SUPPLEMENTARY SUBMISSION TO THE SENATE FINANCE AND PUBLIC ADMINISTRATION COMMITTEE INQUIRY INTO RESIDENTIAL AND COMMUNITY AGED CARE IN AUSTRALIA.

Submitted: 27th April 2009
By: Glenn Bunney – CEO
Ph: 61 7 5441 0762
Fx: 61 7 5441 0798
Mb: 0419 662 337
Em: Glenn.Bunney@sundale.org.au

Honourable Senators,

Thank you for the opportunity to be heard. Although it is appreciated to be outside of the scope of this inquiry, could I please highlight that whilst we discuss aged care, there is a parallel universe that is having exactly the same discussions, being Disability Services.

The needs of both client groups are similar, and yet we persist with having completely separate and unrelated responses, seemingly driven by the source of funding and political responsibility.

If Australia is ever going to establish community appropriate service structures, surely we must consider the needs of our community as the focal point of our psyche.

Perhaps it is time that our Australian community had a conversation around "Long Term Care" and how we might best establish appropriate services and cater for the community needs in the most efficient and effective means possible. At least in that way we can maximise the share of funding that goes to care delivery, rather than the myriad of often unrelated and uncoordinated reporting mechanisms back to various Departments.

Thank you for the work that your Committee is undertaking. Perhaps a future inquiry could be held into how we can best address the aspirations of our community with long term care needs.

TABLE OF CONTENTS.

QUESTION ON NOTICE (PAGE 81 OF PROOF HANSARD)

[Examples of ways we can administer the industry better?]

My comments in relation to this area relate to my involvement with the International Association for Homes and Services to the Ageing (IAHSA), an international network of service providers, academia, and services to the industry. IAHSA is a well regarded organisation that is recognised as an NGO within the United Nations. IAHSA maintains networks and works cooperatively with consumer groups such as the AARP (with over 35 million members) as well as Universities across the globe. The Board of IAHSA is elected from representatives around the world.

I have been involved with IAHSA since 2003 as a Director and have been on the Executive for some three years, serving as Deputy Chair since 2008. I have therefore considerable direct experience with the workings of not only the Association but with the broad network of members across the globe.

Rather than repeat some very good work covered elsewhere, may I refer the Committee to the evidence provided from Grant Thornton's Mr. Cam Ansell wherein he included the report provided by Mr. Ian Hardy, CEO of Helping Hand in South Australia. As part of his Churchill Fellowship Ian visited and examined some models of consumer directed care in Japan and Europe, and his report is enlightening with some possibilities.

Some essential principles brought out through Ian's report are consistent with a range of principles that are already operational throughout other parts f the world of which I am aware. These include

- Separation of accommodation and care in residential settings, whereby the individual is responsible for their own accommodation choice, thereby leaving the Government to focus on assistance with care needs. This removes the inequity we currently see in the Australian system whereby the part pensioner in a low care facility cross-subsidises wealthy people in high care facilities. It also recognises that whether someone remains in their own home, or moves into another owned by someone else, this remains a matter of their choice, and this is not a matter for the Government unless it is acting as a safety net provision.

- The individual should be responsible for their own costs where the capacity exists. In other nations consumers are not able to access Government subsidies until their own financial resources are reduced to a pre-determined level. In many jurisdictions this also includes their private home.

- The elimination of "license allocation" moves the provision of services away from a "reliant on Government approach" to one wherein the establishment of facilities is a commercial decision taken by the service provider. Such a move however requires that bureaucracy move away from controlling things for which they have no direct involvement.

An example of this would be where the decision about constructing facilities is left to the organisation however the DH&A continues to attempt to dictate what should be built or indeed how and to what specifications. This should be a matter best left to those within for example the BCA jurisdiction.

- Funding should be moved from the current mechanism to a more structured format such as a long term insurance scheme. In Australia we already have a Medicare levy which has been increased in the past to provide funding for Australia's commitment to Timor (I don't believe this actually was utilised although it was established); and to activate a weapons "buy back" scheme following the Port Arthur massacre. How is it that we are able to manipulate this tax regime for the purposes of weapons and not for our own people? Doesn't this reflect a rather poor set of priorities?

- The regulatory regime in Australia has to be streamlined, with programs aligned with a truly well structured continuum of care. Other nations have addressed this in different ways, however it is difficult to identify any other nation that has a level of duplication and inefficiency inherent in its policy framework than does Australia.

- The investment in technology in Australia is very limited compared with that being invested in other parts of the world. Within the IAHSA network, the Centre for Ageing Services Technology (CAST) has been established to look at ways in which technology can best be brought to focus on the needs of longer term care, also recognising that the availability of workforce will reduce substantially over coming years. The focus of CAST has lead to the formation of other groups looking specifically into interoperability questions for the manufacturers of different equipment, and bringing a high degree of standardisation into the process. In principle this is somewhat akin to the Button Car Industry Plan in Australia.

- Across the globe we are seeing shortages of specialised skills and this is no less the case for services to the ageing. Whether we are talking about the lack of nurses (a global phenomenon), allied health, doctors, or carers, the reality is that we are not going to have enough to cater to the needs of an ageing population. Consequently not only is education being uplifted to cater for the lack of professionals, but work practices are constantly being reviewed for practical delineation of work responsibilities. There is no point for example having a qualified registered nurse doing showers when others can very appropriately do so, and report any issues to the RN. In many ways the same can be said of wound dressing or in some cases medication. In Australia our industrial structures are such that the focus is more on ensuring seniority and professional distinction rather than on the practical needs of the consumer and how best these might be met.

- The elimination of funding silos would be a significant step to delivering much improved outcomes.

  In the United States currently a program called PACE is being used to bring together the various funding streams on behalf of older people, and the program then takes responsibility for the care needs of the consumer. This program is growing and at the same time is delivering consumer benefit without the constraints of silo thinking.

  The above is not by any means a comprehensive list. As Professor Hogan noted in his report, the Australia funding scheme for residential aged care (the scope of his report) does not support innovation or creativity – indeed in many way not only is it not supportive – it actively stifles innovation. A great idea by a service provider becomes a "trial" which eventually (often some years later) becomes a "program" for which another whole bureaucracy is established to "administer" which leads to "regulation and compliance" ensuring that further development is restricted to the bureaucrats who could not come up with the innovation in the first place and who suddenly now know much more about it than any service provider ever could!

  The Transition Care Program in Australia is a good case in point. It was an initiative from service providers in South Australia, and is now a program across the country. However now what was meant to be a flexible and consumer centric program is "managed" by not one but two bureaucracies – at both National and State levels. The program is a fantastic program and delivers substantial benefit to the consumer – of that there is absolutely no doubt. It could do so much more for the same amount of funding if it was not for the inefficient structures placed around it by having Government "administering" at all levels, thereby minimising the funds actually available for care delivery.

  We can do it better. Australia is regarded as a leading think tank in this area. Regrettably it is this innovative thinking that is being used by other nations to develop and improve their systems whilst exponentially escalating regulation attempts to cut off innovation in our own back yard. We can do it better, and indeed for the sake of those with long term care needs – we must.

SUNDALE – THE ORGANISATION

Sundale Garden Village, Nambour is a community based not for profit organisation that has been delivering aged care related services to the Sunshine Coast community since 1963. It is an organisation that provides accommodation and / or care to over 1,200 per day through a variety of services including

- In Home Care – HACC; CACP; EACH
- Residential Aged Care – Low, High, Specialist Dementia
- Retirement Living
- Rehabilitation – Day Centre
- Rehabilitation – Private Community Hospital
- Childcare – Long Day Care and Outside School Hours Care

As an organisation the proportion of our income generated through our residential aged care activities has fallen from 80% in 2002 / 2003 down to some 60% in 2007 / 2008. We have plans in place to reduce it below 40% within the next five years.

This will occur for two fundamental reasons –

Firstly our rate of construction of new facilities has and will continue to slow because we do not believe that our community in general and older Australians in particular believe that this is the type of accommodation they prefer. The question often is about appropriate accommodation for older people, and the ability to provide services to them in such appropriate accommodation. We also have a unique perspective due to our involvement in rehabilitation, which is an activity we have embraced for the last 20 years. The combination of appropriate housing, rehabilitation and in-home care support in our view will deliver much better and more taxpayer cost-effective outcomes than will residential aged care.

Secondly the rate of construction will slow simply because it is not financially viable to construct and operate residential aged care under the funding model that currently exists, nor what is being indicated.

There is little doubt that in speaking out as we are doing, that we will raise the ire of the Department of Health and Ageing, and I fully anticipate that we can expect “special focus” over coming months as a result. This issue is far too important to be ignored simply to avoid such negative attention, and fundamental and serious reform are essential if Australia is to ready itself for the upcoming demographic demands we all know will start to confront us from about 2012 – less than four years away.

LONG TERM CARE – THE IMPERATIVE FOR CHANGE

Thank you for the opportunity to put forward a further submission before you in what I believe could be the turning point for how Australia provides long term care to our community. Because in Australia we pigeon hole people based on what funding stream we've put them under, all discussion in evidence to this Committee relates to aged care, and that is to be expected given the nature of the inquiries being made.

Could I please offer though that long term care applies just as much to those living with disabilities as well as aged care? After all, what is it that we address in aged care if not for age-related disability?

In a broader sense, although it is beyond the scope of this Committee's deliberations, I simply ask that you consider this definitional context when you're reflecting upon the evidence that has been put before you during the course of your inquiries. The carving up of clients based on funding sources and programs is neither an ideal social model nor is it necessarily one that permits optimisation of resources.

There is an argument often used that efficiency and effectiveness come from economic scale. This argument is one which applies directly to a production sense, and has far less applicability in human services. The support work conducted in what is commonly referred to as "The Hogan Report" clearly identifies this fact although the focus at the time was on a supposed 17% industry inefficiency, something not borne out by the report itself in spite of selective editing.

You have been presented with "expert evidence" that indeed there is no crisis in aged care in Australia, that all is indeed quite well, and that nothing should be done any differently to the manner in which the Department of Health and Ageing considers it to be necessary. This is the "do nothing" option, because the level of bankruptcy in the industry is at acceptable levels it appears.

You have also been presented with proposals to turn the clock back to 1996, when we had the CAM / SAM system, separating funding into the two streams of care (nursing and allied health) and support (all other costs), where nursing unions felt comfortable in the belief that funding for their members was protected and isolated to them. This was also the era by the way during which every wage increase was simply funded by the Australian Government with subsidy rates increased accordingly.

You have also been presented with significant amounts of financial data, that read in any manner at all, indicates clearly that the aged care industry in Australia is in a parlous state already, and has been getting worse over recent years.

If anything, any reading of the data clearly demonstrates that things are getting worse at an accelerating rate, which is alarming for the industry and the Australian community, but not so it seems for those within the Department of Health and Ageing. This data is rejected by the DH&A simply because it does not support their perception of the reality of the world.

The difference between the DH&A and the industry and community however is, to use a euphemism, a “matter of eggs and bacon – the chicken is involved but the bacon is fully committed”. Such is the matter of aged care in Australia. The DH&A is like the chicken - certainly involved but bears no accountability for the outcomes of their decisions as there is no direct implication for them, however the impact is felt and met by the industry and our community. Such freedom must be tremendously enjoyable and stimulating – it is no wonder why humanly there is an apparent moral tension that appears to prevent those within the DH&A from real reform, and their inane tendency to want to leave themselves in a complete position of “command and control” – an approach identified by Lindsay Tanner as being outmoded and outdated, and having no place in a modern Australia.

We all know and appreciate that we are entering an anthropological era the likes of which our humanity has not previously experienced, and it is clear that ideas and ideology steeped in thinking of the 1970’s is no longer useful or viable moving forward. There are three fundamental facts which I have not heard disputed by anyone over recent years. These are

- Australia is about to embark on a demographic shift that will drive demand for long term care exponentially for the next 20 years, and then the rate of growth will slow, although not the absolute numbers through to 2040;
- Studies undertaken by NATSEM on behalf of Carers Australia have shown that from around 2016 the number of informal (family or spousal) carers will start to decline (coincidentally as the need rises); and
- The net growth in the Australian workforce over this same period will decline sharply. Indeed the predications are that the net growth of the Australian workforce in the decade of 2020 – 2030 will be about 200,000, approximating the level of our current annual net growth.

Any view that says we can continue on the identical policy settings, and continue to deliver long term care services in exactly the same manner as was envisaged in 1975 when the report upon which the framework for the Aged Care Act 1997 was based, must be regarded with at the very least an exceptionally strong dose of scepticism.

The current regulatory framework is driving exceptionally good people out of aged care. The constant negativity and suspicion, fantastic clinicians having their professional judgement and honesty impugned by auditors and investigators, and the absolute morale sapping experience of constantly stretching the rubber band of rationed funding to try to meet community expectations, all lead to absolute strain on the system.

Add to that a Minister clearly being advised to constantly seek to highlight the problems found in the industry by “taking tough action”, and it is no wonder that the industry is fatigued.

Australia has an international reputation for innovative high quality services for long term care recipients. This reputation is diminishing due to the policy stagnation that has become a clear feature of legislation and regulation over the last decade. If we reflect over the last few years, regulation seems to have been built on the basis that “flogging will continue until morale improves”. If this approach is not stopped, and soon, who will be left to care?

Would you Senator, having left your political life behind, prefer to work in an industry under constant pressure, negativity and stress, or in the public sector where there is far less pressure, abundant resources, higher wages, and no industry police judging and criticising your every move? Is it any wonder that we are losing good people to the public sector, especially to hospitals?

It never ceases to amaze me how a story about Noro Virus in an aged care facility can make front page headlines, whilst reports of “adverse events” (people dying due to an action in a hospital or having wrong limbs removed) affecting thousands of people can be relegated to Page 12.

Somehow this just doesn’t seem right does it? This is an opportunity to change that for the benefit of our society, so that we do indeed have aged care services to meet future demand.

POLITICAL WILL

It is frequently noted that a lack of political will is driven by the strong perception that aged care policies lose elections, they don't win them. Consequently the area of aged care policy tends to be focused upon protecting the Government from criticism on the occasion of problems within the aged care industry.

In practical terms 180,000 residential aged care clients generate care demand of some 65,700,000 days of care per annum. Realistically, anyone who believes that this can be accomplished 100% perfectly 100% of the time needs serious professional assistance. Things will go wrong because we are dealing with people (carers) delivering care to people (elders), whilst other people (family and friends) look on. Because care of the elderly is an emotive subject and because the community expects that older people should be given the best that our society can deliver in terms of care, there is a high level of impractical expectation that nothing should ever go wrong. Couple this with the costs of care highlighted by Government, which represent huge numbers to everyday Australians, and we have a recipe for carer bashing rather than responsible planning and policy formulation.

In his first speech to Parliament, The Hon Bill Shorten MP, Parliamentary Secretary for Disabilities and Children's Services said

"I am excited by the opportunity to help empower another section of the community, not so people with disability receive special treatment but so they receive the same treatment as everybody else—the rights which are theirs, with the dignity that they deserve. *I believe the challenge for government is not to fit people with disabilities around programs but for programs to fit the lives, needs and ambitions of people with disabilities* (emphasis added). The challenge for all of us is to abolish once and for all the second-class status that too often accompanies Australians living with disabilities."

As previously identified there is a distinct alignment of the accommodation and care needs for those living with the effects of disability, and those contending with the disabilities accompanying the ageing process.

It has been often said by the Prime Minister that productivity is at the heart of his economic agenda for Australia, and these words have been followed up with action across initial spheres of focus. This essential productivity lift is also supported by the Opposition, and in the best interests of our nation, such a bipartisan approach is to be commended. Leadership in the best interests of our Australian community must over-ride political considerations and point scoring and perhaps the issue of productivity and how this can be achieved by deregulation and reregulation is a solid start and all sides of politics should be commended for their approach in this regard.

In his [1]speech to the Sydney Institute, the Hon Lindsay Tanner MP, Minister for Finance and Deregulation made a number of points including:

- [2]Relieving businesses and consumers of the burden of inappropriate, ineffective or unnecessary regulation will build Australia's productive capacity and create a stronger economy;
- [3]Procedures will be strengthened to ensure new regulation is enacted only where absolutely necessary at a minimum cost to consumers and business, and that a culture of continuous improvement in regulatory activity is implemented;
- [4]My target is regulation which is outdated, excessively burdensome on business or unfair to consumers;
- [5] As well as imposing specific compliance costs, regulation can also have a choking effect on entrepreneurship, risk taking and innovation;
- [6] Prior to the election we committed to a one-in one-out principle for new regulation. When Ministers bring forward new regulatory proposals, they will be required to also identify other areas where regulation can be modified or removed to reduce compliance costs for business.

No fair mined individual could argue with the comments made by the Minister, nor with the spirit and intent of the Government as a facilitator and moving away from the "command and control" emphasis of the past that belongs in the era of the 1960's and 1970's. The simple question of course is how do these principles align with the "tinkering around the edges" and compounding regulatory imposts being loaded onto the aged care industry by the Department of Health and Ageing? Is this symptomatic of a Department intent on true reform and eliminating "command and control" policies?

How is it therefore that with what appears to be bipartisan political will for real fundamental reform to improve productivity and quality outcomes, aged care is left to inefficient regulation, increased incidence of service collapse, and a complete lack of preparation for the demographic challenge that confronts our nation?

The challenges facing the aged care industry are not new. They are neither the creation of the current Australian Government, not entirely the creation of the previous Government. The challenges are to a large extent created through a long period of so-called regulatory reform taken without any consideration on the true costs of providing what was being requested via the regulation and legislation. In spite of a myriad of studies that have responded outlining the imperative to establish and cost a benchmark level of care, we continue today to not have such a measure, nor does there appear to be any intention of establishing one.

---

[1] Relieving the burden on business – Labor's deregulation agenda. 26th February 2008.
[2] Ibid. Page 2.
[3] Ibid. Page 2.
[4] Ibid. Page 2.
[5] Ibid. Page 3.
[6] Ibid. Page 4.

This is a fundamental issue at the very core of establishing how it is as a community that Australia fulfils our responsibility to those needing care within our society.

Faced with such an environment, the Department of Health and Ageing simply fends off questions from Senators about the aged care industry being in crisis with quips around "technical and non-technical questions of viability" and "top quartile" performance, and that bankruptcies are not increasing as a sign of fiscal strength of the industry. Indeed responses about surveys showing "profitability improvement" are accurate in a sense, but that improvement shown is a **reduction in losses**, not an increase in profitability. Faced with critical issues around Australia having a service capacity into the future, the focus appears to be on engaging in word games reflecting the disdain with which the Department of Health and Ageing holds the Australian aged care industry.

Failure of facilities delivering aged care is put down by the Department of Health and Ageing as being simply "management failure". This coming from people who have never had to manage an aged care service, or indeed manage a business of any kind that needs to generate income and allocate resources for long term existence. Indeed such an attitude comes through when one considers the following comment by Ms. Murnane, a long term and highly regarded Officer within the DH&A.

"If they are either too highly geared, too inefficient or use the money that comes to them for certain other purposes and the homes run down, we do not rely on finding out simply at the point of catastrophe, though that can happen if providers are not forthright with us. ***We are random****." (emphasis added).*

Ms. M. Murnane in evidence to Senate Estimates.

This comment quite specifically contemplates that the only reasons for failure are in the hands of the provider alone – that it can't possibly be brought about by a system which fiscally is virtually under the complete control of the bureaucracy and completely inadequate to sustain appropriate outcomes. One in which absolutely no responsibility is felt by those establishing the suffocating regulation and "compliance" imposition.

AGED CARE – THE FUNDING REALITY

Much appears to be made of the significant expenditure delivered by the Australian Government for aged care purposes – who could miss the Minister's mantra of "record funding" et al. I felt that it may be appropriate to place before Senators exactly what this means "on the ground".

The Minister has expressed the view that aged care operators should pay their employees at the same level as public sector wage rates, and no one within the industry would actually argue against such a noble objective. If we think about what that might actually buy based on the following, one may be surprised by the outcome.

- If we take the total subsidy paid for the highest level care within residential aged care – that is the most frail older person with complex clinical care needs and behavioural challenges who is essentially unable to do anything for themselves, and take the maximum amount of subsidy paid;
- And add to that the funds that the individual resident pays (assuming a full pensioner); and
- Ignore for the moment any income generated for capital purposes (although without this buildings simply don't get built) – i.e. simply consider what income is derived to provide care and hotel type services.

This is enough money to pay for approximately 3.7 hours of time for a Registered Nurse Level 1 on Queensland public sector rates, per day. Before we get excited about this as an ideal level of clinical care, we need to be cogniscent of the fact that **this is all that the money pays for**. It does not include

- Food
- Laundry
- Maintenance
- Housekeeping
- Administration
- Activities
- Therapy
- Allied health care
- Wound dressings
- Continence aids
- Assistive aids such as wheel chairs, special cutlery
- Food supplements
- Or any other of the "prescribed services" under the Act

And let's not forget that this also doesn't allow for the time that the registered nurse would

- spend filling out copious amounts of paperwork or
- the time that he/she would be spending responding to the myriad of questionnaires, surveys and reports to the DH&A, or
- the provision of monthly resident data, or

- dealing with the unannounced and announced visits from the accreditation agency, or
- indeed the unannounced visits from the Complaints Investigation Service because he/she appropriately reported action taken under the Act, or
- months worth of follow up contacts and “further information” requests, or
- working with general practitioners,
- arranging appointments for external service providers on behalf of the elder,
- answering queries from friends or family, and
- any of the myriad of other priorities that impact daily, or
- talking with the elder or indeed just taking time to hold their hand as they take that last life transition.

Is a maximum of 3.7 hours a day really what we owe those who have provided a country for which every single day most of us express gratitude? Is that all they are worth to us as a society – is that all they’ve earned from us?

If we did the same calculation for community care, the picture is far more depressing, because as bad as the scenario is for residential care, at least the Conditional Adjustment Payment has been made available to residential care, delivering a modest 1.75% above indexation since 2004 – community care has received nothing. As fuel costs soared, community care received nothing. As additional reporting regimes, often duplicated because of the multiplicity of programs with their own requirements rose exponentially, community care received nothing.

Is an older Australian living at home worth more than 10 minutes of care a day? That is what HACC was actually providing in 2007 according to the election material prepared by Aged and Community Services Australia, a figure taken directly from the HACC reported data.

We need to have a truthful conversation with the Australian community but first we have to be honest and truthful with ourselves as service providers, policy makers, and political leaders, about the kind of society we truly wish to establish. Policy and funding decisions should then be made from that basis.

Surely it is time that we were honest about what we as a society are prepared to provide to those most in need in our community – without the spin-doctoring.

EFFICIENCY

In response to questions from the Committee it was instructive to read comments from a senior bureaucrat within the DH&A in relation to the need for all aged care providers to aspire to the "efficiency" of the "Top Quartile", presumably indicating that in his opinion this was a possibility.

The individual making the comments was indeed the Executive Director of the Task Force involved with preparing the document that was to become "The Hogan Review". As we have heard from Professor Hogan himself, he was not the author of the report, he was the reviewer of the report presented to him.

In the previous submission to the Committee under the section titled "Efficiency in the Australian Aged Care Industry Context" we outlined aspects of the report itself that refuted the level of so-called potential efficiency gains. It is clear that the headline grabber quotes were less than convincing on detailed analysis.

If it is truly considered by the DH&A that "the most efficient" providers (the "Top Quartile") operate the businesses to which everyone else should aspire, then it is clear that some significant changes in policy focus would have to be made. Take for example, just one quote from the CEPA research to inform the Hogan Review, wherein it acknowledged the inherent limitations of the analysis of efficiency in relation to the lack of or real consideration of quality when it notes that

"quality of care provided to the residents is an important variable influencing the efficiency score. It is possible that an ACF that provides high quality care may use more measure inputs and may therefore be regarded as more inefficient…"[7].

The Hogan Review also goes on at length about the inefficiency brought upon the aged care industry by way of regulatory inefficiency.

Should the industry aspire to Top Quartile performance? If so this would undoubtedly lead to two classes of residential aged care service, being Extra Service and Multiple Bed Wards, both of which are reflective of the Top Quartile performance. It is likely that community care services would potentially have two-tiered service offers due to the same type of fiscal pressures evident in residential aged care.

These services would not be likely to be located outside of metropolitan or major regional centres, would probably not be CALD specific services, and would be potentially operated by a hand full of different organisations. Is this the type of aged care industry to which the DH&A aspires? Is this indeed the long-term vision for aged care in Australia?

[7] Efficiency of Aged Care Facilities in Australia – CEPA 4.2.4 Environmental Variables P.38

Is aged care to follow the trend of the "Job Networks" wherein the preference is for a handful of major players across the country delivering all of the accommodation and care services to an ageing population? If this is indeed the aspiration is it not time to be honest with both the industry and the Australian community?

When considering efficiency and the bureaucratic processes, one has to be lead to the conclusion that the two in the same sentence represents an oxymoron. Consider that at the same time as the DH&A preaches efficiency to the aged care industry, we perhaps need to consider that there has been no action taken by them to improve efficiency in real terms.

This is the very same Department that

- Moved into the 1997 "reforms" with the new Aged Care Act and did not have the computer systems and structures in place to manage the new scheme;
- Established the "Accreditation Date" that had to be delayed in practical terms;
- Launched "The Way Forward" as a blue print for rationalising the 19 community care programs manage within their own structure, and more than five years later this remains a "policy objective";
- Delayed the implementation of ACFI supposedly so that the industry would have more time to prepare for the changes, and then used that time themselves to prepare for the most significant change to the industry in a decade, and left limited time for the industry itself to become educated and prepared;
- Considers that the ACAT process is an essential part of the management of access to care, and appears to accept that an average of 1.2 assessments per day by each FTE within ACATs in Queensland is acceptable[8];
- That institutes assessment programs for application through ACATs that do not align with those used within the industry, and seeks to maintain a separate assessment process for community and residential care, thereby entrenching inequity and access inefficiencies;
- That has failed to provide the CAP data to the industry although such provision was part of the agreement with the then Minister, Kevin Andrew and later Julie Bishop as part of the industry's support for its implementation;
- Has not provided the analysis of the CAP data beyond the 2004 / 2005 and 2005 / 2006 even though the data is available through mandatory lodgement of same;
- Jealously guards the 40% across the board differential of "Concessional Ratio", all the while that their own data shows achievement (excluding Northern Territory) of between [9]26.7% (ACT) and 37.8% (WA);

[8] Issue and Options Paper – Development of a Business Model for Queensland ACAP. November 2007.
[9] Report on Government Services 2009 – Aged Care Services

Just to highlight a few issues. Should the aged care industry be efficient? Of course it should. It is accountable for the efficient use of scarce resources and allocates these to provide the best possible access for those in need. The Hogan Review showed that Australia's aged care industry was already at the upper end of efficiency according to their desk top research, and that regulatory impacts were responsible for many inefficiencies – nothing has changed.

ACCOUNTABILITY

There appears to be a perception that every time aged care providers react to the next new regulation or requirement that it is because we are trying to avoid accountability or at least that is the way in which it is portrayed (the paradigm of prejudice).

In truth, the level of transparency provide by aged care providers is second to none, especially when one considers the myriad of authorities to which aged care operators must respond. At the national level alone we have the Department of Health and Ageing in its own right; the Complaints Investigation Service; the Aged Care Standards and Accreditation Agency; and then at state level in Queensland we have the Health Quality and Complaints Commission (even leaving aside for a moment the Consumer Affairs, Adult Guardian, Public Trustee et al).

You have received submissions that have sought to return to "the good old days" where funding was ratcheted to meet award claims and funds were isolated virtually based on industrial coverage. Where bureaucrats would use their time observing that what the carer or support person did was within the ambit of what was allowed. One could cut up a meal but not assist an elder to partake of it. Surely such an approach belongs well buried in the archives of forgotten and regrettable regulation? Having such an approach resurrected would remove the last bastion of a manager's ability to manage the business for which they are responsible, by way of ensuring as efficient use of resources as possible.

The Australian aged care industry is not against accountability, however like all things, the need should be based on a substantiated need for reporting, not simply because one facility out of almost three thousand encountered a misperformance?

Is our industry perfect? Absolutely not! We deal with people – day in and day out – 24/7. Their needs are never constant and we therefore need to reassess priorities consistently. No requirement for more and more reporting will ever change that situation, nor will it provide positive consumer benefit at the end of the day.