TALK ABOUT

WHAT WE HEARD

'TALK ABOUT' is a way for Darling Downs and West Moreton PHN to ask you about your experience with health care in your community. From 26 April to 4 May 2026, you talked about Death and Dying within our region, including end-of-life care, palliative care, advance care planning, and support for families and carers.

This is WHAT WE HEARD...

We received 94 responses from...

39 community members + 10 health professionals + 45 Community participants in Kitchen Table Discussions

---

Overall, you rated **health services for people experiencing end-of-life** in our region with a score of **6.1 out of 10.**

End-of-life experience is only moderate overall, with clear geographic variation.
The regional average was 6.1/10. Community members rated lower than health professionals (5.9 vs 6.8). Somerset, Brisbane, Southern Downs and Goondiwindi require closer attention due to lower ratings or very low scores in some respondent groups.

Some groups appear under-served or under-heard.
Female respondents were more represented and rated care higher than males. These are inclusive of both healthcare professionals and community members. People aged 65+ rated 5.2. LGBTIQA+ respondents rated 4.7 and neurodivergent respondents rated 4.0, suggesting a need for more targeted and safe engagement.

Gender ratings show a clear difference in experience.
Female respondents rated end-of-life care higher than males (6.3 vs 5.0). Male community members rated particularly low (4.6), suggesting a need to better understand men's experiences and support needs. Non-binary responses were too few to interpret reliably.

Advance Care Directives (ACD) remain a practical gap.
Only about 15% reported having an ACD, and about 36% did not. Among those with an ACD, only about 21% had uploaded it. This suggests barriers to awareness, completion and upload.

The strongest worries are family burden, pain management and difficulty navigating services.
Survey and Kitchen Table findings consistently highlighted family burden and service navigation as key concerns. Kitchen Table discussions also emphasised isolation, respect for personal wishes, and emotional, financial and cultural pressures on families.

People trust formal sources, but community channels are still essential.
GPs, palliative care services and hospital staff were the most trusted formal sources. Informal sources were also important for Kitchen Table groups, especially in Ipswich and Esk and with cohorts including disability communities and First Nations peoples, meaning communication should use both clinical and community pathways.

The campaign consultation findings will be distributed to external key stakeholders and inform future Primary Health Network decision making, targeted service delivery of programs and provide important updated information for our region's Health Needs Assessment.

phn
DARLING DOWNS
AND WEST MORETON

An Australian Government Initiative

TALK ABOUT

WHAT WE HEARD

What you thought worked well

Palliative and clinical care support

- Palliative and clinical care support was the most common positive theme, mentioned in 14 responses.

Family presence and support

- Family presence and support was also important, mentioned in 10 responses.

Compassionate, respectful and dignified care

- People valued care that was compassionate, respectful and dignified.

This aligns with the broader survey finding that being treated with dignity and respect was one of the top priorities.

Choice, wishes and person-centred care

- Respondents valued having choice, control and care that reflected their wishes. This also aligns with the top importance finding of having choice and control over care.

What you thought could be done better

Communication, information and awareness

- Communication, information and awareness was the most common improvement theme. Respondents wanted clearer information, better guidance, and greater awareness of available services and supports.

Access and navigation of services

- Respondents identified challenges accessing palliative and end-of-life care and navigating available services. KTD also highlighted concerns about care coordination, service adequacy and referral pathways.

Earlier recognition and planning

- People wanted earlier recognition of palliative care needs and better support to plan ahead. Advance Care Planning remains an opportunity, with only around 15% reporting they had an Advance Care Directive (ACD) and only 21% of those with an ACD reporting it had been uploaded.

Care that respects individual needs and supports families

- Respondents highlighted the importance of respect, dignity and emotional support. Kitchen Table Discussions further emphasised concerns about wishes not being respected, fear of separation and isolation, and the emotional, financial and cultural pressures experienced by families.

What your health professionals told us

- Health professionals rated end-of-life and palliative care experiences more positively than community members (6.8 compared with 5.9).
- Health professionals highlighted concerns relating to access to palliative care and system navigation, while also placing particular emphasis on family and carer support and pain and symptom management.
- When grouped into broader themes, these concerns aligned most strongly with systemic barriers relating to navigation, adequacy and coordination, and emotional, financial and cultural burden on families.
- Health professionals were particularly interested in learning more about service navigation and referral pathways, access and funding processes, support for families and carers, paediatric palliative care, hospice options, and spiritual and emotional support.

phn
DARLING DOWNS
AND WEST MORETON

An Australian Government Initiative