

Public Inpatient Palliative Care Beds in the Southern Metropolitan Region

Current and Future Needs

Southern Metropolitan Palliative Care Consortium 2010



1. Introduction

This discussion paper is based on a recent report commissioned by the SMRPCC and conducted by Monash University Palliative Care Research Team. The report is used as a basis for this broader discussion paper and highlights the need for urgent action in the region.

2. Aim

To demonstrate the current and future needs for inpatient palliative care bed numbers and locations in the Southern Metropolitan Region of Melbourne.

3. Background

In 2004, the Department of Human Services released *Strengthening Palliative Care: A Policy for Health and Community Care Providers 2004-2009*. The policy aims to establish the principles and framework for palliative care services in Victoria. The vision for palliative care services in Victoria is that all Victorians with a life-threatening illness and their families/carers will have access to high quality care that will be responsive to their needs. The work of the Southern Metropolitan Region Palliative Care Consortium is underpinned by this policy.

One of the consortiums priorities in the strategic plan 2004-09 was to address the inequity of bed distribution and access in the region. The consortium decided to commission a report with information and data on bed distribution (current and future requirements) to inform policy direction and advocacy.

The Palliative Care Research Team at Monash University was commissioned to undertake the study in 2008/09 and its findings are the background for this paper.

4. Southern Metropolitan Region – an overview

The Southern Metropolitan Region (SMR) is one of eight Regions of the Department of Human Services in the State of Victoria. It comprises 10 Local Government Areas (LGAs) located in south-east Melbourne, Victoria: Bayside, Cardinia, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Phillip and Stonnington. Figure 1 shows the Local Government Areas and Statistical Local Areas of the SMR.

The Southern Metropolitan Region is the second largest in area amongst the Melbourne metropolitan Regions with a landmass of 2,883 square kilometres and includes both urban and semi-rural areas, densely populated suburbs and relatively sparse populations. Port Phillip has the highest population density with 3,905.5 persons/sq km, whilst Cardinia has the lowest population density of 36.7 persons/sq km.

The Southern Metropolitan Region has the second largest population of the eight Department of Health Regions with the population in the 2006 Census (Place of Usual Residence) of 1,173,508. This represents 23.8% of the total Victorian population of 4,932,423.

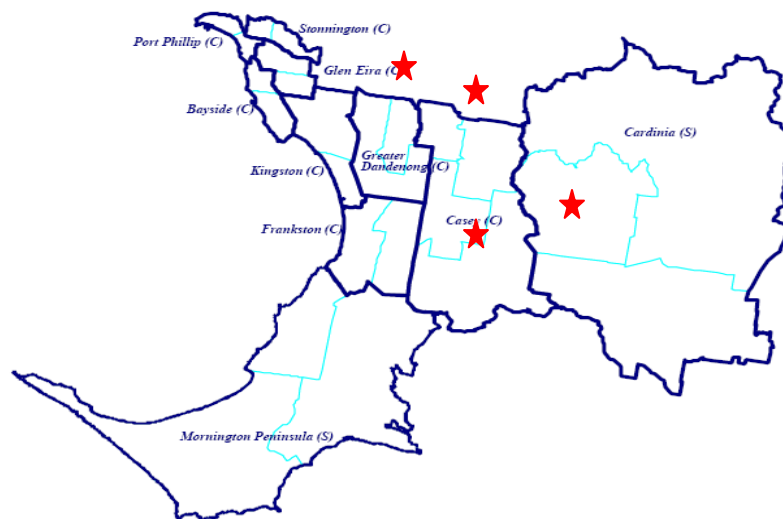


Figure 1. Southern Metropolitan Region with Local Government Areas and statistical local areas

Three of the seven consortium member agencies provide inpatient services in the region. Designated palliative care beds total 69; with 16 located at McCulloch House; 15 at Peninsula Health Palliative Care Unit; 33 at Calvary Health Care; and 5 at Casey. Catchments for these inpatient services vary with Casey and Peninsula having a more localized focus while McCulloch House and Calvary Healthcare Bethlehem because of their statewide functions having a higher proportion of patients from outside the region.

While this paper focuses on public inpatient palliative care beds only, it needs to be recognised that there are 22 private beds at Cabrini Prahran and, that St John of God Hospital, Berwick, has a history of public/private partnership provider of inpatient palliative care beds in Western Australia, and has expressed interest in providing palliative care beds in the south-east sub-region.

Because of the size and diversity of the demographics of the region, some of the following data will be shown by sub-region for the purpose of this discussion paper. The sub-regions are based on the catchment areas of the three community palliative care services (Calvary Healthcare Bethlehem, Peninsula Hospice Service and South East Palliative Care)

5. Factors Impacting on Palliative Care Inpatient Bed Distribution

There are a number of factors that need to be considered when determining the need for inpatient bed distribution. The most important consideration is population size and projected growths, however there are also other factors, such as the accessibility of services (i.e. public transport) as well as the capacity (including levels of service as determined through the new Service Delivery Framework) of the inpatient services to cater for complexity of need (i.e. availability of specialist staff in some smaller agencies).

This paper will focus mainly on the issues of population size and projected growth (see point 6), however it is important to include the following points.

5.1. Accessibility of services based on location

A high proportion of people requiring inpatient palliative care (and their partners/carers) is over 65 years of age. The physical distances in the SMR are large with

some living as far as 50 km and more than one hour drive from the nearest inpatient palliative care facility. Public Transport in some areas within the sub-regions is inaccessible, with trains stopping at Frankston, Cranbourne and Belgrave and only not all of the current inpatient facilities located in walking distance from a train station.

Some of the carers / partners of the patients are unable to drive long distances or use public transport. This may impact on decisions on where a patient will be admitted and may cause patients / carers to choose admission to a general hospital rather than a specialist palliative care facility.

5.2. Service level

The new Service Delivery Framework for Victoria will classify inpatient services in three levels, with different complexities in the patient group expected in each level of service. While the three larger palliative care inpatient services are expected to be classified as a high level (two or three) the 5 inpatient palliative care beds available in the outer south eastern sub-region (Casey Hospital), are unable to manage the needs of more complex patients and are likely to be classified as a level one. As this is also the area of most significant growth in the region, a large number of patients will be required to access services far away from their home.

6. Population and Age Projections

Table 1 demonstrates population and 50+ age growth by region and sub-region. Cardinia and Casey are projected to experience an accelerated population growth rates till 2031, with overall growth in the south east sub-region at 42.3% (8.5% every 5 years). There will be moderate population growth in Frankston, Kingston, Port Phillip and Stonnington over the next 25 years. Bayside, Glen Eira, Greater Dandenong and Mornington Peninsula are projected to have steady growth to 2031. All LGAs will experience strong ageing populations, in the next 25 years. Significantly, the ageing of the population in the south east sub-region will be greater than 100% during the next 25 years.

Table 1: Region and sub-region population and 50+ age growth

Southern Metropolitan Region					
	2006	2011	2016	2021	2031
Total Popn.	1,197,045	1,260,538	1,326,945	1,400,048	1,515,735
Growth-5yrs		5.3%	5.3%	5.5%	8.3%
Total Growth					26.6%
50+ Age	369,470	419,483	458,553	519,335	604,673
Growth-5yrs		13.5%	9.3%	13.3%	16.4%
Total Growth					63.7%
South East Sub-Region					
	2006	2011	2016	2021	2031
Total Popn.	453,516	497,385	527,059	576,606	645,210
Growth-5yrs		9.7%	6.0%	9.4%	11.9%
Total Growth					42.3%
50+ Age	126,763	153,642	169,796	206,109	254,153
Growth-5yrs		21.2%	10.5%	21.4%	23.3%
Total Growth					100.5%
Inner South Sub-Region					
	2006	2011	2016	2021	2031
Total Popn.	447,100	464,466	479,899	492,300	517,683
Growth-5yrs		3.9%	3.3%	2.6%	5.2%
Total Growth					15.8%
50+ Age	139,713	149,464	159,316	171,156	189,082
Growth-5yrs		7.0%	6.6%	7.4%	10.5%
Total Growth					35.3%
Frankston Peninsula Sub-Region					
	2006	2011	2016	2021	2031
Total Popn.	296,429	298,687	319,987	331,142	352,842
Growth-5yrs		0.8%	7.1%	3.5%	6.6%
Total Growth					19.0%
50+ Age	102,994	116,377	129,441	142,070	161,438
Growth-5yrs		13.0%	11.2%	9.8%	13.6%
Total Growth					56.7%

6.2 Ethnicity

The Southern Metropolitan Region has the second greatest number and percentage of people born in non-main English speaking countries of all Regions in Victoria.

Indicators that can assist in measuring some degree of cultural and linguistic diversity are:

- Country of birth
- Language spoken at home other than English
- Proficiency in spoken English

There are significant differences between the sub-regions in percentages of people born overseas and speaking a language other than English at home.

Table 2: Sub-region percentages of overseas born and LOTE speaking

Region	Percentage of people born overseas	Percentage of people speaking a LOTE at home
Inner South Sub-Region	30	21.4
Frankston Peninsula Sub-Region	22	9.2
South East Sub-Region	37	31.9

Table 3 demonstrates the Top 10 countries of birth: non-English speaking in the region.

Table 3: Top 10 countries of birth: non-English speaking

Birthplace	Persons
India	18,124
Greece	12,371
Vietnam	12,337
China	11,935
Sri Lanka	11,804
Italy	10,219
Cambodia	5,685
Poland	5,681
Germany	4,822
Netherlands	4,280
Total	96,310
All other NESB Countries	207,711
SMR	304,021

Table 4 shows the SMR total of 46,113 (8.5%) persons from non-English speaking countries with poor or no levels of English proficiency. Greater Dandenong has the highest number of persons 19,894 (43.1%), whilst Cardinia has the lowest number of persons 279 (0.6%) with poor or no levels of English proficiency. The south east sub-region has 65% of the region's population who do not speak English well or not at all.

Table 4: Proficiency in spoken English

LGA	Very well or well			Not well or not at all			Language and proficiency in English not stated			Total population in LGA
	Number	Percent of total population in LGA	% of people born in non-main English speaking countries in the SMR	Number	Percent of total population in LGA	% of people born in non-main English speaking countries in the SMR	Number	Percent of total population in LGA	% of people born in non-main English speaking countries in the SMR	
Greater Dand.	49,196	39.2%	24.7%	19,894	15.8%	43.1%	6,946	5.5%	5.60%	125,520
Kingston	25,350	18.8%	12.8%	5,348	4.0%	11.6%	6,242	4.6%	9.40%	134,625
Casey	43,409	20.2%	1.8%	7,740	3.6%	16.8%	9,102	4.2%	13.20%	214,960
Glen Eira	27,876	22.5%	14.0%	4,287	3.5%	9.3%	7,500	6.0%	3.40%	124,084
Port Phillip	12,263	14.4%	6.2%	2,584	3.0%	5.6%	10,487	12.3%	10.10%	85,096
Stonningt.	14,812	16.5%	7.5%	2,727	3.0%	5.9%	7,365	8.2%	10.90%	89,885
Bayside	9,319	10.6%	4.7%	1,312	1.5%	2.8%	3,847	4.4%	9.10%	87,937
Frankston	8,591	7.3%	4.3%	1,240	1.1%	2.7%	6,450	5.5%	12.50%	117,803
Mornington Peninsula	5,512	4.0%	2.8%	702	0.5%	1.5%	8,601	6.3%	10.70%	136,483
Cardinia	2,456	4.3%	1.2%	279	0.5%	0.6%	2,327	4.1%	15.20%	57,115
SMR	198,784	16.9%		46,113	3.9%		68,867	5.9%		1,173,508

6.3 Socioeconomic indicators

Levels of gross weekly income show that Stonnington has the highest proportion (32.1%) of people with high income levels, followed by Port Phillip (31.7%) and Bayside (30.7%). Greater Dandenong has the lowest proportion (6.0%) of people with high income levels followed by Frankston (14.1%) and Casey (14.4%).

The labour force status of persons aged 15 years and over demonstrates a total of 583,193 people aged 15 years and over in the SMR who were employed or seeking employment, of whom 94.0% of these people were employed. Not surprisingly, the City of Greater Dandenong has the highest levels of unemployment at 9.4%, and Frankston at 6.0%.

6.4 Synopsis

This demographic profile highlights the Southern Metropolitan Region as the second largest in area amongst the metropolitan regions and represents 23.8% of the total Victorian population of 4,932,423. The age structure of population varies substantially. Stonnington, Port Philip and Bayside have greater proportions of people at higher incomes, whilst Greater Dandenong, Frankston and Casey have lower proportions of people at lower incomes. The SMR has a culturally diverse population but also comprises 14.2% of Victoria's total Indigenous population. The population growth in the SMR from 2006 to 2031 is projected to be steady, around 5% every 5 years and will experience a strong ageing population.

Of significance is the difference in sub-regional populations of the SMR. The south east sub-region will experience significant population growth of 8.5% every 5 years; experience growth in 50+ age population of more than 100% over the next 25 years; currently has 64% of the region's population that does not speak English well or not at all; and, scores poorly in terms of socioeconomic factors with high unemployment in the City of Greater Dandenong.

7. Barriers to Accessing Palliative Care Services

The provision of palliative care services revolves around two key issues: availability and accessibility, which have been recognised as a matter of importance in Australia and overseas as a result of an ageing population and it is at the forefront of policy making. These issues revolve around two main questions:

1. Are palliative care services available to those who need them, now and in the future?
2. Can palliative care services be accessible equally to all who may need them regardless of geographic location, disease type, age, social class, religion, or ethnic group, now and in the future?

7.1 Australia and Overseas

There are many barriers to accessing specialist palliative care services, and experienced both in Australia and overseas. They can be categorised into three areas:

- 1. Provider-Related Issues,**
- 2. Disadvantaged Groups, and**
- 3. Disease Type.**

Provider-related issues:

- lack of knowledge and understanding of palliative care approach amongst health professionals;
- lack of cultural awareness amongst health professionals;
- mismatch between locality of the services and needs;
- lack of resources, for examples workforce shortage and lack of appropriately qualified staff; and
- unclear protocols and referral procedure of institutions.

Disadvantaged-groups (the elderly, ethnic communities and people with complex needs):

- lack of understanding of the 'palliative care approach'
- lack of awareness of palliative care services
- communication and language difficulties
- age bias in referral by clinicians - older patients are less likely to be referred than younger patients
- financial limitations
- inability of family and carers to physically access service (inability to drive)

Type of disease:

- misperception among health care professionals that hospice/palliative care services are mainly for cancer patients; and
- lack of referral of non-malignant disease to specialist palliative care services due to fear of lack of expertise within palliative care team to manage illness other than cancer.

8. Estimate of Need

8.1 Palliative Care Australia (PCA) Benchmark

The following statement is taken from the PCA 2003 report on "*Palliative Care Service Provision in Australia: A Planning Guide*".

Previous crude estimates of the requirement for palliative care beds were thought to be based on models from the United Kingdom, which not only excluded patients with a non-malignant disease from hospices, but also were based on a different culture and health system. Australian experience over more than 20 years has allowed appropriate refinement. It is estimated that in a population of 100,000, 295 patients will require an average of 7 inpatient palliative care bed days each year. Based on an occupancy level of 85%, a minimum of 6.7 designated palliative care beds is recommended per 100,000 population.

The minimum levels specified above will need to be supplemented with additional resources in rural and remote areas, to ensure ease of geographical access; in lower socio-economic areas, where lower income and workplace inflexibility are more likely to limit the ability of family/carers to provide home-based care; and for people with more complex needs eg HIV/AIDS or MND.

These recommendations are for specialist palliative care inpatient beds and assume that as patients are stabilised they will return to more appropriate levels of care discharge to home under community palliative care providers, transfer to an aged care facility or other sub-acute clinical environments.

8.2 Population based inpatient palliative care beds in the SMR: current bed status

The current number of beds in the SMR is 69 as shown in Table 5.

Table 5. Current bed allocations in the SMR

Service Provider	Geographic area	Number of beds
McCullough House	Whole SMR, statewide, some interstate	16
Casey	Shire of Casey	5
Calvary	Inner SMR: LGAs of Port Phillip, Glen Eira, Stonnington, Bayside and part of Kingston	33
Peninsula Health Palliative Care Unit	Mordialloc, Frankston, Mornington Peninsula	15
Total		69

8.3 Current bed deficits

Using the PCA Benchmark of 6.7 beds per 100,000 population, Table 6 shows the SMR currently requires 78.6 designated palliative care beds with 31.1 required in South East, 17.0 in Frankston/Peninsula, and 30.4 in Inner South. This indicates that with a total of 69 beds, SMR is 10 beds short of the PCA guidelines.

Significantly, South East with 5 beds has 16.1% of the recommended target beds, Frankston/ Peninsula with 15 beds has 88.2% of the PCA target, and Inner South with 49 beds has 161.2% of the PCA recommended target beds.

It is important to note that some inpatient care is provided to people outside the Region, for complex symptom management. This is primarily the case for Calvary Healthcare Bethlehem, a specialist hospital for people with neurological conditions statewide and McCulloch House, which largely services the need for Monash Medical Centre, a tertiary hospital.

Bed requirements are also dependent on occupancy rates. For example, if occupancy is 90% (6.3 per 100,000) then 73.9 beds would be required and if occupancy is 95% (6 per 100,000) then 70.4 beds would be required in the SMR.

Table 6. PCA Designated Palliative Care Bed Requirement for 2006

Region	Population	Designated Palliative Care Beds	Beds based on PCA 6.7/100,000 population	% PCA Target
Inner South	454,311	49	30.4	161.2%
South East	464,907	5	31.1	16.1%
Frankston/Peninsula	254,284	15	17.0	88%
Total	1,173,502	69	78.6	87.8%

8.4 Projected designated inpatient palliative care beds

Appendix 1 shows the projected designated palliative care beds required based on PCA guidelines from 2011-2031. By the year 2011, it is projected that the SMR will require a total of 85.1 beds, with 34.5 required in South East, 18.2 in Frankston/ Peninsula and 32.3 in Inner South. In 2016, the total projected beds will be 89.5 with 37.2 required in South East, 19.0 in Frankston/Peninsula and 33.4 in Inner South. In 2021, the total number of beds will increase to 93.9, with 39.3 beds required in South East, 19.7 in Frankston/Peninsula and 34.3 in Inner South. In 2031, 101.6 beds will be required with 44.6 in South East, 21.0 in Frankston/ Peninsula and 36.0 in Inner South.

8. Conclusion

The Southern Metropolitan Region palliative care consortium is concerned about the following issues:

- Using PCA benchmark recommendations, the region is currently short of 10 inpatient palliative care beds and will be short of 20.5 beds in 2016 and 31.4 beds in 2031 if this issue is not addressed.

- There is a misdistribution of inpatient palliative care beds throughout the region, with the south east sub-region being significantly under-resourced for palliative care beds
- The bed shortage is an urgent issue as the population growth in the region from 2006 to 2031 is projected to be around 5% every 5 years, and in particular, the growth in the south east sub-region will be 8.5% every 5 years.
- The high proportion of groups who are traditionally significantly underrepresented in palliative care services in some of the region's LGAs may require specific initiatives to monitor and equalize access.

10. Recommendations

The Southern Metropolitan Palliative Care Consortium recommends that:

- the Department of Health considers the finding of this discussion paper in any future inpatient service planning
- the Department of Health encourage and promote discussions between public / private providers of inpatient beds in the SMR to seek innovative ways of addressing need
- there be an allocation of additional inpatient beds (level two) to the South East Sub-Region that reflects the population growth, socioeconomic and cultural needs of this community..

**Appendix 1: PCA designated palliative care bed requirement for project
population 2011-2031**

Region	Population 2011	Designated Palliative Care Beds	Beds based on PCA 6.7/100,000 population	% PCA Target
Inner South	482,440	49	32.3	151.7%
South East	515,355	5	34.5	14.5%
Frankston/Peninsula	272,741	15	18.2	82.4%
Total	1,270,536	69	85.1	81.1%
Region	Population 2016	Designated Palliative Care Beds	Beds based on PCA 6.7/100,000 population	% PCA Target
Inner South	498,343	49	33.4	146.7%
South East	555,500	5	37.2	13.4%
Frankston/Peninsula	283,097	15	19.0	79.0%
Total	1,336,940	69	89.5	77.1%
Region	Population 2021	Designated Palliative Care Beds	Beds based on PCA 6.7/100,000 population	% PCA Target
Inner South	512,233	49	34.3	142.9%
South East	595,526	5	39.9	12.5%
Frankston/Peninsula	293,286	15	19.7	76.3%
Total	1,401,045	69	93.9	73.5%
Region	Population 2031	Designated Palliative Care Beds	Beds based on PCA 6.7/100,000 population	% PCA Target
Inner South	537,671	49	36.0	136.0%
South East	666,197	5	44.6	11.2%
Frankston/Peninsula	312,876	15	21.0	71.4%
Total	1,516,744	69	101.6	67.9%