

29 April 2013

Dr Ian Holland  
Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

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Dear Dr Ian Holland

**Re: Living Longer Living Better Reform Package**

The Royal Australian College of General Practitioners (RACGP) thanks the Community Affairs Legislation Committee for the opportunity to provide comment on the five aged care Bills before the Parliament:

- Aged Care (Living Longer Living Better) Bill 2013
- Australian Aged Care Quality Agency Bill 2013
- Australian Aged Care Quality Agency (Transitional Provisions) Bill 2013
- Aged Care (Bond Security) Amendment Bill 2013 and
- Aged Care (Bond Security) Levy Amendment Bill 2013.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting and maintaining the curriculum and standards for education, training, quality general practice and for supporting GPs in their pursuit of clinical excellence and community service.

GPs provide ongoing health monitoring, disease prevention, treatment, as well as the management of chronic disease, rehabilitation, palliative and end of life care for elderly patients living in the community and residential aged care facilities (RACFs).

**Home care**

Schedule 1, Part 1 of the *Aged Care (Living Longer Living Better) Bill 2013* proposes that all reference to *community care* in the *Aged Care Act 1997* be replaced with the term *home care*. The RACGP believes that the proposed shift to *home care* should be accompanied by a review of the quality assurance systems and standards, and that there should be consultation with the profession regarding the existing Community Care Common Standards for *home care*.

The College recommends that the Community Affairs Legislation Committee also carefully consider the role of home monitoring in caring for older people and the funding model required to support this work.

**Fees and payments**

Chapter 3A of the *Aged Care (Living Longer, Living Better) Bill 2013* relates to the determination of resident and home care fees and payments.

It is unclear as to whether the cost of providing healthcare services in these settings has been factored into the proposed calculations. Failure to address healthcare resourcing as part of the proposed reforms

will result in neglect of older Australians health and hence diminish their wellbeing, self-confidence, independence and quality of life.

Hence the RACGP believes that it is in the best interests of the community to review this issue and include the appropriate healthcare resource allocation mechanism(s) as part of the proposed reforms. This would potentially involve:

- revising proposed methods of calculating fees and payments for residential and home care
- expanding the new Aged Care Pricing Commissioner's remit to include healthcare pricing particularly for GPs and practice nurses who provide ongoing out-reach services to their patients in RACF and home settings, taking into consideration all the factors that contribute to the cost of doing so
- amending the *Human Service (Medicare) Act 1973* to ensure it supports healthcare out-reach services, including those provided through general practices.

The proposed supplements for dementia and veterans' mental health supplements are welcome. However, the College believes that payments to service providers must reflect the true cost of providing such services in aged-care settings to ensure their viability.

## Quality assurance

It is understood the *Australian Aged Care Quality Agency Bill 2013* establishes the Aged Care Quality Agency and the Aged Care Advisory Council which will accredit RACFs and promote high quality care, innovation and continuous improvement among other functions.

While the RACGP supports the establishment of these entities, it is concerning that there is no GP representation in the proposed governance and advisory structures. GPs continue to play the major role in the provision of aged care services in both community and RACF settings. The College therefore recommends that general practice be listed among the areas of expertise under *Section 32, Appointment of Advisory Council Members*.

Further, the RACGP believes that the Quality of Care Principles and Accreditation Standards, that will guide the Agency's and Council's activities, should be informed by general practice perspectives and model of care. The general practice model of care is characterised as patient centred, continuing, comprehensive, and coordinated whole person care for individuals, families and communities.

## Barriers

GPs play an integral role in delivering essential services to older people in both the community and RACF settings. Given this, it is of paramount importance that the Community Affairs Legislation Committee identifies and addresses any barriers affecting the delivery of these vital services.

The RACGP believes that there are many barriers affecting the delivery of GP aged care services to older people. Some of these barriers include, but not limited to:

- no funding support for the considerable non-contact work provided in RACFs
- inadequate information technology and clinical infrastructure in RACFs
- a lack of Medicare rebates and funding for GPs seeking to undertake telehealth consultations from their practice to the RACF
- workforce issues for clinical and non clinical staff
- unnecessary red tape for GPs and nursing staff
- medication management issues, including resourcing and information exchange
- difficulty in engaging young GPs to provide care for RACF patients
- RACFs dependency on Agency nursing staff.

The College strongly recommends that the Community Affairs Legislation Committee carefully considers these barriers and identify other barriers (in consultation with other key stakeholders) to inform further development of the Living Longer Living Better reform package.

### **Ministerial powers**

It is of note that the Minister has wide ranging powers over the structure and function of the Australian Aged Care Quality Agency, including its Advisory Council. That is, the Minister:

- will appoint the Quality Agency CEO, Advisory Council Chair and its members
- may provide the Advisory Council with written instructions about the way it is to carry out its functions and procedures to be followed in relation to meetings
- may, by legislative instrument, make Quality Agency Principles
- will preside over related strategic and operational plans and reporting.

The RACGP strongly believes that agencies, such as the Australian Aged Care Quality Agency, should be independent of direct ministerial control. Short-term political agendas should not influence the quality, safety, and accreditation of aged care services.

The College recommends that the legislation be amended to ensure that the Minister is not able to directly influence quality and safety issues.

### **Review**

The RACGP supports commencement of an independent review of the reforms in 2016 with a report to be tabled in both Houses of Parliament by 30 June 2017.

The College would appreciate your consideration of the issues canvassed herein. If you have any questions regarding these matters please contact myself or Mr Roald Versteeg, Manager Policy & Practice Support

Yours sincerely

**Dr Liz Marles**  
President