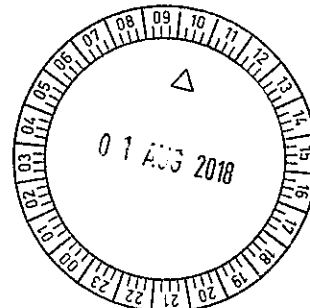




**The Hon Roger Cook MLA
Deputy Premier
Minister for Health; Mental Health**



Our Ref: 60-09966

Hon Matthew Swinbourn MLC
Chair
Standing Committee on Environment and Public Affairs
Parliament House
4 Harvest Terrace
WEST PERTH WA 6003

Dear Mr Swinbourn *Math,*

Thank you for your letter of 28 June 2018 in relation to petition number 67 – palliative care availability. Please find information below in response to the questions asked by the principal petitioner.

- 1. Why are Specialist Palliative Care services not currently being provided in at least these [Joondalup, Midland, Peel, Fremantle and Bentley] metropolitan hospitals?*

The location of specialist palliative care services in the metropolitan area is outlined in the WA Health Clinical Services Framework 2014-2024 (CSF). The purpose of the CSF is to outline how health services will be provided across the WA health system to meet demand. The CSF is developed and revised in consultation with health service providers and clinicians to ensure that the services planned are appropriate to the needs of the population.

As defined in the Western Australian Government's *WA End-of-life and Palliative Care Strategy 2018-2028* (Strategy) and the CSF, end-of-life care is required by people who are likely to die in the next 12 months due to progressive, advanced or incurable illness, frailty or old age. This level of care is appropriate to meet the needs of a significant proportion of people with a life-limiting illness. Specialist palliative care is undertaken by a professional palliative care team or service. This level of care is required for people whose needs are too complex to be met by services providing end-of-life care. As noted in the Strategy, every Western Australian with a life-limiting illness has a right to high-quality, integrated end-of-life and palliative care, but not everyone will require specialist palliative care services.

In order to be safe, sustainable and efficient, stand-alone specialist palliative care services are most appropriately located in tertiary hospitals such as Royal Perth Hospital, Sir Charles Gairdner Hospital and Fiona Stanley Hospital and dedicated facilities such as Bethesda Healthcare and St John of God Murdoch. Following the direction set by the CSF, the location and structure of individual services within a region is a matter for each Health Service Provider (HSP). As noted in the submission in support of the petition received by your committee, there is currently a specialist palliative care service in development at Joondalup Health Campus.

- 2. Given that no specific funding announcements have been made to implement the WA Department of Health's WA End-of-life and Palliative Care Strategy 2018-2028 plan, what is going to be done about this?*

The Western Australian Government is committed to delivering quality end-of-life and palliative care in Western Australia (WA). This is demonstrated through the *WA End-of-Life and Palliative Care Strategy 2018-2028* (the Strategy) that provides a 10-year vision for improving the lives of all Western Australians through quality end-of-life and palliative care.

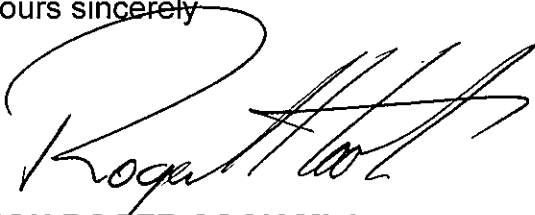
The Strategy provides direction to the HSPs as to specialist palliative care delivery and location across WA, including metropolitan hospitals. The WA Cancer and Palliative Care Network (WACPCN) will provide clinical and health system leadership and advice to implement the Strategy statewide. As part of implementation, the WACPCN will work with HSPs to support ongoing planning, policy, purchasing and workforce and service reform within their jurisdiction. These stakeholders are well placed to lead, convene, coordinate and evaluate local initiatives to implement the Strategy. The process of strategy implementation will benefit through continued assessment and redesign of service provision in light of changing population needs; demands, demographics and access. It is anticipated that this will inform future WA Health clinical service planning including the location, type and function of services and will provide direction for any future funding bids.

- 3. How will access to Specialist Palliative Care be improved for marginalised groups who already have compromised access to non-specialist palliative care?*

There was extensive consultation as part of the development of the Strategy to ensure the views of the broader health, community and aged care systems were accurately represented. This included representatives of marginalised groups including Aboriginal, Culturally and Linguistically Diverse, homeless people, and lesbian, gay, bisexual, transgender, intersex and queer communities. The Strategy clearly identifies priorities and building blocks that aim to improve access to end-of-life and specialist palliative care for these marginalised groups. Achieving the outcomes of these priority areas will enable marginalised groups to receive comprehensive care within an integrated, responsive, coordinated and collaborative health system.

If you would like further information, please contact Ms Amanda Bolleter, Program Manager, WA Cancer and Palliative Care Network Policy Unit, Department of Health, on 9222 4092 or Amanda.Bolleter@health.wa.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Roger Cook', written over a large, stylized flourish.

HON ROGER COOK MLA
DEPUTY PREMIER
MINISTER FOR HEALTH; MENTAL HEALTH

27 JUL 2018