

CONSTITUENT QUESTION

House of Assembly

ASKED BY: Cecily Rosol MP

ANSWERED BY: Hon Bridget Archer MP
Minister for Health, Mental Health and Wellbeing

QUESTION:

My question is on behalf of my constituent, Emily Shepherd. Since 2018, the Comprehensive Palliative Care in Aged Care Program has provided specialist palliative care in-reach to older people in aged care facilities. It has meant better-quality end-of-life care and more choice about place of death. It has also eased pressure on the public health system by helping people avoid hospital in their last days. Both the Commonwealth and State have funded clinical nurse consultants (CNCs) and registrars in each region of the State. However, the Federal Government cut funding this year and the State Government has followed suit. This will result in increased pressure on specialist palliative care services, ambulances and emergency departments - services already under great pressure. Minister, will you acknowledge the downstream impacts this funding cut will have on the health system and reinstate funding for at least three CNCs across Tasmania so access to specialist palliative care for aged-care residents can continue beyond 1 July 2026?

ANSWER:

Despite the Tasmanian Government's advocacy to the Australian Government, and that of other States and Territories, the Australian Government has made the decision to cease the CPCiAC funding measure at the end of the current Federation Funding Agreement on 30 June 2026.

I wrote to the Federal Minister for Health and Ageing, the Hon Mark Butler MP and the Federal Assistant Minister for Health, Rebecca White on this issue earlier this year and was very disappointed to receive a response essentially wiping their hands of the issue.

I recognise that the support provided by CPCiAC teams has been highly valued by Residential Aged Care Home (RACH) staff, residents and their families and share your disappointment at the Australian Government's decision.

In the time since CPCiAC commenced, the Tasmanian Government has increased its overall funding for the Tasmanian Health Service Specialist Palliative Care Services (SPCS) by \$3 million per annum, which provides for increased staffing.

In addition, the Tasmanian Government is also investing in initiatives that support palliative care patients to remain at home, including in RACHs. These measures include:

- Expanding access to emergency care support through a partnership with the Victorian Government to implement a Virtual Emergency Department (Virtual ED) in Tasmania.
- Continued access to after-hours palliative care support through integration of the GP Assist palliative care service into Care@home for residents known to SPCS.

The Tasmanian Department of Health has worked through the implications of the Commonwealth's decision to see what can be done at a State level and I am advised that SPCS will continue to support residents in RACHs with complex palliative care needs. Access to SPCS will occur through the usual referral and triage processes.

SPCS teams in each region will work with RACHs to ensure they are informed about referral pathways and available supports and will continue to strengthen the collaborative relationships developed throughout the CPCiAC program. This will include continuing to provide specialist palliative care services to residents of RACHs when required.

The Department of Health will work closely with staff to support this service transition. I am further advised that affected staff members, who are the three CPCiAC CNCs (one in each region) all have a substantive position within the Tasmanian Health Service which they can return to, and all Registrars currently employed under CPCiAC will complete their training rotation as planned.

Our Government will continue to support Tasmanians requiring access to palliative care, and I would welcome you joining our continued advocacy to the Australian Government to extend the CPCiAC program.



Hon Bridget Archer MP
Minister for Health, Mental Health and Wellbeing

Date: 19/6/26