



Ref: practice/agedcare/kwm

21 March 2011

Productivity Commission
Locked Bag 2 Collins Street
East Melbourne VIC 8003
By email: agedcare@pc.gov.au

Dear Sir/Madam

**Response to Productivity Commission Draft Report
“Caring for Older Australians”**

The Pharmacy Guild of Australia welcomes this opportunity to provide a response to the Productivity Commission’s Draft Report “Caring for Older Australians”. The Guild commends the Commission for identifying potential areas for reform that can meet the challenges facing Australia’s aged care system in coming decades. The Commission has made a number of key recommendations and we offer the following brief comments in response to the recommendations from the perspective of community pharmacy.

Community-based and primary health care aged care support system

Overall, the Guild is supportive of the draft report. However, we believe that it is unfortunate that the draft report and recommendations deal primarily with aged care issues within a residential setting but do not adequately focus on community-based aged care support systems, particularly in the primary health care setting.

As stated in our initial submission in August 2010, poly pharmacy, alarming rates of medicine-related problems and incontinence are major factors which often result in the admissions to hospital and residential aged care facilities. The Guild draws the Commission’s attention to the current infrastructure and network of community pharmacy in providing primary healthcare services, particularly medicines management, and advice and referral services for the management of continence issues.

The Guild urges the Commission to recommend policies, systems and funding arrangements that aim to support older Australians to live independently in the community for as long as possible before needing to move to residential aged care facilities.

Interface between primary healthcare, acute care and aged care

The Guild also notes the lack of information within the draft report on how the aged care sector will interface with the acute and primary health care sectors, particularly with the introduction of Medicare Locals from July 2011.

National Secretariat

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The Guild is supportive of the concept for establishing an Australian Seniors Gateway Agency to simplify consumer access to information, assessment, referral and care coordination. However, we are concerned with the lack of information on how the gateway agency is proposed to integrate with the aged care, acute care and primary health care sectors and urge the Commission to provide clear advice on the proposal.

The Guild acknowledges that the draft report discusses multidisciplinary care as part of the 'Care and Support' section in improving the interface between aged care and health, with a recommendation of locally-based visiting multidisciplinary health care teams. The Guild considers that the issue of coordination between health professionals in community-based primary health care settings is another important area that needs addressing. The need for coordinated multidisciplinary management of chronic illness in the community is increasing for our health care system. Therefore, greater liaison and coordination between health professionals should be promoted and encouraged.

Medicine management in residential care facilities

Under the Aged Care Funding Instrument (ACFI), Residential Aged Care Facilities (RACFs) are subsidised to support the appropriate management of medicines in line with the Quality Use of Medicines (QUM) principles outlined in the National Medicines Policy.

As stated in the Guild's original submission, the use of Dose Administration Aids (DAAs) in a RACF setting is considered best practice and the Guild believes that their use should be mandatory for all accredited facilities.

We wish to reiterate our recommendation that there should be adequate funding for RACFs and greater transparency in the use of such funds to ensure that best practice medicine management and QUM services are in place. In addition, we recommend that funds for medicine management services be quarantined and only available for medicine management/QUM arrangements.

I trust that our response to the draft report is useful in assisting the Commission with its inquiry into aged care. We look forward to hearing from you of the outcome of the inquiry. If you require further information or any clarification, please do not hesitate to contact Ms Khin Win May at the National Secretariat of the Guild on 02 6270 1888.

Yours sincerely

Wendy Phillips
Executive Director