

PHN response to the Palliative Care Needs Assessment 2025

In December 2025, Brisbane North PHN with Create Health Advisory published a Palliative Care Needs Assessment for the North Brisbane and Moreton Bay region. This report outlines 27 findings and provides six recommendations. The data in the report reflects the current state of palliative care in the region. Resourcing and responsibility for addressing identified needs were out of scope for the needs assessment report.

The purpose of this document is to reflect on the palliative care needs assessment report and outline proposed actions for the PHN to undertake as part of the Australian Government's Greater Choice for At Home Palliative Care (GCfAHPC) program. The work of the PHN will complement existing National Palliative Care Projects, state government initiatives, and build on previous PHN projects.

Summary of the Palliative Care Needs Assessment

The 27 findings of the full report are summarised in the following 10 points shown in Figure 1. Underpinning all points is the need for quality data, without which true need cannot be assessed nor impact of any intervention accurately measured.

There are six recommendations provided in the report (see Figure 2). It is important to note that some recommendations are outside the scope of the GCfAHPC program. Brisbane North PHN will share this report with stakeholders and work with them, where appropriate, to support implementation of the recommendations.

Findings

- Population is growing, and demand with it.
- Palliative care is appropriate for all leading causes of death in the region.
- Priority communities face greater barriers to access.
- Major service gaps exist- including adults under 65 years, transition from paediatric to adult, adult hospice and spaces outside the home.
- Funding mechanisms are inadequate for at home palliative care alone- it requires social and financial capital to be currently enabled.
- Greater death literacy is needed in the region.
- Social isolation is a major issue- as a barrier to access at home palliative care for people in need and as experienced by carers.
- There are workforce shortages- both of people and skill shortages.
- Delays in access are largely due to poor awareness and navigation.
- Consumers and carers are taking on handover burden- compensating for a fractured and siloed system.

Figure 1 Summary of findings from the Palliative Care Needs Assessment 2025

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Recommendations

- Exploring the viability of an adult hospice for the region and improving access to home-based models of care.
- Improving education and training in relation to priority cohort palliative care and end-of-life needs.
- Enhancing contemporary and consumer led models of care.
- Improving death literacy and enabling a Compassionate Communities approach including promoting awareness of extensive place-based resources in relation to palliative care.
- Consideration of a palliative care digital front door for the region.
- Improving data collection.

Figure 2: Recommendations from the Palliative Care Needs Assessment 2025

Greater Choice for At Home Palliative Care (GCfAHPC) program

Brisbane North PHN receives funding from the Australian Government Department of Health, Disability, and Ageing under the GCfAHPC program. Funding commenced in 2021, and the current funding cycle runs to June 2029.

Objectives

The objectives of the GCfAHPC program are to:

- improve awareness (workforce and community) and access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care
- enable the right care at the right time and in the right place to reduce unnecessary hospitalisation
- generate and use data to support continuous improvement of services across sectors
- use available technologies to support flexible and responsive palliative care at home, including in the after-hours.

These objectives are intended to achieve the following overarching objectives:

- improved capacity and responsiveness of services to meet local needs and priorities
- improved patient access to quality palliative care services in the home
- improved coordination of care for patients across health care providers and integration of palliative care services in the region.

Scope

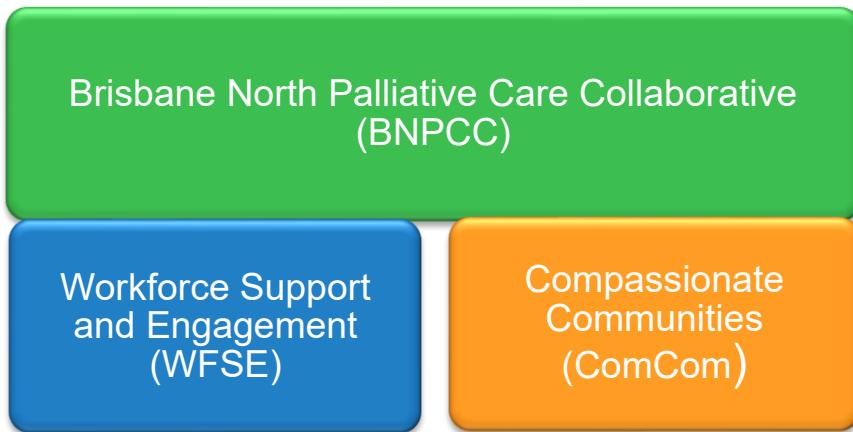
The GCfAHPC program funding is intended to cover costs associated with implementing activities to facilitate and coordinate improved access to safe, quality palliative care at home. This might include but is not limited to activities such as workshops or training programs.

Service delivery (direct or procured patient care) funding is out of scope of the GCfAHPC program. Other exclusions include activities that duplicate existing resources or investment, purchase of land, major capital expenditure, retrospective costs, overheads, activities which other bodies have primary responsibility (e.g. state government and council responsibilities).

The development of the Palliative Care Needs Assessment 2025 is a requirement of the GCfAHPC program.

Actions

Guided by the Palliative Care Needs Assessment 2025 report, Brisbane North PHN will undertake three streams of work under the Greater Choice for At Home Palliative Care program through to June 2029:



As indicated, the Brisbane North Palliative Care Collaborative will act as an overarching guiding body for the Workforce Support and Engagement (WFSE) and Compassionate Communities (ComCom) streams, with sub-groups steering the work.

This work consists of a mix of continuing and new activities that will be undertaken over a mix of short- and long-term periods.

The table below details the specific aims and actions of each stream.

Project logic

Project	Aim	Activities (include but are not limited to)	Target Audience	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Brisbane North Palliative Care Collaborative (BNPCC)	To improve the palliative care experience for people in the Brisbane North PHN region.	<ul style="list-style-type: none"> Regular meetings. Networking events. Online member support and resource page. Codesign and implementation of regional community palliative care improvement activities. Advisory and governance functions for GCfAHPc program activities. 	All stakeholders with an interest in improving at home palliative care for residents of the North Brisbane and Moreton Bay region (including but not limited to health professionals, aged care and disability support workers, deathcare workers, peak bodies and community).	<ul style="list-style-type: none"> Increased awareness of fellow BNPCC members. Improved understanding of the breadth and depth of stakeholders of the palliative care system including responsibilities, interactions, and challenges. 	<ul style="list-style-type: none"> Increase in shared regional improvement activities and projects. Increase in collaboration between members outside of BNPCC activities. 	<ul style="list-style-type: none"> Improved information flow between service providers and stakeholders. Improved patient and community experience of palliative care. Improved interorganisational collaboration to address emergent regional palliative care issues.
Workforce Support and Engagement (WFSE)	To build knowledge, skills and confidence of the generalist (non-palliative care specialist) workforces supporting palliative care at home.	<ul style="list-style-type: none"> Education and training events. Connection to existing resources. Development and promotion of new resources. 	Workforce in health, aged care, disability, and deathcare sectors.	<ul style="list-style-type: none"> Improved knowledge, skills, and confidence of the workforce in supporting palliative care at home. Improved collaboration in palliative care service delivery. Increased awareness of 	<ul style="list-style-type: none"> Improved access to a skilled palliative care workforce at home. Efficient and streamlined communication between service providers. Consistent, evidence-based care from service providers. 	<ul style="list-style-type: none"> Improved experience of palliative care by person and their family and carers. Decreased occurrence of unplanned hospital episodes of care of symptom management for the life limiting condition. Increase in percentage of people whose preferred

Project	Aim	Activities (include but are not limited to)	Target Audience	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
				services and supports for people requiring palliative care at home in the region.	<ul style="list-style-type: none"> Improved access to palliative care medications in community settings. 	<ul style="list-style-type: none"> place of death is achieved. Increased number of people receiving palliative care at home. Increase in integrated models of care which promote continuity for patients.
Compassionate Communities (ComCom)	To enable compassionate communities through community development activities that promote agency and choice for people with a life limiting illness and their family and carers, supported by their community.	<ul style="list-style-type: none"> Measuring the death literacy of a priority community within the North Brisbane and Moreton Bay region. Codesign and implementation of a community development activity plan with a priority community. 	Priority community identified in the palliative care needs assessment that is willing to engage.	<ul style="list-style-type: none"> Increased awareness and understanding of palliative and end of life care amongst the community Increased death literacy within the priority community. 	<ul style="list-style-type: none"> Increased willingness of community to actively support people with a life limiting illness (and their family and carers) at home. Improved experience of care. 	<ul style="list-style-type: none"> Increase in percentage of people whose preferred place of death is achieved. Improved short- and long-term health outcomes for loved ones.

Notes:

- All projects have mechanisms to collect data to measure impact, using validated tools where available and appropriate.
- Education and training for all will emphasise the importance of planning and communication to reduce afterhours burden and risk of emergency department presentation.

Alignment of actions:

Opportunity exists across all three streams of work for all palliative care needs assessment findings and GCfAHPC objectives to be addressed. The following table maps the GCfAHPC work streams to the themed findings of the palliative care needs assessment report.

Themes	BNPCC	WFSE	ComCom
Population is growing, and demand with it			
Palliative care is appropriate for all leading causes of death in the region.			
Priority communities face greater barriers to access.			
Major service gaps exist - adults under 65 years, transition paediatric to adult, adult hospice and spaces outside the home.			
Funding mechanisms are inadequate for at home palliative care alone - it requires social and financial capital to be currently enabled.			
Greater death literacy is needed in the region			
Social isolation is a major issue - to access at home palliative care for people in need and for carers			
There are workforce shortages- both of people and skill shortages.			
Delays in access are due to poor awareness and navigation.			
Consumers and carers are taking on handover burden - compensating for a fractured and siloed system.			
The need for quality data.			

The table below maps the GCfAHPC work streams to the program objectives.

GCfAHPC objectives	BNPCC	WFSE	ComCom
Improve awareness (workforce and community) and access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care			
Enable the right care at the right time and in the right place to reduce unnecessary hospitalisation			
Generate and use data to support continuous improvement of services across sectors			
Use available technologies to support flexible and responsive palliative care at home, including in the after-hours.			

More information

For more information, please contact the Palliative Care Team on community.care@brisbanenorthernphn.org.au.

Revision History

Version	Approval Date	Change
1	29 January 2026	New