Australian General Practice Network

Delivering local health solutions through general practice

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

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AGPN is one of the largest representative voices for general practice in Australia. It is the peak national body of the divisions of general practice, comprising 111 divisions across Australia, as well as eight state-based organisations. Approximately 90 percent of GPs are members of local divisions of general practice.

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Executive summary

Supporting older Australians to achieve the best possible health is critical to promoting quality of life for individuals and to reducing the demand on the health system through effective preventative health care and the prevention of unnecessary hospitalisations.

Currently workforce challenges in the aged care sector, impacted by funding limitations, and insufficient consideration of access to primary health care in the allocation of new residential places, present significant barriers to the provision of quality health care for older Australians. The introduction of measures that support appropriate staffing ratios in residential aged care facilities (RACFs) and promote the sustainability, capacity and competency of the aged care workforce are necessary first steps to address these barriers.

To promote timely access to quality care for older Australians residing in RACFs, the AGPN recommends that:

- sufficient allocation of funds be provided to RACFs to support appropriate staff ratios and a staffing mix that meets the care and health needs of all residents;
- measures are introduced that require and support RACFs to provide appropriate infrastructure to support the delivery of onsite care by all primary health care professionals;
- the sustainability, capacity and competency of the aged care workforce is addressed through initiatives which expose primary health care students to the rich clinical environment in teaching aged care facilities;
- funding and payment mechanisms for health professionals to provide services to residents of aged care facilities be simplified and streamlined;
- allocation of new residential beds and facilities be planned with consideration of the availability and accessibility of general practitioners and the extended primary health care workforce and that these considerations be facilitated through ongoing consultation with the Divisions Network.

Background

Australians are living longer, and in many ways healthier, lives than ever before.[1] Patterns of mortality and morbidity are changing; alongside an increase in life expectancy has been an increase in the proportion of older Australians experiencing lengthy periods of frailty complicated by chronic and complex conditions and comorbidity.

Changing patterns of ageing place new and competing demands on aged care services and health and support systems. Capacity to provide quality primary health care services to the elderly poses significant challenges to our existing primary health care system. Yet quality primary health care is critical to support older Australians to achieve the best possible quality of life and can reduce the demand on the health system through effective preventative health care, early intervention to minimise the impact of new and existing conditions, and the prevention of unnecessary hospitalisations.

Timely and affordable access to health and medical services for older Australians has continued to underpin Commonwealth initiatives in aged care, including through the 1997 *Aged Care Act* reforms, measures to support the realisation of 'ageing in place' objectives and the 2004 *Aged friendly principles and practices*. There have been a number of welcome initiatives in recent years designed to ensure better access to primary health care for Australia's ageing population, including:

- the introduction of MBS items for GP services in aged care facilities that mirror the chronic disease and enhanced primary care items for community patients;
- increases to the number and diversity of Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and the introduction of Dementia-specific EACH packages;
- the use of flexible Home and Community Care (HACC) funding to provide innovative aged care solutions in remote communities, particularly indigenous communities;

[1] Australian Bureau of Statistics (2008) Deaths, Australia 2007. [Accessed at http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6B67911EA9BEDEFDCA25750B000E3A19/$File/33020_2007.pdf on 25/11/2008.]

- a number of innovative palliative care programs developed as part of the National Palliative Care Program, including those focused on provision of palliative care services in RACFs and through community aged care providers.

A key initiative supporting better access to primary health care for the ageing, the Aged Care GP Panels Initiative (the Panels), was discontinued in 2008. The Panels aimed to ensure better access to primary health care for residents of aged care homes by supporting GPs and allied health service providers to work in partnership with RACFs on quality improvement strategies. This initiative has been replaced by the Aged Care Access Initiative, which works to improve access to primary care services in RACFs through incentive payments to GPs and funding support for the provision of allied health to residents in RACF. Whilst greater funding to support the provision of primary health care services is welcome and necessary, the cessation of the Panels has limited the capacity of primary health care teams to work in partnership with RACFs to identify and address local priorities to improve primary health care services to RACFs. New measures are required to complement the Aged Care Access Initiative by supporting ongoing and innovative collaboration at the local level between primary health care and RACFs.

There continue to be significant barriers limiting access to quality health care for older Australians who live at home in the community and who reside in RACFs. Critical among these are limitations in access to health and care personnel which are exasperated by funding limitations.

About AGPN

AGPN is the national peak body for a network of organisations comprising 111 local divisions of general practice supported by 8 state-based organisations (SBOs).

Divisions of general practice are a unique and valuable part of the Australian health care system. Since their inception in 1992, they have substantially improved the health of their communities by delivering local health solutions through general practice. More than 90% of general practitioners (GPs) are members of their division. Members increasingly include many GP registrars and non GP members especially practice nurses, practice staff and allied health professionals. The Divisions Network is focused on supporting access to high quality, evidence-based primary health care including for older Australians and regardless of whether they reside at home within the community or within a RACF.

AGPN is a member of the National Aged Care Alliance and supports its vision for *"all older people in Australia [to] have access to planned, properly resourced and integrated quality aged care services that are flexible and equitable, and that recognise diversity and promote choice and respect for users and workers."*[2]

AGPN is well placed to comment on the delivery of primary health care services to older Australians and factors that impact on the quality of this care. Critical among these are workforce challenges, frustrated by limitations in funding, and systems for residential placement allocation that do not prioritise access to health care services.

Provision of quality health services

Term of reference addressed: (a) Whether current funding levels are sufficient to meet the expected quality service provision outcomes

Older people in RACFs are the sickest and frailest subsection of an age group that has the highest rates of disability in the Australian population.[3] Appropriate quality health care must be provided within the context of a multidisciplinary team with collaboration between GPs, residential aged care staff, pharmacists, allied health professionals and specialist service providers. The provision of timely multidisciplinary primary health care to residents of aged care facilities is associated with a reduction in unnecessary presentations and admissions to emergency departments and acute care settings.

The delivery of quality services requires a workforce that is skilled and qualified, sufficient in number and mix, accurately costed and fully funded. The provision of quality services demands that the staffing levels and skills mix is driven first and foremost by the need to achieve optimal health and quality of life outcomes for residents.

Currently workforce challenges provide a significant barrier to realising the provision of quality health care for residents of RACFs. Insufficient access to primary health care practitioners qualified to address health care needs is complicated by the following inter-related factors:

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[2] National Aged Care Alliance [Accessed at http://www.naca.asn.au/about.html on 26/11/2008.]

[3] Royal Australian College of General Practitioners (2006) Medical Care of older persons in residential aged care facilities 4th edition. Melbourne, Australia.

- workforce shortages that affect all care providers including nurses, personal care workers, general practitioners and allied health professionals;
- barriers to service delivery from local primary health care practitioners in aged care facilities (further addressed below);
- limitations in rebates for allied health services available to residents of aged care facilities, including in comparison to those residing in the community. Notably, residential care patients cannot access the full suite of Better Access items under the MBS and are not eligible for a mental health care plan (MBS item number 2710) to support equivalent access to primary mental health care services to those living in the community;
- allocation, planning and development of facilities with insufficient consideration of access to local primary health care services;
- staffing ratios which the aged care sector advises are dictated by limitations in funding provision to RACFs.

There are well-established shortages in access to GPs in RACFs. AGPN members advise that this is an outcome of a number of factors, many directly impacted on by funding arrangements for RACFs, including:

- limitations in engagement of GPs and the extended primary health care team in planning the ongoing care for residents;
- lack of access to appropriate medical equipment, consultation rooms, information systems such as patient records and management systems in RACFs;
- insufficient remuneration to justify time away from practices, including time lost to travel to and from RACFs, which can be substantial and is complicated by new development planning that does not adequately account for access to primary health care services;
- insufficient carer, enrolled nurse and registered nurse to resident ratios that can provide obstacles to the maintenance of care or therapy regimes instigated by the GP;
- limitations in access to allied health professionals by the residents of the facility, which can frustrate efforts to meet care needs through multidisciplinary team work. (As noted above, with regard to primary mental health care services poor access to allied health services for residents in aged care facilities is associated with inequitable access to subsidised services under the MBS.)

These barriers to service provision perpetuate workforce challenges through shortages in on-the-ground service providers in RACFs; insufficient staffing ratios and staff shortages frustrate health practitioners' efforts to provide quality care and discourage health professionals from providing services to RACFs. AGPN is aware of the parlous financial position of a large proportion of RACF providers and notes that these workforce challenges cannot be tackled without additional funding – either from government, or from residents. Sufficient funding to support the provision of appropriate care by appropriately qualified staff is fundamental to addressing workforce challenges in RACFs.

Limitations in access to necessary care frustrates the capacity of RACFs to support residents to age well 'in place.' The benefits of supporting ageing in place have long been recognised by the Commonwealth Government and the aged care sector. Ageing in place supports residents of low care facilities to stay in their hostel setting as their dependency levels and care needs increase. This promotes continuity for the resident and avoids the stress often associated with a change of residence. However to ensure that care standards are not compromised ageing in place must be accompanied by sufficient funding to support the provision of appropriate care by appropriately qualified staff.

The objective and practice of ageing in place is not, and should not, be limited to residential care. The benefits of ageing in place to health and wellbeing extend to those in the community who also benefit from remaining engaged with their communities. Further, ageing in the community can help reduce the increasing and unmet demand for residential aged care places.

Ensuring adequate care for older Australians ageing in the community requires the provision of adequate community-based support and care services. The barriers to ensuring adequate provision of primary health care services in the community are similar to those impacting on care in RACFs. They are similarly informed by workforce challenges and limitations in access to appropriate remuneration to support multidisciplinary care teams to work in partnership with older consumers to address their care needs.

A key factor inhibiting access to appropriate care for the elderly in the community is limited access to timely aged care assessments through the Aged Care Assessment Teams (ACATs). ACATs play an important role in facilitating access to appropriate care for older people as they provide a gateway to access urgent respite, residential care or community care packages. Australia-wide, older people are experiencing long wait times

for access to ACATs. This results in extended periods without sufficient care which can lead to unnecessary deterioration in health and well being, or avoidable and often inappropriate hospitalisation or emergency department presentation. For the ACAT system to work effectively to facilitate timely access to necessary care it is critical that sufficient funds are provided to ensure ACATs can provide prompt assessments of individual needs.

Recommendations

AGPN acknowledges that a number of government initiatives have been introduced to ameliorate the current workforce challenges. However we advise that fundamental to addressing workforce challenges and ensuring the provision of quality primary health care for residents of aged care facilities is sufficient allocation of additional funds to RACFs targeted to ensure appropriate staff ratios and a staffing mix that provides for sufficient numbers of primary health care professionals. Staff shortages are, to some degree, self perpetuating, and we can expect that more adequate and appropriate staffing mixes will help address some of the barriers to engaging GPs and the extended primary health care team in RACFs.

To further support the provision of primary health care in RACFs, AGPN recommends that funded measures are introduced that require and support RACFs to provide appropriate medical equipment, consultation facilities and patient record and medication management systems. This can be expected to help promote access to primary health care professionals by providing them with conditions that enable the delivery of appropriate on-site care. However given the current parlous financial position of many of Australia's RACFs, such a requirement cannot be imposed without adequate financial support.

In meeting the substantial workforce challenges posed to the broader aged care sector further initiatives will be required. As part of an aged care taskforce that includes representatives from general practice, the aged care and allied health sectors and the Department of Health and Ageing, the AGPN has developed a number of recommendations to support quality service delivery in aged care. Alongside the taskforce, the AGPN recommends the following initial measures to address the workforce challenges confronting the aged care sector:

- Improve the sustainability, capacity and competency of the aged care workforce by exposing medical, nursing and allied health students (both undergraduates and post

graduates) to the rich clinical environment in teaching aged care facilities. One way to do this is through clinical placements in such environments.

- Reduce the funding and payment complexity for health professionals around high and low care resident entitlements for clinical classification and service delivery by GPs and all allied health professionals.
- Develop a funding model informed by best practice for each of the allied health professions which will eliminate the need for the four streams of funding directed towards the various allied health professions currently employed in residential aged care.

To promote timely access to necessary services for older Australians, AGPN further recommends that the level of funding provided for ACATs is reviewed with the intent of significantly decreasing waiting periods to access aged care assessments.

Consideration of health care needs in residential places allocation

Term of reference addressed (f) Impact of current and future residential places allocation and funding on the number and provision of community care places

The ability of the primary health care workforce to support residential aged care providers is significantly affected by the placement of new beds and facilities through the Aged Care Approvals Round (ACAR). The ACAR supports providers who demonstrate that they are able to meet the needs of the ageing population within their region. However AGPN's members advise that aged care places are too often provided in acknowledged areas of workforce shortage. This can further frustrate efforts to provide an adequate level and mix of staff to meet the care needs of residents. The result can be understaffed facilities and compromised standards of care.

The assessment framework utilised in the ACAR is detailed through the *ACAR Essential Guidelines* (the Guidelines). However, the Guidelines do not advise what is required of a provider to adequately address *Section 14-2 (1)(c)* of the *Aged Care Act 1997* which requires providers to demonstrate an "ability to provide the appropriate level of care." Providing further detail of the health care service standards which must be met to accord with the requirements of the Act in the *ACAR Essential Guidelines* would help ensure that the capacity of services to meet health needs are thoroughly considered in the allocation of new beds.

AGPN considers that potential providers should be required to work with their local Division of General Practice to plan for primary health care service delivery (in addition to residential-based care) in the planning and development of ACAR submissions. Working in partnership with local Divisions of General Practice in planning allocation of aged care places provides further opportunity to ensure they are established in areas where they are most likely to be able to attract the services of necessary primary health care team members. Alternatively, divisions can assist the aged care provider to locate appropriate primary health care providers prior to the establishment becoming operational. Due to the close relationship Divisions enjoy with local communities and with their general practice and primary health care workforce, they are uniquely and well placed to provide input into health service planning processes for their local communities.

Recommendations

To help ensure the appropriate level of health care is available and accessible to support residential aged care providers, AGPN recommends that:

- the allocation of new beds and facilities through the *ACAR* include a requirement for planning for the availability of GPs and the primary health care workforce. Where demand for new beds outweighs availability of health care professionals, measures should be implemented to support greater access to health care professionals in the early stages of planning for new placements;
- the *ACAR Essential Guidelines* be extended to detail the measures required to provide an appropriate level of primary health care;
- AGPN and the Divisions Network be consulted in relation to the establishment of new RACFs in order to improve access to the necessary primary care workforce needed to deliver appropriate, affordable care to residents of RACFs;
- ongoing consultation with the Divisions Network about new placements be maintained through representation of the Network on all state government Aged Care Placement Allocations Committees.