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The Productivity Commission

Re:Caring for Older Australians-Draft Inquiry report

I write in my capacity as the President of the New South Wales branch of the Australian and New Zealand Society for Geriatric Medicine.I have reviewed the documents provided.I would like to congratulate the Commission on a well written and easily readable manuscript.

I endorse the key points,particularly improving the difficulties of older people and carers navigating a currently complex aged care service system,acknowledgement that there is a variability of quality and quantity of services,that there are inflexibilities and gaps,that the needs are only going to increase and that a new system must be streamlined and simplified. Overall the concept of integration of assessments and services has rightly been .As indicated the services provided need to be substantially directed by consumers and carers.The realisation that assessments need to be minimised in number and that assessments need to have a single electronic record should be applauded.The draft has indicated the great need to increase some types of services which are currently limited,in our opinion especially EACH type packages .Acknowledgement is made of the comments related to significantly important issues regarding health promotion,addressing the needs of aboriginals and CALD consumers and the services for dementia sufferers.Workforce issues have been identified and clearly there has been discussion surrounding education,career paths and remuneration.

I would however like to bring to your attention a few issues that need to be clarified.

1)Comprehensive assessment.

Assessments have to be exactly that.They need to take in to account the medical,social,cognitive,and nursing needs as well as function.This also includes medication compliance,equipment needs and transport.The latter three and the medical issues were not highlighted.All the categories of the assessment must be equally assessed.Client's care requirements are related to a variable combination of all of these and must be performed by competent assessors.Members of the ACATs have shown their incredible skill in these areas.

2)Aged care facilities assessing client level of care based on ACFI prior to admission.

One of the important aspects of the ACAT assessment was that they were at arms length.This meant that community providers or aged care facilities were less likely to "cherry pick" clients prior to admission.The ACAT was an independent gate keeper .

3)Consumer directed care.

This concept is paramount.However the benefit of an independent person making a decision about the needs of a consumer can provide valuable practical,realistic and financial control.It is believed that the direction of care needs to be dependent on real consumer requirments,and sometimes not only on wishes alone.A good assessment should rationalise the balance between wants and needs.

4)Removing limits of residential places and care packages.

This is a great concept but again a comprehensive assessment of the client's needs would be required to control costs.

5)External Agencies.

The report includes GPs here .Interestingly,geriatricians are not mentioned but I assume fall into this group.It is felt that the report minimises the importance of these groups in aged care.For community or aged care facility dwellers or in-hospital elderly patients,medical practitioners and many other health professionals with experience in aged care can and do totally change care need requirements by undertaking adequate assessment,diagnosis and management.The extent of the benefit of these groups including allied health (physiotherapists,occupational therapists,social workers,pharmacists,dieticians,speech therapists,podiatrists) and specialised aged care nurses should not be underestimated.To make the comment that hospital and sub acute systems maybe "possible sources of referrals" suggest that the Commission does not understand the impact of clinical services.This does not however indicate that we feel that aged care services need to be health based or driven but rather have a close relationship with services providing care to acutely,sub-acutely and chronically ill elderly people.It is well established that an older person uses many of the services of the community,hospitals and aged care facilities at different times of their lives.

6)Assessment of patients in hospital.

Hospitals have been classified as "external agencies" in the draft.In the current system there are quite a significant group of older, well people who have never had an assessment,have not required care or required minimal care and who acutely have a severe illness requiring hospitalisation.As a result of this illness their function deteriorates,and their community needs are now apparent.Some may also move from independence to require the care in an aged care facility. There is little comment on how these people fit into the proposed system.The needs of such people are different to community dwellers who may be frail ,or getting gradually frail but who have not been acutely ill. In the current system they are generally assessed by social workers,discharge planners and ACATS.Community services,transitional care or aged care facility accommodation is organised.This is prioritised in a timely manner which is required for the person's well being .

It should not be underestimated the change in care needs of frail older people after an acute illness especially one requiring hospitalisation.If one reviews the number of ACAT assessments overall,a considerably number are done in hospitalised people.Some of these perhaps should have been assessed prior to their acute illness but many require services or an increase in services because of this acute deterioration.

It seems that the Commission's report has really concentrated on community dwellers suggesting that hospital based patients are just a minimal group,this is clearly not the case.

7)Geographical boundaries of service provision.

The Commission is encouraged to align assessment agencies to Local Health Networks and Medicare Locals as close as possible as these two groups play a massive role in aged care.Furthermore, service provision is best coordinated and provided at a local level.

8)Definitions.

Rehabilitation,transitional care,dementia care and palliative care are all major aspects of aged care and need to be well defined ,acknowledged and fitted into the model.

9)Electronic records.

Over many years a single data base has been considered and attempted but there have been multiple problems achieving it.We endorse the need but indicate the difficulty.Hopefully the historical issues can be overcome.

I do hope these comments are of some benefit.

This division of our society are working in close relationship on a number of projects with the ACI(Agency of Clinical Innovation) and together we would be happy to contribute to more discussions on this important aged care reform.

Yours sincerely,

Peter Gonski

President,NSW division ANZSGM