Aged Care as part of a National Care Service.

By RAY BRICKNELL | On 26 August 2020

This post was inspired by a piece posted on Pearls and Irritations by Sue Rabbitt Roff which was so comprehensive and profoundly logical that it was only on a second reading that its full value was appreciated. And in a recent Guardian article Dr Sarah Russell, a public health researcher and aged care advocate, called Australia's residential aged care system "a national disgrace". Many other articles have labelled the system as broken and in need of fundamental redesign. For example: Stephen Leeder.

So a group of retirees in a U3A Brisbane Current Affairs class recently applied our collective minds and experience to try to come up with some practical suggestions as to how the system might be fixed.

The class included at least one retired Registered Nurse who had worked in the residential aged care sector for a very long time, another two people who had actually managed such facilities, quite a few with personal experience of the system through relatives and friends being residents of same, and one lady who is currently trying to navigate the system in order to choose a facility for her dementia-diagnosed husband to move into.

Let's start with the navigation of the system by a new entrant to it. The 28 page form which has to be filled in is a huge challenge for many people, even people with a tertiary education. There are specialist Aged Care Consultants who make this task infinitely easier and markedly improve the outcome, but not everyone is aware of their existence.

First comes an Aged Care Assessment Team (ACAT) review of the needs of the patient. This assessment can lead to approval of an In-Home Care package, even though there are 100,000 people with such packages approved but not available because the federal government chooses not to fund them.

- So the first practical suggestion is this: The designers of the various care components of the proposed *National Care Service*, and of the funding of same, need a mindset change. They should simply imagine they are undertaking these tasks on behalf of their own frail and elderly mother, who is next in line for funding or support. That should ensure funding is available – though, given the strong economic case for keeping people in their own homes for as long as is practicable, it is difficult to understand why funding is not already available for all approved in home care packages.
- With one's own mother still in mind, and as early in the process as is practicable, Mother should be allocated an Occupational Therapist or similarly trained professional as her dedicated *Case Manager*, to cater to her needs for as long as she lives – with as few changes of Case Manager as the system can manage. Indeed, the Case Manager might well replace the Aged Care Consultant and navigate Mother through the forms and procedures. In any event, Case Managers should be incentivised to maintain long term relationships with their clients, including frequent personal visits – especially when residents in aged care facilities do not receive visits by family. (Reportedly about 50 percent of aged care facility residents receive few or no visitors.)
- As Bill Shorten recently said on an *ABC Insiders* programme, the provision of residential aged care for profit is fundamentally a conflict of interests, so governments should gradually move their funding to not-for-profits (NFPs) and government owned facilities. Most of the for-profit operators should be progressively bought out, leaving only boutique for-profit operators to cater for those with the means to pay for higher standards of care than are typically available in government and NFP facilities.

- The problem of discontinuity of health care between residential aged care facilities and hospitals should be addressed by requiring every residential aged care facility to have on site (or on 24/7 call in the case of smaller facilities) a Nurse Practitioner to provide or supervise (perhaps via video link) basic health care, with a view to minimising the number of people inappropriately sent by ambulance to emergency rooms. Most people could then be better treated for minor injuries and illnesses within their residential aged care facility than in a busy and frightening emergency room, and with less stress.
- Minimum resident-to-staff ratios must be mandated for the various categories of carers, and residential aged care facilities must be funded so as to allow those ratios to be complied with. These ratios must specify ratios of qualified Nurse Practitioners, RNs, ENs and Personal Care Attendants, and include the minimum levels of training required for each, mandatory annual registration, and ongoing professional development.
- Healthcare Hubs need to be established on a regional basis, staffed and equipped to meet the full range of needs of all the aged and disabled people approved for care within their region. These hubs will need to be manned 24/7 by at least one GP, to compensate for the understandable unwillingness of doctors in general practice to travel in order to continue caring for long time patients. Staff continuity and longevity of service in the Healthcare Hubs should be encouraged with appropriate incentives. Logically the regional Healthcare Hubs should cater for NDIS clients and similar, as well as for aged clients.
- A specialist section within the Auditor-General's Department should be tasked to audit all aspects of aged and disability care provision, including cost effectiveness, efficiency and quality of care. Frequent unannounced spot checks should complement more in-depth routine audits, with meaningful incentives and penalties applying where necessary. The A-G should have the power to suspend and cancel Licences to Practice.
- To oversee the provision of all these services there should be a proactive National Care Service Commission (replacing the Aged Care Quality and Safety Commission) which must report directly to parliament.
- Finally, anyone who has ever dealt with the Banking Ombudsman or the Telecommunications Ombudsman will recognise the value of having a Care Service Ombudsman with teeth.

As Sue Rabbitt Roff so brilliantly explained, the implementation of all the above could easily be fast-tracked, would cost very little more than the current relevant components of the broken care and welfare systems, and would quickly provide many paid and volunteer jobs.

"Ah but," I hear the Treasurer say, "the budget cannot afford all this care."

Really, Treasurer? And are you going to be the one who tells your aged and frail Mother that she was next in line but just missed out on funding for the care services she needs?

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