

6 August 2010

Inquiry into Caring for Older Australians
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Dear Sir/Madam

Submission to the Productivity Commission's Inquiry into Caring for Older Australians

Thank you for the opportunity to provide a submission to the Productivity Commission's issues paper, *Caring for Older Australians*.

Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

Our submission draws on consultation with our membership, which includes organisations advocating for older consumers, disease specific groups and networks, state and territory peak consumer organisations and individual consumers.

CHF's submission calls for improved access to health services in aged care facilities, increased choice in relation to aged care services and better planning for care at the end of life. CHF also supports calls for further exploration of consumer directed care packages, which would enable people supported in the community to have a say in how the resources allocated for their care are used.

Please do not hesitate to contact me should you wish to discuss any aspects of this submission further.

Yours sincerely,

Carol Bennett
EXECUTIVE DIRECTOR



**CHF Submission to the Productivity Commission's
Caring for Older Australians Consultation**

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The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF welcomes the opportunity to comment on the Productivity Commission's issues paper, *Caring for Older Australians* (the Paper). Our submission draws on consultation with our membership, which includes organisations advocating for older consumers, disease specific groups and networks, state and territory peak consumer organisations and individual consumers.

CHF's consultations indicate that older consumers do not want to be defined by their condition or its impact on their life: rather, consumers want to be supported to manage the consequences of their conditions from a positive life style focused approach. On this basis, CHF's submission calls for improved access to health services in aged care facilities, increased choice in relation to aged care services and better planning for care at the end of life. CHF also supports calls for further exploration of consumer directed care packages, which would enable people supported in the community to have a say in how the resources allocated for their care are used.

Consumers want their health care to be considered holistically, incorporating the physical, emotional, social and lifestyle factors critical to good health and wellbeing, particularly as they grow older. Consideration should be given to the broader health care context, including the role of the allied health professions, community networks and peer groups in supporting the health of older Australians.

Background

The Productivity Commission's consultation is timely, given the challenges in healthcare identified by the *Intergenerational Report*, released earlier this year. Those challenges include an ageing population and increasing prevalence of chronic conditions.

The report predicted that between now and 2050, the number of people aged 65 to 84 years will double and that the number of people aged 85 and over will quadruple.¹ That means that by 2050, one in four Australians will be aged 65 and over, compared with just 13 percent today.

The ageing of our population will create more demand for health services and increase the burden of chronic disease. Both the *Intergenerational Report* and the National Health and Hospitals Reform Commission have highlighted that our health and hospitals system is not prepared for these challenges.²

¹ Commonwealth of Australia (2010) *Intergenerational Report 2010: Australia to 2050: Future Challenges*. Commonwealth of Australia: Canberra

² Ibid.; NHHRC (2009) *A Healthier Future For All Australians: Final Report of the National Health and Hospitals Reform Commission*. Commonwealth of Australia: Canberra.

Consumers who provided input to this submission considered that reform of aged care cannot be undertaken without reform of the broader health and hospital system in Australia. This was acknowledged by the Government in its *A National Health and Hospitals Network: Further Investments in Australia's Health* document.³ The challenges of caring for older Australians also relate to residential and community aged care services. It is important that this consultation is linked to the wider health reform agenda, as this will have implications for how the health needs of older consumers are addressed.

Understanding the reality of older people's lives is essential if their needs and expectations are to be met and if strategies to promote healthy ageing are to be successful. The older population is very heterogeneous in terms of their health status, their resources, the environment in which they live and their beliefs about health. Strategies to promote healthy ageing need to take into account this variability and be multifaceted.

Access to Health Services

According to the Melbourne Medical Deputising Service (MMDS), demand for health care is disproportionate amongst older people:

The demand for after hours medical care will continue to rise due to the change in demographics of the population and the change in the general practice landscape. The elderly, both those in aged care facilities and those at home now represent between 21 percent and 45 percent of all calls made by deputising services...

... These groups are similarly represented in practice based after hours attendances reflecting the difficulties in access due to age/frailty, family circumstances etc.

The MMDS goes on to say that conversely, older people are among the least likely to gain access to health services.⁴

Consumers in residential aged care are largely dependent on other people for health needs, including in seeking health services. Older consumers are often unable to visit their own doctor. Increasingly, they rely on deputising doctors to provide primary care in their home environment or their aged care facility. A recent survey conducted by Catholic Health Australia found that:

- More than 70 percent of respondents had entered aged care homes in circumstances where their GP has declined to continue to provide services to them.
- 68 percent of respondents reported difficulty accessing a GP, and worryingly, 15 percent of respondents reported that the difficulty they experienced in accessing GPs sometimes compromised their care.

³ Australian Government (2010) *A National Health and Hospitals Network: Further Investments in Australia's Health*. Commonwealth of Australia: Canberra.

⁴ Melbourne Medical Deputising Service (2010) *Have Home Visits Been Overlooked in the Government Health Announcement? Melbourne Medical Deputising Service Position Paper*. Melbourne Medical Deputising Service: Melbourne.

- 63 percent of aged care facilities in major cities, and 80 percent of aged care facilities in regional areas, reported that accessing GPs was an ongoing struggle.
- 75 percent of aged care facilities reported that difficulty in accessing GP services, including locum services, was resulting in residents being transferred to hospital emergency departments.⁵

Health and aged care providers report inadequate incentives and reluctance among GPs to provide services in aged care facilities, particularly due to the complexity and challenges involved in the provision of these services.⁶ CHF therefore considers it essential that strategies are developed to improve access to health services for older consumers, particularly those in aged care facilities.

Assisting Older Consumers to Manage Health

Assisting older people with the management of chronic illness, including avoiding problems with the use of medications, must be considered as a key part of the care of older Australians, given the high prevalence of such conditions in older age and their potentially significant impact on quality of life.

The timeliness of accessing health services is an important part of a healthy ageing strategy. Pain must be taken as an important clinical indicator of urgency for appropriate interventions, such as hip replacements, as it has major impact on quality of life. Consumers have argued that doctors need more education on pain management to ensure that the impact of pain is recognised. Older consumers also report difficulties accessing health services including dental care, podiatry and hearing services.

Consumers who provided input to this submission considered it particularly important to ensure that older people have appropriate practical and emotional support at key times, such as during a period of ill health, after a period of hospitalisation, when acting as a carer and after major life changes such as the death of a spouse. Supporting older people appropriately at such times can contribute to the prevention of problems such as depression, and can assist older people by promoting healthy ageing.

Good discharge planning for older people leaving hospital is vital and must include consideration of whether the person has the necessary social and other supports available to them after leaving hospital and during recuperation.

⁵ Catholic Health Australia (2010) *Survey of Access to General Practice Services in Residential Aged Care*. Catholic Health Australia: Canberra

⁶ See, for example, submissions to the Senate Finance and Administration References Committee *Inquiry into the Council of Australian Government Reforms relating to Health and Hospitals* from the Australian Medical Association, Catholic Health Australia and the Royal Australian College of General Practitioners, available at http://www.aph.gov.au/Senate/committee/fapa_ctte/coag_health_reforms/submissions.htm.

Consumer Participation in Aged Care

Consumers have cited precedents both in Australia and overseas for participatory approaches to aged care. They include wellness centres developed by the Older Women's Network, Healthy Living Centres being established in the United Kingdom, and community health centre based programs in Quebec and other Canadian provinces. These involve a greater use of peer support programs that involve older people.

Programs such as the Medicine Information Project in NSW have demonstrated that trained and supported older volunteers can be more effective in advising their peers about health issues than health professionals. In this program, trained volunteers engaged with residential aged care services were viewed by health professionals as an effective communication bridge between older consumers and professionals.⁷ An essential principle is that older people must be involved in the design, planning and evaluation of these strategies.

Another successful program is the Seniors Quality Use of Medicine Peer Education Program provided by the National Prescribing Service and the Council on the Ageing (COTA). This program aims to empower seniors with the knowledge and skills to be partners in their medication management. Most seniors who participate in these sessions (81 per cent) find that the information provided is interesting and relevant to them.⁸ Part of the success of the program is due to the fact that it is delivered by peer educators who often experience similar issues to participants.

Rural consumers stressed that programs for older indigenous people must involve known and trusted community members in their development and involve local indigenous workers in their implementation.

In line with recommendations made by the NHHRC, CHF recommends that the Productivity Commission should consider options for consumer directed care and expanding the opportunities for people supported in the community to have a say in how the resources allocated for their care are used. CHF would also like to see further exploration of models promoting consumer participation in aged care.

End of Life Care

Dependence and independence are critical to questions of respect, autonomy and dignity. Individuals who still possess the ability to make their own decisions but have lost the ability to carry them out are particularly vulnerable, due to their reliance on others. End of life care is therefore a particularly important area for health practitioners, carers and consumers negotiating their relationships and coordinating care.

CHF notes the work of the National Health and Medical Research Council in this area, including their development of four ethical principles guiding care at the end of life:

⁷ Chan, Y F. Quine, S. (1998) A Role for Older Volunteers in the Health Care System? Views of Health Professionals. *Education and Ageing*. Vol 13: 3.

⁸ National Prescribing Service 2010 *Evaluation Report No. 12 2008-09 Progress, achievements and future directions*, NPS, Sydney.

- The value of personal autonomy
- The standards of good health care
- The principle of acting in the best interests of the individual
- The value of justice in the use of resources.⁹

Consumers consulted by CHF in developing this submission favoured the development of the model of a 'hospice in the home.' This would enable consumers to stay in their own homes as long as possible and have support provided to their family members. Improved pain management and palliative care services were also thought to be essential.

Consumers consider that there are gaps in service delivery around end of life care, and believe it is important to provide improved incentives for people to work in palliative care services and to conduct research into ageing by enhancing the rewards and career progression in these fields. CHF would welcome further exploration of end of life care issues by the Productivity Commission.

Advance Care Planning

Many consumers who provided feedback to CHF referred to Advance Care Planning, and argued that both primary and specialist health care providers must be trained in strategies to conduct end of life discussions around Advance Care Planning.

Advance Care Planning allows consumers to have a say in how their care will be managed at the end of life. It gives people the opportunity to take control of end of life decisions and enables them to discuss this with their families, partners and carers.

Advanced Care Directives include instructions outlining consent or refusal of treatments, and provide preferences for treatment and lifestyle options. Advance Care Planning and Advanced Care Directives represent a means of preserving the autonomy of the consumer.

CHF considers that all Australians should be given the opportunity to explore the type of care they would like to receive at the end of their lives and that ongoing evaluation of current and future positions should form part of this process. Consumers should also be supported to seek access to resources and services in line with their care needs. CHF argues that this should be recognised as an important part of the care of older Australians.

⁹ National Health and Medical Research Council (2009) *Ethical Issues Involved in Transitions to Palliation and End of Life Care for People with Chronic Conditions: A Discussion Paper for patients, Carers, and Health Professionals*. NHMRC: Canberra.

Recommendations

- That strategies are developed to improve access to health services for older consumers, particularly those in aged care facilities.
- That strategies are developed to ensure that older people have appropriate practical and emotional support at key times, including during a period of ill health, after a period of hospitalisation, when acting as a carer and after major life changes such as the death of a spouse.
- That there is further exploration of models promoting consumer participation in aged care.
- That there is further exploration of end of life care issues by the Productivity Commission.
- That advanced care planning is recognised as an important part of the care of older Australians.

Conclusion

CHF welcomes the opportunity to comment on the Productivity Commission's issues paper, *Caring for Older Australians*. CHF's submission, which is based on consumer consultation, calls for the Productivity Commission to consider increased choice in relation to aged care services, better planning for care at the end of life, and further exploration of consumer directed care packages. The submission also calls for improved strategies to provide access to sufficient high quality services for older Australians, particularly in aged care facilities.

CHF looks forward to reviewing the Productivity Commission's draft report on *Caring for Older Australians*.



The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach thousands of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.