RACGP

Royal Australian College *of* General Practitioners

RACGP submission to the Aged Care Workforce Strategy Taskforce on the Aged Care Workforce Strategy

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Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Aged Care Workforce Strategy Taskforce (the Taskforce) for the opportunity to contribute to the development of an Aged Care Workforce Strategy (the Workforce Strategy). This submission addresses a number of the questions posed by the Department of Health (the Department) from the perspective of general practitioners (GPs) and general practice. While the submission focuses on care provided in Residential Aged Care Facilities (RACFs), many of the issues identified also hinder GPs providing care in the community.

This submission covers the following topics:

- how the Workforce Strategy can address future needs within the sector
- the role of GPs and nurses in the aged care workforce
- improving skills and capabilities of the aged care workforce through education and training
- addressing issues relating to staff turnover and ratios, remuneration and infrastructure
- improving service integration and access to supplementary services in aged care.

The RACGP would welcome the opportunity to meet with the Taskforce to discuss the opportunities to ensure people receiving aged care services can access high-quality and effective medical care from their GP.

RACGP response to consultation questions

1. What are potential future changes that aged care needs to be ready for? How can the workforce strategy contribute to meeting these future needs?

The Australian Institute of Health and Welfare (AIHW) projects that the number of Australians aged 65 and over will more than double by 2057.[1] Approximately 34% of general practice patient encounters are with adults aged 65 years and over.[1] GPs are seeing an increasing proportion of older patients, particularly those aged 75 years or over.[1] Many of these patients have complex needs, with 87% of people aged 65 and over reporting at least one of the following chronic diseases:

- arthritis
- asthma
- cancer (such and lung and colorectal cancer)
- cardiovascular disease (such as coronary heart disease and stroke)
- chronic obstructive pulmonary disease (COPD)
- diabetes
- mental health conditions (such as depression).[2]

Given the projected increase in the number of Australians aged 65 and over, as well as the rise in comorbidities, the aged care workforce strategy must ensure all people using or receiving aged care services have access to high-quality general practice care.

The capacity of GPs to provide care to older Australians

As the primary providers of medical care to older people in the community and those living in RACFs, GPs are an integral part of the aged care workforce. Providing high-quality medical care to older people requires a special set of knowledge, clinical skills, attitudes and practice arrangements characteristic of Australian general practice.

Despite this, the services provided by GPs to older Australians who have complex care needs is not adequately recognised. Inadequate support, clinical complexity, time pressures, workforce issues and lack of infrastructure and support structures make it difficult and unattractive for GPs to provide this care.

RACGP members have reported that GPs face additional barriers when working in rural and remote areas. Distance is a constraint for rural GPs who seek training to help meet the needs of their aged care patients. Access to broader supports from supplementary services such as rehabilitation and disability services can also be variable, requiring GPs to have a broad range of skills to meet their patients' needs.

Improving the supports required to keep urban, rural and remote GPs engaged in the aged care sector should be a key consideration within the Workforce Strategy.

The role of RACF nursing staff

There is a constant need for nursing staff in RACFs who are suitably qualified to recognise, treat and, if necessary, escalate patient issues to the treating GP or hospital. This is paramount as RACF patients' needs becomes even more complex. Nursing skills required in RACFs include:

- collaboration with GPs and other RACF staff
- communication with patients, GPs and other RACF staff
- assessment
- medication management
- clinical decision making and handover
- implementation of treatment plans.

RACGP members recognise the vital role of registered nurses (RNs) in RACFs, not only in supporting patients but also in supporting GPs. The RACGP therefore considers that GPs should have access to an RN at all times in order to assist with patient care in RACFs. Additionally, a number of RACFs rely on agency nursing staff (or after-hours providers), who do not have the required background knowledge on patients to support continuity of care.

Currently there is also no recommended nurse-to-patient ratio in RACFs. This means that RACFs determine their own needs, which may or may not be reflective of the staffing levels needed.

The RACGP is interested in participating in further discussion with the Taskforce about how this could be achieved.

Alternative models for accessing GP care in RACFs

The RACGP notes that an increasing number of RACFs are hiring their own GPs to provide 'in-house' services, due to poor remuneration and support for GPs visiting patients in RACFs. This is in place of having a GP visit from a local general practice or having the patient's usual GP continue to provide care when the patient transitions into an RACF. This may offer some efficiencies, particularly in metropolitan areas, reducing travel time for GPs and providing the opportunity to have patients treated by the RACF's preferred provider.

However, such arrangements could also bring about the loss of longstanding therapeutic relationships at a crucial time in a patient's life. While the RACGP recognises that care of patients in RACFs will continue to be provided by GPs from a range of backgrounds, it is vital that patients are able to access their preferred GP. The RACGP therefore considers that supporting patient choice when accessing medical care must be actively considered as part of the Workforce Strategy.

2. Tell us what you think is working well in the aged care workforce (across industry, at provider or service level or through place-based initiatives) and where future opportunities lie.

The GP Aged Care Access Incentive (ACAI)

The GP ACAI is one element of the Practice Incentives Program (PIP) and is paid directly to eligible GPs who have provided a specific number of services in RACFs. The ACAI supports GPs to remain involved in the aged care sector and improve the health and wellbeing of older Australians, without passing costs on to patients.

In the 2016-17 Federal Budget, it was announced that the ACAI will be replaced by a new the Quality Improvement (QI) incentive. The RACGP understands that the Government is yet to determine how the QI incentive will work and that changes to the PIP will not commence until May 2019. However, it is unlikely that the QI incentive will provide the same level of support for GPs providing care in RACFs as the ACAI, as the new payment will be direct to the practice, as opposed to the GPs providing care. This will be an additional barrier to GPs providing care in RACFs at a time when access to such services is already under strain.

The RACGP strongly recommends that workforce incentive structures, targeted toward supporting GPs to provide care to older Australians, are considered by the Taskforce when it considers remuneration issues.

3. What areas of knowledge, skills and capability need to be strengthened within the aged care workforce?

The RACGP notes that a range of skills and capabilities are required within the aged care workforce to improve the health and wellbeing of older Australians. Further detail on better equipping the workforce to meet individual needs and expectations is provided in the response to Question 4.

However, the RACGP considers that two areas in particular must be strengthened in the aged care workforce:

- knowledge of how to effectively navigate the My Aged Care website
- knowledge and skills in caring for patients with dementia.

My Aged Care

The RACGP notes that awareness of the My Aged Care website among the community is low, reducing effectiveness when planning for aged care whether by individuals, healthcare professionals or other service providers. RACGP members advise that it can also be a challenging system for GPs to navigate, particularly the 'Make a referral' form.

The RACGP has previously provided feedback about the referral form, and the need to ensure that:

- the My Aged Care website is equipped to immediately receive referrals via secure electronic communication systems which are usable and satisfactory to general practice
- referral information should be displayed more visibly on and throughout the website, with clear instructions
- the option to upload a document to the online referral form is available on the first section of the form
- there is an option for the 'make a referral' form to be printed to PDF once completed online to enable it to be added to the patient record.

The RACGP recognises the work being done to make the My Aged Care website more accessible and will continue to work the Department on future enhancements.

Caring for patients with dementia

RACGP members have noted that, in some cases, RACF staff have not been adequately trained or resourced to care for patients with dementia. As people with dementia account for 52% of all residents of RACFs, it is vital that the aged care workforce's knowledge, skills and capability to treat these patients is strengthened.[3] The RACGP understand this is often a challenge within RACFs due to the high rates of staff turnover, particularly among nursing personnel. This can often result in a dependence on agency staff, who have little background knowledge of the patients they are caring for.

These high levels of turnover are often the result of the challenges posed by high demand for services and complex patient needs in an under-resourced environment. The RACGP recommends that the Taskforce consider the implementation of additional resources for RACF staff as well as GPs who currently support patients with dementia in RACF and community settings.

Such resources must ensure that patients with dementia can continue to be treated within their RACF or usual residential setting where possible. Appropriately trained professionals must be readily available to patients in these settings, to support RACF staff and the patient's usual GP to assist the patient and manage the symptoms of dementia.

4. What is needed to improve and better equip the workforce to meet individual needs and expectations?

RACGP members have identified the following areas for improvement to better equip the workforce to meet individual needs and expectations of patients:

- remuneration
- education and training
- access to and integration of services
- staffing turnover
- infrastructure.

Remuneration

A key issue affecting GP involvement in the RACFs is the lack of remuneration for the significant amount of non-clinical work done to support patients. GPs spend a large amount of time (some reporting up to half their time when working for RACF patients) performing unremunerated work. This work includes:

- traveling to and from the aged care facility
- liaising with patient's family and carers
- liaising with RACF nursing and support staff, hospital staff, allied health staff, dentists, and other specialists
- gathering information on the patient's medical history
- follow-up phone calls post-consultation
- writing progress notes at the facility and at their practice
- discussion with pharmacists and providing repeat prescriptions (especially providing Schedule 8 drugs for palliative care patients)
- completing paperwork requested by the RACF (eg adjustments to medication charts, reports on health status).

The high levels of unremunerated work undertaken by GPs are of particular concern with the proposed removal of the ACAI, which provides some support to GPs working in RACFs.

The RACGP also notes the low value of Medicare Benefits Schedule (MBS) rebates for GP services provided to patients in RACFs. Given the difficulty of privately billing RACF patients for services, many GPs accept the MBS patient rebate as full payment for the care provided. However, the MBS patient rebates for RACF care have never reflected the cost of providing the care.

GPs are deterred from charging a consultation fee because the Medicare rebate reduces for each patient seen by a GP in an RACF during a single visit. Patients therefore receive different rebates based on the number of patients seen before them that day, a situation that does not arise in a GP's consulting rooms, and does not affect other medical specialists seeing patients in hospitals.

The issues with GP remuneration need to be addressed in order to ensure that GPs can continue to viably provide high-quality services to patients in RACFs.

Education and training

While some interns and junior doctors have exposure to working in RACFs during placements, the majority do not. The RACGP has previously and continues to recommend that opportunities for medical students and interns to provide aged care services through rotations and training placements be made available, to promote early exposure to, and interest in, the aged care field.

Members have also reported that RACF staff are often not well trained in many core areas of aged care, including medication management, falls prevention and pressure sore and wound care. Lack of adequate training for RACF staff can lead to poor patient outcomes and high staff turnover due to the challenges posed trying to meet complex patient needs when under-skilled.

Access to and integration of services

Service integration

RACGP members have noted the following difficulties concerning integration between services:

- fragmentation between allied health services, where information flows are restricted due to separate medical records
- waste due to over-ordering of diagnostic tests as a result of issues with use of the My Health Record
- low uptake of the National Residential Medication Chart
- no integration between general practice medical records and RACF medical records.

The RACGP considers that promoting better integration between the services provided to older Australians must be a priority within the Workforce Strategy. By addressing these issues, the aged care workforce will be better equipped to deliver care to patients, and will spend less time contending with issues such as those described above.

The RACGP also considers that improving service integration could be achieved through improvements to infrastructure, improved education and training, and addressing issues associated with inadequate remuneration. Further detail on how these issues could be approached is provided in following responses.

Supplementary services

Members have noted that access to broader supports from supplementary services for rural GPs working in aged care can be variable. Respondents to the RACGP's 2016 rural aged care survey (the RACGP survey) reported that they experienced difficulties in accessing the following services for their patients:

- after-hospital (transitional) care
- cognitive and mental health services

- disability services
- rehabilitation services
- mobility and transport assistance.[4]

These difficulties have led to GPs developing advanced skills to fill service gaps to ensure their patients can access the care they need. The RACGP supports upskilling of GPs working in aged care service to address patient need or a service gap. However, it is vital that the Taskforce also considers ways in which the Workforce Strategy can enhance access to these supplementary services, particularly within rural areas.

Staff turnover

In 2011, the Productivity Commission released its *Caring for Older Australians* report. The report found that there was a significant wage gap between RNs working in the aged care sector compared to those performing similar roles in different settings.[5] The report also indicated that this gap had been widening from 2008, following findings that nurses in aged care were commonly paid at least 10% less than their peers in the acute care sector.[5]

According to the Australian and Nursing Midwifery Federation (ANMF), the wages currently paid to RNs working in RACFs are between 5-17% less than public and private sector hospital rates.[6]

The RACGP notes that the RACGP Survey found that GPs consider that staff working in the aged care sector more broadly are underpaid for the time consuming and complex work that they undertake. This was coupled with feedback regarding the need to address workforce shortages, particularly in nursing.

The Department's 2016 report on the aged care workforce further reflects the experiences of RACF nursing staff, showing that:

- two-thirds of RACFs had experienced shortages of RNs in the past
- vacancies were commonly reported for RN positions by one quarter of RACFs
- half of the facilities surveyed had been forced to use agency staff to fill vacancies.[7]

The RACGP is concerned by these findings and considers that the high turnover of nursing staff in RACFs is indicative of poor remuneration combined with the challenging nature of the work. Addressing the issues of remuneration for nursing staff must therefore be a priority of the Workforce Strategy given the vital role of nursing staff in RACFs.

RACGP members have also reported that among the RNs working within RACFs, there are insufficient numbers with the capacity to provide a briefing to a GP on the patient and to carry out management of treatment plans, as well as the issues associated with high turnover.

While the RACGP considers that high quality and continuing care for Australians living in RACFs or within the community is dependent on a number of factors, the availability of appropriately skilled GPs and RNs is vital. The Workforce Strategy will need to address and reduce staff turnover to ensure patients can access the care they need and that suitable support is available to GPs who provide care in these facilities.

Infrastructure

Members have reported that there is currently a lack of infrastructure for GPs and other staff providing care to aged care patients, particularly within the RACF context, including:

- lack of dedicated consultation rooms
- inadequate lighting to undertake examinations
- variable access to equipment

medical records that are held or shared in different locations (eg practice-based and RACF-based records).

The availability of appropriate infrastructure is relevant to GPs providing aged care services in all contexts, including within a patient's home. For GPs providing services within an RACF, a fully equipped office or consultation room is essential. Offices must have suitable lighting and functioning technology with the up-to-date software.

Providing functional spaces for GPs to work in RACFs can avoid situations where patient history is stored partly on a GPs computer at their practice and partly on the RACF patient record. Storing information in one location allows for continuity of care. This is especially important in situations where a GP who does not usually attend a certain RACF needs to provide services to the patients in the facility.

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