

Ref: NTG-0627

22 January 2020

The Honourable Tony Pagone QC
Ms Lynelle Jann Briggs AO
Commissioners, Royal Commission into Aged Care Quality and Safety

The Solicitor Assisting the Royal Commission
Level 34
600 Bourke Street
Melbourne VIC 3000

Dear Commissioners Pagone and Briggs,

Re: RACGP submission to Royal Commission into Aged Care Quality and Safety on proposed re-design of the aged care system

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to make this submission on the Royal Commission into Aged Care Quality and Safety's (Royal Commission's) proposed re-design of the aged care system.

Since the establishment of the Royal Commission, the RACGP has submitted three responses:

- 18 February 2019 – [EXHIBIT 1-40 - WIT.0016.0001.0001 - Statement of Dr Harry Nespolon](#)
- 9 December 2019 – [EXHIBIT 14-10 - WIT.1317.0001.0001 - Witness Statement of Associate Professor Mark Morgan](#)
- 19 December 2019 – RACGP's second submission to the Royal Commission into Aged Care Quality and Safety – Supplementary material 1 (attached)

As highlighted in the RACGP's three submissions and both appearances at the Royal Commission, the medical care of residents in residential aged care facilities (RACFs) is complex and patient centred care is paramount. GPs are committed to their patients in RACFs; and often work within the constraints of the current system to ensure delivery of high-quality medical care. The RACGP envisages that GPs will play a role in many aspects of this proposed re-design model of the aged care system.

GPs take a holistic approach, beyond a focus on a single disease or condition, and are therefore able to coordinate the medical care of patients by considering the patient's medical, family, social and environmental histories and circumstances. As such, the RACGP advocates for a model of medical care for RACF residents that integrates with general practice, and enables GPs to continue to oversee and coordinate their patients' medical care.

A patient's GP will typically know the medical and clinical history of the patient, including the patient's whole life experience beyond medical encounters. A person-centred approach to medical care does not simply focus on one area of the patient's healthcare needs, and it is important that the patient's GP is consulted even when other specialist medical practitioners are approached.

The provision of continuity of care for patients as they age, and making clinical judgements on the most appropriate care for the individual, is a fundamental part of high-quality general practice. There is a body of evidence demonstrating that continuity of care is directly related to improved health outcomes for patients. The most appropriate care would integrate the wishes of the patient and, where appropriate, those of their family and carers. Even when personal continuity of care cannot be achieved, GPs provide “informational continuity of care” in which medical records are passed along the line to the next GP.

There is currently limited evidence to indicate which model of medical care is the most effective; however, like all general practice encounters, there is no one-size-fits-all approach. What works best for one community, even a single patient within the community, may vary depending on circumstances. The RACGP cautions against establishment of a single model of care and proposes that any model of care should be tailored to best address the needs of the patients/residents.

The RACGP emphasises that GPs play an important role within the aged care system and should be a key component in any re-design solution.

The RACGP looks forward to ongoing support of the work of the Royal Commission and believes GPs are part of the solution to the problems in aged care. We look forward to giving evidence at future hearings.

Yours sincerely



Dr Harry Nespolon
President, RACGP

Attachment

19 December 2019 – RACGP’s second submission to the Royal Commission into Aged Care Quality and Safety – Supplementary material 1