RACGP submission to Royal Commission into Aged Care Quality and Safety – November 2020

Response to Counsel Assisting's final submissions and draft recommendations[1]

Recommendation	Response	Comments (max. 300 words)
Recommendation 3: Australian Aged Care Commission	Support in principle	All bodies which provide advice on or oversee clinical governance should include a GP representative to ensure a focus on health and wellbeing needs, the value of general practice care and the prioritisation of integrated, comprehensive, coordinated and continuous care. The RACGP also strongly supports the principle that the Commission should be "prepared actively to intervene in the aged care 'quasi-market'".
Recommendation 4: Aged Care Advisory Council	Support in principle	As the key provider of medical care in the aged care sector, a GP should be a member of the proposed Aged Care Advisory Council established for the purpose of providing advice on aged care policy, service arrangements and any aspect of the performance of the aged care system.
Recommendation 5: Australian Aged Care Pricing Authority	Support in principle	If this Pricing Authority is to determine the cost of primary care services, regardless of the model implemented, GP involvement is critical to understand the real cost of providing and value of general practice services, including the consequences of inadequate funding (such as increased out-of-pocket costs or GPs withdrawing from providing services to older people). This will help ensure that GPs/practices are adequately incentivised and encouraged to participate in any scheme.
Recommendation 6: Inspector-General of Aged Care	Support in principle	All bodies which provide advice on or oversee implementation of aged care sector reforms should include a GP representative to ensure a focus on health and wellbeing needs, the value of general practice care and the prioritisation of integrated, comprehensive, coordinated and continuous care.
Recommendation 8: A new aged care program	Support in principle	A single stepped-care type model is ideal. GPs must remain central to health care management and service delivery, given their knowledge of patient and local services and are in the ideal position to liaise with and coordinate services.
Recommendation 10: Care finders to support navigation of aged care	Support in principle	In principle, this would support and improve the delivery of care to older people. However, the RACGP strongly recommends that any new "care finder" or "care manager" role must work

[1] https://agedcare.royalcommission.gov.au/hearings-and-workshops/final-hearing

		closely with local health services and support continuity of care, particularly with a patient's regular GP. GPs must be supported (eg training, funding) to engage with any new processes. They must also remain central to health care management and service delivery given their knowledge of the patient and local services and are in the ideal position to liaise with and coordinate services.
Recommendation 11: Improved public awareness of aged care	Support in principle	The statement that "older people's general practitioners [should be] the centre of their planning for ageing and aged care" is welcome, however the Royal Commission's commitment to this principle is not borne out by the submissions and recommendations made by Counsel Assisting or throughout the course of the Royal Commission. If general practice is the "centre of… planning for ageing and aged care", the considerable and specific barriers to effective general practice service delivery to older people, both clinical and coordinating, must be acknowledged and addressed by the Royal Commission. Unfortunately, this has not occurred to date. Previous RACGP submissions and evidence at public hearings has provided detailed information on the challenges affecting the delivery of care and outlined simple, effective and sustainable solutions. This is predicated on the understanding that the current GP model of care is not broken but rather is inadequately supported, with the effect of actively discouraging general practice care to older people (particular in residential facilities). Any attempts to "fix" the current model of care, or implement an entirely new one (as proposed by Counsel Assisting) must be co-designed by, or at a minimum developed in consultation with, GPs to ensure a credible understanding of the issues and that perverse incentives are not created, decreasing access and/or unsustainably increasing costs.
Recommendation 12: A single comprehensive assessment process	Support in principle	A single stepped-care type model is ideal. GPs must remain central to health care management and service delivery, given their knowledge of patient and local services and ideal position to liaise with and coordinate services.
Recommendation 14: Approved provider's responsibility for care management	Support in principle	In principle, this would support and improve the delivery of care to older people. However, the RACGP strongly recommends that any new "care finder" or "care manager" role must work closely with local health services and support continuity of care, particularly with a patient's regular GP. GPs must be supported (eg training, funding) to engage with any new processes. They must also remain central to health care management and service delivery given their knowledge of the patient and local services and are in the ideal position to liaise with and coordinate services.
Recommendation 18: Residential aged care to include allied health care	Support	The RACGP supports this recommendation and considers that it will improve access to necessary care.

Recommendation 26: Aged Care Quality Standards	Support in principle	Regular review will ensure the Aged Care Quality Standards remain contemporary and reactive to changes in legislation, workforce issues, and technology. However, we suggest that reviews should occur every three years, given the current state of affairs and as required by the International Society For Quality In Health Care for the RACGP's Standards.
Recommendation 27: Establishment of a dementia support pathway	Support	The RACGP supports this recommendation and agrees that GPs and geriatricians should be supported (with information/material) to refer people to the pathway upon diagnosis.
Recommendation 30: Quality indicators	Support in principle	We suggest that indicators reflect specific needs of diverse communities (eg Aboriginal and Torres Strait Islander peoples) to ensure oversight of the quality of service delivery and the primary aim of ensuring safety of aged care participants is met.
Recommendation 32: Aboriginal and Torres Strait Islander service arrangements within the new aged care system	Support in principle	Aboriginal and Torres Strait Islander leadership in decision-making and service delivery does not abrogate the need for governments and non-Indigenous service providers to play a role in the delivery of aged care services to Aboriginal and Torres Strait Islander peoples. There is a need for sustained support, capacity building and appropriate resourcing in the transition of care.
Recommendation 33: An Aged Care Commissioner within the Australian Aged Care Commission with oversight of Aboriginal and Torres Strait Islander aged care	Support in principle	Clarification on how this person is chosen is important - will it be a Government appointed position? Will they take advice from key Aboriginal partners?
Recommendation 34: Cultural safety	Support in principle	Rather than default to working within state/territory borders, an alternative is to work within Aboriginal and Torres Strait Islander cultural groups (some which extend across state boundaries) to account for diversity of practices and traditions.
Recommendation 35: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers	Support in principle	
Recommendation 36: Employment and training for Aboriginal and Torres Strait Islander aged care	Support in principle	
Recommendation 37: Funding cycle	Support in principle	

Recommendation 38: Program streams	Support in principle	
Recommendation 40: Aged Care Workforce Council	Support	As the key provider of medical care in the aged care sector, a GP should be a member of the proposed Aged Care Workforce Council. This will ensure a focus on health and wellbeing needs, the value of general practice care and the prioritisation of integrated, comprehensive, coordinated and continuous care.
Recommendation 41: Increases in award wages	Support	This will likely improve staff quality and retention, however is not sufficient on its own to ensure improvements in care. Training and standards must form part of any efforts to improve care delivery and outcomes.
Recommendation 42: Improved remuneration for aged care workers	Support	This will likely improve staff quality and retention, however is not sufficient on its own to ensure improvements in care. Training and standards must form part of any efforts to improve care delivery and outcomes.
Recommendation 44: Dementia and palliative care training for workers	Support	This is critical to ensure that appropriate care is available and provided. The RACGP recommends that GP input into curricula and standards will ensure that aged care workers are aware of and able to integrate and engage with relevant health and medical professionals, including through monitoring/reporting and the management of care plans.
Recommendation 45: Review of health professions' undergraduate curricula	Support in principle	The RACGP continues to include and prioritise aged care specific guidance and training in relevant material, not only for GP trainees but as part of continuing professional development. This includes through our existing curriculum, the RACGP aged care clinical guide (Silver Book) and the current development of Standards for general practice residential aged care. We also agree that exposure to aged care settings is important and are advocating for this as part of broader workforce reforms.
Recommendation 47: Minimum staff time standard for residential care	Support in principle	The RACGP supports mandated staff ratios and staff time but has no comment on the levels outlined.
Recommendation 48: National personal care worker registration scheme	Support	Registration of personal care workers will promote accountability, transparency and safety through enabling the tracking of workers across settings and time, eg to follow up complaints and infection control processes. The need for registration of personal care workers has only become more apparent and important during the COVID-19 emergency; this step will improve patient care, risk management and clinical governance.
Recommendation 49:	Support	The RACGP considers a national and consistent framework for the minimum skills of a personal care worker is necessary. Suitably qualified staff are essential to the quality and safety of care provided. Concerns about workforce skills are common,

Mandatory minimum qualification for personal care workers		and are one of the key reasons GPs find managing elderly patients with additional health requirements particularly challenging. GPs must be assured that personal care workers can be relied upon to deliver the appropriate care according to instruction/protocol and monitor patients for changes in functioning or potential symptoms of new or deteriorating conditions, within their scope of practice. This is particularly the case in home and community settings, where personal care workers largely work independently of other service providers and consumers likely do not have 24-hour support at hand.
Recommendation 53: New governance standard	Support in principle	All bodies which provide advice on or oversee clinical governance should include a GP representative to ensure a focus on health and wellbeing needs, the value of general practice care and the prioritisation of integrated, comprehensive, coordinated and continuous care.
Recommendation 55: Dedicated Research Council	Support in principle	As the key provider of medical care in the aged care sector, a GP should be included in the peer review of research projects to determine funding allocation. Research must include a focus on improving and assessing the benefits of primary care services, as well as developing and evaluating innovative models of care.
Recommendation 62: A new primary care model to improve access	Do not support	The recognition that the current model does not support holistic, preventive and long-term care is welcome and expected, however the solution proposed will not improve general practice care for older people. The RACGP strongly asserts that the current model of care can capably support the needs of older people and that any shortcomings are due to the wholly inadequate support provided to GPs. As acknowledged by Counsel Assisting, MBS rebates and incentives have “not proven to be sufficient for the type and amount of care needed” – the most simple and effective response is to ensure that GP time is appropriately recognised and remunerated. We have previously stated that we cannot support this proposal. While the additional detail that practices adopting this model would still be able to provide ordinary services is welcome, it does not change our fundamental concerns. This proposal may actually decrease access to high-quality, comprehensive and necessary general practice care. Any efforts which make it harder for GPs to provide care to older people (eg capitation models, additional accreditation, remuneration structures) will mean that they will have less access to quality GPs. However, an alternate funding model that supplements the fee-for-service model and facilitates care coordination is clearly needed. A blended payment model which considers a combination of fee-for-service and bundled payments, supports quality improvement, and incentivises a skills mix supporting enhanced GP care, may be appropriate. Any proposed model requires co-design or consultation with the GP sector at a minimum.

		The Royal Commissioners should note that a comprehensive, universal voluntary patient enrolment model is currently being developed by the RACGP, in consultation with the Australian Department of Health and other peak bodies; this model, if appropriately supported and funded, will support better access for older people and better integrate with the existing health care system.
Recommendation 63: Royal Australian College of General Practitioners' accreditation requirements	Support in principle.	The RACGP will be consulting with members regarding the definition of a general practice for the purpose of accreditation.
Recommendation 64: Access to specialists and other health practitioners through Multidisciplinary Outreach Services	Support in principle	While these outreach services should be expanded, it is critical that multidisciplinary teams are led or coordinated by a patient's usual GP to ensure continuity of care and that appropriate and necessary services are delivered. GPs must be enabled and supported to actively participate and engage in this service, including through improved information sharing and funding.
Recommendation 65: Increased access to Older Persons Mental Health Services	Support	This will improve access to necessary services, however the RACGP stresses that general practice outreach services also require additional support, which is not appropriately acknowledged elsewhere in Counsel Assisting's submission.
Recommendation 66: Establish a Senior Dental Benefits Scheme	Support	This will improve access to necessary services. The principle adopted in this recommendation with regards to benefits (that they be "set at a level that minimises gap payments, and includes additional subsidies for outreach services provided to people who are unable to travel, with weightings for travel in remote areas") equally applies to general practice. The RACGP recommends that the Royal Commissioners support improved access to general practice care in line with the principle espoused by Counsel Assisting and as developed through co-design with GPs.
Recommendation 67: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services	Support	The RACGP supports the proposed changes to and new MBS items. We note that Counsel Assisting has recommended that MBS items introduced for allied mental health practitioners to conduct services in aged care facilities ensure "the value of the benefit align[s] with recommended professional fees", with the specific intent of minimising out-of-pocket costs. The same principle must be applied for rebates for GP and other medical and health professional MBS items. The RACGP agrees that the proposed changes to the Aged Care Access Incentive better recognise and incentivise service provision.
Recommendation 68: Enhance the Rural Health Outreach Fund to improve access to medical	Support	This will improve access for older people, however the RACGP wishes to stress that general practice services also require further support in rural and remote areas.

specialists for people receiving aged care		
Recommendation 69: Access to specialist telehealth services	Support in principle	The focus on aged care provider infrastructure and patient-end support is necessary. As noted elsewhere, access to specialist GP services must also be supported. The RACGP recommends that GP telehealth items (with equivalent conditions as for other specialists, ie without additional restrictions on use by older people) are also introduced to support access to necessary GP services. While GPs have been using the regular COVID-19 telehealth items to deliver care via telehealth to people receiving aged services, the lack of a dedicated item hinders reporting of service use and thus obscures resourcing needs. We further recommend that MBS items for GP consultations with nursing staff without the patient in attendance are introduced, or that the requirement to have the patient present under current items is removed. This is so that GP time spent discussing a patient's situation and needs with nursing staff is funded. While GPs frequently do communicate with nursing staff to communicate and review care plans and monitor progress, without a patient present, this is unremunerated and thus not incentivised. Implementation of this recommendation will facilitate monitoring of and delivery of ongoing and responsive care to a patient. Consultations with a patient's next of kin should similarly be funded to ensure that care needs and plans are understood and in accordance with the patient's wishes (if appropriate) and that any concerns are noted. Remote monitoring is another potential innovation that could be supported under this initiative.
Recommendation 70: Increased access to medication management reviews	Support in principle	Though it is stated that "different funding criteria [for GPs and pharmacists] make little sense and cause difficulties", pharmacists are not doctors. They do not have the complete clinical and personal history of the patient or expertise to manage a patient, and reviews should not take place without GP awareness and oversight. While in principle this recommendation will support medication management for patients, there must be a mechanism for GP review, including mandatory information sharing with a patient's GP.
Recommendation 71: Restricted prescription of antipsychotics	Do not support	The RACGP does not support this recommendation. Though the aim is to "relieve the pressure on general practitioners and residential aged care facilities by increasing the availability of specialised psychiatric knowledge and care", this recommendation, by increasing demand for geriatricians/psychiatrists, may actually exacerbate current issues with access and deny the appropriate prescription of antipsychotics. By and large, GPs are well placed to and appropriately prescribe and manage the use of antipsychotic medications for

		older people. They are readily available to lead and coordinate the care of their patient and have shorter wait times than a geriatrician or a psychiatrist. GPs can provide more regular review, and are also better placed to deal with co-morbidities. More information can be found in the RACGP aged care clinical guide (Silver Book). One solution to the problematic use of antipsychotics, which does not impose such an additional burden on the limited availabilities of geriatricians/psychiatrists, would be funding to support geriatrician/psychiatrist and GP case discussion, review and supervision.
Recommendation 72: Improving the transition between residential aged care and hospital care	Support in principle	A patient's GP must be involved in transfers to and discharges from hospitals. This should preferably include GP input to discharge/management plans, but at a minimum the patient's GP must be provided with timely notice of transfer/discharge and relevant information. This is critical to ensure continuity of care, that care plans are adhered to and patients are monitored, and that all relevant information is available to all involved in providing care. GPs must be better supported to provide this essential linkage and continuity, however. The Standards for general practice aged care discuss this point in some detail. Discharge should also ensure that a patient has sufficient medications until their GP, or another appropriate prescriber, can attend the patient.
Recommendation 74: Universal adoption by the aged care sector of digital technology and My Health Record	Support in principle	The RACGP agrees that this will improve coordination and minimise fragmentation of records and care and the potential for unnecessary treatment or adverse events. However, to ensure "system interoperability between the clinical systems of general practice and approved providers", there must also be support (eg infrastructure, training) for general practices to implement or update digital health systems and to transfer existing records to new/improved digital records. System integration is critical to ensure accuracy and minimise duplication, but this cannot be readily implemented by many practices due to a lack of infrastructure, knowledge and funds. To ensure that GP digital notes are complete and readily accessible, including by other treating practitioners, GP time to accurately and comprehensively update digital records must be funded. Remote access to systems, and secure data transmission, may also minimise duplication and/or delays.
Recommendation 75: Clarification of roles and responsibilities for delivery of health care to people receiving aged care	Support in principle	Access to high-quality primary care services is critical for assessment, planning and monitoring. As such, general practice must remain the first and ongoing contact for health care for older people. Any additional services must be coordinated by, or at least informed by, a patient's GP – this will ensure that fragmentation is minimised and continuity of care is promoted.

Recommendation 76: Improved access to State and Territory health services by people receiving aged care	Support in principle	Access to high-quality primary care services is critical for assessment, planning and monitoring. As such, general practice must remain the first and ongoing contact for health care for older people. Any additional services must be coordinated by, or at least informed by, a patient's GP – this will ensure that fragmentation is minimised and continuity of care is promoted.