Finance and Public Administration Committee
Senate inquiry into residential and community aged care in Australia

14 November 2008

General Practice Victoria specifically addresses part (f) of the document, Information about the inquiry: 'the impact of current and future residential places allocation and funding on the number and provision of community care places.'

The average age of people living in RACFs is 83, and there is high prevalence of co-morbidities and high care needs of residents. Residents require regular input from a range of primary health care providers: general practitioners, pharmacists, allied health professionals and specialist community nursing as well as acute hospital care. With respect to community care packages, there is good evidence supporting care in the community.

It is logical that allocation of community packages and residential services matches population movement and growth; so serious consideration should be given to the provision of primary care services in these areas of growth.

In Victoria a large number of beds are currently allocated in the outer Melbourne growth corridors and larger rural towns. Access to primary health care services (GPs, pharmacies, allied health, etc) in these areas is generally poor and the facilities are often located away from an established general practice, so that, if the GPs do attend residents in the facilities, then they must travel further.

> Three new RACFs due to open in the northern suburbs of Melbourne in an area of GP shortage were unable to engage GP services for residents. There is a range of reasons why GPs are not taking on additional RACF patients, but in this case a significant contributing factor was the distance required to travel from the practices to the facility. The local division of general practice was asked to assist after the facility was open and was able to fund the additional travel time using Aged Care GP Panel funding. The division continues to assist a GP from out of area to travel to the facilities to see the residents on a regular basis.

GPV suggests that part of the process for allocating or moving beds should give consideration to engagement with clinical services for residents. This would not only involve negotiating with GPs to attend facilities, but also the provision of adequate and safe clinical space for consulting, and facilities for clinical record keeping, prescription management, etc.

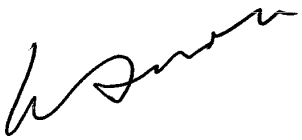
For facilities that are relocated, residents do not have the capacity to source services independently, and residential service providers should take into account the need for residents' access to and delivery of quality general practice services.

A rural division of general practice was asked to assist residents to find a GP after a company moved a facility to another town. The residents and their families were initially told to find a GP to take over their care when the facility moved. These residents were unable to do this. The new facility is in an area of GP workforce shortage. This situation is still ongoing

The State Based Organisations of the divisions of general practice are able to provide advice to the state allocations committees about GP services and availability for consultations in RACFs. Unfortunately the aged care panels program funding to divisions was withdrawn from 30 June 2008 and divisions currently have no capacity to assist with residents' access to GP services, particularly in a crisis situation.

General Practice Victoria suggests that the committee recommends that licences should not be issued until the proposed new or relocated facility has shown that it would be able to assist residents to gain access to primary care services.

This submission is authorised by the CEO, Mr Bill Newton.



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