

DEMENTIA COLLABORATIVE RESEARCH CENTRE
Assessment and Better Care

21st March 2011

Re: Productivity Commission: Draft Report
Caring for Older Australians

Support

The Productivity Commission (PC) has compiled a comprehensive report with many useful recommendations. I particularly support recommendations 4.1, 8.2, 8.5 and 11.4.

I am unclear how the Gateway will be coordinated with Dementia Advisory Services with which it appears to overlap.

The Clearing House would be an excellent resource for researchers and availability of linked data should be facilitated.

Concerns

My concerns are the apparent lack of the Report to come to grips with issues of dementia and the behavioural and psychological symptoms of dementia (BPSD) (aka neuropsychiatric symptoms) that occur in 90% of people with dementia at some stage during the course of their illness and the mental health needs of older people living in the community.

Specifically:

1. Delay in diagnosis of dementia, especially in certain groups – culturally and linguistically diverse (CALD), Indigenous, rural and remote, and intellectually disabled, could be addressed by:
 - a. Incentive program for GPs to make diagnosis (eg supplementary rebate for cognitive testing) or to refer for specialist consultation
 - b. Hub and spoke model of improving diagnostic and management services for dementia through Practice Nurses as has been proposed for NSW Dementia Services Plan, see p.37
(http://www.health.nsw.gov.au/pubs/2010/dementia_fw.html)
2. Inadequate management of dementia by GPs in Residential Aged Care Facilities (RACFs) in large part because of poor remuneration for them to attend. This could be addressed by:
 - a. Credentialling GPs who have had extra training to attend RACFs and receive supplementary rebate
 - b. Larger RACFs having in-house medical practitioners
3. Poor management of BPSD in acute hospitals and in RACFs, which could be addressed by:
 - a. In-reach teams to RACFs as recommended by Report

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b. More specialist psychogeriatric services to provide support
Training programs for acute care staff in hospital system e.g. e-learning program
developed by NSW North Coast health service (see p.62

http://www.health.nsw.gov.au/pubs/2010/dementia_fw.html

4. Research – a continuing program of adequately funded research is required to ensure best practice and most efficient use of services to assist with needs of older Australians.

In summary

The important points are that:

1. Dementia is core health care business for older Australians. Planning for whole spectrum from prevention through diagnosis to community and hospital care and then to residential and palliative care are essential if costs are to be manageable.
2. Mental health needs of older Australians are often overlooked because of the dominance of dementia, yet failure to attend to these leads to complications of physical illnesses increased dependence and greater costs of care.

Yours,

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