Government of **Western Australia**
Department of **Health**

Contact: Evan Davies, ph [redacted]

The Hon Tony Pagone QC and Ms Lynelle Briggs AO
Royal Commissioners
Royal Commission into Aged Care Safety and Quality
GPO Box 1151
ADELAIDE SA 5001

Via email: ACRCenquiries@royalcommissions.gov.au

Dear Hon Tony Pagone and Ms Briggs

ADELAIDE HEARING 5: ADDITIONAL DRAFT PROPOSITION (A5) UNDER CONSIDERATION BY COUNSEL ASSISTING THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

Thank you for the email dated 19 June 2020 from Ms Olivia Doray, Senior Lawyer, inviting the Department of Health to comment on the Royal Commission into Aged Care Quality and Safety's (Royal Commission) *Additional Proposition (A5)*.

Please find attached the Department's response.

This response is an addendum to the Department's recent submission addressing the *Draft Propositions for Adelaide Hearing 5 under consideration by Counsel Assisting the Royal Commission into Aged Care Quality and Safety.*

Yours sincerely

Dr David Russell-Weisz
DIRECTOR GENERAL

4 July 2020

Att: WA Department of Health submission

189 Royal Street East Perth Western Australia 6004
Telephone (08) 9222 4222 TTY 133 677
PO Box 8172 Perth Business Centre Western Australia 6849
ABN 28 684 750 332
www.health.wa.gov.au

Government of **Western Australia**
Department of **Health**

CONFIDENTIAL

Addendum

Adelaide Hearing 5: Draft Propositions under consideration by Counsel Assisting the Royal Commission into Aged Care Quality and Safety

Submission by the Western Australia Department of Health

Additional Draft Proposition A5: *new allied health funding for aged care.*

By 1 July 2022, the Australian Government should implement a new funding model to support the delivery of allied health care to aged care recipients.

Two funding mechanisms should be used to achieve a sustainable funding model to support high-quality allied health for aged care:

1. Fund residential aged care and home care providers to deliver 'frequent and ongoing' allied health services; and
2. Increase funding for 'infrequent or episodic' allied health services through a new MBS benefit structure for people accessing aged care services under an 'Aged Care Plan'.

WA Department of Health response: Not Supported

The model proposed in Draft Proposition **A5** builds on **A3** by separating frequent and ongoing allied health care as a responsibility of aged care providers; and infrequent or episodic allied health care as a responsibility of general practitioners (GPs) with an Aged Care Plan accreditation.

A5 also broadens the population of funding recipients from residential aged care residents to include people on level 3 or 4 home care packages.

The Department supports the provision of a comprehensive range of allied health services to people in aged care facilities, as outlined in its response to proposition **A3**. However, it is concerned by the prospect of a model as discussed in **A5** where individual residential aged care facilities would receive funding for services and determine the services individuals would receive.

There is a risk that this could lead to individuals receiving a set of allied health services in line with what the facility has elected to purchase from the services providers whom it contracts. The Department considers that the best model is one where an independent practitioner (often an existing health care practitioner) will assess a patient's needs in consultation with the patient and their family. The patient and their family should then be able to choose who will deliver those services to the patient.

The evidence is clear that frail older people, more than most other populations, require coordinated, comprehensive care informed by good case management to manage the often multiple co-morbidities experienced by this cohort. This approach helps avoid a fractured, poorly targeted and uncoordinated health response and improves health outcomes for older people. Conversely, an uncoordinated approach risks poorer health outcomes.

Another consideration is that the proposed model depends on the availability of a GP with an accreditation for Aged Care Planning. As the Department outlined in its response to **A1**, this could be problematic in locations where there are not many GPs. For example, if a town in a rural or remote

regional area has one GP, and the practice is not an accredited aged care practice, then the town's population of older persons would not be able to access subsidised allied health services under an aged care plan.

Another consideration is that the interface and responsibility for ongoing support provided by home care packages and short-term restorative care needs to be clearly defined. Difficulties exist in finding suitable service providers in rural and remote regions to provide reablement focused allied health support. The Department acknowledges thin markets for allied health services throughout several regional areas of WA (e.g. Northern and remote areas). There are challenges posed by attracting and retaining the existing workforce, and increased costs, including travel costs.