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**The Royal Australasian College of
Physicians' submission to Health
NZ | Te Whatu Ora**

**Proposed National Model for
Integrated Adult Palliative Care**

Whiringa-ā-nuku 2025

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on Health NZ | Te Whatu Ora's Proposed National Model for Integrated Adult Palliative Care.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

The Australasian Chapter of Palliative Medicine represents physicians in the specialised areas of palliative medicine. Palliative medicine specialists have undergone rigorous advanced training in the study and management of patients with active, progressive and advanced disease, for whom the prognosis is life-limited and the focus of care is on their quality of life. Palliative medicine specialists provide clinical leadership in a range of health, care and community settings. Palliative care is most effective when provided early and concurrently with active disease management of an underlying chronic advanced illness.

General comment

The RACP welcomes Health NZ | Te Whatu Ora's Proposed National Model for Integrated Adult Palliative Care. The proposed model provides a useful model of care, with potential to transform the delivery of palliative care in Aotearoa New Zealand.

The RACP has responded to key questions and proposed suggestions, as outlined below. Our members would welcome the opportunity to provide further feedback. Engagement with our experts, such as our palliative medicine specialists, would be of significant benefit in the development of this model.

Responses to questions

Question 1: Primary Palliative Care - What is good about the core components? What part(s) need improvement? How satisfied are you with them?

This model provides an excellent description of the components of primary palliative care. RACP strongly supports inclusion of the

- need to ensure all regions of Aotearoa New Zealand have funding and reporting arrangements to support primary palliative care; including education and support from specialist palliative care teams
- need to recognise palliative care as a whānau/family, social, spiritual and cultural experience and draw your attention to [Mauri Mate](#) - Hospice NZ's Māori Palliative Care framework
- need for patients to have individualised care plans and a multidisciplinary team-based approach for comprehensive care, symptom control and focus on holistic needs
- clear need for empowering whanau carers and offering information, emotional support and carer respite.

The RACP is of the view that if the model of care outlined were introduced, and strong networks formed between primary and specialist services, including shared digital health record, it would transform primary palliative care across the motu.

Question 2. Specialist Palliative Care - What is good about the core components? What part(s) need improvement? How satisfied are you with them?

The RACP strongly supports the core components of specialist palliative care, as outlined. These components reflect the complexity of care at this level and the need for a specialist trained workforce that can deliver responsive care that is person-centred, offers whanau support and involves a multidisciplinary team. The 24/7 nature of need is also highlighted and must be reflected in service development. The RACP also supports the focus on ensuring specialist support and coordination with generalists including the delivery of education.

3. Overall Model - What do you think is good about the proposed model as a whole? What needs improvement? How satisfied are you with this as a future model?

The RACP is of the view that the model of care is comprehensive and reflects what is delivered in other equivalent countries. Aotearoa New Zealand has fallen behind its counterparts in the delivery of palliative care and this model offers a structure to allow us to catch up. Many of the next steps involve development of specific service areas. Members are of the view all of these are important, and needed for the full health care service to be able to operate.

4. What is the most important change you believe is needed to improve palliative care services for all adults in Aotearoa New Zealand?

The RACP calls for sustained government funding for both the primary and specialist palliative care components, to support this model and improve palliative care services. This funding needs to reflect, not only the current deficit in palliative care services, but also be robust enough to be able to manage increased future need. The focus on cultural needs, person-centred care and equitable access, is central to this development and reflected well in this model of care.

The RACP observes the model highlights the predicted growth in deaths in Aged Residential Care. Staff in this sector are already under great pressure. The RACP calls for investment in the provision of palliative care for this cohort to be a priority.

Investment, including formation of more roles at a National Level, to roll out this model is essential. The RACP calls for funding for:

- setting up the components that require coordination across the country eg. the National Quality Standards Framework and indicators, the standards framework for provision of palliative care in aged residential care and to standardise health pathways,
- rongoa pathways
- shared digital health records
- the development of service specifications as listed in the model and
- a framework to develop better networks between primary and secondary care.

While it is important that regions develop services on the ground to serve their populations, central funding and coordination is needed to share resource, ideas and information to facilitate this.

The RACP thanks Health NZ | Te Whatu Ora for the opportunity to provide feedback on the draft Health NZ [Proposed National Model for Integrated Adult Palliative Care](#).

To discuss this submission further, please contact Di Cookson, Manager, Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.