

Snapshot findings from evaluation of NSW End-of-Life Palliative Care Framework 2019-2024



September 2024

About the evaluation

An independent process evaluation commissioned by the NSW Ministry of Health and completed in June 2023, assessed implementation of funding enhancements under the *End-of-Life Palliative Care (EOLPC) Framework 2019-2024*. The evaluation covered activities funded by NSW Government commitments between February 2021 and December 2022. The extent of these activities and factors that influenced implementation progress were examined. The evaluation also provided early insights into how services had changed since funding enhancements were introduced.

The evaluation used qualitative and quantitative data (i.e. descriptions as well as the numbers) mainly about specialist palliative care. The evaluators looked at health agency performance reports, held consultations with clinicians, patients, and families, and linked patient administrative data. The assessment covered the period from February 2021 to December 2022.

The evaluation demonstrates NSW Health's commitment to monitoring progress and effectively implementing the [End-of-Life Palliative Care Framework](#). The findings help to understand what has worked well and what can be learnt from implementing service enhancements.

About end-of-life and palliative care in NSW

The End of Life and Palliative Care Framework 2019-2024 describes NSW Health's vision of an integrated approach to end of life and palliative care planning and services in NSW. Funding enhancements to support activities under the Framework were released in 2017, 2019, and 2020. Across NSW, many people and organisations provide care and support to people approaching and reaching the end of their life. Doctors, nurses, allied health workers and other staff deliver end of life and specialist palliative care services across settings and locations for patients, carers, and families.

Enhancement activities were completed and in progress, and services improved and expanded

All ten workforce and project activities from the *Improving Access in Palliative Care* (\$100 million 2017-18 to 2020-21) commitment were completed and funding was made recurrent. Of the *More Choice in Palliative Care* (\$45 million, 2019-20 to 2022-23) and *Supporting Multidisciplinary End of Life Care* (\$56 million, 2020-21 to 2023-24) commitments, all seven workforce, service improvement and project activities were in progress.

The evaluation considered a range of administrative data mainly looking at provision of specialist palliative care. A key limitation is that some palliative care activity may not be captured, such as hospital consultation activity and non-specialist non-admitted care. Despite these limitations, the evaluation indicated service improvement and expansion.

Funding enhancements increased access to specialist palliative care services during the brief study period

- NSW Health recorded a 10% annual growth in acute-admitted services and an 11% growth in non-admitted services.
- The number of patients accessing palliative care rose by 8%.
- Annual expenditure on acute-admitted palliative care grew by 14%, with non-admitted palliative care increasing by 12%.
- Patients receiving palliative care within three months of their death increased from 42% to 46%.
- The proportion of patients receiving their first palliative care service during the hospital admission in which they died decreased from 43% to 40% (indicating earlier service delivery).
- The proportion of palliative care patients receiving non-admitted care increased from 27% to 31%.

Dedicated resources and flexibility in addressing local needs supported workforce expansion

- Funding helped to increase workforce roles across districts, networks, and NSW Ambulance, and workforce targets were largely on track.
- The multidisciplinary palliative care workforce expanded with the addition of nursing, medical, and allied health roles, and the establishment of dedicated Aboriginal palliative care roles and palliative care project officer roles.
- Funding for education and training, including scholarships, placements, and specialised training packages were well supported, leading to high uptake and strengthening workforce knowledge, confidence and skills.

Facility refurbishments improved care settings, creating more home-like environments

- 35 refurbishment projects improved the quality of the care environments for patients, families and clinicians.
- Stakeholders highly appreciated the addition of outdoor spaces, family rooms, and repurposed patient rooms.

Palliative Care Flexible Funding Pool was instrumental in local service development and improvements

- Service improvement projects supported service redesign, strengthened clinical governance, resource development, and implementation of virtual care solutions.
- This was highly valued and enabled workforce adjustments to meet local needs.

Changes in care delivery were highly valued in the districts and networks where they were implemented

- Palliative care was being delivered across a variety of settings, including hospitals, people's houses, residential aged care facilities, and other community settings.
- Some districts and networks used virtual care platforms which improved clinical consultation and how services work together.

Some challenges delayed implementation of enhancement activities

- Some recruitment difficulties were experienced, particularly for temporarily funded roles.
- The COVID-19 pandemic disrupted service development, service delivery, workforce training, and volunteer activities.
- Barriers such as limited technology access and internet connection issues impacted implementation of some virtual care services.

Continued actions to improve palliative care and address implementation challenges

- Secure long-term funding to support staff recruitment and stabilise retention.
- Continue consulting with a range of stakeholders to guide service development.
- Focus on workforce expansion to address the unmet need for palliative care across NSW.
- Ensure earlier access to palliative care services for more patients.
- Focus on community-based care to reduce hospitalisations and provide services closer to home.
- Progress education and training, particularly for generalist practitioners across all clinical areas.
- Build culturally appropriate services, especially for Aboriginal communities.
- Maintain Flexible Funding to allow districts/networks to tailor activities to meet local needs.
- Expand virtual care for palliative care across districts/networks.
- Improve use of data for tracking outcomes, resource allocation, and decision-making.

Stakeholder vignettes

1. "Having seen the growth of palliative care over the past ten years, we [now] have a sustainable service that's not just reliant on one person." (Local health district Palliative Care Service Development Officer).
2. "Virtual care is one tool, and when used right, it's the right care, not secondary care." (Stakeholder).
3. "The Flexible Funding was brilliant as it allowed us to hire a project officer. Our community service was fragmented, and the funding let us redesign the whole service." (Local health district Service Development Officer).

Reference source

ARTD Consultants, Queensland University of Technology, & Taylor Fry. June 2023. Final report: Early insights into the *End of Life and Palliative Care Framework* (2019-2024).