Aged Care Plus

THE SALVATION ARMY AGED CARE PLUS
PRODUCTIVITY COMMISSION SUBMISSION
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The Salvation Army Aged Care Plus (TSAACP) is one of the largest faith based aged care providers in Australia, operating 17 residential centres with 1483 residential licenses, 416 independent living units and 50 community care packages complemented by some HACC funded programs across New South Wales, Queensland and the Australian Capital Territory. TSAACP's annual operating income is just over $80m, including $53m in government funding and interest income from $59m of bonds. TSAACP has over 1100 employees and hundreds of volunteers to support its mission in caring for the older Australians. This service is complemented by other social programs conducted by The Salvation Army targeting marginalised older Australians who are ineligible for Commonwealth funded programs such as homeless people, those living in squalor, drug rehabilitation and those isolated through dislocation from their family.

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Executive Summary

We are pleased to provide this submission to the Productivity Commission inquiry into the aged care system in Australia.

Australia has a rapidly ageing population and a cohort that is living longer than previous generations. Aged care providers need to respond to this increased service demand, increased consumer expectations services that are responsive to the chronic degenerative disorders that are associated with ageing. Addressing care, service and accommodation issues become more imperative as the decline in primary (informal) carers and labour shortages in the workforce takes place.

Since the major reform of 1997, the profile of aged care in Australia has changed considerably. The last thirteen years has seen a marked growth in care community care, introduction and revision of the aged care standards, more sophisticated compliance systems and investigations, and a shift in approach to care with more innovation of service, research, models of care, evidence-based practice and improved residential care design to create 'communities'. During this time we have also witnessed a consolidation of the number of aged care providers and the progressive loss of sustainability across the sector through the decline in provider returns and increase in cost pressure.

In recent years multiple reports have been commissioned by the government and industry stakeholders all highlighting the need for major reform across a range of areas. Some of these reports are highlighted in this submission to support the contention for major reform – see page 17. However, it is envisaged that the Productivity Commission Inquiry, as perhaps most comprehensive inquiry to date, will lead to major aged care reforms that the industry urgently require and consumers want.

This submission details the critical industry reforms that are needed. TSAACP, as a member of a faith based alliance of aged care providers in Australia, known as The Coalition for the Care of Older Australians (CCOA), is currently campaigning (www.thegrandplan.com.au) to achieve aged care reform in three key areas: consumer choice, consumer access and provider sustainability. This submission addresses each of these areas.

The Salvation Army is committed to aged care as an integral part of its Christian mission to Save Souls, Grow Saints and Serve Suffering Humanity. The Salvation Army has been an aged care provider for over 100 years making it one of the first aged care providers in Australia. Our work has predominately been with special needs groups and vulnerable older Australians – marginalised people, the homeless, regional and remote, financially and socially disadvantaged and care leavers. The Salvation Army has a long term enduring commitment to older Australians – to be there when we are needed and this is reflected in our aged care mission of *Uncompromising Commitment.* However, to continue our work in aged care it is essential that reforms are made.

We would urge that any reform be measured in approach and include transitional arrangements to reassure consumers of their safety and tenure, protect the interests of vulnerable older Australians whilst accommodating the potential adverse impact some proposed parts of the reform could have on providers financial position.

Key Recommendations

A number of recommendations are made throughout this submission, however the key recommendations for reform are:

The removal of the distinction between low and high care in residential care and similarly in community care and align the structure of care funding between residential care and community care with three bands of funding.

The eventual decoupling of accommodation funding from care funding.

Allow community care and residential care arrangements to be interchangeable to increase consumer access to care and services in the home, retirement living or traditional residential care setting.

In regards to community care for homeless, the introduction of a respite or transitional community care package designed to engage homeless older Australians and transition them to other services and accommodation.

A 'Medicare' approach to service planning and access whereby the consumer retains the entitlement to a range of services and can access these irrespective of planning region. The consumer can choose community or residential care and a suite of care and services. Inherent in this model is that consumers have greater autonomy in determining the how the funding is expended.

The removal of the regional planning arrangements including those pertaining to extra services to allow consumers greater choice and access and providers more flexible business models. To providers this would mean that there would no longer be Aged Care Assessment Rounds rather the right to provide services based on consumer demand.

Introduce consumer choice as to whether consumers pay a bond or accommodation charge in high care because some consumers would financially benefit from paying a bond. At the very least increase or uncap accommodation payments.

TSAACP supports the introduction of market driven capital business models and more flexible payment arrangements rather than a government funded model. The caveat to this is making special arrangements for rural and remote programs and boutique programs targeting the special needs groups e.g. homeless, Aboriginal & Torres Strait Islanders (ATSI).

Workforce reform include revised role of registered nurses, national registration of direct care workers, more flexible systems for medical oversight of care and introduction of eHealth.

We urge the inquiry to carefully consider all recommendations made which will achieve industry reform for residential and community care policy for the long term and in economically sustainable framework, ever mindful of the necessity to reduce unnecessary and costly regulation and reliance on taxpayer funds.

1. The Service Delivery Framework

The service delivery framework is over-legislated and regulated to the extent that it stymies innovation in service models and reduces consumer access and choice. TSAACP has a number of recommendations to improve the service delivery framework of the aged care system.

1.1 Residential Care

There is a need to provide the consumer with greater access to services than is currently available and for the provider to maintain a population mix appropriate to care and services. This would be possible by removing the distinction between levels of care. Further, this would also allow the provider to generate capital funds through bonds for admission across a wider consumer group.

Recommendations

1.1.1 TSAACP recommends the removal of the distinction between low and high care in residential care and similarly in community care.

1.1.2 Align the structure of funding for care in residential care to that of community care with three bands of funding.
This would:
- negate the need for the onerous and costly ACFI assessment;
- provide consumers with a choice of three bands of care service whether they live in residential or community setting;
- simplify the administrative process for consumers and providers

1.1.3 Whilst there has been significant discussion regarding the separation of care and accommodation funding TSAACP believe this are should be given higher priority.

1.1.4 TSAACP recommends the decoupling of accommodation funding from care funding

1.2 Community Care Models

The recent announcement of funding to pilot new models of community consumer directed care (CDC) is welcomed by TSAACP but in our view there should be substantially more funding allocated to further develop this model. For instance, older homeless Australians (approximately 190 in inner-Sydney as at Feb. 2010) are poorly catered for by the rigid community care funding programs. This cohort differs from adult and youth homeless in that they shy away from services until a medium term relationship is established. Further, this cohort struggle to access services due to pseudo-dementias and long-established social disconnection.

Recommendations

1.2.1 It is recommended that a review of Community Care service structure and funding be considered for homeless and vulnerable older people.

1.2.2 TSAACP recommends, in regards to community care for homeless, the introduction of a respite or transitional community care package designed to engage homeless older Australians and transition them to other services and accommodation.

The current arrangement for transition from a CACP to EACH or EACH (D) is not automatic and places significant burdens on consumers and approved providers**.**

Recommendations

1.2.3 A seamless transitional arrangement based on changes to care and service needs with the claim being made via Medicare would improve consumer access and choice. By providing the consumer with an entitlement of care and service to a financial value the consumer can then choose:

- Accommodation or stay at home
- The nature of care and services
- Retain part of the 'care' funding and determine how this will be spent.

1.3 Younger Australians in Residential Care

TSAACP understands that many younger people with a disability face the prospect of becoming residents in aged care facilities because no other suitable accommodation is available. Many are at risk of admission to aged care facilities because they are cared for by ageing parents and/or they have medical based needs that cannot be supported by community services. TSAACP is concerned that

- Staff in aged care facilities may not have received appropriate training or be skilled/experienced in caring for younger people with a disability.
- Social isolation is a grave concern for young people residing in aged care services.
- The majority of our aged care facilities do not have rehabilitation services or other required specialist equipment to support this group.

The Australian Institute of Health and Welfare (AIHW) notes that, as at June 2007, nationally, there were 6,613 residents under the age of 65 years in RAC, comprising 4% of all residents. (Australian Institute of Health and Welfare, *Residential aged care in Australia 2006-07,* June 2008, Canberra, p 42.)

The *Mid Term Review – Younger People in Residential Aged Care Program*, prepared by Urbis for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, June 2009 (p12), stated that in 2007-08,

- *83% of younger people in residential aged care were aged under 50*
- *Those aged 40 to 49 years accounted for more than half of all service users (54%).*
- *Around 14% of all male service users were aged less than 30 years, compared with 5.8% of females.*
- *7.2% were of Aboriginal and/or Torres Strait Islander origin*
- *Around half (53.1%) had more than one significant disability. The primary disability groups were: Acquired Brain Injury (ABI) (46.4%); Neurological (26.7%) and Physical (16.6%).*

Recommendation

TSAACP supports The Younger People with Disability in Residential Aged Care Program. As such, TSAACP recommends increased funding to facilitate a more robust and rapid approach to:

- Assist younger people with disability currently accommodated in our aged care facilities into more appropriate accommodation, where feasible and if this is in line with the younger persons wishes
- Fund programs that prevent young people with disability who are at risk of admission to aged care facilities to being admitted, but rather assist, where appropriate, into more appropriate forms of accommodation.

1.4 Quality and Compliance

Aged Care has an ever-increasing need for greater corporate and clinical governance due to the over-legislated nature of the industry. The legislation at both Commonwealth and State levels do not necessarily complement one another and in fact create inconsistencies within aged care between the States and Territories. Further, the Aged Care Standards do not adequately reflect the nature of service and consumer requirements.

Recommendation

1.4.1 Improve compliance programs by including 'quality of life' indicators.

1.4.2 Allow providers to choose the authority for quality and compliance e.g. ISO, AACSA.

1.4.3 Provide a mechanism for ongoing compliance and performance self-assessment rather than a 3-year audit review.

1.5 Research & Innovation

The continued reliance of many residential aged care providers to deliver a medical/ institutional model of care is outdated, inflexible and does little to value individual needs and preferences of older Australians. Whilst recent years has seen the development of person-centred care models framed within organisational philosophies eg the Eden Alternative, there remains a dissonance between the bureaucratic, heavily legislated industry focused on compliance and the freedom to develop and trial innovative models.

Recommendation

1.4.1 Set aside significant research funding and incentives to develop new models of care within residential and community services.

Further to this first point is the need for additional support to develop and pilot models of care with associated research to evaluate the impact on the quality of life outcomes, operational efficiency and relationship between the built environment and operational models.

> *Over the last 15-months TSAACP has been developing its model of care based on the principles of person-centred care, dementia sensitive design and The Salvation Army's mission and values – this is known as Uncompromising Commitment. This process has involved extensive stakeholder engagement including consumers, staff, other service providers and other service providers. The model, Uncompromising Commitment, has been piloted at Woodport Village, Erina on the NSW central coast. The financial cost of the model development, pilot, consultation workshops, staff training, changes to the environment including furniture and equipment, and operational changes including changes to staff roles, shifts and communication structures, and pilot evaluation has been estimated at $43,000.*

Recommendation

1.4.2 TSAACP recommends that the Department funds further research and pilot programs into the development of new models of care.

2. Funding and Regulatory Arrangements

2.1 Service Planning and Licensing Arrangements

The current ACAR and licence planning arrangements create a multi-tiered inequitable system where licences in high-income areas are highly valued and those in regional and remote areas are almost valueless. Many providers leverage off the value of the licences in their balance sheet thus giving them an advantage when seeking capital. This equity is jeopardised in low socio-economic environments and further compromised by the current service planning and licensing arrangements.

Deregulation of the licensing arrangements, with special arrangements for regional, remote and boutiques services targeting marginalised (special needs) groups, would increase consumer choice and access to services where the demand exists, whilst improving the sustainability of aged care providers who will be able to respond to market forces in determining accommodation location and pricing.

Recommendations

2.1.1 TSAACP supports a 'Medicare' approach to service planning and access whereby the consumer retains the entitlement to a range of services and can access these irrespective of planning region. The consumer can choose community or residential care and a suite of care and services. They could also choose not to spend a portion of the funding.

2.1.2 Allow community care and residential care arrangements to be interchangeable to increase consumer access to care and services in the home, retirement living or traditional residential care setting.

2.1.3 If one considers the retirement village industry, providers identify market opportunities and build in those areas where consumer demand exists. We support this model for the aged care industry.

2.1.4 TSAACP recommends removal of the regional planning arrangements in particular those pertaining to extra-services to allow consumers greater choice and providers more flexible business models.
To providers this would mean that there would no longer be Aged Care Assessment Rounds rather the right to provide services based on consumer demand.

2.2 Capital Funding

Virtually all independent reports relating to the financial health of the aged care sector over the last two years have pointed to serious deficiencies in operating and capital funding for residential care. In 2008-09 Aged Care Assessment Round there were a record minimum number of applications for residential aged care licences and a record number of applications for community care licences. In fact, over 10 of the largest faith based aged care providers in the eastern States did not apply for residential licences. The under-subscription points directly to a potentially serious shortfall in residential aged care places in the near future. The issues of concern are:

- Declining financial returns and increasing costs pressures on providers.

- Unacceptable pressures on industry viability and sustainability.
- Insufficient capital generation options particularly to fund residential high care construction.
- Certification stymies innovation and in some situations cost-effective approaches to design and construction.

The experience of TSAACP and other providers is that the current accommodation payment/ charge for high care residents ($26.88 per day) is insufficient. Across our network of services a number of new building and significant capital-intensive projects have been completed in recent years and others are planned.

In order to meet the multi-million dollar commitments TSAACP has had to cross subsidise funding of the building projects with income from low care accommodation bonds and operational funds. This approach is not sustainable in the long term.

In mid March 2009 TSAACP (as a member of the faith based alliance, previously referred to) presented to government a report from Access Economics "Capitalisation Cost Issues with Recommendations". This report clearly identified a need to substantially increase accommodation charges and payments in high care and to provide for more flexibility in payment arrangements. Five different options were identified including uncapping and/ or increasing the accommodation charge and flexible options for payment of bonds.

In addition to these recommendations for high care funding TSAACP also recommend:

Recommendations

2.2.1 Introduce consumer choice as to whether consumers pay a bond or accommodation charge in high care because some consumers would financially benefit from paying a bond.

2.2.2 If a consumer is already paying an accommodation charge in a high care setting and the consumer's health improves, resulting in a corresponding reduction in level of care required, they should be able to charge a bond. The current limitations around this issue reduce the consumer choice and provider's capital raising options.

2.2.3 Allow a person to move from a lower bonded facility to a higher bonded facility without incurring additional charges.

2.2.4 TSAACP supports the introduction of market driven capital business models and more flexible payment arrangements rather than a government funded model.

The caveat to this is making special arrangements for rural and remote programs and boutique programs targeting the special needs groups eg homeless, Aboriginal & Torres Strait Islanders (ATSI).

2.3 Operating Funding

Similar to capital funding deficits, operating funding has not kept pace with the cost of providing industry and consumer driven improved care and services; heightened regulatory compliance monitoring; more complex care required as the acute health sector discharges more clinically complex cases to residential care and the need for improved governance.

The recent Stewart Brown Financial Performance Survey (9 months ended 31st March 2010) indicates that currently 60% of aged care providers are operating in the red and therefore eating into valuable reserves just to keep operating.

The Stewart Brown Report March 2010 states:

> *"There is still a long way to go before the average result for residential aged care facilities is a surplus. Particularly given that the COPO index for the 2010 year is set at 1.7% whereas the CPI index for the year through to March 2010 was 2.9% and wage increases have generally been in the range of between 3% and 4% per annum."*

Grant Thornton also commissioned research in 2008. The initial report, published in October of that year, identified diminishing average earnings per bed per annum (EBITDA) from$3,211 in 2007 to $2,934 in 2008. Modern high care facilities with single bedrooms reported the worst results with returns of $2,191 per bed per annum compared to older facilities with shared rooms reporting returns of $4,233 per bed per annum. The report also identified that the current regulatory and pricing framework suppresses incentives to invest in modern high care facilities.

Both of these reports present a number of issues for the inquiry to consider and TSAACP would recommend:

<u>Recommendations</u>

2.3.1 In the short term provide sufficient funds to meet CPI increases as current increases fall well short of this mark. We need to at least keep pace, and in many cases exceed these expectations in order to fund our services. Given that the single biggest component of expenditure is staff, funding needs to be commensurate with the cost of attracting and retaining good quality staff.

2.3.2 Provide investment into research that would identify and benchmark the real costs of providing aged care in Australia, which is currently unknown.

2.3.3 Establish an appropriate mechanism that would provide options for payment, including accepting contributions from residents with the means to pay and government support for those who cannot.

2.3.4 With these changes it is implicit that government regulation needs to be reduced – there is a need for a more efficient regulatory framework that supports access and choice for the community.

2.4 Funding of Residential Services for Special Needs Groups: Rural, Remote & Marginalised Older People

Currently over 50% of TSAACP's residential facilities are located in regional and remote areas and a further 15% provide boutique services to marginalised older persons such as those with mental health issues, history of crime, care leavers and homelessness. A provider motivated by profit would not operate in these regions or provide services for marginalised people simply because of the poor return on investment, low bonds, limited consumer market and risk to business. If the regional industry collapses as we have seen with the impact on local businesses with the collapse of wine and mining ventures, then the industry viability will be further diminished.

Marginalised older Australians such as homeless people, those with mental illness, the financially and socially disadvantaged and so forth, could be significantly disadvantaged in a deregulated planning region model, unless appropriate safety net provisions are made.

Financially and Socially Disadvantaged Example

TSAACP has a men's only hostel located in Balmain, NSW. This hostel is specifically for marginalised men. The majority of men have typically been abused as children, have been in prison, have mental health issues, experienced substance abuse and most lack family and friend involvement and support.

As at 27th July 2010 Montrose Men's Home had 3 bonds with a total value of $168,000. Consequently, the capital needs of this facility are cross-subsidised within TSAACP. Applying a purely business model, The Salvation Army would not provide this service and certainly would not provide this service in Balmain where the median house price is $1.2m (RP Data June 2010). In real terms, TSAACP could generate bonds to value of more than $24million whilst maintaining its supported ratio of 16%. The critical issue is that we cannot dislocate these men from their community because they would otherwise likely return to boarding houses or street life if we moved them to city fringe living.

Rural and Remote Example

Rural and remote centres are similarly disadvantaged in lack of interest income via bonds due to limited market opportunities. An example of this is TSAACP facility in Canowindra. This is a 73 bed facility with only 16 bonds totalling $1.7m. At current interest rates of 4.5% interest increase in capital is $76,000 which is inadequate for maintaining capital needs.

Recommendations

2.4.1 It is essential to introduce special provisions for funding of largely concessional and rural and remote aged care services to ensure equity of access, sustainable accommodation and care programs. These programs should not be delivered at a cost to the detriment of other social programs. Making special provisions would encourage aged care providers to improve accommodation, number of services and social justice programs in an otherwise small and segmented market.

3. Government Roles and Responsibilities

There has recently been a separate inquiry into residential accreditation in Australia. Whilst TSAACP provided a submission to that inquiry, TSAACP felt it important to communicate one area of concern not included in that previous submission. It relates to the power of the regulator and the lack of any recourse for providers when there is a difference of opinion regarding accreditation assessment and findings. The matter is raised because it is material to the reputation of the aged care provider and has significant financial impact.

> *In 2009 during the accreditation audit one of our regional Centres was subsequently issued with two non-compliances and only two years accreditation. Despite attempts to have this decision varied, the Agency did not vary their original decision. TSAACP applied for a review of the decision through the Administration Appeals Tribunal and to the Assistant Secretary of DoHA. Ultimately our only avenue is to apply for a new accreditation audit with accompanying application fees.*
>
> *It is TSAACP's view that the lack of recourse for providers is a significant limitation of the current system and should be addressed particularly in view of the recommendations to de-regulate regional planning licensing arrangements and the de-coupling of care funding from accommodation funding.*

Recommendation

3.1.1 A review of Aged Care legislation should be conducted to ensure that providers are given opportunities to have all decisions by regulatory authorities reviewed by an independent body.

4. Workforce Issues

Labour costs constitute approximately 60% of aged care operational expenditure and therefore this area needs careful consideration by the Productivity Commission.

The aged care sector faces the pressure of having to manage a significant increase in the demand for its services at a time when attracting and retaining workers is increasingly difficult. This is further complicated by the rapidly changing profile of aged care workers to immigrants, that is, staff with English as a second language. Workforce issues are particularly pertinent given the Commonwealth's forecast of increased demand on services for older people that is coinciding with a national shortage of nurses, particularly in the aged care sector.

Further reform is needed to ensure the aged care industry can meet the challenges facing it in the coming decades.

4.1 Remuneration

Nurses and personal care workers who work in aged care are paid significantly less than their counterparts in other sectors. On average, aged care nurses earn approximately $250 per week (Australian Nursing Federation, 2008) less than their colleagues working in other areas of the health system.

Yet they undertake the same training and education and have equivalent nursing qualifications, experience and workloads as public sector nurses. This may be the result of a low wage history, the predominately female and part-time labour force, and the heavy reliance on public funding of services in the aged care sector, which has fallen well short of approved provider requirements.

The gaps between the wages offered in aged care compared to similar positions in government, makes attracting and retaining workers more difficult.

The Aged Care Award 2010 (Modern Award) is a step in the right direction to ensure transparency and a fair wage but if the aged care sector is going to have an opportunity to attract and retain highly skilled professionals and workers to meet the demands of the future, TSAACP make the following recommendations. However, the difficulty facing aged care providers is that the operating income is inadequate to cover increased labour costs beyond the current commitment.

<u>Recommendation</u>

4.1.1 There needs to be an accelerated effort to increase salaries of aged care workers over the next two years and beyond.

4.1.2 Additional incentive payments should be made to rural and remote workers which could assist in attracting workers to these areas.

4.2 Staffing Model/ Skill Mix and Reasonable Workload Tool

The current accreditation requirements (Outcome 1.6) specify the need for appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with this standard. However, at times it is difficult for providers to plan and determine the most effective and efficient mix of resources and skills required to meet needs.

It is acknowledged that care needs of residents can differ greatly from one facility to another despite some general consistencies such as low care, high care and dementia specific units.

In other health sectors the use of staffing models and reasonable workload tools have greatly assisted with providing information on the skill mix required and the number of staff required to operate a medical and or surgical unit.

Recommendation

4.2.1 Develop aged care specific staffing models and workload planning tools to assist providers in assessing and planning workforce requirements.

4.3 National Registration

With a shortage of nursing and care workers entering aged care it is important to ensure ease of access to any relevant pre-employment information regarding suitability of prospective employees.

Criminal record checks are conducted at commencement of employment and every three years. This is seen as a positive step forward.

In addition, the introduction of national registration for health professionals is also a step in the right direction as employers are now able to identify potential employees who have had conditions placed on their registration from across the country.

Currently, there is no similar requirement for personal care workers and it is therefore recommended that this situation be reviewed, given the potential benefits for this group noted above.

If personal care workers were required to enrol as part of a National registration system, this would have significant benefits including but not limited to:

- Increased morale as personal care workers would have qualifications recognised and would be part of a professional body;
- Health Workforce Australia could utilise the information to establish the current and future workforce planning and development needs, including the number of training positions required;
- Allegations of serious misconduct would be investigated and where necessary conditions placed on the person's registration or withdrawn from the roll;
- National registration could be extended to allied health assistants, residential activity officers and assistants in nursing;
- The development of a defined and national scope of practise for personal care workers and assistants in nursing.

Recommendation

4.3.1 TSAACP recommends a requirement for personal care workers to obtain qualifications in aged care. This could be the vehicle to establish a national registration system.

4.4 Registered Nurse Role in Aged Care

The role of the registered nurse in aged care is evolving as demands for improved clinical knowledge and skills, case management, leadership roles and consumer advocacy become the norm in both residential and community care. Registered nurses are required to have high-level assessment skills and specialised knowledge to be able to diagnose, plan and implement appropriate care. Responsibilities range from managing and improving an individual's mobility, pain management, wound care, continence management, palliative care and other chronic conditions.

The predominate aged care industry registered nurse profile is that of long-term registered nurses working in aged care who have progressively been deskilled by performing routine clinical activities that more recently have become the domain of lower skilled professionals.

Investing in retraining of registered nurses currently practising in aged care include:

- Reduced number of unplanned resident transfers to the hospital,
- Increased supervision of care staff,
- Improved communication between registered nurse, residents, families, medical practitioners, care staff and support service
- Resident centred care,
- More cost effective care models.

Recommendation

4.4.1 More education and training needs to be provided to rebuild the skills of the registered nurse role within aged care. The training needs to focus on clinical leadership skills and case management.

4.5 Enrolled Nurses and Personal Care Workers

There are significant opportunities available to increase the scope of responsibilities for enrolled nurses. The recent Commonwealth Government announcements, "Aged Care Workforce 2010 – 2011 Budget Measures", provides for additional scholarships to expand the role of workers already within aged care; both community care and residential care. It is recommended this opportunity be expanded to attract new workers into the aged care sector.

Recommendation

4.5.1 Expansion of current training opportunities should also be provided to personal care workers.

4.6 Nurse Practitioner Role in Aged Care

In addition to the shortage of nursing and other care workers, there is also a shortage of medical practitioners. Many facilities constantly struggle to attract visiting GP's.

A significant opportunity exists in aged care to increase the number of nurse practitioners in the industry, which could in-turn, relieve the pressure on the medical profession and provide residents with an alternative model of care.

The recent Commonwealth Government announcements, "Aged Care Workforce 2010 – 2011 Budget Measures", included an initiative to provide seed funding to test and evaluate different models of practice for nurse practitioners in aged care. This initiative will support the sector to encourage growth of this workforce pool with a significantly increased scope of responsibilities (including responsibility to prescribe nominated medications) and provide a career pathway for employees within the sector and those who are considering entering the industry.

Recommendation

4.6.1 TSAACP recommends that the testing and evaluation of nurse practitioners should be expanded and accelerated.

4.7 General Practitioners

The insufficient numbers of Medical Officers working in general practice is well documented.

It is understood that the ratios of GP's to general population is approximately 1:800 in Sydney, but it is markedly lower in regional and remote areas and coastal areas. For instance, the ratio of GPs to population on the NSW central coast is in the order of 1:1600. This is currently affecting occupancy of not only our facility but others in the region. Within the current legislative framework the lack of GP access can affect provider viability. It also reduces consumer choice and access to services.

Recommendation

4.7.1 TSAACP recommends that the commission assesses the potential for alternative care models that allow for introduction of "telemedicine" ie medical review of the resident by telephone in either residential or community care setting.

4.7.2 The introduction of additional information technology and other systems (including eHealth records) that provides better access to information and support network between aged care providers and emergency departments.

4.8 Volunteers

Not-for-profit organisations frequently promote volunteer participation to meaningfully reach older people through a meaningful relationship rather than a transactional relationship associated with staff. Volunteers are an integral part of the service of many not-for-profits and if organisations had better access to volunteers, this could potentially strengthen mission and other achievements.

Volunteering takes on a new dimension when considered in the context of the baby boomer demographic which is now starting to retire. In a few years there will be record numbers of these retirees living well into their 80's looking for an opportunity to give back to the community. Never before has there been such availability of potential volunteers.

Recommendation

4.8.1 It is recommended that the commission explore opportunities to attract and incentivise this group to the aged care sector, with opportunities for cost recovery of related expenditure, on the job training and community recognition.

4.8.2 Increase the number of volunteer grants currently offered by government to seed more volunteer programs.

Reports

Australian Institute of Health and Welfare, *Residential aged care in Australia 2006-07,* June 2008, Canberra

Grant Thornton Aged Care Survey Summary Findings October 2008, January 2009

Report of the Review of Pricing Arrangements in Residential Care (W P Hogan 2004)

Residential and Community Aged Care in Australia (Report to the Senate Standing Committee of Finance and Administration 2009)

Review of Regulatory Burdens: Social Economics Infrastructure Services (Productivity Commission 2009)

The Future of Community Care (The Allen Consulting Group, 2007)

The *Mid Term Review – Younger People in Residential Aged Care Program*, prepared by Urbis for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, June 2009

Stewart Brown Business Solutions: Aged Care Performance Survey (9 months ended 31st March 2010)