

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

Dear Mr Fitzgerald

Re: Shire of Brookton Health and Aged Care Model

During Baptistcare’s session 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. This model has been developed to ensure the community had access to good quality health and aged care services cost effectively. 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 jointly by Baptistcare and 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 and the Brookton Shire believe the model adopted at Brookton has the fundamentals and principles of an ideal model for delivering aged care and health services into rural communities.

We 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

Dr Lucy Morris  
Chief Executive Officer  
Baptistcare

Gary Clark  
Chief Executive Officer  
Shire of Brookton

## **Shire of Brookton**

### **Overview of Brookton Health Services**

#### **Health Services and Aged Care Model**

The Shire of Brookton is a rural community 140 Kms south east of Perth. Several years ago the State Health Department made the decision to close the Brookton Nursing Home and Nursing Post that was operating from the old hospital site. At the time the limited allied health services in Brookton were centred on the old hospital which was operating a small number of aged care beds.

The imminent closure of the state run facility prompted the Shire of Brookton to consider an alternative model of health service delivery rather than risk the services being withdrawn from the community. The Shire's objective was to create 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 Nursing Home and Nursing Post 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 Governments Aged Care programme. A brief overview of the co-located services follows;

#### **Services provided from Saddleback include**

- General Practitioner
- Dentist
- Physiotherapy
- Child Health
- Immunisations
- School Health
- Speech Pathology
- Aboriginal Health
- Social Work
- Occupational Therapy
- Podiatry
- Nursing Post
- Health Promotion
- 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 that travel distances to work shifts.

- Health Services such as GP and Dental services provided direct into Kalkarni.
- Building Management

### **Management**

- Saddleback Services are managed by a Health Services Manager employed by the Brookton Community Services group.
- 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 to be better than when the Hospital was operating in Brookton.
- The cost of providing health services is much reduced.
- Health funding is used more effectively without the overheads created by operating a hospital with accident and emergency facilities.
- 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 communities in WA where the State Health Department continue to operate small hospitals whose viability is augmented by operating small numbers of 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. Residents are often actually in a hospital environment rather than a more home like aged care environment. Health Department staff have acknowledged the challenges of matching the care standards of an RACF in a hospital environment.

It is acknowledged that communities can be very protective of their local hospital however it may be that the community and allied health services provided from the hospital that are valued rather than the acute or emergency services. In Brookton's case the local ambulance service tends to bypass small hospitals and deliver emergency patients to regional or metropolitan hospitals. Similarly acute care is usually provided at the regional hospital rather than the local hospital.

Communities may be more open to change if they can be shown examples of improved services in communities that don't have a hospital however the provision of accident and emergency services within a reasonable distance would need to be addressed.

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.