Australian College of Rural & Remote Medicine

WORLD LEADERS IN RURAL PRACTICE

COLLEGE SUBMISSION

Senate Inquiry into the future of Australia's aged care sector workforce

March 2016

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The College would like its submission to be publicly available.

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General comments

The College welcomes this Inquiry as a timely initiative to focus on an area of ever-growing importance.

At the outset we would like to draw the Inquiry's attention to the very distinct nature of this sector, its operation and its responsibilities in the context of rural and remote communities and especially the Aboriginal and Torres Strait Islander communities therein.

- *It is recommended that the Inquiry embrace the principles of 'Rural Proofing' as defined by the World Health Organization.[1] This would entail: firstly, ensuring that the impacts of any initiatives arising from this process are specifically tested to ensure that they will not have adverse affects in the rural and remote context (even where they may prove effective in the urban context). Secondly that the inquiry be open to the possibility that there may be a need to consider a separate and distinct approach for rural and remote communities in order that they're needs be served.*

Aged care services in rural and remote communities

There is a strong case for giving priority attention to the service needs of older Australians living in rural areas. Elderly people represent a higher proportion of the population in rural and remote areas compared to cities.[2] Australians living in rural areas are likely to have a lower socio-economic status[3] and lower health status[4] relative to their urban counterparts. Despite this disadvantage rural Australians use medical services less and receive far less government funding toward their healthcare compared to people in cities.[5]

Older Australians (be they urban or rural) should not have to permanently abandon their hometown in order to access adequate care services. This prospect can and does present a major trauma for many ageing rural people.[6] Absence of local aged care services can have serious implications in

[1] WHO Global Health Workforce Alliance: Rural Health Advocacy Project. "Rural-Proofing for Health Guidelines. South Africa. 2015.
[2] ABS. Australian Social Trends 2003, Cat 4102.0, 2003, p. 2.
[3] AIHW. Australia's Health 2012. Cat No. AUS156. Canberra: 2012. (Ch.2)
[4] AIHW. Australia's Health 2012. Cat No. AUS156. Canberra: 2012. (Ch.2)
[5] AIHW. Australian Health Expenditure by Remoteness: a comparison of remote, regional and city health expenditure. Health and Welfare Expenditure Series. HW50. Canberra: 2011. (S.1.2)
[6] Bernoth MA, Dietsch E, Davies C. Forced into exile: the traumatising impact of rural aged care service inaccessibility *Rural and Remote Health* (Internet) 2012; 12: 1924. Available: http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=1924 (Accessed 8 March 2016)

particular for Aboriginal and Torres Strait Islander people who may have a cultural imperative to remain *in country*.

Many ageing rural people simply cannot leave their hometown no matter how inadequate the aged care services. For many the housing costs in cities relative to rural housing values present a prohibitive financial barrier to relocating to the city. Older rural people often need to remain in their hometown in order to stay close to their family and social support network whom they rely on for essential care. Such personal networks (not government services) bear the bulk of the national burden for caring for our aged and their importance cannot be overstated.

- *It is recommended that ensuring provision of adequate and acceptable aged care services in rural and remote communities across Australia should be viewed as a minimum goal of this Inquiry.*

Rural and remote Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people living in rural and remote locations have consistently recorded the country's highest levels of health disadvantage.[7] These communities must be given highest priority consideration. The complex interplay between issues of isolation and lack of facilities together with socio-economic and cultural considerations creates a distinct set of needs for this group of people that warrant specific attention.

- *The Inquiry is urged to give priority consideration to the distinct needs of rural and remotely located Aboriginal and Torres Strait Islander people and how best to address them.*

- *It is recommended that Inquiry seek guidance from peak representative bodies such as NACCHO to ensure that these peoples' very specific needs and perspectives are factored into determinations.*

- *It is recommended that the Inquiry recognise the important and nuanced role of rural doctors (for whom Aboriginal and Torres Strait Islander people are typically a substantial proportion of their patient population) in serving these people.*

The distinct role of the rural doctor

The rural aged care workforce model should not be viewed as simply an extension of the urban model. Rural people's aged care needs will be best served by a local healthcare team whose respective roles are defined according to a model which can best meet local needs. This may take a very different form to those typical and appropriate in cities.

The role of the rural doctor is distinct from urban general practice doctors as typically (in the absence of the breadth of specialist services available in cities) they *must* assume extra responsibility, workload, and complexity of practice in order that the aged in their community receive needed care.

In the urban context aged care can be predominantly the preserve of aged care specialists across the allied health and medical sector. In the rural and remote context aged care is managed by a team of local health service providers, typically as part of their wider portfolios of generalist responsibilities. The local team is also called upon to work with specialist practitioners and services in urban centres and for this reason it is important that the local rural doctor is able to provide a central leadership role in care provision and ensure continuity of medical care.

[7] AIHW. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. 2015: AIHW: Cat. no. IHW 147; 200pp.

- *The College recommends that the Inquiry recognises and values the distinct and elevated role of the rural doctor in aged care. It should also recognise the opportunities to enhance rural capacity that can be created through upskilling and appropriately remunerating broad and advanced care services provision by these doctors.*

- *The College also recommends that the Inquiry recognise the distinct and elevated role that nurses, aboriginal health workers and other allied health professionals can perform to ensure the best possible care can be provided within the constraints of the local context.*

- *The College urges the Inquiry to recognise the important role of telehealth and other technologically-enabled models which enhance the ability of local doctors to work effectively with specialists in cities and maximise the care and services available to aged patients, locally. Telehealth should be supported in so far as it provides a mechanism for ensuring comprehensiveness and continuity of care for the aged patients in rural areas. It should not however be seen or supported where it serves as a substitute/threat to provision of continuous, comprehensive local care for these people.*

- *The College would like to reiterate its continued strident support of the My Health Record program which it views as a critical element to enabling rural doctors to provide the continuity of care required in order that aged people with chronic conditions are not lost in the system as they move from hospital stays and specialist appointments in cities and back home again*.

Jurisdictional responsibility conflicts

There is a need for federally-funded and state-funded facilities to operate more cooperatively to take advantage of the economies of scale and scope; and to ensure that the best use is able to be made of all the resources that are locally available and not just those within each jurisdictional paradigm.

The rural and remote context is where the funding and staffing models upon which aged care is based tend to fall apart. For instance, in small locations, the hard lines between (state) acute care hospitals and (Commonwealth-funded) residential aged care are simply not practical. In the same town, both services will tend to need the same suite of staff and resources (e.g. 24-hour nursing staff, linen, cleaners, transport, medical support etc.) but the funding, commissioning and accreditation processes prohibit these services from adopting a joined-up operational approach.

As funding models are still predicated on a minimum critical mass approach (e.g. a minimum number of beds etc.) the failure to recognise and transfer between both sets of facilities can often lead to people with medium or high care needs having to relocate unnecessarily to a distant institution.

- *The College recommends that the Inquiry explore opportunities for cooperative management of the local, state and federally funded resources for aged care in rural and remote communities. Ideally acute care beds, subacute care/rehabilitation, respite care, low care and high care beds should all be provided through a blended administration system.*