



Grampians Region
Palliative Care **Consortium**

Annual Report 2020-21



Source: Grampians Tourism

Members:

<p>Ballarat Health Services (BHS)</p> <ul style="list-style-type: none"> Grampians Regional Palliative Care Team (GRPCT) 	 
<p>Ballarat Hospice Care Inc. (BHCI)</p>	
<p>East Grampians Health Service (EGHS)</p> <ul style="list-style-type: none"> Central Grampians Palliative Care (CGPC) 	 
<p>Djerriwarrh Health Services (DjHS)</p> <ul style="list-style-type: none"> Djerriwarrh Community Palliative Care (DjPC) 	
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<p>Department of Health & Human Services (DHHS) (non-voting)</p>	

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Copies of this report can be downloaded from the [Grampians Region Palliative Care Consortium](http://www.grampianspalliativecare.com.au) website or by contacting the Consortium Manager, at the above email address

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1. Chair's Report

Welcome to the 2021 Annual report.

Despite the pandemic, 2021 has seen the Consortium effectively focus on the development, funding and delivery of solutions to key priorities as identified by the Clinical Advisory Group. A whole of region AfterHours PalCare project has been co-funded with the WestVic PHN and several key projects have been funded across the region for 2022. Career Progression has supported clinicians in upskilling and broadening their knowledge to underpin continuous improvement in service delivery and workforce succession into the future.

The challenges of the virtual meeting platform have been overcome with increased engagement at the CAG and Executive levels and exceptional efficacy at the one occasion of face to face workshop this year.

Communications strategies, as we have navigated the pandemic's lockdowns and visitor restrictions, have confirmed the importance of the consortia as a channel for resource sharing, support and a source of information. Engagement and collaboration between SCV, PCV, PEPA, CPC, PCAS and the Statewide Consortia Managers throughout the year has delivered advocacy opportunities, effective and timely resource development and a connectedness with the Department and the wider sector that has ensured information sharing in a timely manner to the relevant people.

The effective promotion and uptake of online education opportunities and webinars has demonstrated an appetite for self-directed learning across the sector, particularly in Aged Care, that cannot be ignored. Recent engagement with the Disability sector has involved the promotion of easy to access disability specific resources via our improved website.

Community engagement activities have continued across the region, further promoting initiatives of PCV and The Groundswell Project. It has been wonderful to see two regional representatives recognised in the PCV "40 stories for 40 years" celebration.

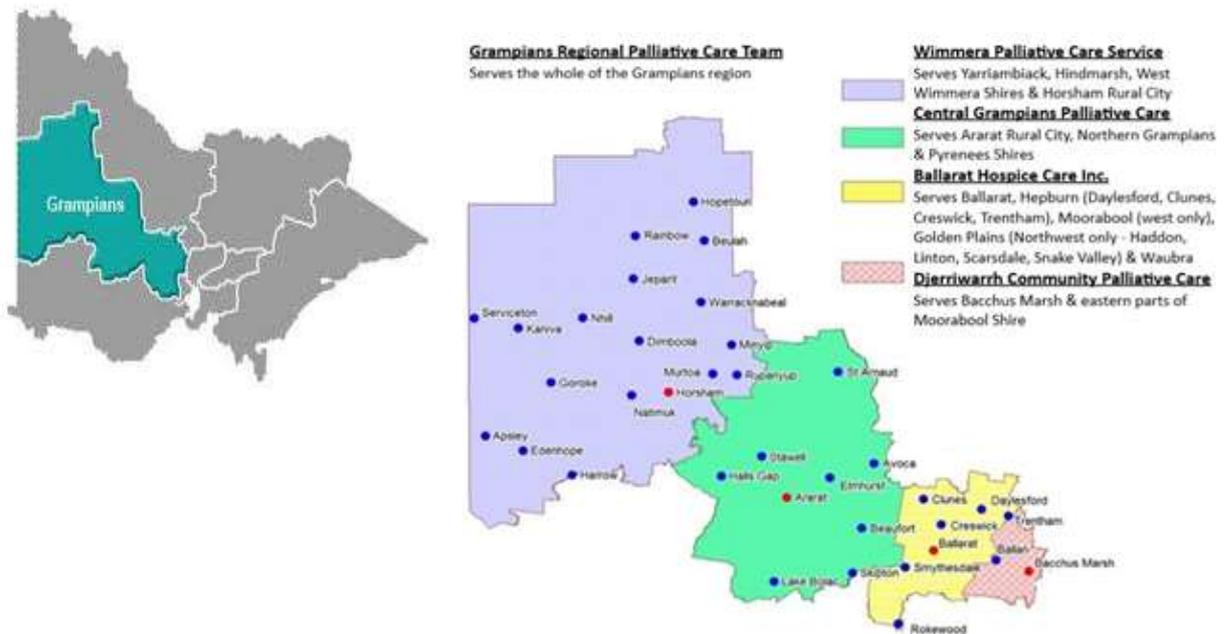
As key sponsors of the Grampians Region Palliative Care Team's "Where the Wild Things Are" virtual conference we also funded attendance to several stakeholders across the region, expanding the reach of the conference and the scope of consortium engagement.

I would like to acknowledge the efforts and contributions of my fellow executive members and the Clinical Advisory Group who, despite their increased workloads, continue to share ideas and collaborate for the advancement of palliative care in the region.

Thank you to the Consortium staff for their support, drive and ability to respond. This year has seen solutions developed to address key priority areas that have been an issue for many years. I very much look forward to seeing their implementation and the benefits this delivers to people with a life-limiting illness, their families, carers and clinicians in the Grampians region.

Peter Armstrong
Consortium Chair

2. The Grampians Region



The total area of the Grampians region is 48,623 km², with a total population of 254,711.

Compared to both Victorian (6.69 Million) and Australian (25.69 Million), the population of the Grampians health region are on average 11 years older and earn 8% less total annual income. This region continues to experience a significantly higher percentage of people reliant upon the aged and disability support pension as well as the carer payment with an overall increase during 2020-21.

Socio-economic disadvantage data relating to living in rural and remote areas of Australia demonstrates that those living in rural and remote areas have shorter lives, higher levels of disease and injury, and poorer access to and use of health services when compared to people living in metropolitan area.

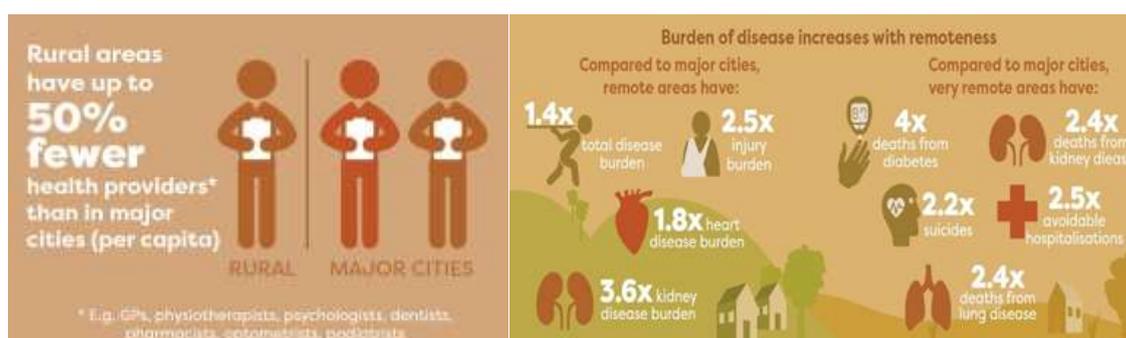
It is important to recognize that some disparity exists across the sub-regions in socio-economic and population density, with Ballarat aligning more closely with metropolitan areas. However, when you compare the 65+ ageing population proportions, similarities exist across the region as whole in line with national predictions, indicating a growing proportion of people in the community will be reliant on daily living support and health care. As such, demand for palliative care across the Grampians region will only increase, creating pressure on service providers and the need for focused initiatives that strengthen palliative care and assist with improved service delivery capability.

Supporting data and sources ([see 13.1](#))

2.1 Factors impacting service delivery capability

There are a range of drivers for the poor health outcomes for rural and remote Australians:

- social determinants of health including older population, low socio-economic status, lower education outcomes and, higher levels of disability and chronic disease.
- lack of access to services due to distance, lack of transport, health literacy and attitudinal barriers
- difficulty in attracting and retaining health professionals to rural areas
- access to safe secure accommodation



(National Rural Health Alliance data 2020)

What are the barriers to attracting and retaining a rural health workforce?

- Professional – limited career development opportunities, limited networking opportunities, sometimes broad and sometimes narrow clinical experiences, limited supervision, professional isolation and lack of support from peers, and possible challenges to work life balance.
- Social – isolation from family and friendship networks, cultural and recreational limitations, partner's concerns including social isolation, limited career opportunities and children's education.
- Safe secure accommodation
- Financial – practice financial viability, the need to work across multiple settings with multiple sources of funding - both government and private, administrative burden and business acumen requirements, affordable accommodation.

The barriers to attracting health professionals to rural areas as well as reduced access to training and support, geographical distances and relative disadvantage mean clients out in the west are more likely to have increased health issues.

Whilst the Grampians region does not stand alone on many of the above indicators, studies continue to show higher levels of health inequality across rural areas of Australia. Limited resources and difficulties in attracting skilled health professionals means increased pressure for rural and remote services. The consortium is committed to supporting local services and to helping them overcome the geographical disadvantage by targeting Education, Skills Development and Career Progression initiatives.

2.2 The Consortium focus

The ongoing focus for the consortium remains strategic regional planning for people with a life-limiting illness, their families, carers and clinicians through the support of the five specialist palliative care service providers, RACF's and DR's to implement improved access to quality end of life care.

Though COVID-19 continued to present many challenges throughout the year it is commendable that the professionalism of staff and extremely efficient service delivery ensured that the implementation of initiatives to improve capacity and build sustainable programs was never compromised.

Improving capacity & building sustainable initiatives were:

- Increased collaboration and networking efficacy
- Career Progression funding for specialist palliative care staff, providing staff recognition, improved skill development opportunities and underpinning workforce sustainability.
- Broader sharing of information, tools and resources, delivering improved consistency across the region.
- Enhanced use of technology, in particular telehealth technologies, improving care coordination, integrated services and best practice outcomes.
- Enhanced communications practices including sharing of resources, promotion of online learning opportunities and regular updates to website, resulting in improved skills and knowledge in the Aged Care and Disability sectors and extending to GP's and Allied Health.

At the end of life all people need a community that is well informed about the palliative approach and the support to maintain links to their community. The focus becomes providing effective and relevant support and information for community, carers and families.

Strengthening community skills and knowledge initiatives included:

- Regular updates to clinicians and residential facilities.
- Improved resources for the wider community and health sector on available information and services.
- Updating our website regularly to ensure current resources are easily accessible.
- Developing communications plans and supporting services to utilising social media outlets for specific promotions.
- Engaging with the broader health and community sector, including culturally diverse.
- Promoting a greater understanding and acceptance of a palliative approach to end of life via advance care planning and community education programs.
- Promoting the PCV campaign "Palliative Care...its more than you think" and contributing seven of the 50 short videos from the state.
- Increasing the end of life dialogue across the region and educating the community that the palliative approach is everyone's responsibility.

The [Victoria's end of life and palliative care framework](#) and the GRPCC Strategic Plan 2020-25 continue to guide the consortium and support the work currently underway to meet the growing demand for palliative care across this vast region. The framework *'has a particular focus on services and asks everyone working in health, human, social and community sectors to consider the role they play in delivering end of life care.'* By implementing strategies where *'patients receive best possible end of life care, their preferences, values, dignity and comfort are respected and quality of life matters most'* the consortium initiatives sit well within this and we look forward to expanding these into the future in line with the framework.

3. Consortium Manager's Report

We are well supported in the Grampians region by the incredible professionals in our specialist palliative care services and together they deliver best practice care across the region. The consortium focus has been and continues to be one of supporting them wherever possible to ensure these improvements continue to positively impact the end of life care they provide.

Regional priorities include upskilling staff, updating resources, the implementation of a regional after-hours service and improved stakeholder engagement. Initiatives contribute to job satisfaction and subsequent retention of our highly skilled specialist palliative care staff, ultimately ensuring positive outcomes for patients, their families and carers and promoting a collaborative and coordinated approach to strengthening quality end of life and palliative.

The key initiatives of 2020–21 have been:

- Region wide collegial support and networking through the clinical advisory group.
- Ongoing resource planning for regional priorities.
- Collaboration and support around implementation of technology and skills development in response to the impact of COVID-19 supported by resources developed through the BHCI Telehealth project.
- Introduction of Communities of Practice across Residential Aged Care Facilities in response to COVID-19.
- Analysis of region wide data collection allowing for an evidence-based focus for improved service provision into the future, in particular around opportunities for care coordination and GP engagement.
- Support, funding and implementation of a Career Progression Program to assist with upskilling palliative care staff and laying a foundation for workforce succession.
- Submission for, successful funding of and development of the After-hours PalCare Pilot project.
- Significant update of the GRPCC website and adoption of an ongoing process of regular review.
- On-going support and promotion of external education, events, projects and initiatives.
- Provide support and assistance through the promotion of existing, new and improved tools.
- Significant Community engagement supported through collaboration with BHCI Communications and Engagement Manager.
- Ongoing collaboration of the statewide Consortia Managers delivering improved workshopping of current challenges and sharing of resources and project outcomes.
- Promotion of PCOC and ELDAC with some uptake across the region and the revised program for Aged Care offering an opportunity we hope to further support in 2022.
- Collaboration with Disability Residential Service providers leading to regional availability of the resources developed by the Grampians Region Disability Palliative Care Steering Committee and the subsequent sharing of the resource to state-wide consortia.
- Successful advocacy to PCV regarding the benefits of a statewide, PCV administered training calendar and hub – coming in late 2021, instigated a statewide education and events calendar, which is in early development stages by PCV.
- Support of the implementation of the *'Victoria's end of life and palliative care framework'*.

Virtual platforms continued to be embraced at the Executive, CAG, COP, statewide Consortia and statewide ADPCC level. There has been much more regular communication, engagement and collaboration with broader stakeholders including Grampians Integrated Cancer Service (GICS), Safer Care Victoria (SCV), Palliative Care Victoria (PCV), End of Life Direction for Aged Care (ELDAC), and the Palliative Care Advice Service (PCAS). Continual building on statewide Consortia sharing of knowledge, challenges and initiatives has enabled a much more consistent approach to statewide resourcing.

The effective promotion and uptake of online education opportunities and webinars has demonstrated an appetite for self-directed learning across the sector, particularly in Aged Care, that cannot be ignored. Recent engagement with the Disability sector has involved the promotion of easy to access disability specific resources via our improved website.

Community engagement activities have continued across the region, further promoting initiatives of PCV and The Groundswell Project. It has been wonderful to see two regional representatives recognised in the PCV “40 stories for 40 years” celebration.

As key sponsors of the Grampians Region Palliative Care Team’s “Where the Wild Things Are” virtual conference we also funded attendance to several stakeholders across the region, expanding the reach of the conference and the scope of consortium engagement.

This report further details initiatives undertaken and resources upgraded to better inform and support clinicians, patients, carers and the community in having a greater understanding of and attitude towards the palliative approach to end of life care.

I would like to thank Peter Armstrong of East Grampians Health Service for his continued support as Consortium Chair, through the many challenges in the region this year and the Consortium Auspice, East Grampians Health Service, in particular their finance department, for the excellent assistance and support over the past 12 months.

I would also like to thank the consortium administrator Christine Hocking for regularly going above and beyond, the Consortium Executive Group, John Koopmans, our Grampians DFFH rep., the Clinical Advisory Group and all other stakeholders, for their continued collaboration and support of palliative care in the region.

I look forward to building on the many current initiatives to further support our specialist palliative care services and all other stakeholders in the Grampians region in delivering exceptional end of life and palliative care.

Anna Gray
Consortium Manager

4. Core Activities

4.1 Clinical Advisory Group

The Grampians Consortium Clinical Advisory Group (CAG) met six times, virtually, in line with DHHS directives, throughout 2020-21. We note a higher attendance rate, perhaps a result of the absence of the need to travel.

Meetings continue to provide valuable networking opportunities for clinical staff from all five service providers and a great platform for sharing their knowledge and experiences. Experiences around COVID-19, using telehealth effectively, VAD stories, self-care strategies and education needs for staff were shared. Individual and team achievements are tabled, proving to be an excellent way to acknowledge the great things happening in the region and it has been an excellent platform for members to share the many exciting things that occur in palliative care.

The following list provides a snapshot of broad areas covered by these meetings:

- Support and sharing around consistent use of clinical tools and processes
- Input into improvements within existing resources and implementation of new resources
- Information and support for involvement in state-wide initiatives
- Input into regional planning for education and training
- Support regional data collection to assist with future planning
- Improved use of telehealth with sharing of effective and efficient processes
- Input into the development and implementation of consortium funded initiatives
- Review of consortium regional priorities

The CAG on behalf of the region extend thanks to all who have contributed to resource improvement and development during the 2020-21 financial year.

The CAG also acknowledges the excellent collaboration from the following external stakeholders:

- Western Victoria Primary Health Network (West Vic PHN)
- Central Highlands Primary Care Partnership (CHPCP)
- Grampians/Pyrenees Primary Care Partnership (GPPCP)
- Wimmera Primary Care Partnership (WPCP)
- Grampians Integrated Cancer Service (GICS)
- Shannon's Bridge
- Women's Health Grampians (WHG)
- Program of Experience in the Palliative Approach (PEPA)
- Palliative Care Victoria (PCV)
- Safer Care Victoria (SCV)
- End of Life Directions for Aged Care (ELDAC)
- The state-wide Palliative Care Advice Service (PCAS)
- Cancer Care Victoria (CCV)
- Deacon University (DU)

4.2 Regional Priorities

In February 2021, the Clinical Advisory Group reviewed the regional priorities list developed in early 2020. The aim of the list is to focus, assist and guide the consortium, the CAG and the Executive Group with planning and allocation of resources/funding to regional projects. Representation from all five funded palliative care services have had input into this review with the following outcomes:

Continuing priorities for focused activity are:

- After Hours across the region ([as per 5.2](#))
- PalCare Software Package – incorporated into the After Hours funding grant ([as per 5.2](#))
- Workforce ([as per 5.3](#))
- Data Collection Set ([as per 5.4](#))
- Increasing Referrals through Palliative Care system ([as per 5.5](#))
- New Patient Packs ([as per 5.6](#))
- Expanding Telehealth Training
- Rapid Discharge Project – (BHCI & GRPCT – external funding source) ([as per 7.3](#))
- Cancer in Aged Care – (BHS & GRPCT – external funding source) ([as per 7.5](#))

New priorities for focused activity are:

- GP Engagement ([as per 5.5](#))
- Increased multidisciplinary care coordination
- Advance Care Planning collaborative regional approach
- Death Audits in Residential Aged Care Facilities ([as per 5.7](#))

4.3 Aged Care & Disability Palliative Care Regional Project

Working closely with Residential Aged Care Facility (RACF), Disability Residential Services (DRS) and Specialist Palliative Care Services (SPCS) staff in the region, the broad focus is to build capacity, embed and strengthen the Palliative Approach by implementing long term sustainable models across the Grampians RACF's and DRS's.

With the End-of-Life Directions for Aged Care (ELDAC) Care Model already proving great success in the Bacchus Marsh RACF's, the consortium invited Jennifer Gavin, ELDAC's Project Coordinator to speak at our Executive and Clinical Advisory Group meetings. This encouraged other health services to take up the ELDAC model to achieve best practice end of life care using the improved resources and educational tools available. The Wimmera Health Care Group were successful in obtaining a \$20k grant from ELDAC to assist with implementing this care model into RACF's out in the Wimmera sub-region.

Challenges for Consortia Aged & Disability Project roles during 2020-21 remained with COVID-19 restrictions and ongoing lockdowns. Strict adherence to DHHS guidelines continued with physical distancing, facility lockdowns and no site visits, placing more emphasis on online communication to assist and support facilities with ongoing care of both residents and staff.

The main focus was to:

- Support and encourage RACF managers to use the ELDAC toolkit
- Support and encourage DRS staff to implement Grampians Disability End-of-Life Care Plan, Partnership Agreement and End-of-Life Policy and Procedure,
- Encourage all RACF & DRS staff to complete online self-directed training
- Assist with increasing the number of advance care directives in place across the region

- More advance care planning awareness in the community
- Build capacity for staff in ‘having the conversation’ with family/carers
- Encourage use of ‘Wishes Activity’ for conversation starters
- Raise awareness of referral pathways to specialist palliative care services
- Enable RACF’s & DRS’s to plan education in palliative care to ensure future sustainability
- Build external stakeholder relationships
- Support ongoing links between RACF, DRS and SPCS in the region

The consortium continued to support staff in the 59 RACF’s across the Grampians region, encouraging those where possible, to incorporate a palliative approach into their models of care. This was achieved by promoting all available online resources, education, training and the PEPA Aged Care workshop held in Ballarat.

Residential Aged Care Facilities in the region:

<p>Wimmera Sub-region: (Total 18) 13 Public 4 Private 1 Community Based Not-for-profit (Dimboola, Edenhope, Harrow, Hopetoun, Horsham, Jeparit, Kaniva, Minyip, Natimuk, Nhill, Rainbow, Rupanyup, Warracknabeal)</p>	<p>Central Sub-region: (Total 13) 9 Public 3 Private 1 Community Based Not-for-profit (Ararat, Avoca, Beaufort, Elmhurst, Skipton, St. Arnaud, Stawell, Willaura)</p>
<p>Ballarat Sub-region: (Total 23) 12 Public 10 Private 1 Community Based Not-for-profit (Ballarat, Bannockburn, Creswick, Daylesford, Sebastopol, Trentham, Wendouree)</p>	<p>Bacchus Marsh Sub-region: (Total 5) 3 Public 2 Private (Bacchus Marsh, Ballan)</p>

Disability connections were strengthened during 2020 with some palliative care services being contacted by disability providers looking for assistance with implementing COVID management plans and these continue through the appointment of the Disability Liaison Officers.

The consortium also continued to create links wherever possible, with the Disability sector to engage staff in adopting an effective and appropriate palliative approach to improve end of life care for disability residents.

Relationships have been established with Possability and Woodbine, with encouraging outcomes for future embedding of advance care planning into their admission process and the sharing of resources developed specifically for the Disability sector. This will greatly assist in strengthening a palliative approach to care for their residents.

Disability Residential Service Providers in the region are:

- McCallum Disability Services Inc.
- Melba Support Services
- Possability
- Woodbine Inc.
- Aruma

The Wimmera Palliative Care staff have also connected with Woodbine Inc. and are assisting disability staff to implement a palliative approach in the Warracknabeal residential facilities, a positive outcome for the service, the disability staff, their residents and families.

Sub-region service-based projects (as per 5.7) are commencing to create a localised approach to building and strengthening connections within our RACF and DRS. We are excited to see these deliver positive outcomes, build capacity and embed a palliative approach in all facilities across the sub-regions.

The consortium would like to acknowledge and congratulate the incredible work of care staff at all RAC & DRS facilities in the region for providing excellent care during challenging times. We look forward to continuing to build capacity and strengthen stakeholder engagement to continue to embed a palliative approach to residents care into the future to deliver improved end of life care for all in residential care facilities across the region.

5. Focused Activities

5.1 Grampians Regional Palliative Care Conference



The 2021 Grampians Regional Palliative Care Team Conference was successfully held as a virtual event, utilising RACV Goldfields as a broadcast studio on May 13-14, 2021. It was a difficult decision to move to a virtual format, and as the first online conference the Grampians Regional Palliative Care Team had managed, we greatly appreciated the support from both our sponsors and delegates. While we were not able to be physically together this year, it was still a great chance to link up with colleagues across the Grampians region, Australia and New Zealand.

The conference theme '**Where the Wild Things Are – At the fringes of palliative care**' delivered a dynamic and stimulating conference to more than 180 delegates. The conference program brought together expert speakers and included plenary sessions and panel discussions on:

- Magic mushrooms and death anxiety
- Homelessness
- End of life care in prisons
- Hope, Heart and Healing in health care
- Immunotherapy in advanced cancer
- Organ donation and the palliative care interface and much more.

Comments from delegates:

- I attend many national conferences and I found this conference of an excellent standard. It brought together the evidence base with real clinical experience and applicability. It was excellent, well done.
- This was the first 2 x day online conference I have attended and was very impressed with the whole event! Well done to all involved.
- A magnificent conference, I loved the topics - very thought provoking. I look forward to the next conference.
- Well done, it's the best event I have attended in the last 2 years.

Feedback from delegates will assist us in preparing for our 2023 conference (11-12 May 2023)



Regina Kendall, NP and Conference Chair, Grampians Regional Palliative Care Team

5.2 After Hours PalCare Project

Many people wish to receive palliative and end of life care in the comfort of their own home, supported by community palliative care services. Often they require support outside of business hours. The Department of Health (DHS) Policy and Funding Guidelines outline that community palliative care service providers must provide afterhours phone triage and support. In the Grampians region, not all community palliative care service providers are currently able to do this, potentially leading to an increased number of afterhours calls to General Practitioners (GP) and potentially avoidable presentations to Urgent Care Centres (UCC) and Emergency Departments (ED). The Grampians Region Palliative Care Consortium (GRPCC) After-hours PalCare Project aims to strengthen after hours specialist palliative care phone support throughout this region.

In March 2020 at a co-design workshop, members of the GRPCC designed an ideal future state for afterhours palliative care service delivery across the Grampians region, recognising that the ability to deliver safe, viable afterhours home visits would usually only be possible in geographically dense populations/towns.

This project has been granted funding from a West-Vic PHN grant program and the GRPCC and is scheduled to run from September 2021 – December 2023.

Project Objectives:

The Grampians Region Palliative Care Afterhours Project seeks to ensure:

- Access for patients across the region to patient specific afterhours palliative care phone support
- Palliative care patient information is available and accessible by the afterhours service providers and to the GRPCT

Key Activities:

- Funded access to Caritas After-hours Phone Triage for all participating services. This service, staffed by senior palliative care nurses operates Monday to Friday from 4:30pm to 7:15am and for 24 hours a day over weekends and public holidays.
- Funded access to PalCare patient information management software for all participating services, enabling access to region wide patients records for informed afterhours support through Caritas After-hours Triage Service and complex review by GRPCT

Key Barriers:

There are numerous key barriers to delivering localised afterhours services, including:

- Availability of appropriately qualified staff to run an afterhours service at each palliative care service
- Lack of a viable funding model to ensure both telehealth, and/or home visits service availability after hours
- Inability to predict afterhours service demand
- Variability in the type of afterhours support/care required by patients, carers and their families
- Limited access to highly specialised staff for more complex patient care requirements
- Variability in data sharing platforms for up-to-date information exchange

The GRPCC are very excited to have received funding support from the WVPHN that will make it possible to run this pilot project and ascertain evidence based data to inform the future demand. We are currently in the initial stages of gaining commitment from those individual palliative care services that wish to be involved. This project will deliver improved end-of-life care, reduce presentations to GP, ED and UCC in the after-hours space and will provide both the region and individual services with excellent research data and statistics to assist in putting a business case to secure commitment to service provision and ongoing funding beyond 2023.

5.3 Workforce - Career Progression Program

In recognition of the amazing palliative care staff in the region, the consortium were delighted to be able to offer a number of career progression opportunities for staff, on a co-contribution basis. The consortium have funded the course fees with employer and individuals required to contribute the costs of study leave and other expenses. The aim was to encourage staff to undertake further education - short courses, Certificates, Graduate Diplomas and/or any other specialist training that will see palliative care services delivered optimally across the Grampians region.

In their application for Career Progression support, staff were required to include a brief cover letter that outlined the following:

- why they chose to specialise in Palliative Care
- why they would like to undertake further education
- how the region would benefit from their chosen course undertaking

During 2020-21 the consortium has supported 12 applicants to access further education to a total funding commitment of \$75,251.08. Funding has been possible due to savings in salary costs through unfilled positions whilst recruiting.

Courses undertaken included Graduate Certificate's in Pal Care and Bereavement Counselling, Graduate Diploma's in Pal Care and Management, Effective Loss & Grief training, Specialist Certificate in Pal Care, Masters of Nurse Practitioner and Banksia Pal Care training.

The Clinical Advisory Group look forward to receiving course feedback from these applicants and their knowledge and information sharing that will benefit the whole region.

We plan to expand this initiative to also offer further education support to Aged Care clinicians.

5.4 Regional Data Collection

The Clinical Advisory Group continued to collect their own data for the sub-region, with the consortium collating the data and reporting back to the CAG for review. 2020-21 data findings were similar to the previous year.

Data Findings:

- Increased instances of care coordination during times of limited face-to-face visits
- Low referrals from General Practitioners (GP's) for all other than BHCI (see 5.5)
- Low referrals from Residential Aged Care Facilities (RACF) in some areas of the region
- No referrals from the Aboriginal or Torres Strait Islander (ATSI) community
- Limited referrals from Disability Residential Services (DRS)
- Extremely limited number of referrals with an Advance Care Directive already in place
- Limited Communities of Practice in the RACF and DRS sector
- No Volunteer specific data available

The CAG continue to explore the benefits of a balance between face-to-face and telehealth consults with the savings in travel time allowing for greater degrees of multi-disciplinary care coordination. The BHCI Telehealth project findings and resources have also been promoted throughout the region as a tool to ensure optimum telehealth protocols.

GP engagement initiatives including the direct mailing of education session flyers and the inclusion of outer region GP's into the BHCI GP Breakfast invitation list have seen increased attendances at both events.

The consortium has funded several projects (see per 5.7) scheduled to commence in 2021-22 which will further address the opportunities these indicators present.

5.5 Increasing referrals - GP Engagement

GP engagement initiatives including the direct mailing of education session flyers and the inclusion of outer region GP's into the BHCI GP Breakfast invitation list have seen increased attendances at both events, perhaps in part to the virtual nature of these opportunities increasing accessibility.

➤ PEPA GP Workshops

There have been five GP workshops promoted across the region via a mail out and the Clinical Advisory Group to their GP networks. As these were provided online during 2021 it was easier for interested GP's to attend from anywhere in the Grampians region.

Topics included were: Palliative Care for General Practitioners, Pain Management in Palliative Care and Symptom Management at the End of Life for GP's.

➤ GP Breakfasts:

In the past these have been held in Ballarat and run by Ballarat Hospice Care Inc. (BHCI). As these Breakfast sessions converted to virtual, BHCI were able to offer region wide GP's attendance. These

were promoted by Clinical Advisory Group members and via a mailout, utilising WestVicPHN GP data. There were 102 participants across 10 sessions for the year.

Topics included were: Antipsychotics – old and new, Opioid Replacement Therapy in Palliative Medicine, Ballarat Hospice Care & COVID, Working at Arm’s Length, Palliative Sedation Therapy, General Practice and End of Life Home Care, Advanced Prostate Cancer, Rapid Discharge and What is a spiritual question?

These were facilitated by: Palliative Care Physicians and health professionals from BHCI, GRPCT, Shannon’s Bridge and BRICC.

5.6 New Patient Packs

As part of the consortium’s regional priorities the Clinical Advisory Group has been looking to review palliative care services new patient packs. The aim of this process is to create a centralised resource tool of suggested possible inclusions to complement existing packs used by palliative care services and to make it simple to customise packs to patient specific needs. This will be accessible on the consortium website and will allow for improved consistency in what patients, families and carers are receiving across the region.

This has been initiated in response to the improved resource distribution and sharing at the statewide Consortia Managers level. The Clinical Advisory Group hope to workshop the resource/tools list at a face-to-face meeting however this has been put on hold until restrictions allow. This resource will be an invaluable tool for our specialist palliative care services and will improve person-centred care across the region.

5.7 Local service based Aged Care and Disability projects

The consortium called for Expressions of Interest for projects to support best possible end of life outcomes. Ideally based within regional health, disability services or existing specialist palliative care services, these initiatives will work collaboratively to provide improvement to outcomes for residents, carers and families across both public and private sectors across the region.

The main focus is to deliver broader local solutions by implementing some or all of:

- Facilitation of Palliative Care focussed care coordination meetings monthly that include GP’s, RN’s, Allied Health and Specialist Palliative Care support
- Promotion and support of Advance Care Planning activities across the broader community including disability
- Facilitation and support of Rapid Discharge
- The gathering of evidence-based data to inform and underpin continuous improvement and education opportunities (Death Audits)
- Grief and Bereavement support in residential aged care and disability residential services
- Promotion of a palliative approach in RACF, using the ELDAC and PCOC frameworks
- Training and embedding of sound telehealth practices across SPCS’s RACF’s and DRS’s

The consortium received strong interest for four projects which have now been funded and are due for implementation during 2021/2022. Progress will be reported and findings shared through the CAG.

We look forward to working with these services and collaboratively delivering outcomes from the following projects:

- **BHCI – improve end of life care in disability sector** – this project will be building on the previous work undertaken by the consortium to create connections to improve end of life care for vulnerable people and those living with a disability. Value adding in the Ballarat region as well as sharing findings to support and inform other services to enable improvement in their sub-regions.
- **EGHS – Proactive Palliative Care Pathway Project** – this project will be looking to increase Advance Care Planning and provide Grief and Bereavement support in RACF and DRS throughout the Central Grampians Palliative Care catchment as well as to introduce Rapid Discharge from acute. Value adding to the Central sub-region to improve service delivery and provide best practice outcomes for residents and their families as well as sharing findings with other health services across the region.
- **DjHS – ‘I Did it my Way – Voluntary Assisted Dying Stories’** – this project is a response to several families coming forward and expressing an interest to record their experience with VAD. GRPCC have co-funded this project as a generous donation was received from one family who hoped to start telling their stories to assist others considering VAD and to support and educate clinicians. Value adding to the whole of the Grampians region this will provide a resource for families/carers and clinicians to support and inform patient choices.
- **WHCG – Best Possible End of Life and Bereavement outcomes in the Wimmera region Residential Aged Care and Disability facilities** – this project is looking to improve knowledge and skills in a palliative approach and introduce a bereavement support program into RACF’s and DR’s. Value adding to the Wimmera sub-region will assist with improving service delivery and providing best possible outcomes for residents and their families also sharing findings that will benefit the whole region.

6. Service Support Activities

6.1 Program of Experience in a Palliative Approach (PEPA)

The consortium has continued to strengthen our stakeholder engagement with PEPA even though we have once again endured the challenges of providing education under COVID-19 restrictions. There have been several attempts to offer education in Ballarat, only managing the one as all others required cancelling due to lockdowns. In late 2020 PEPA converted most workshops to online for health professionals, which the consortium promoted region wide.

➤ **Palliative Approach in Aged Care Workshop**

There have been five online and one face to face workshops held this year assisting attendees to acquire knowledge, skills and confidence in providing palliative care. The Ballarat workshop in May was fully booked, almost instantly, giving a strong indication that Residential Aged Care staff value and are seeking this level of skills development and knowledge in order to give their residents the best level of care possible.

Topics included:

- Principles of palliative care
- Communication
- Providing care
- Advance care planning

- End-of-life care
- Ethical issues in palliative care
- Caring for yourself

➤ **Culture Centred Care Workshop – CALD**

This face to face workshop in Ballarat has been cancelled several times due to lockdowns. The consortium is looking forward to assisting with rescheduling as soon as it is possible.

Topics covered will include:

- How cultural values and world views affect experience and expectations of palliative care;
- How to elicit culturally significant information in a sensitive way;
- How to plan for the culturally relevant needs of clients, families, and friends; and
- How to identify when a communication problem is occurring and apply effective strategies to resolve it.

➤ **General Practice Workshops**

There have been five GP workshops provided online during 2021 which were promoted throughout the Grampians region GP networks.

These included:

- Palliative Care for General Practitioners
- Pain Management in Palliative Care
- Symptom Management at the End of Life for GP's

These workshops have recently been promoted via direct mailouts, an initiative which has seen improved GP engagement with one workshop involving of our regions GP's, a clear sign that regional GP's have an appetite for targeted Palliative Care education opportunities.

➤ **PEPA Placements**

COVID-19 restrictions over the past 12months have seen most regions experience a reduction in PEPA placements with no placements occurring between July – Dec 2020 across the state. During Jan – June 2021 the Grampians region managed two placements, one enrolled nurse and one pharmacist. We look forward to improved uptake in the coming year for more placements within our services, hopefully increasing the number of health professionals either moving into a palliative care career or embracing and promoting the palliative approach.

6.2 Education & Training

➤ **Regional Consultancy Team**

The Grampians Regional Palliative Care Team (GRPCT) remains the major provider of education and training for health professionals in this region, with a varied and comprehensive program. The consortium has supported the regional team, assisting with promotion of all GRPCT training. This has predominantly remained virtual during 2020-21 and, as such, has addressed the required needs of staff across the region and beyond.

The GRPCT have continued to educate in many creative ways achieved by offering E-Pal newsletters, webinars, online resourcing and their amazingly innovative virtual conference.

E-Pal newsletter topics have included:

- Advance Care Directives – Cate Manton CNC
- Opioid Replacement Therapy in Palliative Medicine – Dr Eve Westland

- Death Customs from around the World – Stacey Vincent CNC
- Hey Spiro, You're in Gandarra – Is Everything Ok? – Dr Spiro Tsipouras
- Homelessness – Palliative Care on the Fringes – Julia Johnston CNC
- Carer Help – Regina Kendall NP
- My Transition from Acute Care Nursing to Palliative Care Consulting – Stacey Vincent CNC
- Reflections on 2020 – Rachel Fishlock Manager GRPCT & ACAS
- Where Will I Die – Lawrence Habegger NP
- Organ Transplant, Dialysis and Palliative Care – A Personal Account – Julia Johnston CNC

GRPCT conducted five webinars during 2020-21, which assisted approx. 150 health professionals in advancing their skills in knowledge in the palliative care area.

Webinar topics covered were:

- Challenging Communication during the Pandemic – A Practical Guide for Residential Aged Care
- Pain Q&A with Dr Penny Cotton
- Symptom Urgent Review Clinic (SURC) with Sue Bartlett
- Opioid Agonist Treatment in the Palliative Care Setting
- Aboriginal Culture

The highlight this year was the incredibly successful bi-annual palliative care conference '**Where the Wild Things Are**' (as per 5.1), which was held virtually. It is a credit to the hardworking, dedicated staff at the regional consultancy team that they were able to deliver such a successful two-day virtual conference for 180 attendees.

The consortium supports the GRPCT conferences as a major sponsor. This year we also offered attendee sponsorships to 15 specialist palliative care staff and 10 stakeholders from the broader community. Feedback from participants has been outstanding and we congratulate them on this great achievement and look forward to supporting the 'Back to the Future' conference in May 2023.

➤ **COVID-19: Prevention and Outbreak Management Planning for Residential Aged Care Services in the Grampians Region**

Following the Bill Crawford Lodge Covid-19 outbreak in 2020, Ballarat Health Services (BHS) in conjunction with Safer Care Vic. (SCV) conducted a training session in August for RACF staff, with 99 people attending the live webinar. Facilitated by Leanne Shea – Health Incident Commander and Chief Nursing & Midwifery Officer BHS along with several BHS specialists, this invaluable session was extremely well received and has assisted in preparing and resourcing facilities across the region should additional outbreaks occur. This webinar was recorded as a state-wide COVID-19 resource and can be accessed at <https://vimeo.com/454632326>.

➤ **Active Bystander Training**

As a member of the Communities of Respect & Equality (CoRE) Alliance, the consortium has made a commitment to promoting safe, equal and respectful communities in the Grampians Region. In response to feedback that some staff had found themselves in challenging situations whilst caring for clients we contracted WHG to deliver a virtual bystander training session to 17 staff across all palliative care services.

What is an active bystander:

- A bystander is a person who is present and witnesses something but is not directly involved.

- An active bystander is someone who takes action after witnessing or hearing about an incident of sexist, sexually harassing behaviour or discriminatory behaviour.
- Active bystanding also includes taking action to challenge a culture that supports sexist and sexually harassing behaviours.
- Active bystanding does not involve physically restraining someone and does not include hostile or aggressive responses.

Feedback was very positive and all who attended would highly recommend this training for any health professional and the wider community.

6.3 Consortium Website

The GRPCC website, with a more user-friendly look remains a valuable resource and information tool and continues to be updated on a regular basis. During the pandemic it has become invaluable in promoting available online education and training, including webinars, training videos and many other learning tools.

The GRPCC website currently provides a platform to access tools, resources and online learning in the following areas:

- Advance Care Planning
- Starting the Conversation
- ELDAC – Residential Aged Care tools
- Carer Help resources
- Self-Care strategies
- Disability Support resources
- Palliative Care eLearning
- COVID-19 support and training
- Family and Carer support resources

We have continued to promote state-wide and national events such as:

- The GRPCT “Where the Wild Things are” online conference
- National Palliative Care Week – “It’s more than you think”
- Palliative Care Vic. – 40 years’ celebrations
- Palliative Care Vic. – “Take the Time to Talk” campaign
- Fight MND
- The Groundswell Project – Dying to Know Day

Important resources frequently accessed are:

- [Regional Referral Form](#) – to refer to any of the community palliative care services
- [Wishes Activity](#) – a popular advance care planning tool for conversation starters
- [Recruitment Video](#) – why choose palliative care as a career path
- [A guide for Carers video](#) – a series of videos to assist family to care for loved ones at home
- [Safe Administration of Subcutaneous Medications](#) – a carer package developed by GRPCT

The website also promotes important DHHS links such as:

- [Medical Treatment Planning & Decisions Act 2016 documents](#)
- [VAD Health Practitioner Information](#)
- [COVID-19 information](#)
- [Palliative Care Advice Service](#)
- [Aged Care Sector COVID-19 Information](#)

6.4 Regional Resources

Support and advice during the global pandemic have been extremely important for all health professionals. The GRPCT, BHCI, state-wide Consortia Managers and ADPCC networks resource sharing that has occurred has proven invaluable to many. These high-quality resources of clinical integrity, shared in a timely manner, directly assist with optimal end of life care across the region and in some instances across the whole of Victoria.

Maintaining easy to access resources for health professionals, palliative care clinicians, patients, carers and families to access easily has been a priority. Tools and resources that many people across the region continue to access include:

- Advance Care Planning – Wishes Activity
- A Guide for Caring for People at the End of Life – DVD ([GRPCC website](#))
- Safe Administration of Subcutaneous Medications Carer Package – ([GRPCT website](#))
- Symptom Action Plans – regional template
- Grampians Region Community Palliative Care Referral Form ([GRPCC website](#))
- BHCI Telehealth resource – Training modules
- Grampians Navigation Quick Reference Tool (West Vic PHN website)
- Grampians Region Palliative Care Disability documents including the new
- Disability resources including TEL (Talking end of Life) for Disability and PCV Valid Easy English resources ([PCV website](#))
- Quick reference Guide for End-of-Life Care – COVID-19 (Dr Penny Cotton)
- Carers Help Website
- ELDAC website and RACF toolkits
- Grampians Region VAD Coordinator – Gillian Coult
- State-wide Palliative Care Advice Service

6.5 Palliative Care Advice Service (PCAS)

The Palliative Care Advice Service (PCAS) was established on behalf of DHHS by the Royal Melbourne Hospital and operates through the Parkville Integrated Palliative Care Service. The aim of the advice service is to enhance palliative and end of life care for all Victorians, especially in regional and rural areas.

The advice service will do this by:

- providing the general public and clinicians with access, when they need it, to specialist information, guidance and support.
- reducing avoidable presentations to emergency departments.
- supporting people to be cared for and to die in their place of choice.

Consortium members' met with Esther McMillan-Drendel, Nurse Unit Manager of PCAS, by virtual means last year, and were briefed about this newly established resource. The Clinical Advisory Group agreed to include a flyer in their new patient packs, ensuring patients, carers and families quick and easy to access to after hours phone support if needed. These flyers, prepared by the consortium, were co-branded with local service details and were subsequently updated to include the [new PCAS website](#), when it was launched in early 2021. The service does not provide patient specific phone triage, but regularly supports clinicians with specialist palliative care guidance and families with general information and referral pathways.

7. Funded Regional Service Initiatives, Research & Innovation

The consortium has been able to provide funding support and assistance to a broad range of service-based initiatives which effect improved provision of palliative care within this region, and even more broadly, across the state and nationally.

Department of Health and Human Services (DHHS) directly funded initiatives which have occurred in the Grampians region are included.

7.1 MND – Shared Care Worker

At the end of 2020, there were 10 people living with MND in the Grampians region (as registered with MND Vic). A look at the figures for the past five calendar years shows that the numbers regionally can vary from year to year.

Year end	Grampian's region
Dec 2016	17
Dec 2017	15
Dec 2018	11
Dec 2019	9
Dec 2020	10

The Motor Neurone Disease Shared Care Worker (MNDSCW) is a health professional with advanced knowledge of MND and Palliative Care, or advanced knowledge of Palliative Care with an interest in MND and the willingness and ability to undertake further training & development.

This role actively supports health professionals, support staff (medical/nursing, allied health, personal carers, case managers etc.) and people living with MND and their families. This is a one day per week role, dependent upon ongoing funding, and therefore is best suited to sit within a specialist palliative care service where there is capacity to add it to an existing part time role. The role currently sits with Ballarat Hospice Care Inc.

The Grampians MNDSCW is guided and supported by the MND Vic. – Regional Advisor and has ongoing education and training in the form of:

- Regular interaction & learnings from other MNDSCW's from across the state.
- MND Australia National Conferences

7.2 Regional Research & Development

Specialist palliative care services within the Grampians region are constantly looking at ways to improve service delivery to patients, their carers and families. The research around COVID-19 globally has been shared through Safer Care Vic., the state-wide Consortia Managers and ADPCC groups. This allows our regions health professionals to stay informed and responsive to the challenges they face in providing optimal care to their patients.

Service providers and external stakeholders across our region regularly take on research grants to improve best practice palliative care service delivery such as those listed below.

Research projects completed, being rolled out across the region are:

- Telehealth Project BHCI 2018-19 – (training manuals utilised region wide)
- Rapid Discharge Project – BHCI & BHS 2020-21 (yet to be rolled out) ([as per 7.3](#))

Research projects currently in progress or commencing in the region are:

- Palliative Care After Hours Project – (West Vic PHN grant & GRPCC funding) (as per 5.2)
- Localised Service Based Aged Care and Disability Projects – (GRPCC) (as per 5.7)
- GICS Palliative Care Project – (DHHS funded) (as per 7.4)
- BHS-GRPCT Cancer Research Grant – (BRICC grant) (as per 7.5)
- Cancer Care Vic. Peer Support Pilot – (GICS grant) (as per 7.6)

The consortium support and encourage these research undertakings and very much looks forward to exploring the findings with the CAG and the possible positive outcomes they may deliver to improve and strengthen best possible end-of-life care.

7.3 Rapid Discharge Project – BHCI & BHS

Project title: Sustainable Service Integration to meet the choices of people requiring palliative care and wanting to be discharged from acute hospital to home for ongoing care and to die at home: Rapid Discharge

Lead: Ballarat Hospice Care Inc. (BHCI)

Partners: Ballarat Health Services (BHS); Grampians Regional Palliative Care Team (Ballarat Health Services)

Funding: Victorian Department of Health and Human Services (DHHS), 2019 Palliative Care Service Innovation and Development Grant

Duration: September 2019 – July 2021

Ethics: Approved by the Ballarat Health Services and St John of God Healthcare Human Research Ethics Committee (ERM 64367)

Patient-centred care is about providing the best care possible while considering patient needs and preferences. This includes being cared for and dying in one's place of choice. Being cared for and dying in one's preferred location is considered an integral part of living and dying well. Many people wish to die in their home as they often have a strong connection to this place. Home offers a sense of belonging and social connection, familiar people, objects and surroundings, which is especially comforting at this time. However, when approaching the end of life, planned hospital admission as well as unexpected presentations to the Emergency Department and hospital stays are common.

This project is concerned with limiting preventable visits to the Emergency Department and inpatient hospital stays, while supporting the timely, smooth, safe and sustainable return of people with an advanced life-limiting illness back home; especially when the patient and family identify that their preferred place of care and/or preferred place of death is within the community or 'home'.

A comprehensive literature review on enablers and barriers to the discharge from acute hospital to home of patients who are at the end of life was conducted. The learnings were used to develop data collection tools to identify local barriers and enablers.

Data was collected through:

- the consultation of Project Steering Committee members on their experiences and knowledge of local barriers and enablers;
- a BHCI and BHS organisational procedural and governance documentation audit
- a retrospective patient record audit of 2019 BHCI patients who died in hospital to identify processes that are enablers and barriers to patients achieving their preferred place of death;
- a prospective patient record audit on the hospital admission and discharge journey of BHCI patients;
- a hospital BHS healthcare worker survey;

- patient, family and carer semi-structured interviews.

To shed light on barriers and enablers limiting preventable Emergency Department visits and inpatient hospital stays, information was gathered through conversations with experts.

Based on the identification of local barriers and enablers from the perspective of BHS, BHCI staff as well as patients, their carers and families:

- BHCI processes were reviewed and strengthened to support staff, partnerships and resources in readiness to respond to discharges from acute hospital;
- processes were strengthened at BHCI to prepare for and respond effectively and efficiently to receive and accept the referral of new patients who wish to leave hospital to receive end of life and palliative care at home;
- pathways, processes and tools were developed.

The consortium looks forward to sharing these findings with other palliative care services and acute settings across the region. To improve and strengthen palliative care for all patients we anticipate these rapid discharge processes will be rolled out by all health services across the Grampians region.

7.4 Vic. Integrated Cancer Service (VICS) – Palliative Care Project

The consortium has been supporting the Grampians Integrated Cancer Service (GICS) to run this project in the Grampians region. The VICS project proposal titled '**Palliative Care - increasing timely and appropriate referral to palliative care for people with metastatic or progressing cancer**' was initiated in 2019. The timelines for this project have been affected by COVID-19 and therefore extended to allow for a complete evaluation.

The first phase of the scoping project was completed in early 2021. The palliative care referral audit explored a number of elements of advance care planning in services that deliver acute cancer care and treatment. In the Grampians region this involved the five larger health services, Ballarat Health Services, St. John of God Ballarat, East Grampians Health Service, Stawell Regional Health and Wimmera Health Care Group.

The final report is in preparation which will provide the region with recommended outcomes to improve and strengthen palliative care referrals and care for cancer patients. The consortium looks forward to providing ongoing support through the implementation process of all outcomes from this scoping report and continued strengthening of our engagement with GICS.

7.5 Cancer Research Grant – BHS-GRPCT

Does the integration of Specialist Palliative Care improve the outcomes of patients in Ballarat Health Services Residential Aged Care Facilities undergoing Cancer Treatments?

The Grampians Regional Palliative Care Team (GRPCT) successfully obtained a research grant to investigate how the expansion of existing services provided by GRPCT could improve the care of Ballarat Health Services (BHS) patients living in residential aged care undergoing cancer treatments.

With full support from Ballarat Regional Integrated Cancer Centre (BRICC) the research will explore how routine referral of cancer patients to the GRPCT impacts on symptom management, family satisfaction, residential aged care staff confidence, and health care resource usage.

Due to COVID-19 commencement of the project was delayed, however with ethics approval GRPCT are now continuing. Presently in the recruitment phase the first patient will be entered onto the research project in early September.

The principle investigator for the research project is Regina Kendall, and she can be contacted for further information through the Grampians Regional Palliative Care Team.

7.6 Peer Support Pilot Project – Cancer Care Vic. (CCV)

CCV has received funding from Grampians Integrated Cancer Service (GICS) to scope this pilot, which will **explore how peer support can be optimised for carers of cancer patients receiving palliative care**. The project will contribute to the evidence base for peer support programs and will inform the development of a tailored peer support program for carers of palliative patients in rural and regional Victoria. It is anticipated that programs developed will also have broader applicability across the state.

Research (and professional experience) tells us that if a person is caring for someone with advanced cancer, their likelihood of experiencing increased distress, anxiety or depression can be profound, and often is greater than the overall distress experienced by the patient themselves. This is further compounded for those living in rural and regional areas as we know that they are less likely to have support services nearby, may be physically isolated and where support services do exist, they may be less likely to be drawn on.

Volunteer-led peer support is a vital part of supportive care and is recognised as an important pathway for patients and carers to feel less isolated, learn coping strategies and share information with someone who has a lived experience. It also has benefits for the peer volunteer. Despite the known benefits, available options for those who are caring for palliative patients are limited, particularly for people living in rural and regional areas.

Aims of the study:

To gain more understanding about:

- the lived experience of regional and rural carers of people receiving palliative care for cancer,
- the role of peer support in meeting carers' needs in regional and rural settings,
- how future peer support models can be structured with consumers to meet their unmet support needs.

Participants:

The study is looking to recruit 20 carers and 5 clinicians:

- **Current carers of palliative cancer patients** that live in one of the following LGAs: Ararat, Ballarat, Golden Plains, Hepburn, Hindmarsh, Horsham, Moorabool, Northern Grampians, Pyrenees, West Wimmera and Yarriambiack
- **Clinicians working with patients receiving palliative care**. 'Clinician' includes medical oncologists, surgeons, nurses, allied health assistants and other health professionals working in palliative care

The pilot was granted ethics approval in May 2021 and the Clinical Advisory Group members are currently promoting the study to potential participants: carers and clinicians within their palliative care services. Deakin University (DU) will be conducting the interviews, analysing, and reporting their findings back to CCV and GICS. Completion of this project is expected by the end of February 2022.

The consortium looks forward to building stronger stakeholder engagement with CCV and DU during this project and are very excited about the opportunity of these findings improving outcomes for carers of cancer patients across the region.

8. Community Based Initiatives

The consortium continues to be supportive of community-based activities with many virtual initiatives happening throughout the region in line with our community focus:

People with a life-limiting illness spend most of their time with family, friends, and acquaintances in their own community at home, including disability and residential aged care facilities. Building community capacity in relation to life-limiting illnesses, dying, death and bereavement leads to better support and positive outcomes for people with a life-limiting illness.

Benefits of a community awareness approach to palliative care include:

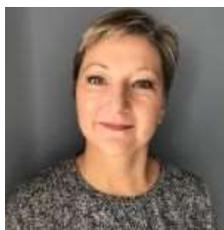
- avoiding unwanted hospitalisation/treatment,
- making and communicating appropriate care plans before future potential loss of decision-making capacity,
- appointing a medical treatment decision maker to provide care that is consistent with your values and preferences,
- putting in place an advance care directive,
- relieving family burden,
- dispelling myths and improving understanding of facts,
- respecting a person's choice to die at home,
- personal peace of mind,
- autonomy and dignity at the end of life.

Building capacity and strengthening partnerships between local communities and the specialist palliative care services (SPCS's), significantly 'value-adds' to the provision of quality end of life care across the whole region.

8.1 Palliative Care Vic. – Celebrating 40 years with 40 stories

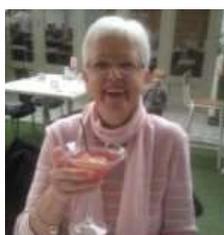
Palliative Care Victoria celebrated its 40th Year Anniversary in 2021 by compiling 40 stories from 40 of those involved in providing palliative care to Victorians over the past 40 years. Contributors come from across the health sector and included: nurses, counsellors, allied health, volunteers, doctors, educators, researchers and administrators. The stories have been a reflection on the past, what drives them and what they see for the future of palliative care.

Two representatives from the Grampians region took part in this initiative:



Regina Kendall has worked in the healthcare industry for over 32 years, with the past 16 dedicated to palliative care. She is now based in Ballarat and works with the Grampians Regional Palliative Care Team in a regional specialist consultancy palliative care position.

[Click here to read more](#)



Carol Cracknall, a palliative care volunteer with Ballarat Hospice Care Inc. for 12 years, plays a very special part in the patient's end of life journey.

[Click here to read more](#)

8.2 Compassionate Communities

The Charter for Compassion is a document and worldwide movement designed to restore not only compassionate thinking but, more importantly, compassionate action, to the centre of our lives.

Compassionate Ballarat is a member of the Australian and Global Charter for Compassion movements. Ballarat has completed the process of formally signing the global Charter - in so doing it joins the over 430 compassionate cities around the world in its pledge to identify and solve social issues through compassionate action.

COVID Wellness Webinars:

These 30-minute webinars were produced over 14 weeks from the beginning of the COVID-19 lockdown. They offer, mainly Ballarat residents, sharing useful information, music, mindful resources and community connections. These webinars are available to view on the website: [Compassionate Ballarat COVID Wellness Webinars](#)

8.3 Dying to Know Day

Every year in August [The Groundswell Project](#) initiate a 'Dying to Know Day' theme to assist and encourage stakeholders, including state-wide Consortia, palliative care service providers and community groups, to promote the importance of and need for end of life conversations.

The annual day which falls on 8th August each year, is dedicated to activating conversations and community actions around death, dying and bereavement. As COVID-19 restrictions had come into play for all community events, August 2020 meant creative ideas were required to continue promoting these conversations. The Groundswell Project initiated the theme 'Dying to Know Day 2020 Home Delivered'. The consortium supported and promoted this theme among the regions Clinical Advisory Group, palliative care services providers and the community. All events were online which included interactive webinars, advance care directive education sessions, death cafés and conversations around death. These events were promoted on websites and social media platforms across the region.



On the 11th August 2020 an 'Online Death Café' was facilitated by Annie De Jong, CEO Ballarat Cemeteries and Penny Cotton, Palliative Care Physician, Ballarat Health Services. They commenced the session with a brief introduction on topics of death and end of life planning. Before the event commenced people were encouraged to submit their questions around death, dying and bereavement for open discussion. Congratulations to Annie and Penny for running this excellent community initiative during such challenging times.

Always Remember – the most important thing is to have the conversation

8.4 National Palliative Care Week

During the last week of May 2021, the consortium supported National Palliative Care Week (NPCW) in a variety of ways, with the retained theme of **"Palliative Care It's more than you think."**

Once again, the Grampians region palliative care staff used their creativity with virtual promotions due to the pandemic. Services strongly promoted NPCW with platforms such as:

- Local newspaper articles by all services – good news stories
- Website promotional articles by all services
- Individual Health Service staff newsletters & social media
- Distributing "Wishes activity with cookie" promotion to cancer patients



To coincide with NPCW Palliative Care Victoria (PCV) launched a [new media campaign](#) to challenge perceptions about palliative care. This was in the form of 3-4 minute TV advertisements statewide as well as launching the – **"Palliative Care It's more than you think"** website, which have been promoted throughout the region by our Clinical Advisory Group members.

The consortium finished off the week with show of appreciation to 101 palliative care staff and advocates across the region for their dedication and for the excellent care and support given to patients, families, carers and other clinicians.



This year we celebrated by distributing lapel pins to all palliative care staff with a special message of appreciation for their dedicated service. Angel pins to the female staff and lapel ribbons to the male staff.

Celebrating Palliative Care Week 2021
*Thank You
for all that you do!*



These were hugely appreciated by all staff and Executive with feedback confirming they felt recognised and value, particularly during these challenging times.

8.5 Message Stick



The message stick, pictured above, represents a commitment of the GRPCC to collaborate with Aboriginal Community Controlled Organisations (ACCOs) and First Nations communities. The message stick was gifted to the consortium by VACCHO in 2013.

Currently the message stick and the message stones are displayed in the foyer area of the new Ballarat Palliative Care Hub where Ballarat Hospice Care Inc. and the GRPCC are based.



9. Other Specific Groups

9.1 Culturally and Linguistically Diverse (CALD)

The consortium continues to build relationships with peak bodies to understand the needs of the Grampians culturally diverse communities at end of life, even though the Grampians region has a relatively small number who are from non-English speaking backgrounds.

A **PEPA Culture Centred Care (CALD) Workshop** targeting health professionals was scheduled for April 2020 and re-scheduled to take place in Ballarat during June 2021, however due to restrictions on face-to-face workshops has been postponed again. The June date was fully booked with registrants from across the region, who will be given priority on a re-scheduled date when pandemic restrictions allow.

This will provide the regions health professionals with skills and knowledge in the following:

- How cultural values and world views affect experience and expectations of palliative care;
- How to elicit culturally significant information in a sensitive way;
- How to plan for the culturally relevant needs of clients, families, and friends; and
- How to identify when a communication problem is occurring and apply effective strategies to resolve it.

The consortium continues to update our website with resources and information for the CALD community, including links through to cultural websites such as the Centre for Cultural Diversity in Ageing.

9.2 Aboriginal and Torres Strait Islander (ATSI)

The GRPCC acknowledges the Aboriginal and Torres Strait Islander people as the first inhabitants of this nation and the Traditional Custodians of the land on which we work and live. We pay our respects to their Elders, past, present and emerging. We want to express our gratefulness for sharing the land, and our sorrow for the cultural and spiritual costs of that sharing.

Approximately 1.46% of the region's population is Aboriginal or Torres Strait Islander, with numbers being broadly distributed across the region (See Table 5). The consortium continues to support PEPA with promoting any upcoming education within the region. During 2020-21 the delivery option for PEPA has continued to be education online.

A **PEPA Culture Centred Care - Aboriginal and Torres Strait Islander Perspectives Workshop** targeting Palliative Care providers, and healthcare professionals who care for Aboriginal and Torres Strait Islander people with a life-limiting illness was promoted across the region.

Topics included:

- Impact of history and intergenerational trauma
- Importance of kinship and community
- Culturally Appropriate Communication
- 'Sorry Business'



The consortium looks forward to continuing to strengthen relationships with PEPA and the ATSI communities throughout the Grampians region.

An **Aboriginal Culture webinar** was run by the GRPCT in June 2021 and presented by Emma Leehane – BHS Aboriginal Liaison Officer. Emma is a Yorta Yorta woman; her field of expertise is education, and she has been teaching in various capacities over the last twenty years.

Emma and her team are committed to providing culturally safe and appropriate healthcare to the community and strive to continually improve the pathways for Aboriginal and Torres Strait Islander people in the health system.

Table 5: *Aboriginal and Torres Strait Islander population in the Grampians Region* (source: ABS 2016 census)

ACCO name	Catchment area local government areas	Number of Aboriginal persons (approx.)
Ballarat and District Aboriginal Cooperative	Ballarat City Council, Golden Plains Shire, Moorabool Shire, Hepburn Shire	2,599
Goolum Goolum Aboriginal Cooperative	West Wimmera Shire, Horsham Rural City Council, Hindmarsh Shire, Yarriambiack Shire	568
Budja Budja Aboriginal Cooperative	Ararat Rural City Council, Pyrenees Shire, Northern Grampians Shire	575

10. GRPCC 2020-21 Financial Statement

INCOME	
	Government Grants
DHHS GRANT – Palliative Care Consortia	139,189.50
DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability)	119,444.87
<u>Total Government Grants</u>	\$ 258,634.37
	Other Income
Salary & Wage recoveries (Workcover)	18,836.87
Refund (Career Progression Program)	6,272.00
Reimbursement (Aust. Post expense card)	990.00
<u>Total Other Income</u>	\$ 26,098.87
	Total Income
	\$284,733.24
EXPENDITURE	
Regional Projects – After Hours Pal Care Project	5,117.05
– Career Progression Program (x12)	75,251.08
– GRPCT bi-annual conference sponsorship	5,000.00
– GRPCT conference attendance sponsorship's (x25)	6,149.09
– CoRE Active Bystander Training-WHG (x17)	662.00
– National Palliative Care Week initiative	640.50
– GP Engagement	50.00
– SPCS Referral Pads	50.50
– Regional Service Based Projects * (Total x4)	167,577.48
* (BHCI \$51,992.00)	-
* (EGHS \$57,105.00)	-
* (DjHS \$2,820.00)	-
* (WHCG \$55,660.48)	-
Membership Fees – PCV	250.00
Rent Expense	6,000.00
General Administration/I.T. Communications	2,147.10
Motor Vehicle Expenses	6,170.34
<u>Total Direct Expenses</u>	\$ 275,065.14
	Salaries & Wages
Salaries	100,421.57
Superannuation Expense	9,527.62
Workcover – Premium	1,779.09
<u>Total Salaries & Wages</u>	\$111,728.28
	Total Expenditure
	\$386,793.42
	Operating Surplus / (Deficit) for 2020-21
	\$ (102,060.18)
Program Surplus carried forward as at 30/06/2020	267,063.20
Carers DVD upgrade (returned underspend from 2018-19 GRPCC regional project)	15,806.24
Surplus Disability funding (held in trust from 2018-19)	23,700.59
<u>Adjusted Surplus carried forward as at 30/06/2020</u>	\$306,570.03
	Total Program Surplus as at 30/06/2021
	\$204,509.85

11. Consortium Membership and Structure

Committee of Management for 2020-21

Membership:

Consortium Executive Group: (CEG)

Chair: Peter Armstrong, Director of Clinical Services, East Grampians Health Service

Michelle Veal, Operations Director Community & Sub Acute Ambulatory, Ballarat Health Services

Tony Tuohey, Director of Primary and Community Care, Wimmera Health Care Group (6mths)

Sarah Kleinitz, Director of Primary and Ageing Services, Wimmera Health Care Group (6mths)

Carita Clancy, Executive Officer, Ballarat Hospice Care Inc.

Doris Vella, Director of Ambulatory Care, Djerriwarrh Health Services

Carmel O’Kane, (Clinical Advisory Group Chair) Wimmera Health Care Group

John Koopmans, Department of Health & Human Services

Anna Gray, Manager, Grampians Region Palliative Care Consortium

Clinical Advisory Group: (CAG)

Chair: Carmel O’Kane, Manager, Wimmera Cancer Centre and Wimmera Palliative Care Service,
Wimmera Health Care Group

Rachel Fishlock, Interim Manager, Grampians Regional Palliative Care Team, Ballarat Health Services

Cate Manton, Clinical Nurse Consultant, Grampians Regional Palliative Care Team, Ballarat Health
Services

Mel Mattinson, Clinical Operations Manager, Ballarat Hospice Care Inc.

Sandi Olney, Clinical Nurse Consultant, Djerriwarrh Community Palliative Care Service

Jane Miller, Manager, Community Nursing, East Grampians Health Service

Leanne Mouritzen, Team Leader, Central Grampians Palliative Care, East Grampians Health Service

Anna Gray, Manager, Grampians Region Palliative Care Consortium

12. Member Services

Ballarat Health Services (BHS) – Drummond Street North, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

Ballarat Health Service	Grampians Regional Palliative Care Team (GRPCT-Regional Consultancy Team)	Team Manager - 0.4 EFT Pal Care Physician - 1.6 EFT Clinical Nurse Consultant - 2.8 EFT Nurse Practitioner - 1.8 EFT Spec. Cert. Pal Care - 0.8 EFT Admin - 1.8 EFT	48,623km ²	Population 247,034	
	Gandarra Specialist inpatient Unit	Nursing - 22.5 EFT Pal Care Physician - 0.4 EFT Advanced Trainee - 0.8 EFT Allied Health - as required Admin - 0.8 EFT	48,623km ²	Population 247,034	11 inpatient beds

Grampians Regional Palliative Care Team (GRPCT) provides specialist medical and advanced nursing support and undertakes health promotion and delivery of education, acting as a specialist resource to multidisciplinary teams throughout the region. Activities that facilitate the ongoing development of palliative care services in the Grampians region include clinical consultation, education, communities of practice, collaborative strategic planning, preparation of written resources and continuous quality improvement processes. The GRPCT is committed to providing a variety of quality education to a broad range of health professionals who strive for better palliative care practices.

Gandarra Palliative Care Unit is an eleven-bed specialist in patient palliative care unit providing care for patients and families who have been diagnosed with a terminal illness. This may include complex physical, psychosocial or spiritual needs, end of life care, comprehensive assessment and respite. The multidisciplinary team comprises of medical, nursing, pastoral and volunteer support as well as allied health professionals such as occupational therapy, dietetics and social workers. Care is provided for patients and families throughout the Grampians region and beyond.

Patients and families are encouraged to actively participate in all aspects of the patient-focused multidisciplinary care and planning. The environment enables patients and families to maintain as much as possible their normal routine within a specialised setting.

Ballarat Hospice Care Inc. (BHCI) – Palliative Care Hub, 1836 Sturt Street, Alfredton 3350. The catchment area consists of the City of Ballarat, Hepburn Shire, Golden Plains Shire – North West SLA, Moorabool Shire – west of the Ballan-Daylesford Road and Geelong-Ballan Road – Ballan SLA.

Ballarat Hospice Care Inc.	Community Palliative Care Service	Management - 1.9 EFT Clinical Nurse Specialist - 6.5 EFT Volunteer Coord. - 0.84 EFT Supportive Care - 3.14 EFT Community Engag. - 0.84 EFT Quality & Risk Coord. - 0.74 EFT Admin. - 1.0 EFT Research - 1.5 EFT Stores - 0.9 EFT Finance - 0.78 EFT	8,434km ²	Population Approx. 148,000	
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Incorporated in 1985 by community members in response to community need, a need that continues to grow with an increasing population, Ballarat Hospice Care Inc. is a not-for-profit organisation with

strong community connection as shown through the immense support received for the newly completed Palliative Care Hub.

Ballarat Hospice Care Inc. provides home-based palliative care services that are patient-focussed for people living with a life-limiting illness. A multidisciplinary team of specialist health professionals and trained volunteers deliver quality end-of-life care with understanding and compassion through symptom management and medication. BHCI continues to support families following a death at a time when people are emotional and feel vulnerable.

Experienced palliative care staff provide expert pain and symptom management as part of any ongoing treatment, with emotional and other practical support services, including loan equipment, for clients and families. The focus is on seeing the person beyond the illness and providing quality of life, to end-of-life care, with palliative care an adjunct to ongoing treatment, delivered from diagnosis to bereavement.

Wimmera Health Care Group (WHCG) – Baillie Street, Horsham 3400. The catchment area consists of the Statistical Local Areas (SLA) or the Rural City of Horsham and the Shire’s of Hindmarsh, Yarriambiack and West Wimmera.

Wimmera Health Care Group	Community Palliative Care Service	Manager - 0.5 EFT Nurse Practitioner - 0.8 EFT Clinical Nurse Specialist - 3.2 EFT Equipment - 0.2 EFT Admin. - 0.8 EFT	29,000km ²	Population Approx. 36,000	1 inpatient bed
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Wimmera Palliative Care Service (WPC) is a specialised palliative care service run by WHCG, that supports people living with life-limiting illnesses and their families and carers. The WPC team supports clients at home, in aged care facilities and in hospital. The team works closely with clients’ local doctors, nurses and allied health care teams. The focus is not just on physical problems but also the emotional, spiritual and social issues that can occur as a result of illness. A bereavement support program is offered to families and carers, and funding can be made available for specialist bereavement counselling. WHCG has one inpatient palliative care bed.

East Grampians Health Service (EGHS) – Girdlestone Street, Ararat 3377. The catchment area consists of the Shire of Northern Grampians, the Rural City of Ararat and the Shire of Pyrenees including Skipton (ie. Beaufort and Skipton Health Service).

East Grampians Health Service	Community Palliative Care service	Manager - 0.2 EFT Team Leader/CNC - 0.8 EFT Clinical Nurse Specialist - 1.2 EFT RN - 0.4 EFT Social Worker - 0.2 EFT Admin. - 0.2 EFT	13,374km ²	Population Approx. 31,000	1 inpatient bed
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Central Grampians Palliative Care (CGPC) is a community-based specialist palliative care service run by EGHS, delivering health care and emotional support to clients, and their carers, living with life-limiting illnesses. CGPC aims to work with clients, their families and carers to achieve a level of care that optimises an individual’s quality of life and to enhance dignity and independence. The service liaises with a number of local health and community services to assist in personal care, symptom management, home help and transport. It also loans equipment and aids to enable independence to be maintained and to make home nursing care easier. EGHS has one inpatient palliative care bed.

Djerriwarrh Health Services (DjHS) – Grant Street, Bacchus Marsh 3340. The catchment area consists of the Moorabool – Bacchus Marsh SLA and east of the Ballan-Daylesford Road and Geelong-Ballan Road with the Moorabool – Ballan SLA.

Djerriwarrh Health Service	Community Palliative Care service	Nurse Practitioner Candidate - 1.0 EFT Grad. Cert. Pal Care - 1.4 EFT Social Worker - 0.4 EFT	2,110km ²	Population Approx. 34,000	2 inpatient beds
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Djerriwarrh Community Palliative Care (DjPC) is a community-based specialist palliative care service, run by DjHS. The palliative care program offers co-ordinated care services for people with a terminal illness and support for their family at home. Care and support are offered including pain relief and management of other symptoms. It aims to be flexible and sensitive to the wishes and needs of clients and their families. A range of allied health services are available and a counsellor co-ordinates volunteer and bereavement services. DjHS has two inpatient palliative care beds.

St John of God Ballarat Hospital (SJoG) – 101 Drummond Street North, Ballarat 3350. The catchment area consists of the whole of (but not limited to) the Grampians Health Region.

SJoG Ballarat is a private hospital in the St John of God Healthcare group, which operates an organisation-wide Palliative Care Strategy that embodies a holistic approach to palliative care as an integral component of inpatient, outpatient and community services. Their palliative care services support the physical, psychological, social and spiritual aspects of living with a life-limiting illness, including providing information, goal setting, and coordinating care. They adopt an interdisciplinary approach involving a variety of health and social care professionals to help improve quality of life. Clients, carers and families are encouraged to be fully involved in the decision-making process when putting in place a palliative care plan.

12.1 Contact Details

Grampians Region Palliative Care Consortium
Manager: Anna Gray
PO Box 346W, Ballarat West, 3350
Phone: 0428 171 341
Email: gpalcareconsort@gmail.com
Web: www.grampianspalliativecare.com.au

Central Grampians Palliative Care
East Grampians Health Service
Girdlestone Street, Ararat, 3377
PO Box 155, Ararat, 3377
Phone: 03 5352 9465
Email: cgpc@eghs.net.au
Web: www.eghs.net.au

Gandarra Palliative Care Unit
Ballarat Health Services
102 Ascot Street South, Ballarat, 3350
PO Box 577, Ballarat 3353
Phone: 03 5320 3895
Email: maree.kewish@bhs.org.au
Web: www.bhs.org.au

Grampians Regional Palliative Care Team
Ballarat Health Services
102 Ascot Street South, Ballarat, 3350
PO Box 577 Ballarat 3353
Phone: 03 5320 3553
Email: info@grpct.com.au
Web: www.grpct.com.au

Ballarat Hospice Care Inc.
1836 Sturt Street, Alfredton, 3350
PO Box 96, Ballarat, 3353
Phone: 03 5333 1118
Email: admin@ballarathospicecare.org.au
Web: www.ballarathospicecare.org.au

Djerriwarrh Community Palliative Care
Djerriwarrh Health Service
Grant Street, Bacchus Marsh, 3340
PO Box 330, Bacchus Marsh, 3340
Phone: 03 5367 9137
Email: palliativecare@djhs.org.au
Web: www.djhs.org.au

Wimmera Palliative Care Service
Wimmera Health Care Group
Baillie Street, Horsham, 3400
Phone: 03 5381 9363
Email: hospice@whcg.org.au
Web: www.whcg.org.au

St John of God Healthcare
101 Drummond Street North, Ballarat, 3350
Phone: 03 5320 2111
Email: Andrea.Simpson@sjog.org.au
Web: www.sjog.org.au

13. Supporting Data

13.1 Grampians Region

Information source:

- ABS 2019-20 data & ABS 2016 census
- Victorian Cancer Registry 2020
- WestVicPHN population health profiles 2018
- National Rural Health Alliance data 2020



The total area of land in the Grampians is 48,623 km², with over half being mostly rural and out in the west of the region. With a total population of 254,711, there is 1.28 persons per km² out in the west and 26.73 persons per km² in the east of the region as the data set out below (Table 1) indicates.

Compared to both Victorian (6.69 Million) and Australian (25.69 Million), the population of the Grampians health region are on average 11 years older in the west and earn 8% less total annual income.

(source: ABS 2019 data)

	West Grampians	Victoria	Australia
Median Age - Persons (years)	47.7yrs	36.7yrs	37.5yrs
Median total income (excl. Government pensions and allowance) (\$)	\$45,494	\$49,266	\$49,805

The Grampians geographic sub-regions: **Wimmera** (Horsham, West Wimmera, Hindmarsh and Yarriambiack LGAs), **Central** (Northern Grampians, Ararat and Pyrenees LGAs) and **Ballarat** (Ballarat, Hepburn, Moorabool and Golden Plains LGAs) show significant disparities in local demographics as shown (Table 1) below.

Table 1: Population density and proportions of aged residents (Current ABS data–June 2020)

	Grampians Region	Wimmera	Central	Ballarat
Total population	254,711	14.6%	12.4%	73%
Aged 65+ (as % of pop'n)	18.85%	23.2%	24.7%	17.1%
Area km ²	48,623	28,224	13,374	7,025
% of Grampians land mass area	100%	58.0%	27.5%	14.5%
Pop'n density (persons p/km ²)	5.24	1.28	2.31	26.73

When you compare the 65+ ageing population each area is similar which shows services required across the Grampians region are no different whether you live in the rural remote areas or the heavily populated towns or cities.

There are significant differences from one end of the region to the other in population density, as a lot of movement away from metro Melbourne is causing a higher population growth in the east. This upward trend is continuing and therefore will add significant pressure on health services including the palliative care services, in the east of the Grampians region.

Table 2: Aged and disability characteristics, Grampians LGAs (source: 2019 ABS data)

LGA	% with need for assistance with core activities (2016 census)	Carer Payment/ Allowance recipients (% of pop'n)	Disability support pension recipients (% of pop'n)	Age pension recipients (% of pop'n)
Wimmera				
Hindmarsh (S)	7.7%	4.7%	5.3%	18%
Horsham (RC)	6.0%	3.75%	4.5%	13.6%
West Wimmera (S)	5.0%	3.8%	4.2%	16%
Yarriambiack (S)	8.9%	7.2%	7.8%	18%
Central				
Ararat (RC)	6.5%	4.25%	5.4%	15.75%
Northern Grampians (S)	7.6%	5.2%	7.2%	18.5%
Pyrenees (S)	7.0%	5.7%	5.7%	17.5%
Ballarat				
Moorabool (S)	5.1%	4%	2.6%	10.2%
Hepburn (S)	5.9%	3.8%	4.4%	16.4%
Ballarat (C)	6.2%	4.5%	4.8%	12.3%
Golden Plains (S)	4.6%	4.2%	2.6%	8.8%
Grampians	5.8%	6%	4.5%	12.9%
Victoria	5.1%	3.5%	2.7%	9.4%

During 2020-21 the Grampians region has seen an overall increase in the dependency on Government assistance for financial support. Compared to the Victorian average, this region continues to experience a significantly higher percentage of people reliant upon the aged and disability support pension as well as the carer payment. The figures (Table 2) clearly indicate that Wimmera and Central have higher financial dependency rates than the Ballarat sub-region.

This also correlates with the socio-economic disadvantage data relating to living in rural and remote areas of Australia. Therefore, indicating a higher and growing proportion of people in the community will be reliant on daily living support and health care. Demand for palliative care across the Grampians region will only increase, creating even greater pressure for service providers on clinical loads and the urgent need to provide improved service delivery.

The barriers to attracting health professionals to rural areas as well as reduced access to training and support, geographical distances and relative disadvantage mean those clients out in the west are more likely to have increased health issues. All of this highlights the need for focused initiatives that strengthen palliative care and assist with implementing improved service delivery across the region for all patients, carers and families.

Table 3: Total new malignant cancers diagnosed (actual incidence) in 2019, for Grampians LGAs
(source: Victorian Cancer Registry 2020)

LGA	Males	Females	Total	Overall Change from previous year
Wimmera				
Hindmarsh (S)	23	19	42	10.6% decrease
Horsham (RC)	59	68	127	9.9% decrease
West Wimmera (S)	12	11	23	36.1% decrease
Yarriambiack (S)	33	17	50	16.6% decrease
Central				
Ararat (RC)	50	33	83	8.8% decrease
Northern Grampians (S)	52	47	99	6.6% decrease
Pyrenees (S)	48	23	71	31.5% increase
Ballarat				
Moorabool (S)	135	93	228	25.9% increase
Hepburn (S)	70	57	127	8.5% increase
Ballarat (C)	382	310	692	2.8% increase
Golden Plains (S)	81	49	130	remained the same
Grampians Total	945	727	1672	**

** Males 8.1% increase/Females 4.6% decrease

An overall higher rate of malignant cancers have been diagnosed in the region compared to the previous year (Table 3), with some notable increases in the Pyrenees and Moorabool LGA's. There has been a greater increase in males diagnosed, with female numbers having decreased. Even though six LGA's have decreased from the previous year, every new cancer diagnosis increases pressure on local services. The resulting overall increase means pressure on local palliative care services remains a significant driver of the increased need for effective and efficient service delivery across the whole region.

The below chart (Table 4) gives a much greater picture of the types of cancers diagnosed in patients across the region.

Table 4: Total cancer prevalence by Tumour type in 2019 (over past 10years)

(source: Victorian Cancer Registry 2020)

