



The Victorian Healthcare Association Ltd.

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The Secretary
Senate Community Affairs References Committee
Suite S1 59
Parliament House
Canberra ACT 2600

Dear Secretary

We welcome the opportunity to comment on a system of care that is very close to the hearts of many members of the Australian public as it is to providers of healthcare.

The Victorian Healthcare Association represents 74 residential aged care providers in metropolitan, regional and rural locations with a total of 5,281 beds. It represents the largest group of state-operated public healthcare facilities in Australia.

We welcome the opportunity to comment on these issues which directly affect the delivery of aged care services because our members represent the public aged care sector which is focused on providing equitable access to good care for elderly and frail people – regardless of their ability to contribute financially to the cost of their care and regardless of the complexity of their care needs. As a result, our members represent the full spectrum of aged care – ranging from the very complex, high care services (including aged mental health) to low care, hostel services throughout the state. In addition, many of our members provide services such as HACC, CACPS and EACH.

Our outlined in the attached paper, we call on the Government to give serious consideration to the issues under examination in the Inquiry. Our concerns are probably best summarised as outlined below:

“Fragments” of Care

We care....

In Victoria, as in the rest of Australia, we can be proud of a healthcare system that provides excellent support systems for elderly and frail Australians with wide-ranging and sometimes complex care needs. The national system of aged care provision is providing more care, with better outcomes than ever before. The funding commitments to the aged care sector have increased steadily and we welcome the boost of \$2.2 billion in the 2004 Federal Budget.

But in fragments....

While we have made advances and can be proud of our achievements, our approach is fragmented and therefore weakened and maybe even more expensive than it needs to be. Our present system is characterised by fragmentation in

- funding streams
- accreditation and quality control systems
- workforce planning and development
- and most importantly, in the delivery of care – both in terms of managing complex needs and in integrating acute, residential and community care.

We suffer.....

As an industry we struggle to remain positive about the gains we have achieved because we are frustrated by a system that we know could be better placed to care for older Australians. As result, we suffer because:

- we have a poor self-image
- because we have difficulties attracting enough staff
- our staff are disadvantaged in terms of pay, career planning and other workplace conditions.
- we aren't getting the right balance between people and paper.
- we believe we could be delivering a better level of care
- we are constantly told that our problems are going to get worse because of an aging population

Our clients suffer....

We know that our clients are suffer – not because there is no care available- but because there are sometimes so many artificial barriers to getting the level of care they need and want. The fragmentation of our systems makes their lives more difficult than they need to be because:

- availability of care is determined by inflexible administrative systems rather than their needs at a particular time
- clients find it difficult to navigate their way through a complex system of funding streams that are often designed to exclude rather than include
- they are subject to duplicate assessments that require them to discuss personal matters (sometimes of an embarrassing and distressing nature) to fulfil an administrative need
- they are often already struggling with the reality of losing their ability to care for themselves or watching a spouse or loved deteriorating as dementia or another serious illness takes over their lives.

But there is a way forward – and it's not just about money.

Money is a problem for the aged care industry. The struggle to fund capital and to attract enough funding to provide appropriate care is very real and probably even more so for public sector providers than for those in the private sector. Many of our members feel their viability is under threat. For regional and rural health services, both small and large, an increasing percentage of their deficits is due to aged care.

We can work together toward a system of caring rather than providing fragments of care

We can solve some of our financial problems by being more creative about how we use the money we have available – but only if we work more collaboratively and creatively to find them.

With appropriate leadership from the Government, we can work together to:

1. Develop models of care that provide more appropriate care for our clients without necessarily costing more money
2. Determine more accurately what our workforce needs are - based on those models of care
3. Develop university and professional development programs that ensure our workforce is suitably qualified
4. Ensure that there is a continuum of care that means that as clients move between acute, sub-acute, residential or home-based care settings; their needs are addressed in a holistic manner.
5. Build trust between funders and providers so that we can reduce the burden of administrative work that stands in the way of providing better care and achieving more innovative approaches.

Finally, we would encourage the Government to consider again some of the excellent work done in recent years to highlight and document the problem as well as providing some very workable solutions. These include:

The Review of Pricing Arrangements in Residential Aged Care by Professor Hogan
While we acknowledge that the Government has already responded to the many of the recommendations in the report, there are still major recommendations that have not yet been considered. Professor Hogan has provided some excellent solutions to the issues that are the subject of this inquiry which need to be given more attention.

The Patient Profession: Time for Action. Report on the Inquiry into Nursing (June 2002)

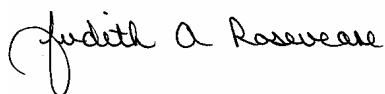
We concur with the findings and recommendation for aged care as summarised in Chapter 7 of the report and fully endorse Recommendations 68-75.

The Financial Implications of Caring for the Aged to 2020 Myer Foundation (2002)

This report has gone into considerable detail in describing the nature and the scope of the problems facing the aged care industry.

We look forward to the outcomes of the important work being done through this Inquiry.

Yours sincerely



Judy Roseveare
Chief Executive