

Rural Doctors Association of Australia Submission to the Royal Commission into Aged Care Quality and Safety

Executive summary

There are a number of well-recognised and documented concerns with the provision and delivery of aged care services in Australia. The deficiencies in the aged care system are particularly evident in rural¹ areas, where the degree of remoteness and a range of socio-economic, geographic, climatic, demographic and cultural factors have significant impact on the distribution of the aged care workforce and on the provision and delivery of all aged care services, including health care.

In these areas, arguably the most pressing concern is the lack of access to appropriate, affordable care that:

- allows people to age well in the places they choose to live
- supports independence for as long as possible
- respects cultural diversity

and is:

- safe, of high quality and underpinned by governance and accountability processes that are transparent, regularly reviewed and acted upon
- provided by a highly trained workforce that can effectively deliver care that is responsive to the diversity and complexities of rural and remote circumstances and need.

There has been a reliance on rural General Practitioners and their teams to not only provide and coordinate health care but also to provide advocacy and support in relation to systems navigation between aged care, health, mental health, disability and other community and support services. The increasing burdens of duplicative and onerous administrative paperwork and changes due to reforms such as My Aged Care and My Health Record impact on the clinical aspects of work and are not well recognised or remunerated.

Ensuring that funding mechanisms and levels of investment reflect the challenges – and consequent complexities and higher costs of service provision – that the unique circumstances in each rural community present will be critical to maximise the likelihood that policies and programs will be successfully implemented. For

¹ Within this document the term “rural” is used to encompass smaller regional, rural and remote areas.

investment to yield returns in the form of better health and quality of life outcomes in rural Australia funding must be effectively targeted.

The broader social and community context within which aged care professionals and services operate also impacts on aged care in rural communities. The ongoing decline in health service provision and infrastructure in rural areas impacts significantly on the socio-economics of rural communities, including on the viability of aged care business models, employment, and on the physical and mental health and well-being of residents. Innovative models of infrastructure, practice and care that can be tailored to local circumstances will be needed to ensure sustainability into the future.

A long term, strategic and holistic approach to improving the aged care system, that provides for streamlined integration with a range of health and other community and social services is required to effectively respond to the challenges of an ageing population. Increasing access to health and other aged care professionals and services in rural areas must be a strategic imperative.

Recommendations

Specific actions to improve aged care in rural areas should include:

- prioritising investment in primary health care as a key component of aged care, including support for general practice teams
- providing advanced skills training in areas pertinent to aged care as part of the National Rural Generalist Pathway
- providing relevant medical specialty training places in rural areas
- aligning the different components of aged care, improving navigability of the system and streamlining associated processes to ensure coherent, patient-centred care provision
- aligning reforms in aged care and the My Aged Care initiative with other reforms and processes, including the Digital Health Strategy and the My Health Record initiative, to provide the best possible care in rural areas
- applying a rural lens to all pertinent policies and programs and ensuring committees comprise of more than one rural representative, and include practising rural clinicians
- ensuring governance and complaints mechanisms are fit-for-purpose in the rural context
- identifying and supporting the implementation of innovative infrastructure, workforce and best practice models of aged care, including telehealth models, that can be tailored to local circumstances
- developing and implementing care protocols, including for patient transfer, that are in the best interests of rural patients
- paying particular attention to addressing the needs Aboriginal and Torres Strait Islander people
- developing specific messaging to inform rural people about their options for raising concerns and complaints in a private and confidential manner.

Response to Terms of Reference

RDAA provides the following comments in relation to Items a, c, d, e and f of the Royal Commission into Aged Care Quality and Safety's Terms of Reference:

a. the quality of aged care services provided to Australians

Currently the increasing numbers of complaints being made to the Aged Care Quality and Safety Commission² indicate that aged care services do not always meet the expectations of residents, their families and carers and the broader public in relation to safety and quality of care. The media have also focused attention on some of the more egregious incidents of neglect and abuse.

In rural Australia, the degree of remoteness and the diverse and unique characteristics and circumstances of each community not only make providing access to aged care services more difficult in the first instance, but also make the effective independent monitoring of those services more challenging.

Streamlined and transparent governance and accountability processes and procedures, including regular reviews and follow-up on courses of action recommended by those reviews, are essential to prevent and resolve issues.

Scheduled and unscheduled accreditation visits must be regularly and diligently conducted to ensure that facilities maintain the highest possible safety and quality standards. In small communities any issue can have significant and ongoing ramifications. Reputational risk is a major concern. Even if a specific issue is resolved, the facility's reputation may have suffered to the degree that financial viability is threatened and it may be shut down. This would further reduce access to aged care services in the area as there may be no alternate options for this type of care. The socio-economic impacts of the loss of a facility that may be the largest employer in a community would also be significant.

Complaints mechanisms must be private and confidential³ and easily accessed by people in rural Australia. In these areas people may be less willing to complain directly to the provider or engage with external complaints authorities. The reasons for this may include lack of confidence that information will remain confidential in a small community, lack of trust in the system and fear of repercussions for their loved one or for themselves. Specific advertising and promotion of options to pursue concerns and complaints that address these concerns should be targeted to rural people.

Providing easily accessed advocacy services to help people navigate often complex systems may also be useful.

² Australian Government Aged Care Complaints Commissioner. 2018. Annual report 2017-18. <https://www.agedcarequality.gov.au/sites/default/files/media/Aged%20Care%20Complaints%20Commissioner%20-%20Annual%20Report%202017-18.pdf> Downloaded 12 June 2019.

³ Privacy and confidentiality are of particular concern in small rural and remote communities. This must be recognised and appropriate risk mitigation strategies adopted by relevant authorities when responding to complaints.

b. the future challenges and opportunities for delivering accessible, affordable and high-quality aged care services in Australia: remote, rural and regional Australia

The challenges for delivering accessible, affordable and high-quality aged care services in rural and remote Australia are well recognised. They have been, still are and, without urgent action, will continue to be:

- siloed and fragmented approaches to aged care, health care, disability care and other social and community services

Aged care in Australia is a complex web of health, disability, social and community services from both the public and private sectors. It involves all levels of government, as well as non- government agencies and organisations – not for profit and for profit – in funding, organising and delivering care and assistance, community support, and benefit payments to an increasingly large proportion of the population. Aligning the different aspects of aged care and the various reforms and initiatives that are underway – including My Aged Care and My Health Record – is challenging but will be necessary to achieve system improvement.

- often inadequate recognition in policy and program development and implementation of the complexities, scope and higher costs of providing these services in rural areas

The unique characteristics of rural Australian communities are often not fully appreciated by policymakers and program developers or by those making assessments of need. Shortfalls in aged care places and home care packages, and a workforce and skills shortage⁴ are contributing to the problems being experienced by older people in accessing appropriate care where they choose to live. Even when a person is eligible for specific supports and services, they may not be available locally.

Rural people understand that there are a number of factors impacting on what services can be provided in their communities, but there are significant financial and other imposts on them and their families if they have to travel to access care. As a person ages the rigours of distance travel, time away from their homes and families, and associated costs can become even more burdensome and can be detrimental to their health and wellbeing.

Approximately 65% per cent of the Aboriginal and Torres Strait Islander population lives outside major cities⁵. Particular attention must be paid to providing culturally appropriate care for ageing Aboriginal and Torres Strait Islander people.

⁴ Donegan, A. & Jeyaratnam, E. 2019. Nearly 2 out of 3 nursing homes are understaffed. These 10 charts explain why aged care is in crisis. The Conversation. <https://theconversation.com/nearly-2-out-of-3-nursing-homes-are-understaffed-these-10-charts-explain-why-aged-care-is-in-crisis-114182>. Viewed 12 June 2019.

⁵ 5. Drawn from Australian Bureau of Statistics 2016. Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016: Aboriginal and Torres Strait Islander Population 2016 Census Data Summary. <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Data%20Summary~10>. Viewed 20 June 2019.

A rural lens must be applied to all pertinent policies and programs. Committee representation should include practising clinicians and comprise more than one token rural voice.

- insufficiency of preventive and primary care

In rural Australia, insufficient access to and support for preventive and primary care is a major issue. In these areas the care provided by GPs and their teams in general practice and community settings, in homes and in RACFs is key to people being able to remain in their own homes and communities for as long as possible, if that is what they prefer. In these areas general practice teams not only provide and coordinate health care but also act as advocates and broader system navigators as there are no local support services and older people may not have the digital literacy skills required to access further afield help. They must be better supported.

Improving access to primary care benefits aged people and their family and carers by maintaining health and wellbeing and delaying the need to move into formal aged care facilities for longer and by decreasing rates of avoidable hospital admissions and therefore the need for patient transfer.

There is also a critical need for rural doctors with advanced skills in the range of specialities impacting on aged care, including geriatrics and palliative care. Addressing this issue will require longer term planning to develop and implement workforce recruitment, training and retention strategies.

- poor local access to specialist care and to palliative care and end-of-life care services

The lack of access to local specialist care, palliative care and end-of-life care is also a problem in rural Australia.

Specific strategies to train, attract and retain rural specialists and support innovative residential and visiting specialist care models are required, including providing specialist training in rural areas and developing co-ordinated specialist/Rural Generalist models.

The shortage of palliative care physicians⁶ compromises the provision of services in rural areas. In the short term bolstering the capacity of locally-based health care professionals, hospitals and health services to provide palliative and end-of-life care by providing – and supporting local health care professionals to undertake – education and training in palliative care, and by improving timely access to further afield assistance through network and referral pathway development, and development and use of telehealth models.

⁶ Palliative Care Australia. 2018. Palliative Care Service Development Guidelines. http://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/02/PalliativeCare-Service-Delivery-2018_web2.pdf. Downloaded 19 June 2019.

- limited access to a well-trained workforce of health and other professionals and staff, providing aged care

An aged care workforce – including doctors – that is well-trained and accessible is a key enabler for safe, high-quality aged care in rural communities and RACFs. The Australian Government’s 2018 Aged Care Workforce Strategy Taskforce report (the Report) acknowledges the need for workforce reform and addresses a number of issues in its fourteen Strategic Action recommendations⁷.

In implementing the recommendations of the Report applicability to rural aged care must be carefully considered. Specific actions that provide for the diversity that exists among rural communities are needed, particularly in relation to market failure. Aged care providers will not continue to operate where their business model is unviable. Where this is the case Commonwealth and State/Territory governments have a responsibility to make other arrangements for aged care provision that allows people to live in the places of their choosing for as long as possible.

The need to reframe attitudes to aged care and to aged care careers is highlighted in the first of the Report’s recommendations. There is a particular need to reframe rural aged care careers as attractive and respected options. While there are many benefits to living and working in rural areas, there must be adequate remuneration to offset some of the impositions of distance, including in relation to accessibility of education and training to maintain and improve skills, career pathways and associated costs. Other strategies and flexible employment models to improve recruitment and retention of staff must also be utilised. This could include investment in a national rural generalist model for nurses that supports advanced training in a skill needed in aged care. For example, a model where a nurse is employed in a full-time position to provide general care for a percentage of time but also to upskill in palliative care for the remaining time would allow the nurse to earn an income while upskilling. Monetary and other incentives to work in rural areas should be considered.

Access to other social and community services and amenities, transport, housing, and employment and education opportunities – including for children, spouses and partners – will also determine whether working in a particular facility or place is an appealing option.

Strategic action 11 the Report (Establishing a remote accord), and the specific Recommendations for action draws attention to the need for... *specific and tailored actions, informed by on-the-ground experience. A united remote and very remote industry voice is envisaged, with action to engage on workforce issues needing attention and develop pathways for change involving all levels of government, industry and the community.*⁸

⁷Aged Care Workforce Strategy Taskforce. June 2018. A Matter of Care Australia’s Aged Care Workforce Strategy.

https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf

Downloaded 17 September 2018.

⁸ Ibid. p 83.

While the challenges in outer regional areas may be different to remote and very remote areas, there is still a need for tailored actions in response to workforce issues in these communities. Developing an accord and actions specific to Modified Monash Model (MMM) areas 4-5 and to MMM 6-7 could address these unique challenges.

- the continuing decline in local rural health infrastructure and services

Over time there has been a steady decline in locally provided health services in rural areas, whether it be through the full or partial withdrawal of services, the closure of specific units, repurposing of rural hospitals or the removal or non-replacement of equipment. This has a domino effect on the socio-economics of rural communities, including on employment, and on the physical and mental health and well-being of residents.

Ensuring adequate technological and capital infrastructure in rural and remote areas – including for health, education and transport – increases the likelihood that trained professionals will want to live and work in rural communities.

c. what the Australian Government, aged care industry, Australian families and the wider community can do to strengthen the system of aged care services

and

d. how to ensure that aged care services are person-centred, including through allowing people to exercise greater choice, control and independence in relation to their care, and improving engagement with families and carers on care-related matters;

The Australian Government together with jurisdictional and local governments, must act to ensure that people who choose to live in rural communities are not disadvantaged by market failures in the area of aged, health, disability and other social and community services.

Additional strategies to improve health and digital literacy among ageing people in rural areas must also be developed and implemented.

Advocacy services that can act assist older people to utilise technology, navigate the aged care system – including the interface with health and other services – and access available services are also needed.

e. how best to deliver aged care services in a sustainable way, including through innovative models of care, increased use of technology, and investment in the aged care workforce and capital infrastructure;

Governments must work with rural and remote health stakeholders to explore and provide innovative infrastructure, practice and care models for aged care to address the access barriers to high-quality and safe aged and healthcare services for people

living in the community and in RACFs, and for people with disabilities living in RACFs, including younger people by:

- recognising and supporting the role of rural doctors and their teams in providing care in the general practice and community settings, in hospitals, in homes and in residential aged care facilities (RACFs)
- providing advanced skill training places in rural areas, including for geriatrics, mental health, palliative and end of life care, through the National Rural Generalist Pathway
- providing relevant specialty training places in rural areas
- workforce initiatives to recruit, train and retain the range of health and other aged care professionals – including medical practitioners – needed in rural areas
- implementing collaborative and integrated models of care that values the contribution of each member of the aged care team.

Aligning currently siloed approaches – particularly where there is significant overlap such as between aged care and chronic disease – has the potential to create new business models which could increase access to services.

Initiatives could include:

- Investing in the refurbishment of small rural hospitals to support long stay patients and increasing support for Multi-purpose Services (MPSs) in identified rural and remote areas of need would allow older patients to remain in their communities.
- Providing opportunities to diversify general practices and/or build multi-disciplinary practices in rural and remote areas would allow greater access to health services.
- Funding to incentivise rural and remote GPs to be direct employers of allied health professionals or for allied health professionals to locate in a general practice would attract and retain much needed health professionals. This could be of mutual benefit as well as improve services for patients.

However, where market-based models of service delivery are not working to improve access to health and other aged care professionals and services, non-market-based models must be implemented to ensure aged care services are available for those who need them.

Any new infrastructure, practice and care model must be underpinned by workforce sustainability considerations to promote continuity of care. Workforce initiatives must recognise that where people need to move to live near work security of employment is important and short-term contractual arrangements will undermine recruitment activities.

Conclusion

Australia's aged care system policies and programs must focus on ensuring that aged care services in rural areas are fit-for-purpose. The ways in which aged care is or can be provided in these areas is very different to urban areas. It is critical that policies and programs are carefully designed to ensure that metro-centric assumptions do not lead to unintended consequences in rural areas.

In particular, the scope and complexity of the work undertaken by rural general practices is often much broader than that of urban practices. Rural GPs are central to safe, high-quality care in these areas and must be supported to fulfil this role.