



**2024-25**

# **ANNUAL REPORT**

**GRAMPIANS REGION  
PALLIATIVE CARE CONSORTIUM**



# ACKNOWLEDGEMENT

We acknowledge all Aboriginal and Torres Strait Islander (ATSI) people as the first inhabitants of this nation and traditional custodians of the lands on which we live, learn and work. We pay our respects to Elders past, present and emerging.



**Gariwerd (the Grampians)** is a special place, central to the dreaming of Aboriginal people, particularly the **Djab Wurrung** and the **Jardwadjali**.

Other Aboriginal people of this region include Wurundjeri, Wadawurrung, Eastern Maar, Wotjobaluk, Jaadwa, Jadawadjali, Jupagalk and Wergaia.

Their descendants proudly maintain the culture and stories of the land.

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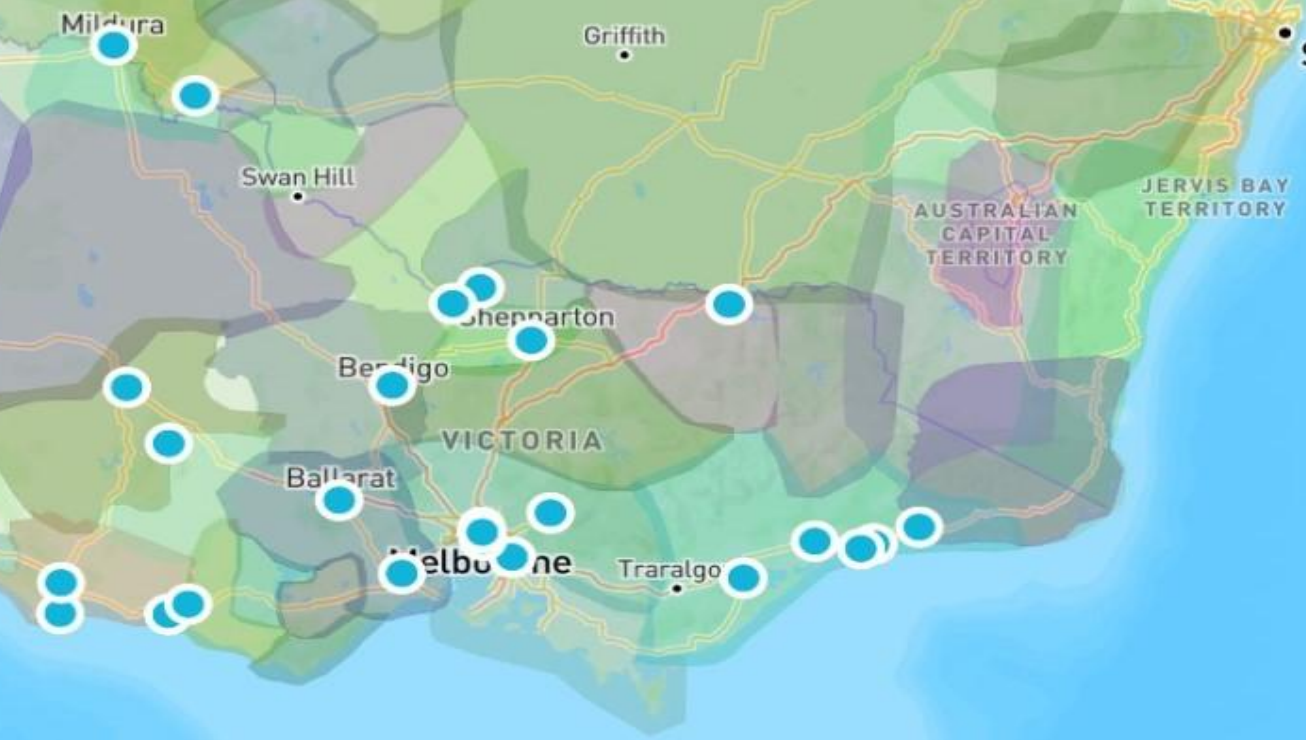
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6.73%

of Victoria's  
ATSI Population  
live in this region

There are 1.8  
ATSI people in  
the Grampians  
for every

1.0

in the Victorian  
general  
population

Native lands - NACCHO

## TRADITION OWNERS



'Strengthening Lifelong Aboriginal Health and Wellbeing,' funding allows ACCHOs self-determination, based on local health needs, to ensure better access to culturally safe, holistic primary care closer to home.

GRPCC in collaboration, with PCV, have offered to work with the local communities to customize the **"Sorry Business"** Palliative Care resources to meet their specific cultural needs.

Three local co-operatives provide Bulk Billing medical clinics (**open to ALL**) and Home Support services for Aboriginal and Torres Strait Islander people with disabilities, 50 years and over, and non-Aboriginal people aged 65 years plus.

Recognizing the importance of accessibility, Budja Budja, servicing the LGA of Ararat, also offers transport to clinic for individuals with disabilities, the elderly, or those lacking private transport.

Budja's innovative Mobile Clinic Van provides RNs, allied health professionals and, at times, GP's, delivering hearing, optometry and general health checks, health promotion and education.

All 3 services operate during Business Hours but redirect clients to general services in the After hours.

An opportunity for an **ACCHO** specific, culturally sensitive **After-Hours Support** service will be explored in 2026.

Informed after-hours care with shared client records could potentially deliver improved health, social and community outcomes that begin to narrow "the Gap".

Budja Budja's  
**Mobile Clinic Van**  
and  
**Transport to Clinic**  
services cover

450  
**Indigenous  
communities,**  
across

10,000  
square kilometres.  
(20% of the regions total area)



# CHAIR'S STATEMENT

Welcome to the 2024-25 Annual Report

The opportunities and challenges faced in accessing equitable, quality palliative care for those living across the Grampians include higher rates of long-term health issues, lower income and minimum education levels, geographic isolation and limited telecommunications coverage, often leading to increased need and complexity.

Longer lifespans, migration to regional settings and significantly increasing populations of over 65's will place exponential demands on families/carers, Support @ Home, Residential Aged Care, District Nursing and Palliative Care.

A truly client-centered response will see many referred to and discharged from Palliative Care on multiple occasions along the care continuum and less complex needs met by the Generalist Palliative Care Workforce.

For Victoria to deliver affordable, equitable Palliative Care across metropolitan and regional areas will require improved promotion and acceptance of Healthy Ageing, living your best life and being supported to remain in your home for as long as possible. Community engagement, communication, collaboration, integration and innovation will be required to deliver a unified system that meets health, social and community needs. Efficient sharing of client records needs and coordinated care plans will be essential to enable delivery of the right level of service at the right cost, to the right people at the right time with added support of families, carers, volunteers and compassionate communities.

I would like to acknowledge my fellow Executive Members, in particular retiring Chair, Peter Armstrong and the Clinical Advisory Group, who continue to contribute and collaborate for the advancement of palliative care in this region.

Thank you to the Consortium staff who work to deliver and oversee outcomes that address agreed priorities to strengthen the service and care delivered to people living with a life-limiting illness, their families, carers and clinicians in the Grampians region.



**Andrew Howard**

Consortium Chair

Chief Executive Officer – Ballarat Hospice Care Inc.



# Victorian Palliative Care Consortia

Palliative care consortia bring together senior management representatives and clinicians from all healthcare services funded to provide specialist palliative care, focusing on delivering and developing palliative care services.

## ROLE

Focused on local priorities in each of eight regions, the consortia support and strengthen palliative care service delivery, including quality end-of-life care, in community, residential aged care, disability and inpatient settings by:

- connecting clinicians and practitioners
- delivering resources, education and forums
- identifying and responding to needs through consultation
- minimising duplication of projects and resources
- acting as a conduit between the funded state and federal bodies and regional stakeholders.

## “we are stronger together”

Each Consortia works independently on local strategies as well as collaboratively across Victoria as a whole.

### COLLABORATIVE INITIATIVES:

Victorian Palliative Care Network

Victorian Palliative Care Consortia Chairs and Mangers Network

Victorian Palliative Care Consortia Mangers Network

Victorian Palliative Care Aged and Disability Network

Victorian Statewide Disability Working Group

Victorian Palliative Care Clinical Managers Forum

Victorian Palliative Care Nurse Unit Managers Forum

Victorian Palliative Care Consultancies Forum

### EDUCATION:

VPCN Lunchtime Education Sessions (SMRPCC)

VPCN 10 min Education Sessions (SMRPCC)

### REPRESENTATION:

Vic/Tas PHN Palliative Care Community of Practice





# THE GRAMPIANS REGION PALLIATIVE CARE CONSORTIUM

## TEAM:

Our team offers strategic leadership in whole of community engagement; cross-sectoral collaboration; service innovation; quality improvements; resources on matters related to palliative care; and linkages to local and virtual education and services.

We support palliative care clinicians, carers, clients and their families, regardless of the care setting.

## GOVERNANCE:

Our activity is guided by the Victorian Dept. of Health “Strategic Plan 2023-2027” and “Victoria’s End of Life and Palliative Care Framework”.

We report to an Executive of Consortium Voting-Member organisations on recommendations endorsed by the Clinical Advisory Group from the Community Palliative Care Services and the Regional Consultancy Service.

## EXECUTIVE REPRESENTATIVES:

Andrew Howard, Ballarat Hospice Care  
Allison Lamb, Western Health  
Karina Rieniets, Grampians Health  
Peter Armstrong, East Grampians Health Service  
Emma Thurling, Grampians Health

## FUNDHOLDER:

East Grampians Health Service

## HEALTH SERVICE NETWORK:

Grampians

## OUR

## MEMBERSHIP:

### VOTING



### NON-VOTING



# OUR REGION

## Regional facts

- Population: >261,000
- Area: >48,000km<sup>2</sup>

## Grampians Health (Horsham) (WPCS)

- 1 nurse practitioner
- Community palliative care
- 1 inpatient bed

## East Grampians Health Service (Ararat) (CGPC)

- Community palliative care
- 1 inpatient bed

## Grampians Health – Ballarat (GRPCT)

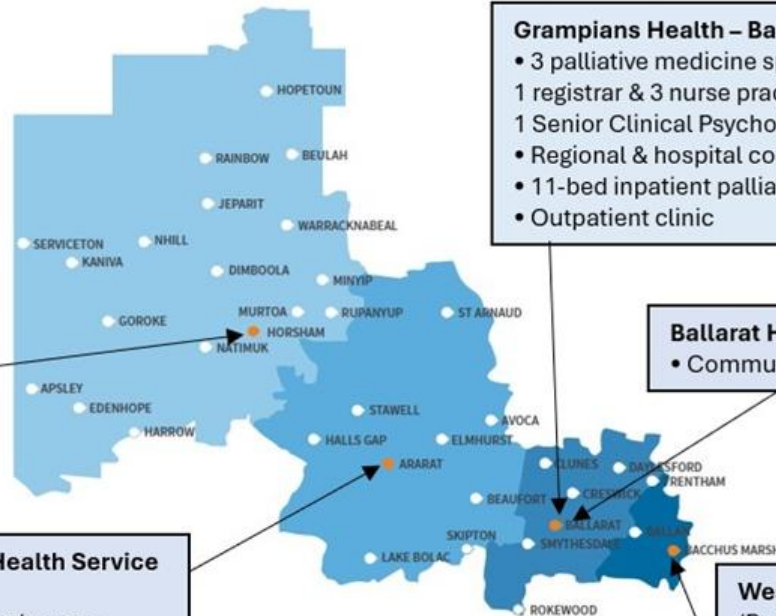
- 3 palliative medicine specialists (2.4 FTE), 1 registrar & 3 nurse practitioners (2.6 FTE), 1 Senior Clinical Psychologist
- Regional & hospital consultancy
- 11-bed inpatient palliative care unit
- Outpatient clinic

## Ballarat Hospice Care Inc. (BHCI)

- Community palliative care

## Western Health (Bacchus Marsh) (WHBMCP)

- Community palliative care
- 2 inpatient beds



**46.60%**  
of residents have  
Long-Term  
Health  
Conditions

**4.02% OF VICTORIANS LIVE HERE**  
**5.17% OF DEATHS OCCUR HERE**  
**THE POPULATION OVER 65 IS 30% HIGHER**

**28%**  
higher rate of  
deaths in the  
Grampians  
than the  
Victorian  
average



## DISADVANTAGE

Though none of our population falls in the most disadvantaged quintile, nearly 70% fall in the 2<sup>nd</sup> and 3<sup>rd</sup>, 21% in the 4<sup>th</sup> and only 9.5% in the least.

Weekly income is 13% lower and education less than Year 11 is 37% higher. Generally, people in lower socio-economic groups have higher rates of illness disability and death and live shorter lives.

The Australian Bureau of Statistics (ABS) Index of Relative Socio-Economic Disadvantage in the Grampians (2023)



## REGIONAL

## ACTIVITY Consultancy

### GRAMPIANS REGIONAL PALLIATIVE CARE TEAM

Total FTE	10.9
Annual Patients	1060
Annual Contacts	n/a
% from CPCS	8
% RACF	17
% GH – BHS Acute	71
% Regional IPU	3

### MODEL OF CARE - SERVICE REVIEW

A significant review of Grampians Health Palliative Care teams, including the Regional Consultancy, Gandarra In-patient Unit and Grampians Health-Wimmera Community Palliative Care service has been completed.

Findings will see a restructure across these services consolidating services under one reporting structure. As part of this, redundancies and change impact implications have impacted clinical capacity during 2025. Additionally, LSL and extended Personal Leave has significantly reduced the team's capacity for delivering education.

### BI-ANNUAL PALLIATIVE CARE CONFERENCE

This highly anticipated 3-day conference offering opportunities to share emerging practice and to network to continue to improve coordinated service delivery across the Grampians and beyond is on hold pending the outcomes of the review.

# 18 GRPCT

### EDUCATION SESSIONS

## 5 sessions

of online education equating to

## 89 attendance days

## 13 SESSIONS OF FACE-TO-FACE

education to a total of

## 288 Attendees

## 99 Aged Care staff attended



## STUDENT PLACEMENT DAYS

## 108 (+48%) NURSING,

## 20 (-13%) MEDICAL,

## 1 PEPA PLACEMENT

# TOTAL REFERRALS

# 3202

(-9%)



## UNSPOKEN

During August '24 a regionwide collaboration, sponsored by the WestVic PHN's Dying to Know grants was held at Ballarat Library. Two performances were delivered of "Unspoken", an Advance Care Planning conversation starting performance. In conjunction, a Death Café hosted by Ballarat Cemeteries was standing room only, with informative and insightful discussions from the sector, broader community and several lived experience contributors. An Advance Care Planning resources fair proved popular and provided the opportunity to soft-launch the GRPCC Emotional Will Kit (EWK). Feedback on the events and the kits was exceptional. Several requests for bulk allocations of the kits were received, extending the reach, endorsing them as meeting a need and being "fit for purpose".



## REGIONAL

# ACTIVITY Community

29,292 (-3%)  
TOTAL CONTACTS  
with 921 CPC clients

COMMUNITY SERVICE	BHCI	CGPC	WHBMCP	WPCS	Region Total
Total FTE	16.2	3.0	3.8	5.5	28.5 (+0%)
Total patients annually	501	158	145	117	921 (+1%)
Referrals	394	117	108	201 <sup>1</sup>	820 (-12%)
Admissions	326	130	83	75	614 (+6.4%)
Discharges <sup>2</sup>	65 (+45%)	49 (+113%)	20 (+150%)	11 (-42%)	145 (+53%)
Deaths	257	85	70	66	478 (-1%)
Home deaths	97	29	38	18	182 (-16%)

**NP TeleHealth Needs Rounds** –the WPCS Referrals not admitted data reflects that Palliative Care Nurse Practitioner telehealth triage consults have been able to stabilise through the telehealth consult thus reducing escalations from RACFs by 63%.

331<sup>(2025)</sup>

Average number of registered  
Community Palliative Care  
patients per month

### Grampians After Hours PalCare

Delivering regionwide equity of access through regional solution. We are thankful for the excellent service that Caritas Christi AfterHours Telephone Triage Service and PalCare software provide 76% of calls were resolved without requiring escalation. Using AMA "Putting Health Care Back Into Aged Care" modelling, the estimate of savings achieved ranges from \$0.18 - \$5.52 M

55% OF PATIENTS DIED  
IN THEIR PLACE OF CHOICE  
(18% FEWER THAN IN 2024)

636<sup>(2025)</sup>

Occasions of service in  
the AfterHours

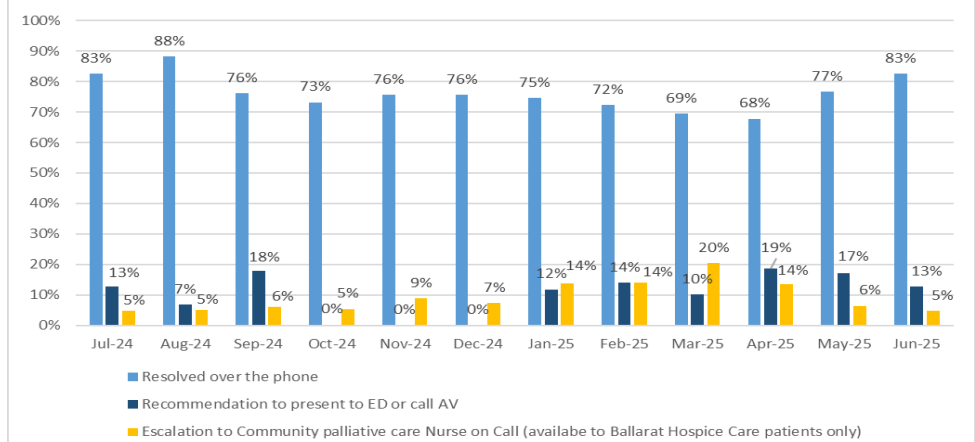
68-88%<sup>(2025)</sup>

Issues fully resolved by the After  
Hours Service model

UP TO \$5.52 MILLION

Avoided AV/ED costs (estimate)

### AfterHours call resolution rates



1. Residential aged care residents supported through the Nurse Practitioner Needs Rounds model appear in referral numbers but have only been admitted where complex needs require further intervention.
2. Patients are discharged from the CPC specialist service to generalist care when complex needs are stabilised.

# REGIONAL INITIATIVES

In the 2024 Annual Report, we identified future priorities to be:

- the expansion of CPCiAC regionwide
- Advance Care Planning
- Workforce capacity
- AV engagement
- equity in Resi-In-Reach (RIR) access.

Thank you to all across our region working to ensure the best quality of life for as long as possible.

CPCiAC has engaged with 100% of facilities, 99 staff have attended Aged Care Palliative Study Days, eNews, CoP, Resource Folders and 12 staff upskilled from the TSP course.

2025 initiatives again focused around promoting and reinforcing existing sector resources and messaging.

CEO Violet Platt and the leadership of Palliative Care Victoria (PCV) and Palliative Care Australia (PCA) are ensuring the challenges that Ageing Australians and our sector are facing are being strategically identified and logically articulated at a state and federal level. We work collaboratively to gather data that will build the persuasive arguments and solid business cases required to support the changes necessary to better meet the needs of the person; to support a continuum of care along a Healthy Ageing pathway and to meet the exponentially rising demand over the next decade or more.

Equity across regions, avoiding duplication and optimizing the momentum of successful initiatives have been key benefits.



## 9,000 EMOTIONAL WILL KITS distributed regionwide



## Regional Engagement

### Dying to Know Day "UNSPOKEN"

During August '24, this ACP conversation starting performance, a Death Café and an ACP resources fair was hosted at the Ballarat Library. The GRPCC Emotional Will Kit was launched. The feedback was very positive and an updated reprint in March '25 was also well received.

### Summer Holidays

#### "Thank you-24/7 Support"

Postcards to Residential Aged Care, GPs and Specialists acknowledging them and reminding them that there are supports in the After-Hours and on Public Holidays.

### National Advance Care Planning week

#### Emotional Will Kits

A kit of resources in an envelope, compiled by GRPCC was launched in August '24. Evaluations saw a revised reprint in March '25. Extra resources were added and distribution to libraries, healthy ageing hubs and local govt. agencies again received excellent feedback. One box per week continues to leave the QE building still!

### National Palliative Care week

#### Thank you what's your plan?

A token of appreciation was sent to 720 palliative care generalists, specialists and stakeholders, reiterating the PCA and PCV livery and message "What's your plan?" 1000 Hearts – felt heart sewing kits, and message of compassion proved to be a cathartic task for many staff and volunteers, with the completed packs reconfirming that there is still as much pleasure in the giving!



## Workforce Capacity Building

### Career Progression 2020-2025

**\$135,879** in funding of course fees over the last 5 years supporting Palliative Care staff development.

**27** specialist palliative care staff now have further qualifications.

### TSP Transition to Palliative Care Specialty Practice Ballarat 2025

**23** students **\$64,598.60**

12 Aged Care, 6 Community Palliative Care, 3 IPU/Other and 2 out of region nurses enrolled. 19 completed, 4 x 20-70 hours CPD. Gippsland Region Palliative Care Consortium and Palliative Care South East partnered with Australian College of Nursing to support participants to undertake formally recognised education and development, which leads to a specialist qualification. We are very grateful to Carol Barbelier and Kelly Rogerson for making this possible, to Ballarat Hospice Care for the venue and to Christine Hocking for making it all work. A fabulous boost to the region!

### One Red Tree Resource Centre Inc. Collaborative Care Conversations

Innovation in utilisation of supervised Clinical Psych. Interns to support RACFs with narrative therapy. Improving quality of life and developing the Psychology workforce for the future.

Feb – Sept 2024 (6 months)

**210** **27** **30**  
sessions with  
Residents Staff Families

## Placements

### Student / PEPA

Proactive long-term initiatives are recruiting future palliative care staff through final year nursing placements in community (Ballarat Hospice Care) providing the opportunity for both parties to build interest and gauge suitability.

Similarly, **16** PEPA placements have been hosted at Ballarat Hospice Care, Wimmera Palliative Care and Grampians Regional Palliative Care Team & resulted in **3** new staff being appointed to teams in the Grampians this year.

## Ambulance Victoria (AV)

**PEPA** mandatory Education Units have been completed by more than **6000 AV** employees strengthening AV's capacity to recognise and respond to palliative needs, respect choices and reduce unnecessary transfers. Palliative Care Clinical Practice Guidelines have been developed and **PEPA placements** for 16 Paramedic Community Support Coordinators completed across Victoria. Meeting as a Community of Practice and engaging with the PC sector, with increasing connection, they are also meeting some service gaps where Community Palliative Care and District Nursing can't reach.

### RESI-IN-REACH (RIR) a question of equity?

Grampians Health Resi-In-Reach focuses only on Ballarat facilities that also have increased access to the regional consultancy team. This **significant postcode inequity** has been raised during the 2025 GH Palliative Care Model of Care Review.

## Statewide Collaboration

### Disability

Statewide Disability Advisory Group outcomes have included Palliative Care in Disability Residential Services Assessment and Referral Tools developed, trialled and available nationally.

An Advance Care Planning Working Group focusing on improving ACP uptake in DRS occurred in May '25. Murray PHN PC in DRS training videos are being edited and will then be curated on the NDS website.

Advocacy continues for the right to die at home in the DRS.

The Group has been invited to host a half day workshop at the Oceanic Palliative Care Conference in Sept '25.

## VPCC TRAINING

**1400+** registrations (Oct to June)

For the weekly 40-minute lunchtime and 10-minute PCA webinar education sessions by SMRPCC and promoted statewide through the Consortia, delivery of these sessions is increasingly being shared across all regions to ensure sustainability.

## 8 CoPs

**Collaborative Groups**  
Forums offering support and sharing/networking.

## NOVICE TO EXPERT FRAMEWORK

The Clinical Managers Forum have delivered a framework for professional development that has been taken up by several organisations to include a shadow shift by an educator measuring demonstrated skills against the framework, then supporting targeted upskilling. This initiative confirms the Palliative Care Speciality and is being expanded across multiple disciplines and curated by PCV.

## RESIDENTIAL

## AGED CARE

2,717 RESIDENTS

52 FACILITIES

**100%** of RACFs  
of facilities have engaged  
in the program

**80%** of RACFs have  
Palliative Care Champions  
(half as a result of the project.)

## CPCiAC

### Comprehensive Palliative Care in Aged Care

With 40% of Australians dying in the Residential Aged Care (RAC) setting, staff are already Palliative Care Generalists, delivering palliative and end of life care every day and escalating to GP and specialists where complexity requires it.

Ballarat Hospice Care Inc., (BHCI) through the State and Federal Government's CPCiAC funding, have worked across the region to strengthen this generalist capacity in RAC Facilities.

Having completed and evaluated the pilot project, BHCI have expanded project implementation across the whole of the Grampians, engaging with 100% of facilities. The success of this face-to-face engagement is almost solely due to the dedication, determination and passion of Donna Walter, Project Officer.

The focus, to build on identified strengths and address improvement opportunities to embed a model of systematic and quantifiable recognition of and response to deterioration, proactive communication using a common language (DRT and SAS) across Aged Care, GP, specialist teams and clear escalation pathways, will ensure access to Palliative Care and End of Life care for all residents.

GRPCC introduced a monthly aged care newsletter full of education opportunities, relevant news and updates, and useful resources and supports and facilitates bi-monthly Community of Practice, creating a forum for peer-discussion.



#### Comprehensive Palliative Care in Aged Care Project – 2024/25 Achievements

In 2024/25, the Comprehensive Palliative Care in Aged Care (CPCiAC) Project expanded to all 52 residential aged care facilities in the Grampians region, covering 2,717 beds. Each facility was contacted and offered support to strengthen the delivery of comprehensive palliative care.

An assessment was undertaken with all 52 facilities to determine how palliative care – both generalist and specialist – was being delivered at that time. This process identified gaps in care delivery, taking into account each facility's needs, resources, local solutions, and existing supports. Tailored recommendations were then developed, shared, and discussed with each facility, providing a clear roadmap for strengthening palliative care delivery. By the end of the financial year, 50 facilities (96%) had completed this process.

By introducing GPs to the tools implemented in aged care facilities, the project fosters an evidence-based approach and a shared language between aged care staff, GPs, and specialist palliative care clinicians. This alignment strengthens the delivery of coordinated, person-centred palliative and end-of-life care for aged care residents.

#### Outcomes and Output

##### Engagement and Baseline Assessment

- Engagement achieved: 100% of residential aged care facilities (52 facilities, 2,717 beds) expressed interest in participating.
- Gap analysis completed: 96% of facilities (50) received tailored recommendations and a roadmap to strengthen palliative care delivery.

**69%** of RACFs  
participated in one of  
PEPA Aged Care, ACPC  
Community of Practice,  
GRPCT Aged Care Study  
Days or the Transition to  
Palliative Specialty  
Practice Course.

### OUTCOMES to JUNE 2025

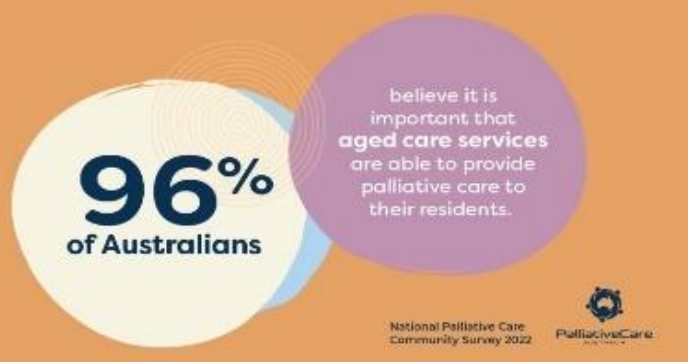
**18** facilities, **35%** have progressed with  
implementing the systematic approach to  
identifying and responding to deterioration

**5** facilities, **10%** have successfully  
implemented this approach

**All** Community Palliative Care Teams and  
**26 GPs** have been informed about  
the systematic approach and the tools used  
that inform one common language.







# “Putting health care back into Aged Care”

## DRT & SAS

### Deteriorating Resident Tools

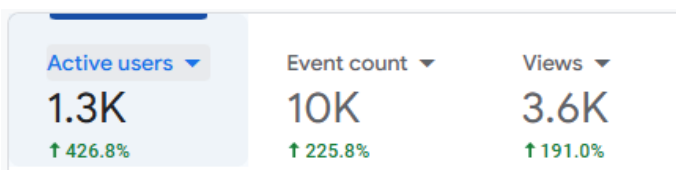
Promoting the use of existing tools that quantitatively measure deterioration allows **one shared language** across RACFs, GPs, CPC and Consultancies.

[www.ac-pc.com.au](http://www.ac-pc.com.au)

### Aged Care – Palliative Care

Innovation in development of an **easy access** website, endorsed and promoted by PCV with a link hosted on the PCV home page specifically for Aged Care.

(statistics July 24-June 25)



## Resource Folders

Two folders per facility, one for Staff and one for Residents/Families were prepared with the assistance of BHCI volunteers.

**57** sample resources and where/how to obtain more were packed and distributed to all facilities.

Feedback includes:

“This is great, Thank You, we have wanted to do this forever, but never seemed to find the time!”

## ACPC Study Days

**99** RAC staff from **56%** of facilities were sponsored to participate in the GRPCT Aged Care Palliative Care study days.

**TSP 12** RAC staff from **10%** of facilities applied for and were sponsored to undertake the Transition to Specialty Palliative Care Practice course.



eNEWS Monthly Newsletter **237** subscribers

An Aged Care specific resource linking staff with sector news, resources, tools and education opportunities.

**100%** of Palliative Care Champions subscribe.

## Palliative Care Champions

SUPPORT- each other and themselves

SHARE KNOWLEDGE- ACPC Cop, PCA's @ 10 min. sessions

QUALITY IMPROVEMENT- systematic audits

OUTCOMES as a % of total deaths - EoL Care Plans in place, Deaths in Place of Choice, Anticipatory medications.

## Grampians ACPC CoP

Community of Practice – meets bi-monthly online

A peer-forum opportunity to discuss and share challenges and solutions. Identified through the Aged Care Needs Analysis, topics start with a presentation-discussions evolve. All PC Champions are invited.

**In Rural Western Australia, a PHN funded pilot has shown that offering GP's salaried consults in Aged Care significantly improves access!**

In South Australia, expert Palliative trained Pharmacists have been visiting Rural and Remote locations, funded by the local PHN, to review medications - improving client experiences.

**In Taiwan, communities intentionally train in understanding and managing Dementia symptoms to make it possible for sufferers to stay at home for as long as possible**

In Japan, a private service provider's multi-disciplinary team systematically monitors and proactively cares for the Ageing in their homes, via telehealth, face-to-face and Urgent Response visits, true client centred care, balancing the Social, Emotional and medical needs whilst delivering significant cost savings through interventions that prevent ambulance transfers, ED presentations and acute admissions.

# HEALTHY AGEING

## a person-centred care continuum

The population requiring palliative care support are expected to triple by 2030. To meet this demand, Palliative Care patients will need to become Health Ageing people who receive Palliative Care consults on their care continuum.

Strengthening skills in the generalist workforce and embedding practices that ensure early, systematic identification of and response to deterioration across all care settings will be required.

Evaluation of current models of care, identifying, sharing and replicating the successes, will be key to working within funding and workforce constraints.

Putting the person and their care needs at the centre, rather than requiring them to negotiate the disconnected health service silos, will be essential and will provide significant efficiencies and savings.

Though initiatives like GP in Aged Care Incentive (GPiACI) present some challenges, at their core is a societal shift to prioritise and incentivize equitable access for all to Healthy Ageing, no matter the setting.

The Australian Digital Health Agency's funding to providers like PalCare to ensure client summaries and mandate that pathology results are uploaded to MyHealth Record show clear intent to empower the person and work around resistance to the shared client record model required to deliver true person-centred care.

Recognition that medical, social and emotional care needs to be "wrapped around the person", that GP access, shared client records and a shift from siloed to collaborative care will improve quality of life until death.

This will secure access to acute services into the future for those most responsive to curative care.

# DEATH

a social condition  
with a medical component

# FUTURE PLANS

## 2026 Priorities

### CPCiAC Ongoing

RACF's capacity, PCC/CoP/eNews

### Advance Care Planning

Sharing what matters, keeping conversations happening and normalising death and grief

### Community Engagement

Dementia, First Nations, Disability, Multilingual and LGBTQI

### Integrated and Coordinated Services

One common language for Healthy Ageing along a care continuum

### Capacity Building

Career Progression, accessible education, placements – Nursing, Allied Health, Medical,

## SOCIAL Barriers

Political decisions giving financial or medico-legal considerations more weight than the impact on and cost to individuals – not just patients, but families, carers, clinicians and community may be significant, but society's fixation on denying death remains one of the greatest challenges!

Further the reluctance to communicate to clients, and equally for them to accept, that curative care is no longer a realistic option, can perpetuate practices that compromise both quality of life and health system capacity, as evidenced in the VICS data.

Finally, the misunderstanding that palliative care is the last resort, rather than an opportunity to best manage symptoms and live your best life, is also a significant barrier.

We look forward to continuing to work together to deliver improved quality of life for all, until life's only 100%er – DEATH!!



# YEAR END

# BALANCE SHEET

## 2025

## Statement of Position

### INCOME

#### Government Grants

DHHS GRANT – Palliative Care Consortia 133,218.86

DHHS GRANT – Palliative Care Regional Consultancy (Aged & Disability) 130,633.83

**Total Government Grants** **\$263,852.69**

#### Other Income

AfterHours Project Reimbursement (SPF to Operating, BHCI) 219,383.11

WVPHN Dying to Know (Emotional Will Kits) & NPC Week GP Meet & Greet 3,000.00

BHCI (CPCIC) Reimbursement of TSP fees (12 x RAC staff) 35,400.00

Trybooking Balance 960.16

**Total Other Income** **\$258,743.27**

**TOTAL INCOME** **\$522,595.96**

### EXPENSES

Career Progression – Transition to Specialty Practice 64,598.60

Career Progression/Education CPC – other 7,960.97

Regional Initiatives - ACP, Emotional Will Kits 13,720.13

Regional Initiatives - other 90,514.06

Palliative Care Victoria Membership 250.00

Overheads 14,492.36

**Total Direct Expenses** **\$ 191,536.12**

**Total Salaries & Wages** **\$ 147,835.00**

**Total Expenditure** **\$339,371.12**

**Operating Surplus/(Deficit) for 2024-25** **\$ 183,224.84**

Program Surplus carried forward as at 30<sup>th</sup> June 2024 124,423.61

**Total Program Surplus as at 30<sup>th</sup> June 2025** **307,648.45**

Committed Funds (Ongoing Projects) as at 30<sup>th</sup> June 2024 \$ 185,858.54

**Total Available Surplus as at 30<sup>th</sup> June 2025** **\$121,789.91**





We are most grateful for the opportunity to collaborate with the organisations above in working together to strengthen palliative care services to clients, carers, clinicians and the community.