential aged care facilities, and for palliative patients who receive care at home, including:</p> <ul style="list-style-type: none"> <li>'chart-based prescribing' by medical practitioners</li> <li>any restrictions on nurse practitioners prescribing and supply of medications commonly used for pain management in palliative care, or supply of medications by nurses.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The paramount consideration for the Queensland Government regarding the prescription of medications is patient safety.</li> <li>The Department of Health is currently undertaking a review of Queensland's medicines, poisons and therapeutic goods regulatory framework and the Committee's issues will be considered as part of this work.</li> <li>There is currently a trial being conducted on medication charts acting as a Pharmaceutical Benefits Scheme (PBS) prescription in residential aged care facilities as an initiative under <i>The Fifth Community Pharmacy Agreement</i> between the Commonwealth Government and The Pharmacy Guild of Australia. If the trial is successful, the Queensland Government may consider legislative changes to the <i>Health (Drugs and Poisons) Regulation 1996</i> to implement the residential aged care medication chart prescription initiative after appropriate consultation with relevant stakeholders. Subsidised medications used in aged care homes and in primary care are usually accessed under the PBS which is a Commonwealth responsibility. Consequently, the ability to use a medication chart as a claim for pharmaceutical benefits will need to be determined by the Commonwealth Government.</li> <li>The only restriction of Nurse Practitioners in prescribing medications is their scope of practice.</li> </ul>

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12. Medication in residential aged care systems	<p>The committee recommends that the Minister for Health work to ensure that public sector specialist palliative care services collaborate with residential aged care facilities (RACF) and general practitioners and Medicare Locals, to develop RACF medication systems that facilitate prompt access to needed medications for palliative patients, while ensuring the safety and security of medications and residents. This should include consideration of:</p> <ul style="list-style-type: none"> <li>• Queensland Health as system manager including in service agreements or other instruments a requirement that Level 6 specialist palliative care services initiate action to implement suitable medication systems in collaboration with RACFs and organisations that represent general practitioners</li> <li>• providing resources for palliative care services to develop suitable medication systems in collaboration with RACFs and general practitioners</li> <li>• flexible medication models that are suitable for each location and consistent with legal requirements.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Department of Health is currently undertaking a review of Queensland's medicines, poisons and therapeutic goods regulatory framework and the Committee's issues will be considered as part of this work.</li> <li>• The Queensland Government recognises that innovative and robust clinical governance models are needed to support the safe possession, prescription, supply, dispensing, administration and disposal of the medicines used in palliative care. The development of such models will require the collaboration of Hospital and Health Services, Medicare Locals and community based health professionals. Under the <i>Hospital and Health Boards Act 2011</i> HHS are expected to work cooperatively with a wide range of stakeholders including their local communities.</li> </ul>
13. Greater awareness of burial assistance	<p>The committee recommends that the Minister for Health ensure that all Hospital and Health Services with a palliative care service provide information on the burials assistance provided by the Department of Justice and Attorney-General to patients and carers when needed.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government will continue to ensure that this information is made available.</li> </ul>
14. Equipment loan services	<p>The committee recommends that the Minister for Health ensure that all Hospital and Health Services with a palliative care service operate, directly or through another provider, an accessible equipment loan service for home care to provide timely loan of palliative care equipment to patients who are cared for at home.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• Under the <i>Clinical Services Capability Framework (version 3.1)</i> all palliative care services must provide access to an equipment hire service. The arrangements regarding hire services are determine by each of the Hospital and Health Services according to local need.</li> </ul>

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15. Palliative care and ambulance services	<p>The committee recommends that the Minister for Police and Community Safety work with the Minister for Health to develop a protocol for ambulance officers if there is an expected death at home or in a residential aged care facility including:</p> <ul style="list-style-type: none"> <li>• consultation with Hospital and Health Service palliative care services and ambulance officers</li> <li>• examination of any legislative barriers to Queensland Ambulance Service (QAS) adopting a palliative approach for patients at home at the end of life</li> <li>• consideration of wider acceptance by QAS of an Acute Resuscitation Plan or other documentation from a palliative care service or GP</li> <li>• the provision of appropriate support by the QAS and ambulance officers to patients, carers and families before and after an expected death</li> <li>• training in a palliative approach for ambulance officers.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government will, in consultation with relevant stakeholders and community members: <ul style="list-style-type: none"> <li>○ develop a Clinical Practice Guideline specifically relating to pre-hospital palliative care issues</li> <li>○ support palliative care services to introduce a ‘do not call ambulance’ directive for expected deaths which occurs in a home or residential aged care facility</li> <li>○ provide further education for paramedics in relation to the palliative care approach.</li> </ul> </li> </ul>
16. Hospices	<p>The committee recommends that the Minister for Health seek to provide resources for additional hospice beds in existing hospices and/or new hospices, based on an assessment of current and future needs and the viability of potential new hospices.</p>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government through the Department of Health funds a number of organisations to provide hospice care. Hospital and Health Services can purchase additional hospice services in response to local need as required.</li> </ul>

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17. Specialist palliative care services – role and resources	<p>The committee recommends that the Minister for Health work toward ensuring that specialist palliative care services at the highest levels in the Queensland Health Clinical Services Capability Framework are resourced to provide a broad range of services in addition to direct care of patients with complex palliative care needs, particularly:</p> <ul style="list-style-type: none"> <li>• consultation services to support other health providers including GPs and nurse practitioners</li> <li>• visiting or in-reach services to residential aged care facilities</li> <li>• 24-hour on-call services for patients cared for at home, potentially in collaboration with general practitioners and nurse practitioners</li> <li>• training and support for home carers, and volunteer coordinators to train and support volunteers to provide in-home respite and carer support</li> <li>• specialist bereavement counselling</li> <li>• equipment loan services, and</li> <li>• continuing education and capacity building for health professionals in palliative approaches.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government through the Department of Health funds Hospital and Health Service to provide palliative care services. This funding takes into account the various costs associated with the delivery of services including inpatient and outpatient service provision.</li> <li>• Hospital and Health Services are in the best position to understand the needs of their local community, work with other stakeholders and to provide the most responsive palliative care services.</li> </ul>
18. Specialist palliative care – formal partnerships with health providers	<p>The committee recommends that the Minister for Health ensure that Queensland Health, as system manager, investigate the most effective framework for formalised links between higher level specialist palliative care services and rural and regional services and GPs for the provision of specialist consultation services, and develop plans for formal partnerships in consultation with clinicians.</p>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• Hospital and Health Services have been empowered to establish relationships with other service providers that best respond to the needs of the Queensland population. Developing these relationships will be supported by a range of statewide mechanisms such as healthcare planning and telehealth initiatives. The nature of these relationships need to be flexible and responsive to local needs.</li> </ul>
19. Nurse practitioner scholarships	<p>The committee recommends that the Minister for Health ensure that Queensland Health nurses are supported to undertake the study required to qualify as a nurse practitioner in palliative care by offering scholarships as soon as possible.</p>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• Eligible nurses employed in Hospital and Health Services have access to paid development leave and are provided with an allowance each year that goes towards the cost of their profession development. Other study leave can be negotiated by a nurse and his/her Hospital and Health Service through the Study and Research Assistance Scheme.</li> <li>• There are a range of scholarship schemes offered by other organisations, such as the Australian Government Scholarships administered by the Australian College of Nursing.</li> </ul>

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20. Encouraging nurse practitioners into palliative care	The committee recommends that the Minister for Health consult with stakeholders in nursing and nurse practitioner organisations to identify barriers and enablers to nurses undertaking study to qualify as nurse practitioners, and encouraging nurse practitioners to work in palliative care.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government is committed to flexible workforce models, such as advanced practice nurses to provide services to meet community needs. The Department of Health is aware of the barriers and enablers of nurses undertaking study to qualify as nurse practitioners. It is currently developing a comprehensive action plan to address and resolve these issues. The Department of Health has commenced work to enable nurses to work to their full scope.</li> </ul>
21. Palliative care training for undergraduates	The committee recommends that the Minister for Health work with the Centre for Palliative Care Research and Education to encourage Queensland universities to include palliative care in all undergraduate health training courses.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government supports the Centre for Palliative Care Research and Education (CPCRE) to continue its promotion of palliative care as an important part of the education of health professionals. The CPCRE in conjunction with the Queensland University of Technology, Flinders University, Charles Darwin University and Curtin University developed with Commonwealth Government funding the Palliative Care Curriculum for Undergraduates (PCC4U). As at November 2012, 80 out of the 219 undergraduate and entry to practice health professional courses invited to use PCC4U indicated that they were implementing the curriculum resources to support palliative care content in their curriculum and a further 66 course indicated that they were reviewing the resource with a view to using them in 2013.</li> </ul>
22. Professional development in a palliative approach	<p>The committee recommends that the Minister for Health:</p> <ul style="list-style-type: none"> <li>consult with medical, nursing and allied health stakeholders to identify barriers and enablers to taking up existing professional development and training, including the Program of Experience in a Palliative Approach (PEPA)</li> <li>ensure that Queensland Health and Hospital and Health Services encourage the maximum possible uptake of PEPA training by GPs, nurses and other health providers.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government accepts that the Program of Experience in the Palliative Care Approach (PEPA) is a proven cost effective means of providing health professionals with enhanced skills in end of life and palliative care, and the ability to provide a palliative approach in their care. The CPCRE employs a Queensland PEPA Manager who monitors the barriers and enablers to PEPA education or placement uptake.</li> <li>In addition to this, medical, nursing and allied staff employed in Hospital and Health Services have access to paid development leave and are provided with an allowance each year that goes towards the cost of their professional development. Other study leave can be arranged as negotiated with their Hospital and Health Service. The CPCRE also provides a GP Education Program and provides GPs with access to PEPA.</li> </ul>
23. Training non-specialists in a palliative approach	The committee recommends that the Minister for Health ensure that expansion of specialist palliative care services include the capacity to provide ongoing training and capacity building of the non-specialist health workforce to provide services using a palliative approach.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>Hospital and Health Services in their service agreement with the Department of Health are required to provide a range of clinical training for staff.</li> <li>In addition, medical, nursing and allied staff employed in Hospital and Health Services have access to paid development leave and are provided with an allowance each year that goes towards the cost of their professional development. Other study leave can be arranged as negotiated with their Hospital and Health Service. The CPCRE also provides a GP Education Program and provides GPs with access to PEPA.</li> </ul>

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24. Indigenous nurses – training pathways	<p>The committee recommends that the Minister for Health ensure that work is undertaken to:</p> <ul style="list-style-type: none"> <li>encourage and support Aboriginal and Torres Strait Islander enrolled nurses to upgrade their qualifications to registered nurse</li> <li>facilitate the recognition of prior learning for Aboriginal and Torres Strait Islander enrolled nurses who seek to upgrade their qualifications</li> <li>develop training pathways to encourage more Aboriginal and Torres Strait Islander people to commence qualifications in nursing.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>Education providers of approved Nursing and Midwifery Board of Australia Diploma of Nursing programs have recognition of prior learning, credit transfer and advanced standing arrangements to support Aboriginal and Torres Strait Islander enrolled nurses to upgrade their qualifications to Bachelor level registered nurse programs.</li> <li>National training pathways in place to support and encourage Aboriginal and Torres Strait Islander people to commence qualifications in nursing.</li> </ul>
25. Palliative care training for Aboriginal Health Workers/Practitioners	<p>The committee recommends that the Minister for Health urge all Hospital and Health Services that employ Aboriginal Health Workers and Aboriginal Health Practitioners to consider offering to relevant staff the opportunity to undertake the tailored Program of Experience in a Palliative Approach.</p>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government recognises the need for ongoing development of all publicly employed health care providers. While opportunities for participation in palliative care training are available, the professional development needs of Aboriginal and Torres Strait Islander Workers or Health Practitioners is decided at the individual level in consultation with line managers of Hospital and Health Service. The PEPA currently has funding for six Indigenous Health Workers to undertake a placement.</li> </ul>
26. Videoconferencing	<p>The committee recommends that the Minister for Health ensure that Queensland Health:</p> <ul style="list-style-type: none"> <li>consult with Hospital and Health Services and their specialist palliative care services to identify any barriers to increased use of the existing videoconference network for palliative care, and</li> <li>promote the use of videoconferencing in palliative care and consider developing incentives to promote greater use of videoconferencing for patient consultations, consultation with health providers to provide advice, build capacity and to provide training and professional development in palliative care.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>As outlined in the <i>Blueprint for better healthcare in Queensland</i> the Queensland Government committed to a revised network of telehealth facilities. The Queensland Government has committed \$30.9 million over the next four year to establish a Rural Telehealth Service. This service will support enhanced models of care and outreach services, improving access to health services and eliminate extended waiting times for treatment.</li> </ul>
27. Telehealth and eHealth	<p>The committee recommends that the Minister for Health continue to support the development of national telehealth and eHealth initiatives that are suitable for use by all palliative health and care providers across public, community and private settings.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government supports the use of telehealth and e-health mechanisms so that Queenslanders can gain better access to health services and that their health records are more easily accessible by their treating clinicians.</li> <li>The Department of Health is currently undertaking work to give palliative care clinicians the ability to view the Queensland Health discharge summary information via the Australian Government's personally controlled electronic health record (PCEHR) system. This is a first step towards palliative care providers having greater access to the Queensland Health patient information.</li> </ul>

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28. National public awareness campaign	<p>The committee recommends that the Minister for Health work with his Commonwealth, state and territory ministerial counterparts to actively promote implementation of a national public awareness campaign as soon as practical to increase public understanding of:</p> <ul style="list-style-type: none"> <li>• death as a normal part of living</li> <li>• awareness of palliative care options, and</li> <li>• the importance of advance care planning to facilitate choices about care.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government will work with the Commonwealth and State and Territory Governments to promote the implementation of a national public awareness campaign.</li> </ul>
29. Public awareness – advanced care planning	<p>The committee recommends that the Minister for Health inform the Commonwealth Minister for Health that the committee supports the Recommendations 35 and 37 in the Senate Community References Committee report, Palliative care in Australia, that:</p> <ul style="list-style-type: none"> <li>• the Australian Government fund a national public awareness campaign around advance care planning and directives, starting immediately, and expanding once a process of national harmonisation of advance care planning regulation has been undertaken</li> <li>• the Australian Government increase the level of funding for the Respecting Patient Choices program to support development of training providers in several jurisdictions, significantly expanding the reach of the program in the aged care sector.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Minister for Health will write to the Commonwealth Minister for Health advising the Committee's support for recommendations 35 and 37 in the Senate Community References Committee report.</li> </ul>
30. Advanced Health Directives	<p>The committee recommends that, given the uncertainties about current Queensland law governing advance health directives, the Government consider referring to the Health and Community Services Committee an inquiry into the law that applies to Advance Health Directives in Queensland.</p>	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government does not accept this recommendation because the issue of Advanced Health Directives was among the many matters considered by the Queensland Law Reform commission (QLRC) in its Report No 67 – <i>A review of Queensland's guardianship laws</i>. The form of Advanced Health Directives has also been the subject of detailed consideration by legal academics who have prepared a comprehensive report.</li> <li>• The Minister for Justice and Attorney General is currently considering the recommendations of the QLRC.</li> </ul>
31. Advanced Health Directives and doctors	<p>The committee recommends that the Minister for Health write to the Commonwealth Minister for Health to seek clarification of which Medicare Benefits Schedule items doctors may use for consultations to support a patient to complete an advance health directive.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government will seek clarification from the Commonwealth Minister for Health on which Medicare Benefit Schedule items doctors may use for consultation to support a patient to complete an advance health directive.</li> </ul>

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32. State-wide palliative care strategy	The committee recommends that the Minister for Health ensure that a state-wide palliative care strategy is developed as soon as possible to guide the development of palliative care planning, funding, development of specialist services, and improvement in the capacity of primary health and generalist health and care services to implement a palliative approach to care.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Department of Health will develop a strategy in consultation with relevant stakeholders.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
33. State-wide palliative care strategy – key elements	<p>The committee recommends that the Minister for Health ensure that the state-wide palliative care strategy:</p> <ul style="list-style-type: none"> <li>• is aligned with the National Palliative Care Strategy</li> <li>• supports population and needs-based allocation of funding to maximise equity in the delivery of palliative care services, including equitable access for people with chronic conditions as well as those with cancer</li> <li>• includes a staged approach to expansion of specialist palliative care services based on an assessment of palliative care needs for Queensland</li> <li>• has a whole of system focus that promotes collaboration between acute hospital, specialist care and palliative care in the community</li> <li>• acknowledges that most people would prefer home-based palliative care, and promotes the delivery of palliative care in the home when it is the patient's preference and it is possible to provide high quality care at home</li> <li>• emphasises palliative care that is person-centred, based on needs, and allows patients and families to make choices about their care and where care is provided</li> <li>• recognises the importance of bereavement care and support for family members, and significant others</li> <li>• promotes case management approaches that use integrated electronic health records which link with other care providers and general practitioners</li> <li>• aligns with the Clinical Services Capability Framework that applies to Hospital and Health Services and licensed private health facilities</li> <li>• promotes planning by Hospital and Health Services to provide palliative care services in a range of settings including specialist consultation and liaison services to support palliative care in the home and residential aged care facilities</li> <li>• promotes integrated care that includes advance care planning, and</li> <li>• includes timeframes for implementation of the main components of the strategy.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Department of Health will use a rigorous methodology that considers the available evidence in developing its strategy. It will align with overarching frameworks such as the national and international policy directions, the National Palliative Care Strategy, Clinical Services Capability Framework and well-established principles of contemporary, and quality palliative care. The Department will consider these elements in the development of the strategy.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
34. Clinical Services Capability Framework – review of service levels	The committee recommends that the Minister for Health ensure that the self-assessed levels of palliative care services in the Clinical Services Capability Framework are externally reviewed as soon as possible and adjusted if necessary to accurately map the existing levels of service provision and inform quality improvement and planning of service development and expansion.	<p><b>For further consideration</b></p> <ul style="list-style-type: none"> <li>• The Clinical Services Capability Framework (CSCF) supports the provision of safe, quality services by providing service planners and service providers with a standard set of minimum capability criteria for a range of clinical services. Hospital and Health Services are responsible for assessing their clinical services against the CSFC annually and continually monitoring their ongoing capability and modifying their practice if unforeseen issues, such as changes to workforce or access to support services, impacts on their capability level.</li> <li>• The Department of Health in consultation with Hospital and Health Services, will consider the costs and benefit of conducting an external review of the self-assessed levels of individual palliative care services.</li> </ul>
35. Population-based palliative care needs assessment	The committee recommends that the Minister for Health ensure that a rigorous Queensland population-based palliative care needs assessment is completed as soon as possible, taking account of geography, demographics and factors relevant to the provision of palliative care, to provide a basis for service planning and future funding.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government supports the need for effective service planning. The Department of Health purchases services from Hospital and Health Services based on an annual analysis of current and future health service activity having regard to demographic changes.</li> <li>• Hospital and Health Services are responsible for the planning and delivery of efficient and effective services at a local level.</li> </ul>
36. Planning and funding benchmarks	The committee recommends that the Minister for Health ensure that Queensland Health implement a review of planning benchmarks by population as soon as possible as a basis for decisions about the expansion, establishment and funding of additional palliative care services. The review should include consideration of resourcing levels for the range of functions required of specialist palliative care services.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government acknowledges the importance of service benchmarks to inform health service decision making. The Department of Health is currently reviewing its 2010 palliative care benchmark. The review will include consideration of the full range of inpatient palliative care services. This process is occurring in consultation with clinicians.</li> </ul>
37. Reporting on funding	The committee recommends that the Minister for Health ensure that Queensland Health report on palliative care service provision and expenditure as part of its annual reporting, including a breakdown of funding sources.	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government considers that the current level of reporting strikes a balance between transparency and the burden of reporting which can have an impact on front line services.</li> </ul>
38. Separate palliative care from 'subacute; funding	The committee recommends that the Minister for Health write to the Commonwealth Minister for Health in support of the Senate committee's Recommendation No. 2 that palliative care funding should be separated from 'subacute' funding.	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government does not support separating palliative care from the broader sub-acute classification. Palliative care currently has its funding structure within the sub-acute and non-acute classification system. This system includes 12 different payment categories for of overnight palliative care. In addition, there is a separate payment which applies to outpatient palliative care. Separating funding from other sub-acute services is likely to diminish the importance of sub-acute services as well as palliative care services when compared with other health services.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
39. National funding	<p>The committee recommends that the Minister for Health write to the Commonwealth Minister for Health to:</p> <ul style="list-style-type: none"> <li>• support the Senate committee's Recommendation No. 3 that the Independent Hospital Pricing Authority (IHPA) establish a palliative care advisory committee to advise on appropriate costing of palliative care services</li> <li>• propose that the IHPA ensure that activity based funding does not limit the provision of palliative care consultancy and liaison with primary health providers, services in community settings, and services delivered by multi-disciplinary teams.</li> </ul>	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>• Queensland Government considers that the current Sub-acute Care Working Group of the national Independent Hospital Pricing Authority (IHPA) is an effective group to manage palliative care costing issues. An advisory committee is not considered necessary.</li> <li>• The IHPA list of in-scope public hospital services includes home and community based palliative care services, including palliative care day hospices, where it can be shown that such services are: <ul style="list-style-type: none"> <li>○ directly related to an inpatient admission or emergency department attendance</li> <li>○ intended to substitute directly for an inpatient admission or emergency department attendance</li> <li>○ expected to improve the health or better manage the symptoms of persons with a physical or mental health conditions who have a history of frequent hospital attendance or admissions.</li> </ul> </li> </ul>

Recommendation Number and Title	Recommendation	Government Response
40. Specialist palliative care service resourcing and delivery	<p>The committee recommends that the Minister for Health ensure that Queensland Health plans for and supports implementation of accessible specialist palliative care across Queensland and that, in its system manager role, uses service agreements and purchasing arrangements to ensure that Hospital and Health Services:</p> <ul style="list-style-type: none"> <li>• deliver more palliative care services in the home and community</li> <li>• implement the Clinical Services Capability Framework</li> <li>• make constructive links between specialist palliative care services and general health services to ensure that specialist palliative care consultation services are readily accessible to all Hospital and Health Service facilities</li> <li>• implement case management</li> <li>• ensure discharge planning is carried out, and</li> <li>• deliver specialist palliative care services that: <ul style="list-style-type: none"> <li>○ develop greater capacity to deliver care in the home and in residential aged care facilities, so that patient preferences are met and the costs associated with unwanted and unnecessary admission are reduced</li> <li>○ provide 24-hour telephone and home visiting support to existing clients</li> <li>○ provide specialist consultancy and liaison services to other public sector facilities and to general practitioners</li> <li>○ adopt models of care that use specialist nurse practitioners</li> <li>○ provide training for palliative care specialists to build capacity to meet increasing needs for palliative care</li> <li>○ provide bereavement counselling and</li> <li>○ support the provision of equipment and training for care in the home.</li> </ul> </li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government through the Department of Health funds Hospital and Health Service to provide palliative care services. This funding takes into account the various costs associated with the delivery of services including inpatient and outpatient service provision.</li> <li>• Hospital and Health Services are in the best position to understand the needs of their local community, work with other stakeholders and to provide the most responsive palliative care services.</li> <li>• The Queensland Department of Health will develop a strategy in consultation with relevant stakeholders that considers the available evidence. It will align with overarching frameworks such as the national and international policy directions including the National Palliative Care Strategy.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
41. Evaluation and best practice	<p>The committee recommends that the Minister for Health ensure that:</p> <ul style="list-style-type: none"> <li>• innovative models of palliative care in Queensland are evaluated, so that success factors can be identified to contribute to practice and quality improvement</li> <li>• Queensland Health provide information and guidance to Hospital and Health Services about best practice delivery of person-centred palliative care, and</li> <li>• a program of research is established and resourced to evaluate models of palliative care provision, standards and outcomes.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government expects that all health care is delivered on the basis of the best available evidence. To this end the Queensland Government supports: <ul style="list-style-type: none"> <li>○ the Centre for Palliative Care Research and Education whose role is to: <ul style="list-style-type: none"> <li>- develop the capacity of the palliative care workforce to provide quality palliative care</li> <li>- improving the links between research and practice in palliative care</li> <li>- undertaking research to enhance the quality of palliative care</li> <li>- providing information which supports the delivery of palliative care services</li> </ul> </li> <li>○ a Palliative Care Sub-Network of the Statewide General Medicine Clinical Network. This Sub-Network enables the Department of Health to engage clinicians and consumers in decision making about clinical services planning and implementation, clinical practice improvement and quality and safety enhancements in relation to publicly provided palliative care services.</li> </ul> </li> </ul>
42. Queensland Community Care – information, referral, assessment	<p>The committee recommends that the Minister for Communities, Child Safety and Disability Services, in consultation with the Minister for Science, Information Technology, Innovation and the Arts, ensure that a seamless information, assessment and referral service is implemented to assist potential Community Care clients to access services. The committee recommends that the Minister ensures that the model:</p> <ul style="list-style-type: none"> <li>• builds on the outcomes of the Community Access Point trial</li> <li>• links consumers to a person with current regional or local knowledge of relevant services</li> <li>• provides information about Community Care and other relevant services</li> <li>• undertakes eligibility screening, initial assessment, referral and co-ordination</li> <li>• employs effective referral and assessment, which minimises the impost on clients and does not require multiple assessments</li> <li>• promotes consumer choice and responsive service provision</li> <li>• provides case management for clients who receive services from multiple providers, and</li> <li>• is supported by up-to-date web-based information.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government has addressed the issues raised in this recommendation through the launch of the Statewide Community Access Points on 1 July 2012.</li> <li>• A secure e-transfer system has been developed to provide electronic referrals and sharing of assessments between access points and specialist disability with other Community Care non-government organisations. A web based service availability register has been implemented to provide access points with up to date information on capacity of service providers to maximise choice and minimise delay in clients receiving services.</li> <li>• The Queensland Government signed, on 8 May 2013, a Heads of Agreement with the Commonwealth Government for full implementation of DisabilityCare Australia, the National Disability Insurance Scheme (NDIS). The NDIS will establish a national approach for access to services with a wide gateway.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
43. Community care workforce	<p>The committee recommends that the Government consider implementing a promotional campaign aimed at changing public perceptions of community care and its workforce. A campaign should aim to promote and highlight:</p> <ul style="list-style-type: none"> <li>• the social value of caring for people</li> <li>• the size of the community care sector and its contribution to Queensland's economy, and</li> <li>• the range of jobs and career pathways available in community care.</li> </ul>	<p><b>Noted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government is committed to supporting people with a disability to live as independently as possible and acknowledges the importance of the Community Care workforce. As part of the planning for the transition to DisabilityCare Australia, the Queensland Government is considering workforce issues. This work is supported by the Queensland NDIS Planning and Implementation Group which has been established to provide advice and input into the Queensland Government's transition program. In addition, the Queensland Government will use contemporary research regarding attraction and retention within the community care and disability sector, to inform this workforce planning and promotion.</li> </ul>
44. Research and planning for community care workforce capacity	<p>The committee recommends that the Government commission research on the community care workforce in Queensland to:</p> <ul style="list-style-type: none"> <li>• provide an assessment of future community care workforce needs to meet expected increases in need for services, taking account of the ageing workforce and population, and</li> <li>• develop strategies to ensure that the community care workforce has capacity to meet future needs, including active workforce planning, recruitment, training pathways and workforce retention.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• As part of the Queensland Government's program of work for the transition to DisabilityCare Australia a Sector Readiness and Workforce Capacity initiative has been established to establish accredited and non-accredited training to the sector workforce and people with a disability, their families and carers. The Queensland Government has recently entered into a \$1.88 million agreement with the Health and Community Services Workforce Council and National Disability Services to deliver this initiative by June 2014.</li> </ul>
45. Equipment services	<p>The committee recommends that the Minister for Health and the Minister for Communities, Child Safety and Disability Services collaborate to consider and implement the most effective service model to provide equipment, including:</p> <ul style="list-style-type: none"> <li>• consideration of a single integrated equipment service</li> <li>• clear public information about eligibility criteria and how to apply for assistance with equipment, and</li> <li>• timely provision of equipment to support people at home.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Department of Health and the Department of Communities, Child Safety and Disability Services will collaborate regarding an effective service model to provide equipment.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
46. Assistive technology demonstration and pilot projects	<p>The committee recommends that the Minister for Communities, Child Safety and Disability Services consider providing resources for demonstration and pilot projects and research in the use of assistive technology in community care. Those projects should have the potential to:</p> <ul style="list-style-type: none"> <li>• develop effective models of care that integrate assistive technology, including specific applications for people in rural and remote areas</li> <li>• increase community awareness and knowledge of the benefits of assistive technology</li> <li>• reduce social isolation</li> <li>• reduce the complexities associated with assistive technology applications</li> <li>• promote innovation</li> <li>• use inter-disciplinary models of care, and</li> <li>• measure the impact of assistive technologies to provide evidence of effectiveness and promote transfer of knowledge to other service providers.</li> </ul>	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government is considering ways to build on the findings of 41 demonstration and pilot projects on smart assistive technology which were funded through the Community Care program over the financial years 2010-2011 and 2011-2012.</li> </ul>
47. Data on carers	<p>The committee recommends that given the importance of access to reliable data for policy development and planning the Government ask the Government Statistician and the Office of Economic and Statistical Research to ensure that data on carers in Queensland and the hours they work are readily available to government agencies, including data that may be available via Australian Government collections.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government recognises the importance of having good quality statistics and information to inform policy formation. The Queensland Treasury and Trade, through the Government Statistician, will establish a baseline of statistics on carers in Queensland from sources such as the Australian Bureau of Statistics <i>Survey of Disability, Ageing and Carers, Australia</i> and its Census of Population and Housing. This will be made available through the Department's website. Additional data sources will be used where they have the ability to provide fit-for-purpose statistics. The baseline statistics will be updates as new releases become available.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
48. Service providers to consult with carers	The committee recommends that the Minister for Communities, Child Safety and Disability Services ensure that service providers are required to consult with carers about the delivery of services.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government recognises the importance of carers for people who have a disability. Consequently, Queensland carers, through the Queensland Government’s Carers Advisory Council, provide input into the development of legislation, policy and program guidelines that impact on carers. Members of the Queensland Carers Advisory Council include carers as well as representatives of carer organisations.</li> <li>• The Queensland Government also notes that a key principle of DisabilityCare Australia is that people with a disability, their family members and carers can exercise choice and control over services to meet their needs.</li> <li>• The Queensland Government acknowledges that while the Department of Communities, Child Safety and Disability Services has a Human Services Quality Framework (HSQF) which requires service providers to include people using the services in decision-making about the services they receive and the organisation delivering the services, there is no specific reference to consultation with carers. The Department of Communities, Child Safety and Disability Services will examine the possibility of strengthening the HSQF and reviewing the Community Care program manual in relation to this issue.</li> </ul>
49. Carer involvement in policy development	The committee recommends that the Minister for Communities, Child Safety and Disability Services ensure that policy development and implementation supports the role of carer by consulting with carer organisations on the development of any legislation, policy or program guidelines.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government includes carer representatives in many of its activities. For example Carers Queensland currently participates in key stakeholder advisory groups including the Disability Services Partnership Forum. Furthermore, the Queensland NDIS Planning and Implementation Group includes people with a disability, families and carers, disability service providers and advocacy organisations. The Queensland Government, through the Department of Communities, Child Safety and Disability Services, also supports an initiative that includes direct consultation with carers to support program and services development.</li> </ul>
50. Information for carers	The committee recommends that the Minister for Communities, Child Safety and Disability Services, in developing the information service recommended in Recommendation 42, specifically include information to assist carers.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The Queensland Government is committed to ensuring that carers are well informed. To support this, the Department of Communities, Child Safety and Disability Services has recently developed a brochure providing information on services for carers onto its website. Furthermore, the Department of Communities, Child Safety and Disability Services will continue to work with the non-government funded Access Points to strengthen the provision and consistency of information to assist carers.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
51. Carer's needs assessment – Queensland Community Care	The committee recommends that the Minister for Communities, Child Safety and Disability Services direct the Department of Communities, Child Safety and Disability Services to include in service agreements with providers of Queensland Community Care Services or in guidelines for service providers a requirement to individually assess a carer's needs.	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government is committed to ensuring that carers are well supported in line with their individual requirements. As such a tool to assess carer need is already a component of the Ongoing Needs Identification (ONI) tool, which is the Community Care screening and assessment mechanism. The carer profile is completed when appropriate as not all carers wish or need to be assessed.</li> </ul>
52. Carer's needs assessment – palliative care	The committee recommends that the Minister for Health ensure that Queensland Health's service agreements with Hospital and Health Services (HHS) require specialist palliative care services to assess carer needs and that any service agreements between a HHS and service provider include a requirement to assess carer needs.	<p><b>Not Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government recognises the important role that carers play in the care of a palliative patient. Under the Queensland carers charter as stated in the <i>Carers (Recognition) Act 2008</i> Hospital and Health Services and other service providers are already required to: <ul style="list-style-type: none"> <li>recognise carers as individuals with their own needs</li> <li>recognise that they need access to a wide range of responsive and affordable services to support them and their decision making in their roles as carers</li> <li>include carers or their representative bodies in the assessment, planning and review of services affecting carers.</li> </ul> </li> </ul>
53. Carer's respite	The committee recommends that the Minister for Communities, Child Safety and Disability Services, in consultation with the Minister for Health, develop an adequate, single program of respite support for carers that provides for streamlined access based on flexible options for carers for use across a range of respite types (e.g. in-home and centre-based, both day and overnight).	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government is committed to streamlining service delivery and reducing duplication and waste. The Queensland Government considers that streamlining access to respite services can be best achieved by improved alignment between investment in existing Community Care and Disability Services respite programs, and between the department and Commonwealth through the development of the National Respite for Carers Program.</li> </ul>
54. Carers – workplace flexibility	The committee recommends that the Queensland government work toward implementation in all Queensland government and local government workplaces, integrated carer strategies, and provide information and support services to carers, offer flexible hours and leave arrangements, undertake job redesign to accommodate caring commitments and implement employment re-entry strategies during and after caring responsibilities.	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>Under the Queensland carers charter as stated in the <i>Carers (Recognition) Act 2008</i> it is acknowledged that carers deserve the respect of our community and should be supported within their community by all levels of government, institutions and organisations. The Queensland Government currently offers a wide range of flexible work practices to support employees, such as carers, balance their work and life commitments. To assist employees and managers agree appropriate flexible work arrangements, an extensive range resources are already available including information guides, strategies and policies. Information and resources are published on the Public Service Commission and Department of Justice and attorney-General websites, for access by all agencies and their employees. In addition, agencies can and have developed their own suite of flexible workplace policies and resources.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
55. Carers support – national	The committee recommends that the Government raise the importance of recognising carer's needs for flexibility in the workplace with the COAG Select Council on Workplace Relations and encourage implementation of additional strategies to support employed carers.	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government, in a response to the Fair Work Review Panel report <i>Towards more productive and equitable workplaces – an evaluation of the Fair Work Legislation</i>, opposed Recommendation 5 to extend the right to request flexible working arrangements to a wider range of caring and other circumstances. The Queensland Government, while acknowledging the importance of workplace flexibility for employers, employees and the wider community in achieving goals of productivity and participation, argued that increasing red tape, regulation and legislation would not facilitate greater workplace flexibility. The Queensland Government believes that the provision of assistance and resources to facilitate the negotiation of flexibility was preferable for achieving the associated benefits for all affected parties, including employers, employees, customers and the wider community.</li> </ul>
56. Specialist bereavement services	The committee recommends that the Minister for Health ensure that Hospital and Health Service service agreements include recognition that quality palliative care services, particularly in higher level services (in the Clinical Services Capability Framework), should include specialist bereavement services.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government through the Department of Health funds Hospital and Health Service for palliative care services. This funding takes into account the various costs associated with palliative care provision including bereavement services. Hospital and Health Services are in the best position to structure these services around the needs of their local communities and tailoring these services to the needs of individual clients.</li> </ul>
57. Counselling services for carers	The committee recommends that the Minister for Communities, Child Safety and Disability Services ensure that relevant service agreement contracts with service providers include the provision of counselling services for carers.	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government already provides counselling/support and information for carers. Carers Queensland and other organisations are funded to provide this service throughout Queensland. The current and future investment in these services is being reviewed by the Department of Communities, Child Safety and Disability Services.</li> </ul>
58. Carers – guidance and training on how to care safely and self-care	The committee recommends that the Minister for Communities, Child Safety and Disability Services ensure that relevant agreements with service providers and service guidelines require providers to offer practical training and guidance about how to care safely and on self-care for carers.	<p><b>Accepted in principle</b></p> <ul style="list-style-type: none"> <li>The Queensland Government acknowledges the substantial contribution of carers looking after people with complex conditions and disabilities. The Department of Communities, Child Safety and Disability Services funds Carers Queensland to provide information, education and/or training to other organisations, service providers and clients in relation to providing safe care and self-care for carers.</li> </ul>
59. Specialist palliative care services – volunteer co-ordinators	The committee recommends that the Minister for Health ensure that appropriate mechanisms are in place to ensure that Level 5 and 6 specialist palliative care services (in the Clinical Services Capability Framework) are resourced to engage a person to train and coordinate volunteers to provide services such as in-home social contact and respite for carers.	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government through the Department of Health funds Hospital and Health Service to provide palliative care services. This funding takes into account the various costs associated with the delivery of services including inpatient and outpatient service provision.</li> <li>Hospital and Health Services are in the best position to understand the needs of their local community, work with other stakeholders and to provide the most responsive palliative care services, including the co-ordination and training of volunteers.</li> </ul>

Recommendation Number and Title	Recommendation	Government Response
60. Discharge planning	<p>The committee notes that inadequate discharge planning can contribute to unplanned admissions to hospital, that discharge planning should commence at admission and recommends that the Minister for Health:</p> <ul style="list-style-type: none"> <li>encourage Hospital and Health Services (HHS) to review and improve discharge planning in consultation with GPs, residential aged care facilities, community care and Home and Community Care service providers, and</li> <li>ensure that HHS provide timely discharge information to patients' GPs, and where relevant other health providers, community service providers and residential aged care facilities.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government supports the Department of Health, the Palliative Care Sub-Network and Hospital and Health Service working collaboratively to identify opportunities and mechanisms to improve discharge planning. This will be supported by the work the Department of Health is undertaking to give palliative care clinicians the ability to view Queensland Health discharge summary information via the Australian Government's PCEHR system.</li> </ul>
61. Case management	<p>The committee recommends that the Minister for Communities, Child Safety and Disability Services ensure that Queensland Community Care Services are resourced to provide case management for those clients who need services from multiple service providers, including health services.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government recognises the value of case management for clients with complex needs. Consequently, case management is an existing 'community care' service type and through the Department of Communities, Child Safety and Disability Services, the Queensland Government funds numerous organisations to deliver case management services to clients across Queensland.</li> </ul>
62. Separation of HACC and Queensland Community Care	<p>The committee recommends that the Minister for Communities, Child Safety and Disability Services monitor the impact of the separation of Commonwealth and State responsibilities for home and community care services by age in July 2012 and report to the Parliament by December 2013, particularly on:</p> <ul style="list-style-type: none"> <li>whether continuity of service delivery was maintained for clients who reached age 65 (or age 50 for Aboriginal or Torres Strait Islander people) between 1 July 2012 and 30 June 2013</li> <li>any increase in the administrative and reporting requirements on funded service providers in 2012–13, particularly those that receive funds from both the Queensland Community Care program and the Commonwealth HACC program.</li> </ul>	<p><b>Not accepted</b></p> <ul style="list-style-type: none"> <li>The Queensland Government believes that it is important for clear alignment of roles and responsibilities between the State and Commonwealth Government.</li> <li>The Department of Communities, Child Safety and Disability Services has already established a process which includes regular meetings with major service providers, service provider representation on the Disability Services Partnership Forum and regular communication with the aged care peak body, Leading Aged Services Australia – Queensland (LASA Q). This process is considered sufficient to identify and resolve issues that may arise out of the separation or responsibilities between the Commonwealth and State for home and community care services.</li> </ul>
63. Palliative care and Queensland Community Care	<p>The committee recommends that the Minister for Communities, Child Safety and Disability Services clarify whether people who receive palliative care services at home are eligible to receive Queensland Community Care Services and ensure that service providers are given clear guidance on eligibility.</p>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>The eligibility criteria for accessing Queensland Community Care Services are outlined in the <i>Manual for Queensland Community Care Services</i>. This document is available to all service providers on the Department of Communities, Child Safety and Disability Services' website. This issue will be clarified in the next review of the manual in consultation with service providers.</li> </ul>