

Question on Notice

Health and Environment Committee

Oral Briefing – 29 November 2021

QUESTION asked by the Member for Pumicestone (Ms Ali King MP) –

Impact of the fee for service GP model on elderly people who are not in residential aged care but are waiting for a home care package. Provide data on the number of people waiting, the length of waits and the impact on the health system. Data to be provided by HHS / facility, yearly, from 2011-12.

ANSWER

Under the aged care reforms that came into effect on 27 February 2017, the Commonwealth Department of Health created a new centralised process for allocating Home Care Packages directly to consumers via the National Prioritisation Queue. As such, Home Care Package Data is not available by Hospital and Health Service / facility and the impact on the fee for service General Practitioner (GP) model cannot be determined.

The Commonwealth Department of Health releases quarterly Home Care Packages Data Reports. As at 30 September 2021, 21,566 Queenslanders were waiting for their approved level of Home Care Package. Of this figure, 8,842 Queenslanders were waiting for a Home Care Package and had not been offered an interim lower level Home Care Package

(https://gen-agedcaredata.gov.au/www_ahwgen/media/Home_care_report/Home-Care-Data-Report-1st-Qtr-2021-22.pdf).

The latest quarterly report further details estimated wait time for people with a medium priority entering the National Prioritisation Queue by Home Care Package Level. As at 31 October 2021, people on a Level 1 Package can expect to wait three to six months and for people allocated Levels 2, 3 and 4 Packages, the wait time is six to nine months.

Demand for Home Care Packages has been increasing in line with the growing and ageing population, and because of the challenges with the current functionality and financing of the aged care system. For example, an underfunded aged care system means older people face lengthy waits for Home Care Packages or other services they are approved for.

The interface between the aged care and public health systems has always been, and remains particularly in the context of COVID-19 preparedness, of critical importance for older people. Without access to adequate support, the health of people while waiting on the National Prioritisation Queue tends to decline faster resulting in the need for residential aged care services or an increase in hospital admissions. A lack of proactive service provision that aims to keep people in health for longer, to age in place, and to live full lives in a way that supports and nurtures social inclusion and positive wellbeing, remains absent in any Australian Government aged care reform.

Also, carer burden is often significant, which has wider health and productivity costs caused by family carers exiting or taking time out of the workforce and experiencing high levels of stress or other mental health concerns.

Queensland Health continues to advocate to the Australian Government for improved access to timely, safe and quality aged care services in the community, for the benefit of consumers but also to the benefit of the health system responding to their acute health needs, when specialised services need to be provided.

BACKGROUND

Royal Commission into Aged Care Quality and Safety

Home Care

Recommendation 39: Meeting preferences to age in place

An extract from the Royal Commission's final report titled 'Care, Dignity and Respect', dated 26 February 2021

(https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf).

"The Australian Government should clear the Home Care Package waiting list, otherwise known as the National Prioritisation System, by:

1. immediately increasing the Home Care Packages available and allocating a package to all people on the waiting list that do not yet have a package or do not yet have a package at the level they have been approved for (as set out in their letter from the Aged Care Assessment Team / Service). The package allocated should be at the level the person was approved for (Level 1, 2, 3 or 4). This must be completed by 31 December 2021;
2. keeping the waiting list clear by allocating a Home Care Package at the approved level to any new entrants to the waiting list within one month of the date of their assessment. This must occur between 1 January 2022 and 1 July 2024;
3. publicly reporting, each quarter, the status of the waiting list, showing progress in clearing the waiting list as set out in paragraphs a. and b. above, at a national, State or Territory, and regional level. This report should include reasons for delay in clearing the waiting list and actions being taken to address the delay. This must occur every quarter from 31 March 2021 to 1 July 2024;
4. pending the establishment of the care finder workforce, the Government should immediately establish a short-term program to link people allocated a Home Care Package with appropriate providers and to encourage the expansion of the home care sector. The 50-day requirement to accept a Home Care Package should be increased to 150 days."

Primary care

High quality, accessible and responsive primary care is vitally important for older people.

In the community, adequate primary care support can help ensure older people remain active and can live independently for longer. In residential aged care, it can mean significantly improved quality of life for residents.

The Royal Commission into Aged Care Quality and Safety (Royal Commission) heard that the level of service provision by GPs was not adequate to meet the needs of aged care recipients.

It identified that GPs tend to focus on responding to ill health rather than working proactively to prevent it. The Royal Commission heard that GPs either do not visit or do not visit for long enough to provide the level care needed to older people. The fee-for-service funding model for primary care and the amount of funding available for GP care for older people were identified as key issues.

Several aged care stakeholders in regional areas have also raised concerns about the lack of GPs who are willing to visit residential aged care facilities, which compromises resident care. Again, Australian Government funding models are likely to influence the willingness of GPs to visit residential aged care facilities. These effects are particularly felt in rural and remote areas where GP availability is already a problem.

Advice has been received that some facilities in Queensland rely on telehealth to provide GP services to aged residents. This is unlikely to deliver the standard of care required for older people, including compromising access to GP delivered COVID-19 vaccinations for people who have mobility issues.

This lack of in-reach primary care also increases the risk of shifting load to the hospital sector as residents are unable to access the care they need where and when they need it. A number of studies¹ have identified that emergency department presentations can be reduced through advance care planning, use of management guidelines for acute illness and improved primary care.

The Royal Commission recommended the development of a new primary care model. Additional funding has been allocated by the Australian Government for primary care for older people, but significant reform is not proposed despite strong calls for reform to funding and financing for such services by the Royal Commissioners.

National Prioritisation Queue

After a person is assessed by an Aged Care Assessment Team as needing a home care package at a 'medium' or 'high' priority across four levels, the person then enters the National Prioritisation Queue. The National Prioritisation Queue is part of the Australian Government's National Priority System. The priority assigned contributes to a person's place on the National Prioritisation Queue where they wait to be allocated a Home Care Package.

¹ Example: Arendts, D and Howard, K (2010) The interface between residential aged care and the emergency department: a systematic review <https://pubmed.ncbi.nlm.nih.gov/20176712/>

How long a person waits on the National Prioritisation Queue is based on various factors such as their level of need, how long they've been waiting and how quickly a package at their level of need becomes available. The number of Home Care Packages is increasing but remains capped by the Australian Government.

A 'high' priority is designed to ensure a person with extremely urgent needs is identified and receives timely access to home care. It is also designed to ensure equity in accessing home care services across Australia.

The number of Level 3 and Level 4 Packages provided by the Australian Government underestimates the level of need in the community. In addition, the supply of these higher-level Packages is not keeping up with the approval rate or reflecting growing demand for community aged care.

Due to the scale of the number of consumers waiting for a Home Care Package, the allocation of Packages and program funding is not meeting community need. This issue was recognised during the Royal Commission.