



Commissioner
Mr Robert Fitzgerald AM
“Caring for Older Australians” Productivity Commission
Australian Government Productivity Commission
Via email: agedcare@pc.gov.au

Dear Mr Fitzgerald

Re: Shire of Brookton Health and Aged Care Model

At the Perth public hearings for the Productivity Commissions Draft Report on Caring for Older Australians, the Commissioners expressed an interest in the model developed by the Shire of Brookton to ensure the community had access to good quality health and aged care services. The Commissioners indicated they would appreciate some additional information.

Baptistcare in Western Australia works with the Shire of Brookton as the managers of the Shire’s Residential Aged Care Facility. The attached additional information has been prepared by Baptistcare in consultation with the Shire. Unfortunately time and resource constraints on both the Shire and Baptistcare has meant the additional information is a broad high level summary only.

Baptistcare believes the model adopted at Brookton has the fundamentals and principles of an ideal model for delivering aged care and health services into rural communities.

I trust the Commission finds the additional information useful. Should it provoke further questions we would welcome the opportunity to be of further assistance.

Yours Faithfully

Ken Baker
Director Life Services
Baptistcare

Brookton Community Health Services and Aged Care Model

The country Shire of Brookton is 140 Kms south east of Perth and several years ago took the decision to significantly restructure its health services. At the time its health services were centred around a small hospital which was augmented by also operating a small number of aged care beds. The Shire's decision was to close the Brookton Hospital and provide a community health service centre called Saddleback co-located with a residential aged care facility called Kalkarni. This created a health and aged care "campus" for the community.

The Brookton Hospital had been funded by the State Government and on its closure the State Government provided (much reduced) funding for the community health service operating out of Saddleback. The Residential Aged Care Facility (RACF) is funded through the Federal Government's Aged Care programme. A brief overview of the co-located services follows

Services provided from Saddleback include

- General Practitioner
- Physiotherapy
- Podiatry
- Nursing Post
- HACC Services (located in Saddleback but provided/operated by the Brookton Community Services group)

Services provided from Kalkarni Aged Care Facility

- High Care – 32 beds
- Low Care - 11 beds

Leveraging Co-location

- Shared buildings with functional separation, separate entrances but with direct access between functional areas.
- Sharing some building resources including training room and overnight accommodation for staff who travel distances to work shifts.
- Health Services such as GP services provided direct into Kalkarni.
- Building Management

Management

- Saddleback Services are managed by a Health Services Manager reporting to the Shire.
- Saddleback management/operation has community involvement through the Brookton Community Services group
- Kalkarni management / operation has been contracted to Baptistcare.
- Community involvement and accountability is through the Kalkarni Consultative Committee comprising representatives from the Shire, community and Baptistcare.
- Community involvement and support through the Friends of Kalkarni.
- Nursing Post provides initial clinical assistance, if higher level care is needed the patient is stabilised and transported by ambulance to hospital in Perth.

Model Effectiveness

- Quality and accessibility to health services is considered as good as when the Hospital was operating in Brookton.
- The cost of providing health services is much reduced
- The number of aged care beds has increased significantly to 43 beds.
- The operational viability of the Kalkarni aged care facility has move to a solid footing

There are many country shires in WA which continue to operate small hospitals whose viability is augmented by operating aged care beds. While receiving Federal funding for the aged care beds these hospitals are not subject to the Aged Care Standards and Accreditation Agency audit and accrediting process that mainstream aged care providers are. This model is not only an inefficient use of funds (a combination of Federal and State funds) it has an increased risk of sub standard care. Further residents are often actually in a hospital environment rather than a more home like aged care environment.

The Brookton health services and aged care model is replicable and offers significant opportunity to improve the efficiency and effectiveness of the health and aged care services in many country locations.