



**CHF Submission to the Senate Community Affairs Committee
Inquiry into the *Living Longer Living Better* Aged Care Bills 2013**

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. CHF welcomes the opportunity to provide a submission to the Senate Community Affairs Committee Inquiry into the *Living Longer Living Better* Aged Care Bills:

- *Aged Care (Living Longer Living Better) Bill 2013*
- *Australian Aged Care Quality Agency Bill 2013*
- *Australian Aged Care Quality Agency (Transitional Provisions) Bill 2013*
- *Aged Care (Bond Security) Amendment Bill 2013*
- *Aged Care (Bond Security) Levy Amendment Bill 2013* (the Bills).

CHF supports the introduction of the *Living Longer Living Better* aged care reform package and welcomes the development of the Bills.

Our submission draws on consultation with our membership, which includes organisations advocating for older consumers, disease specific groups and networks, state and territory peak consumer organisations and individual consumers. We have also drawn on our previous consultations with consumers on the *Caring for Older Australians* Inquiry, which preceded the development of the *Living Longer Living Better* aged care reform package and the Bills. Throughout these consultations, consumers raised concerns regarding:

- Access to health services in aged care
- Management of health conditions in aged care
- Consumer participation in care
- Access to support at the end-of-life.

Our submission addresses these concerns, as well as the issues surrounding the Aged Care Quality Advisory Council and the proposed independent review of the aged care reforms.

Access to Health Services

Consumers in residential aged care are largely dependent on other people for health needs, including seeking health services. Older consumers are often unable to visit their own doctor. Increasingly, they rely on deputising doctors to provide primary care in their home environment or their aged care facility. In researching our response to the *Caring for Older Australians* Inquiry, CHF found that demand for health care is disproportionate among older people:

The demand for after hours medical care will continue to rise due to the change in demographics of the population and the change in the general practice landscape. The elderly, both those in aged care facilities and those at home now represent between 21 per cent and 45 per cent of all calls made by deputising services...

... These groups are similarly represented in practice based after hours attendances reflecting the difficulties in access due to age/frailty, family circumstances etc.¹

Conversely, older people are also among the least likely to gain access to health services,² with reports that:

- More than 70 per cent of surveyed consumers had entered aged care homes in circumstances where health practitioners had declined to continue to provide services to them.
- 68 per cent of respondents reported difficulty accessing primary health care services, and worryingly, 15 per cent of respondents experienced difficulties in accessing health services that compromised their care.
- 63 per cent of aged care facilities in cities and 80 per cent of aged care facilities in regional areas regarded accessing health services as an ongoing struggle.
- 75 per cent of aged care facilities reported that difficulty in accessing GP services, including locum services, was resulting in residents being transferred to hospital emergency departments.³

CHF notes that health and aged care providers have reported inadequate incentives and reluctance among GPs to provide services in aged care facilities, particularly due to the complexity and challenges involved in the provision of these services.⁴ We note recent calls from the Australian Nursing Federation (ANF), the Combined Pensioners and Superannuants Association and National Seniors Australia to address pay parity between the aged care and public hospital workforce, improved training opportunities, minimum care hours and smaller nurse-to-patient ratios.⁵

CHF therefore welcomes measures within the *Living Longer Living Better* aged care reform package, including funding of \$80.2 million over five years, to develop and promote innovative models of health care services in residential and community settings. These measures recognise the importance to consumers of establishing effective connections between aged care and health and palliative care services.

CHF supports the investment in health care services in residential and community settings under the *Living Longer Living Better* aged care reform package.

¹ Melbourne Medical Deputising Service (2010) *Have Home Visits Been Overlooked in the Government Health Announcement? Melbourne Medical Deputising Service Position Paper*. Melbourne Medical Deputising Service: Melbourne.

² Ibid.

³ Catholic Health Australia (2010) *Survey of Access to General Practice Services in Residential Aged Care*. Catholic Health Australia: Canberra

⁴ See, for example, submissions to the Senate Finance and Administration References Committee *Inquiry into the Council of Australian Government Reforms relating to Health and Hospitals* from the Australian Medical Association, Catholic Health Australia and the Royal Australian College of General Practitioners, available at http://www.aph.gov.au/Senate/committee/fapa_ctte/coag_health_reforms/submissions.htm.

⁵ Australian Nursing Federation (2011) *ANF Supports Calls for More Aged Care Funding*. Media Release issued 2 February 2011; Combined Pensioners and Superannuants Association (2011) *Nursing Home Choice*. Media Release issued 2 February 2011; National Seniors Australia (2011) *Aged Care is First Salvo in National Debate*. Media Release issued 21 January 2011.

While these investments are positive, consumers living in residential aged care facilities would benefit from more enduring mechanisms to facilitate access to health services. CHF therefore welcomes the proposed establishment of a new Australian Aged Care Quality Agency under the *Australian Aged Care Quality Agency Bill 2013*, tasked with accrediting residential care services.

However, we note that Clause 3 of Part 1 of the Bill proposes no changes to the Accreditation Standards against which the Agency measures the performance of providers of residential aged care services. CHF believes that there must be explicit requirements in the Accreditation Standards for residential aged care providers to ensure that residents have sufficient and ongoing access to health care services, including medical, nursing and allied health services.

CHF recommends the Accreditation Standards are reviewed, in consultation with stakeholders, to include a requirement for residential aged care providers to ensure access to health care services.

CHF notes feedback from the ANF around the lack of transparency and inconsistent interpretation and application of the Accreditation Standards,⁶ and supports the ANF's call for greater transparency in the staffing numbers and skill mix required, to ensure that care needs of consumers in aged care facilities are met.

CHF recommends greater transparency around the Accreditation Standards against which the Australian Aged Care Quality Agency measures the performance of providers of residential aged care services. This would provide clarity on the numbers of staff and skill mix required to ensure the needs of consumers in aged care facilities are met.

Assisting Older Consumers to Manage Health

As noted in CHF's previous submissions the Productivity Commission's *Caring for Older Australians* inquiry, assisting older people with the management of chronic illness, including avoiding problems with the use of medications, must be considered as a key part of the care of older Australians, given the high prevalence of such conditions in older age and their potentially significant impact on quality of life.

Mental health is also a major issue for older Australians, with approximately 60,000 aged care residents living with depression.⁷ This represents more than one third of the current residential aged care population.⁸ These findings validate feedback provided to CHF from consumers noted in our previous submissions. Consumers considered it particularly important to ensure that older people have appropriate practical and emotional support at key periods, such as during a period of ill health, after a period of hospitalisation, when acting as a carer, and after major life changes such as the death of a spouse. Supporting older people appropriately at key points can contribute to the prevention of depression, and can assist older people by promoting healthy ageing.

⁶ Australian Nursing Federation (2012) *Submission to the Department of Health and Ageing Living Longer Living Better Aged Care Reform Package: Proposed Changes to the Aged Care Act 1997 and Related Legislation*. Australian Nursing Federation: Melbourne.

⁷ Navitas Health Skills Australia (2011) *Rising Rate of Depression Among Aged Care Residents*. Navitas Health Skills Australia: Melbourne.

⁸ Ibid.

Worryingly, studies have shown that the psychological needs of consumers in residential aged care facilities are being overlooked, and that staff of aged care facilities are not trained to detect mental illness.⁹ Older consumers with depression are also unlikely to discuss their mental health, making these conditions difficult to identify.¹⁰

Given the high prevalence of older consumers with chronic illness and mental health issues, CHF calls for recognition of these groups alongside others currently defined as ‘people with special needs’ under the *Aged Care Act 1997* (the Act). We note amendments to section 11-3 of the Act to include the following people as ‘people with special needs’ under the Act:

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- veterans;
- people who are homeless or at risk of becoming homeless;
- care-leavers;
- lesbian, gay, bisexual, transgender and intersex people; and
- people of a kind (if any) specified in the Allocation Principles.

CHF recommends that groups defined as ‘people with special needs’ under the Aged Care Act 1997 be expanded to include people with chronic illness, including those with mental illnesses and dementia.

CHF notes that dementia continues to pose a significant threat to the health of Australians, with indications that it will be the leading cause of disability in Australia by 2016.¹¹ CHF therefore welcomes allocation of \$268.4 million over five years to fight dementia through the *Living Longer Living Better* aged care reform package.

CHF supports measures to fight dementia through the *Living Longer Living Better* aged care reform package, and welcomes the funding allocation.

Consumer Participation in Aged Care

In our submissions to the Productivity Commission’s *Caring for Older Australians* inquiry, CHF cited precedents both in Australia and overseas for participatory approaches to aged care, including examples of wellness centres developed by the Older Women’s Network, Healthy Living Centres being established in the United Kingdom, and community health centre based programs in Quebec and other Canadian provinces. We also discussed Australian models, such as the Medicine Information Project in NSW and the Seniors Quality Use of Medicine Peer Education Program.

⁹ McCabe et al (2009) ‘Barriers to Care for Depressed Older People: Perceptions of Aged Care Among Medical Professionals.’ *International Journal of Aging and Human Development*. Vol 68(1): 53-64.

¹⁰ Ibid.

¹¹ Deloitte Access Economics (2005) *Dementia Estimates and Projections: All Australian States and Territories*. Alzheimer’s Australia: Canberra.

CHF therefore welcomes funding within the *Living Longer Living Better* aged care reform package to establish a Data Clearing House within the Australian Institute of Health and Welfare, as well as funding to disseminate and support the translation of research across the aged care sector. CHF recommends that research driven by consumers, and with a high level of consumer engagement, is prioritised over other kinds of research in forming the evidence base for aged care policy development.

CHF recommends that consumer-driven research, and research with a high level of consumer engagement, is prioritised over other kinds of research in forming the evidence base for aged care policy development.

CHF notes the planned development of the *My Aged Care* website that will publish national aged care quality indicators rating systems, thus making it easier for consumers to access information and make decisions about aged care services. This is a welcome development, which must be accompanied by appropriate community engagement to ensure that consumers are aware of this very important resource, and are appropriately supported to find the information they need on the website.

CHF recommends that the My Aged Care website include community engagement and support to help consumers find information and make decisions about aged care.

End of Life Care

CHF's previous submissions to the Productivity Commission's *Caring for Older Australians* inquiry called for improved facilitation of end-of-life care options in the aged care sector. CHF notes that a lack of planning for the end-of-life period often results in older consumers spending extended periods of time in acute settings, a difficult and expensive situation that could be avoided through improved planning.¹² CHF therefore welcomes funding of \$21.7 million over five years in the *Living Longer Living Better* aged care reform package to support the delivery of better palliative care services.

CHF supports measures to improve the delivery of palliative care services under the *Living Longer Living Better* aged care reform package.

Aged Care Quality Advisory Council

CHF welcomes the establishment of an Aged Care Quality Advisory Council under Part 4 of the *Australian Aged Care Quality Agency Bill 2013*, to ensure the involvement of key stakeholders and the provision of key expertise in the operation of the new Australian Aged Care Quality Agency. In particular, CHF welcomes Clause 32, providing for the appointment of people with specific expertise in aged care consumer issues, and aged care or health consumer issues to the Aged Care Quality Advisory Council. We would welcome the provision of detail on how members will be appointed, and recommend that nomination structures are put in place to ensure that members have the confidence and connections with broader consumer and carer networks.

¹² National Health and Medical Research Council (2009) *Ethical Issues Involved in Transitions to Palliation and End of Life Care for People with Chronic Conditions: A Discussion Paper for patients, Carers, and Health Professionals*. NHMRC: Canberra.

CHF recommends that nomination structures are put in place to ensure that members of the new Aged Care Quality Advisory Council have the confidence and connections with broader consumer and carer networks.

CHF is also concerned by the ambiguity surrounding whether the advice of the Aged Care Quality Advisory Council will be made public. CHF notes that other comparable advisory bodies provide publicly available advice, and considers that this would improve the transparency of the governance arrangements.

CHF recommends that the advice of the Aged Care Quality Advisory Council be made public.

Review of Operation of Amendments

CHF welcomes the amendments under Clause 4 of the *Aged Care (Living Longer Living Better) Bill 2013* to provide for an independent review of the reforms, with a report to be tabled in both Houses of Parliament by 30 June 2017. In particular, CHF welcomes Subclause (2)(c), providing for reviews to consider whether older consumers have input into the delivery of their care, and what further steps can be taken to move towards a consumer demand driven model, as opposed to a supply driven model. We would welcome an evaluation of patient experience/satisfaction and quality of life as part of the review.

CHF recommends that the independent review of the aged care reforms include an evaluation of patient experience, satisfaction and quality of life.

CHF also welcomes Subclause (2)(f), which includes consideration of the effectiveness of arrangements for protecting equity of access to aged care services for different population groups. However, CHF recommends that these population groups include the groups described as having ‘special needs’ under the *Aged Care Act 1997*.

CHF recommends that the population groups listed under Subclause (2)(f) be amended to include those listed as having special needs under the *Aged Care Act 1997*.

Conclusion

CHF welcomes the opportunity to provide a submission on the Senate Inquiry into the *Living Longer Living Better Aged Care Bills 2013*. Overall, the Living Longer Living Better aged care reform package and Bills address the concerns of consumers relating to:

- Access to health services in aged care
- Management of health conditions in aged care
- Consumer participation in care
- Access to support at the end-of-life.

CHF now looks forward to the establishment of effective connections between aged care and health services.

We would welcome the opportunity to expand on this submission at a hearing of the Inquiry.



Representing consumers on national health issues

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach thousands of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.