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**Melinda Leake**

Head, Aged Care Data Improvement Unit  
Australian Institute of Health and Welfare  
Canberra ACT 2601  
Australia  
[melinda.leake@aihw.gov.au](mailto:melinda.leake@aihw.gov.au)

Dear Ms Leake,

Thank you for the opportunity to provide feedback on the issues paper 'Exploring future data and information needs for aged care'.

The Royal Australian College of General Practitioners (RACGP) supports the initiative to develop an Aged Care National Minimum Data Set (NMDS). The COVID-19 pandemic has highlighted critical issues across the aged care sector and the urgent need for better data to support evaluation and improve quality, safety, and outcomes.

Older people in aged care are the most vulnerable group in the Australian population with significant and often complex healthcare needs. General practitioners (GPs) play a critical role as clinicians and care coordinators within the aged care system, seeing over 90% of permanent aged care residents. Data collected by general practice, therefore, has the potential to be extremely valuable. As part of the NMDS, we encourage the development of innovative data domains that capture the significant work of GPs in aged care settings, such as how GPs lead multidisciplinary care teams and provide palliative care.

An ongoing challenge for sharing data and patient information is the lack of interoperability between clinical systems of GPs and those used in aged care facilities. Data is not easily shared and often require manual entry, duplicated across various system. This leads to data gaps in all systems and potential for errors, including prescribing. Data collection in some aged care facilities remains paper based. Ensuring GPs have a central role in data interpretation is paramount. GPs can help explain the provenance and meaning of data and identify the most impactful areas for development and support.

We also recommend a set of guiding principles that must ensure:

- general practices retain access and control of their data. Any data generated by a practice should be available and remain available for all purposes the practice deems appropriate
- the collection and storage of patient information and data occurs in structured and consistent ways, including handover between care providers
- GPs are supported with adequate training and funding to engage with any new data collection processes and technologies to ensure effective utilisation and uptake, while providing quality care. This may include new roles for GPs in clinical data governance.

- software used for data collection be intuitive and require minimal training for staff to use. Individual patient-level data needs to integrate with software in general practice to ensure it is accessible and support regular workflows, while minimising duplication of data entry and the inherent risk this creates
- aged care staff are supported to undertake organisational and workforce changes required to collect and store data in a way that is ethical, safe and efficient
- Indigenous data sovereignty is respected. Aboriginal and Torres Strait Islander people and/or organisations must be involved in the framing of research questions, and in discussions about how data will be used, analysed, interpreted, reported and/or presented
- residents and their family/carers are aware and educated on how their data is collected and the benefits of sharing data for the purposes of future improvements of the aged care sector.

For successful implementation of the NMDS, the RACGP believes work needs to be undertaken to establish an ongoing data governance model that ensure effective, ethical, meaningful, and sustainable data collection that does not impose any direct or indirect cost to general practice or other health care providers. We welcome the opportunity to continue to work with the Australian Institute of Health and Welfare on this project.

If you require any further information please contact Joanne Hereward, Program Manager, Practice Technology and Management at [joanne.hereward@racgp.org.au](mailto:joanne.hereward@racgp.org.au) or on 03 8699 0338.

Yours sincerely



Dr Karen Price  
President