



Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee
Parliament House
BRISBANE Qld 4000

Aged and Disability Advocacy Australia (ADA Australia) welcomes this opportunity to provide written response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (HCDSDFVC) in relation to the Health Transparency Bill 2019, noting the tight timeframe and thus a succinct response.

About ADA Australia

Aged & Disability Advocacy Australia (ADA Australia) is a not for profit, independent, community-based advocacy and education service with more than 25 years' experience in supporting and improving the wellbeing of older people and people with a disability.

ADA Australia provides individual advocacy support to users and potential users of Commonwealth funded aged care services and is a member of the Older Persons Advocacy Network (OPAN) delivering the National Aged Care Advocacy Program (NACAP) in Queensland.

ADA Australia also operates a Human Rights advocacy service in South-East Queensland supporting people with impaired capacity, including support as they engage with the Queensland Civil and Administrative Tribunal (QCAT).

ADA Australia endorses the Queensland Government's commitment to providing users and potential users of Queensland's acute care and residential aged care services with access to qualitative data in order to inform their health and residential aged care choices.

ADA Australia advocates are regularly asked by those who are considering their residential aged care options for recommendations and advice about who are the reliable providers of residential aged care and which are the ones to avoid. The practice is not to recommend one provider over another as its vital we maintain a positive working relationship with all providers in order that advocates are welcome to enter all facilities to continue their support to the resident population.

This hunger for information on the part of those who are considering residential aged care which goes beyond the hyperbole printed in the promotional materials used by providers to create a wholly positive perception of what life in their facility is like, supports the finding of Queensland Health's public consultations around what sets of information potential recipients of services are actively seeking in order to base their care choices upon.

As described, the website to be developed by Queensland Health will invite all 450+ residential aged care providers across Queensland to opt-into providing quarterly information about their performance, to allow visitors to the website to make comparisons between providers, as part of their informed decision-making.

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ADA Australia acknowledges the Traditional Custodians of this land and pays respect to Elders, past and present.

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In recognition that not all the available information about a provider will necessarily be accessible through this website, an important feature will be its links to other websites where this additional information can be accessed.

For example, whenever the Aged Care Quality and Safety Commission (ACQSC) undertakes a quality audit and finds serious deficiencies in the standard of care being provided, such that sanctions are necessary, it will be vital that users of the QH website can access information about facilities under sanction via the links provided on this site. Otherwise this 'real-time' information may not be reflected in the providers last set of quarterly information data set that QH may have uploaded, assuming the provider opted-in and is providing quarterly data.

It should not be assumed that users of the QH website will know of the existence of other websites such as the ACQSC site that contains current performance-related information about Queensland's aged care providers, as not everyone understands the relationships between the aged care system and Commonwealth/State jurisdictions.

Having just provided a response to the Australian Government's Consultation Paper: *Serious Incident Response Scheme for Commonwealth funded residential aged care*, ADA Australia argues that information about resident safety in residential care is a high priority amongst those who are assessing their options around full-time care and for this reason data about resident safety is suggested as being part of the data set aged care providers must submit.

For example: How many serious incidents did each provider respond to in the last quarter? How many of those impacted by the incident require treatment in an acute care setting? Is the perpetrator of the assault/abuse/neglect still a resident of or an employee of this facility? This is the kind of data that Queenslanders haven't had easy access to but have an absolute right to know, to inform their care choices.

Because ADA Australia is a rights-based organisation, information about violations of resident's basic human rights would be very insightful, particularly considering what the Royal Commission into Aged Care Quality and Safety is hearing as it travels around the country. Human rights abuses in aged care, for example the use of restrictive practices without prior consent of residents or their representatives is information prospective residents are keenly interested in knowing.

The challenge may be in getting aged care providers to report accurately on these key but sensitive areas of provider performance. A rights-based approach to aged care provision dictates that full disclosure of information which has a potential impact on the quality of care an individual may be about to accept and contribute a lot of money in order to receive, is non-negotiable.

A common resident complaint is around the right to continue to have access to one's GP of choice. This isn't something potential residents give much thought to prior to entry to full-time care. Often, it's not until they're in care that they find out that they're expected to avail themselves of the GP who's contracted by the facility to visit. When residents complain to their provider, the resident will be referred to a clause in the lengthy resident agreement, that the resident signed, usually without first reading nor thoroughly understanding, given the tumult that so often surrounds the period surrounding entry into full-time care.

It's regrettable that this denial of a basic right to maintain a relationship of trust with one's preferred, and in many cases, long-term GP, who knows the individual's medical history, is only learned subsequent to entry into care. This would be a valuable piece of information to know in advance, as it may have a direct influence on which facility the would-be resident chooses. So too information about whether, if residents exert their right to continue to see their GP of choice, their care provider offers any assistance to the resident to get to and from their GP's clinic.



Commonly, when a resident insists on their right to see the GP of their choice, despite the efforts of the provider to convince otherwise, the care provider stipulates that the resident is solely responsible for arranging and executing the GP visit, with no assistance provided by the facility. Again, handy information to know before one takes up residence.

Distraught family of new residents commonly contact ADA Australia about how rapid has been the decline in a loved-one's mobility subsequent to entry to care. Family seek answers to questions about access to allied health, appropriate exercise programs to maintain balance and muscle strength, and learn that the care provider offers little or none of this support that would slow the decline. Family report that they didn't think to ask about this prior to accepting the place, because they assume every facility places a strong emphasis on keeping every resident ambulant. Its often only later family learn about issues such as the finite workforce and how this impacts individual support for maintenance of mobility.

This is just one of a number of domains that would-be residents and their representatives don't anticipate needing to ask about prior to entry to care and which only become front-of-mind only sometime following entry, by which time, it can be difficult to re-consider or make alternate care arrangements. For older people who lack family support who might assist them to re-locate, if the first facility turns out to be not what they hoped for, then this may have been the only opportunity to make the right choice and it therefore, it falls to all of us to ensure that we anticipate the types of information potential residents require and provide it upfront. Informed choices can only be made when essential information is readily available and accessible.

ADA Australia appreciates this opportunity to engage productively with the HCDSDFVC in relation to every aged care stakeholder's right to accurate and transparent information, to support informed choice. If I can be of further support to the workings of the Committee on the Transparency Bill 2019 or any other matter of mutual interest and concern, please don't hesitate to contact me as per below:

Geoff Rowe

Chief Executive Officer

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19 September 2019

