Central and Eastern Sydney PHN Submission to Royal Commission into Aged Care Quality and Safety

Introduction

CESPHN appreciates the opportunity to provide feedback to the Royal Commission into Aged Care Quality and Safety (the Commission). CESPHN is the largest by population of Australia's 31 Primary Health Networks, covering over 1.5 million people. The CESPHN region has 150 Residential Aged Care Facilities (RACFs) and 13% of its population (209,287) is aged 65 and over.

To inform this submission CESPHN surveyed community-based GPs, allied health, RACFs and non government organisations. This consultation saw survey responses from:

- 219 primary care practitioners (this included 89 general practitioners)
- 29 RACF staff and managers and
- 11 local NGOs

Our submission was also informed by in depth discussions with the CESPHN Board, CESPHN Clinical and Community Councils and our GP, allied health and community member organisations.

It is clear to us that the delivery of optimum quality care for older people requires effective partnerships. Local programs such as the Geriatric Flying Squads (GFS) that are part funded by CESPHN with South Eastern Sydney and Sydney LHDs, reflect a shift in mindset of hospitals becoming more comfortable transitioning more complex care to community settings and to RACFs.

These partnership services are creating new relationships and opportunities to integrate and improve quality of care for older people whilst successfully reducing unnecessary ED presentations and hospital stays. These models show how aged care services can be better arranged, providing scaled up support for older people closer to where they live, in partnership with traditional hospital care management hubs.

Flexible person-centered service models such as these, with greater levels of integration are bridging the service silos that can exist between community services, and those services providing acute or complex care.

Key challenges for aged care in our region

As the aged population in our region grows in size and complexity, failure to address existing deficits in the aged care sector will inevitably and increasingly impact on the ability of aged care service providers to meet appropriate clinical care standards for older people, and effectively integrate their care with local GP, allied health and hospital partners.

Any new arrangements will need to be supported by general practitioners, hospitals, and community service providers. Improvements in aged care delivery will require a fundamental change in how local service providers, funders, regulators and policy makers partner to facilitate and incentivise enhanced governance and person centred service models for older people and their carers.

Our four priority areas are:

A. Improving clinical governance within RACFs
B. Improving workforce recruitment, retention, and ongoing workforce development
C. Improving integration between RACFs and the broader health system
D. Improving access to home support services

A. Improving clinical governance within RACFs

Compliance with clinical care standards and appropriate clinical governance structures directly impacts on the quality of care provided to older people. The role of RACFs as clinical care providers is a critical issue given the increasing complexity of care required to support residents – the complexity of care has substantively increased as RACFs accept residents with increasingly higher average levels of acuity.

Our consultations indicated that:

- Visiting clinician's confidence in the knowledge and skills of RACF nurses and staff in our region was low. 23.4 percent of visiting clinicians reported 'rarely' or 'never' feeling confident and 33.6 percent felt confident in the knowledge and skills of RACF nurses and staff only 'occasionally' or 'sometimes'.
- 17% of RACFs in the CESPHN region reported having no RN cover after hours.

Primary care clinicians and hospital partners are currently hampered by the capacity of RACF staff and RACF processes to integrate care, and to carry out on-site management plans and treatment orders.

To reduce risk and improve quality of care for older people **CESPHN supports**:

- Publication of RACF and aged care home care service provider quality indicators on the 'My Aged Care' website to drive quality and assist consumers choose services.
- Mandated compliance with new National Aged Care Quality standards, including collection and monitoring of minimum data sets such as National Aged Care Quality Indicator Program
- Development of clinical governance structures and new models of scaled up care in RACFs.
- Funded training being made available for general practitioners in clinical governance frameworks and procedures in aged care
- Reintroduction of funding for general practitioners to participate in aged care clinical governance, as previously funded under the Australian Government Department of Health's Aged Care Panels Initiative

B. Improving workforce recruitment, retention, and ongoing workforce development

Our consultations indicated that

- 37.5 percent GPs stated their intention in the next one year was to stop visiting, decrease, or only visit their current patients in RACFs.
- GPs' stated reluctance to visit RACFs is attributable to:
    - inadequate patient rebates to compensate for lost time in surgery
    - increasing unpaid non-face-to-face time.
- Registered nurse (RN) to resident ratios vary widely across our region:
    - 1 RN for every 1-20 residents (17%),
    - 1 RN for every 21-35 residents (52%), and
    - 1 RN for every 36-80 residents (31%).

Improved access to adequately trained RACF staff and workforce in terms of numbers, distribution, and skill set is urgently required. We also support introduction of RACF workforce staffing ratios to help the aged care sector address current and future workforce challenges.

To reduce risk and improve quality of care for older people in our region **CESPHN supports**:

- Regulation of aged care workforce ratios in RACFs.
- Attention to the Federal Government's Aged Care Workforce Taskforce Strategy.
- Expansion of training opportunities for GPs, nurses and aged care workers to improve and maintain supply of a skilled workforce.
- Review of the suitability of the Aged Care Funding Instrument (ACFI) and the overall levels of funding for aged care to meet RACF workforce requirements and needs of residents.

C. Improving integration between RACFs and the broader health system

Our consultations indicated that

- Access to many medical, surgical and diagnostic specialist services is difficult for older people in RACFs, particularly those who are less mobile and incapacitated.
- There are deep frustrations with access to clinical information, including issues relating to clinical handover from RACF staff.
- The adoption and integration of electronic medical records in RACFs lags well behind other sectors of the health system.

- 71 per cent of local clinicians rated improvement in integration of medical records in RACFs as an urgent priority to assist in streamlining care and reducing errors.

To support better, safer care provided by visiting primary care clinicians and hospital partners, **CESPHN supports**:

- Mandated, fit for purpose clinical treatment spaces in RACFs,
- greater integration of RACF electronic medical records,
- increased uptake of My Health Record in RACFs.

To reduce risk and improve quality of care for older people **CESPHN supports**:

- Better integration of specialist clinical and diagnostic services into the clinical care of older people in RACFs.
- Better resourcing and funding for RACFs to support scaled-up integrated care with GP and hospital partners. This includes:
    - greater attention to integration of electronic medical records
    - increased uptake of 'My Health Record'
- Greater completion and visibility of Advance Care Planning tools detailing the care wishes of older people.

D. Improving access to home support services

Our consultations indicated that:

- Consumer directed care models such as 'My Aged Care' which provide consumers with greater choice and flexibility, whilst allowing alignment with the values and concerns of the older person, have a downside in that they are challenging to access and navigate for many older people, particularly those more vulnerable
    - As a consequence, there is increasing unpaid face to face and non-face-to-face time required by primary care clinicians to assist older people to access services and transition through different levels of care via these portals.
- There are delays in commencement of home care services, in our region:
    - 60.4 percent surveyed reported older patients wait more than 1 month (once approved in My Aged Care), and
    - 34.5 percent reported a wait of between 3 to 6 months.

To reduce risk and improve quality of care for older people **CESPHN supports:**

- Recognition of the increasing unpaid face-to-face and non-face-to-face time required by GPs (and other primary care providers) to assist older people access and navigate aged care services.
- A review of delays in older people receiving home care support packages, with a view to improving timely access to home services for older people.
- Funding of appropriate numbers of home care packages and other aged care services to keep pace with increasing demand from the growing aged population.
- Fundamental redesign of service entry points such as My Aged Care. Whilst maintaining their consumer directed care model, service navigation should be made much easier for older people and their carers.
- Service navigation portals providing real time access on key community service metrics such as wait times to ensure that people are receiving the care they need, in the time such care is required.

In summary

We acknowledge the dedication and deep commitment of staff working in our region's aged care system: they are at the frontline of care delivery. However, this workforce is struggling to provide quality care to an ageing cohort of older people that is presenting with increasing levels of frailty and chronic disease complexity, and they need support. CESPHN is strongly of the view that the way forward to building a more person centred aged care system must include consideration of:

- A national aged care system design based on the needs of older people and not one that appears focused on the monetisation of aged care.
- Building and enhancing clinical governance frameworks in RACFs and community services.
- Building capacity and capability of the aged care workforce, supporting staff in RACFs, community services and primary care providers such as GPs whose role in aged care is undervalued.
- Better utilisation of existing platforms such as My Health Record to advance greater system integration between aged care services, hospitals and primary care providers.
- Improving quality of care, access and service waiting times for home care providers.
- Greater support for health professionals as advocates for residents in RACFs to provide increased service accountability and drive quality improvement. There is also an opportunity for Primary Health Care Networks to have a stronger role in advocating for improvements in community and residential services that better meet the needs of older people.

Without these improvements, community services and RACFs in our region will not be able to adequately support the delivery of timely, efficient, integrated and high quality clinical care to our growing and increasingly complex ageing population.

Further contact

The Central and Eastern Sydney PHN would welcome further discussion with the Royal Commission on any of the issues raised in our submission. Should you require any further information or clarification, please contact:

1. Dr Michael Moore, CEO Central and Eastern Sydney PHN: m.moore@cesphn.com.au
2. Dr Brendan Goodger, General Manager Primary Care Improvement: b.goodger@cesphn.com.au