



18 March 2011

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

Dear Sir/Madam

**CHF Submission to the *Draft Report on Caring for Older Australians***

Thank you for the opportunity to provide a submission to the Productivity Commission's *Draft Report on Caring for Older Australians* (the Draft Report).

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. We have also drawn on our previous work on the *Caring for Older Australians* Inquiry.

CHF welcomes many of the proposals in the Draft Report. However, we remain concerned that the following issues, highlighted in our previous submission, have not been adequately addressed:

- Access to health services in aged care
- Management of health conditions in aged care
- Consumer participation in care
- Access to support at the end-of-life.

These concerns are outlined in more detail in our submission.

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

Yours sincerely,

**Carol Bennett**  
**CHIEF EXECUTIVE OFFICER**



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*Draft Report on Caring for Older Australians***

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## **CHF Submission to the Productivity Commission's *Draft Report on Caring for Older Australians***

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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 *Draft Report on Caring for Older Australians* (the Draft Report). 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. We have also drawn on our previous work on the *Caring for Older Australians Inquiry*.

In 2010, CHF made a submission to the Productivity Commission's *Caring for Older Australians Issues Paper*, calling 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 emphasised the importance of conducting the Inquiry in the context of ongoing health reforms.

In spite of calls in many submissions for the Draft Report to consider key questions relating to health in aged care, this matter has not been addressed in any depth. Minimum care hours, staffing levels and skills and broader issues relating to access to health services in aged care facilities were not explored in the Draft Report.

CHF considers that these matters are crucial to structural reform of the aged care system and the challenges facing it in coming decades. We hope that they will be addressed in the Final Report, due for release in June 2011.

### **Background to Consumer Issues in Aged Care**

The Productivity Commission's consultation on the Draft Report represents an opportunity to examine aged care in the context of the broader health reform agenda, a need that is clearly highlighted by the challenges in health and aged care outlined in the *Intergenerational Report*, released in 2010. 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.<sup>1</sup> That means that by 2050, one in four Australians will be aged 65 and over, compared with just 13 per cent 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

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

Hospitals Reform Commission (NHHRC) have highlighted that our health and hospitals system is not prepared for these challenges.<sup>2</sup>

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 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 variation and be multifaceted.

### **Welcome Initiatives in the Draft Report**

Although CHF is disappointed that access to health care is not significantly reflected in the Draft Report, we are nevertheless supportive of a number of the proposed recommendations.

CHF welcomes the inclusion of key goals to:

- Provide faster and easier access to high quality support and care
- Provide care to Australians where and when they need it
- Provide care on a fair and equitable basis
- Provide older consumers with greater choice and control in their care options.

In particular, the Productivity Commission's proposal to streamline, speed up and simplify access to aged care, and to allocate people an entitlement to care based on their needs, addresses many of CHF's concerns.

In our previous submission, CHF supported 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. We are therefore pleased that the Draft Report has stated that rationed service models, such as packages and bed licences, are not the best way to deliver care. We are also pleased with the Draft Report's proposal to introduce greater consumer choice and flexibility in care, allowing consumers to receive care in their own homes or at another location suitable to them at a cost they can afford.

CHF is pleased that the Draft Report is based on the principles that consumers should contribute according to their means, and that no consumer should be denied quality support and care because they cannot afford it. However, CHF remains concerned that the following issues have not been adequately addressed:

- Access to health services in aged care
- Management of health conditions in aged care
- Consumer participation in care
- Access to support at the end-of-life.

Our concerns are outlined below.

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

## Access to Health Services

In our previous submission, CHF presented information from the Melbourne Medical Deputising Service (MMDS), showing that demand for health care is disproportionate among 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 per cent and 45 per cent 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 went on to add that older people are among the least likely to gain access to health services.<sup>3</sup>

Consumers in residential aged care are largely dependent on other people for health needs, including 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. CHF's previous submission presented the results of a national aged care survey showing that:

- More than 70 per cent of surveyed consumers had entered aged care homes in circumstances where health practitioners had declined to continue to provide services to them.
- 68 per cent of respondents reported difficulty accessing primary health care services, and worryingly, 15 per cent of respondents experienced difficulties in accessing health services that compromised their care.
- 63 per cent of aged care facilities in cities and 80 per cent of aged care facilities in regional areas regarded accessing health services as an ongoing struggle.
- 75 per cent of aged care facilities reported that difficulty in accessing GP services, including locum services, was resulting in residents being transferred to hospital emergency departments.<sup>4</sup>

Health and aged care providers also reported 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.<sup>5</sup> We note recent calls from the Australian Nursing Federation, the Combined Pensioners and Superannuants Association and National Seniors Australia to address pay parity between the aged care and public hospital workforce, improved training opportunities, minimum care hours and smaller nurse-to-patient ratios.<sup>6</sup>

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<sup>3</sup> 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.

<sup>4</sup> Catholic Health Australia (2010) *Survey of Access to General Practice Services in Residential Aged Care*. Catholic Health Australia: Canberra

<sup>5</sup> 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](http://www.aph.gov.au/Senate/committee/fapa_ctte/coag_health_reforms/submissions.htm).

<sup>6</sup> Australian Nursing Federation (2011) *ANF Supports Calls for More Aged Care Funding*. Media Release issued 2 February 2011; Combined Pensioners and Superannuants Association (2011) *Nursing Home Choice*. Media

The Australian Medical Association has also called for more funding support to residential aged care providers to ensure adequate clinical treatment and increased numbers of registered nurses to care for residents and liaise with doctors.<sup>7</sup> CHF calls for further examination of these options by the Productivity Commission to increase access to health services and improve health outcomes in aged care.

CHF considers it essential that strategies are developed to improve access to health services for older consumers, particularly those in aged care facilities. We hope that these issues are more thoroughly considered in the Productivity Commission's Final Report.

***CHF recommends that the Productivity Commission's Final Report addresses pay parity between the aged care and public hospital workforce, improved training opportunities, minimum care hours and smaller nurse-to-patient ratios as a means of improving health outcomes in aged care.***

### **Aged Care and Health Reform**

Consumers who provided input to this submission, as well as to our previous response, argued 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.<sup>8</sup>

On this basis, CHF is concerned that the Draft Report contains no reference to the health reform debate and new health initiatives, including new health structures such as Medicare Locals and Local Hospital Networks. CHF argues that it is essential that the Final Report considers aged care in the context of health reform, and addresses the likely impact of the reforms on the aged care sector. Aged care cannot, and must not, be considered in isolation from the broader health sector.

***CHF recommends that the Productivity Commission's Final Report considers aged care in the context of the current health reforms, and the likely impact of new health initiatives and structures on the aged care sector.***

CHF notes that a number of other organisations participating in the previous round of consultations echoed this call.

### **Assisting Older Consumers to Manage Health**

As noted in CHF's previous submission, 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. CHF is disappointed that this is not addressed in any detail in the Draft Report, given the potential for improved management of health to reduce pressure on the aged care sector.

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Release issued 2 February 2011; National Seniors Australia (2011) *Aged Care is First Salvo in National Debate*. Media Release issued 21 January 2011.

<sup>7</sup> Australian Medical Association (2011) *Too little focus on medical care for the elderly in Productivity Commission's Aged Care draft report*. Media Release issued 27 January 2011.

<sup>8</sup> Australian Government (2010) *A National Health and Hospitals Network: Further Investments in Australia's Health*. Commonwealth of Australia: Canberra.

The timeliness of access to 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, as well as wide-spread problems with malnutrition, which could be addressed through better access to allied health services.<sup>9</sup>

Mental health is also a major issue for older Australians. According to a recent study, around 60,000 aged care residents are living with depression. This figure is alarming, as it represents more than one third of the current residential aged care population.<sup>10</sup> These findings validate feedback provided to CHF from consumers who provided input to our previous submission. Consumers 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.

***CHF recommends that the Productivity Commission's Final Report include strategies aimed at assisting older consumers to manage their health, including support in accessing the full range of allied health services, enhanced doctor education and improved discharge planning from hospital. These investments will ultimately reduce pressure on the aged care sector and the health system more broadly.***

## **Consumer Participation in Aged Care**

In our previous submission, CHF cited precedents both in Australia and overseas for participatory approaches to aged care and called for exploration of these models in the Draft Report. We cited examples of 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. We also discussed Australian models, such as the Medicine Information Project in NSW and the Seniors Quality Use of Medicine Peer Education Program. CHF is disappointed that these models have not been considered, and would welcome exploration of such models in the Final Report.

***CHF recommends that the Productivity Commission's Final Report should explore models promoting consumer participation in aged care.***

<sup>9</sup> Catholic Health Australia (2010) Op cit.; Dieticians Association of Australia (2011) *Malnutrition: A skeleton in the health care closet*. Media Release issued 8 February 2011; Charlton, K. Morely, and J.E. (2011) 'Assessment of malnutrition in older persons: A focus on the mini nutritional assessment'. *Journal of Nutrition, Health and Ageing*. 15(2): 87-90.

<sup>10</sup> Navitas Health Skills Australia (2011) *Rising Rate of Depression Among Aged Care Residents*. Navitas Health Skills Australia: Melbourne.

## End of Life Care

CHF's previous submission called for improved facilitation of end-of-life care options in the aged care sector. CHF notes that a lack of planning for the end-of-life period often results in older consumers spending extended periods of time in acute settings, a difficult and expensive situation that could be avoided through improved planning.<sup>11</sup> End-of-life care is therefore a particularly important area for health practitioners, carers and consumers negotiating their relationships and coordinating care.

Consumers consulted by CHF in relation to palliative care issues 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 and Advance Care Directives

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 can be a key part of advance care planning. They include instructions outlining consent or refusal of treatments, and provide preferences for treatment and lifestyle options. Advance Care Planning and Advanced Care Directives are an important means of preserving the autonomy of the consumer.

The NHHRC recognised that consumers, particularly those in residential aged care, should be given opportunities to explore the type of care they would like to receive at the end of their lives. CHF agrees with this finding, and believes that consumers in aged care should be supported to seek access to resources and services in line with their care needs. This should be recognised as an important part of the care of older Australians.

***CHF recommends that the Productivity Commission supports implementation of the NHHRC recommendations to improve palliative care services in residential and community aged care settings. This includes funded programs to support advanced care planning and the provision of end-of-life care as a basic competency for aged care workers.***

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<sup>11</sup> 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.



## Conclusion

CHF welcomes the opportunity to comment on the Productivity Commission's *Draft Report on Caring for Older Australians*. CHF's submission, which is based on consumer consultation, calls for more in-depth consideration of health issues in aged care, particularly:

- Access to health services in aged care
- Management of health conditions in aged care
- Consumer participation in care
- Access to support at the end-of-life.

CHF has welcomed the Draft Report's proposals aimed at enhancing consumer access to aged care and improving consumer choice.

CHF looks forward to reviewing the Productivity Commission's Final Report.



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.