RACGP
Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

11 June 2024

Ian Yates
Acting Inspector-General of Aged Care
Office of the Inspector-General of Aged Care
PO Box 350
Woden ACT 2606, Australia
submissions@igac.gov.au

Dear Inspector General Yates,

The Royal Australian College of General Practitioners (RACGP) is pleased to provide high level comments on the review of the Administration of My Aged Care. Our feedback aligns with the broad themes of the review criteria.

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 40,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population. More than one in three general practice patient encounters are with older people aged 65 years and over and play a key role in supporting patients to access aged care services.

The following feedback aligns with the broad themes of the review criteria.

1. Accessing an assessment

1.1 GP experience

Members who make referrals for eligibility assessments have advised the referral process is generally straightforward and most GPs are making electronic referrals directly from their local clinical information system. However, some members have provided feedback that the systems in place are not particularly user friendly and are time consuming. This difference in experience might be down to the capability of the clinical information system being used by the GP.

For example, the clinical information system Communicare, which is used in many Aboriginal Community Controlled Health Services, does not communicate directly with My Aged Care, and providing referral information through the My Aged Care website is time consuming.

In most cases, it appears GPs do not receive feedback on whether their applications have been received or actioned.

Another issue that creates extra unnecessary work for GPs are the fax requests from local assessment services for further information. Requests for any additional information should be done electronically, through secure email or secure messaging. We encourage agencies to use the My Health Record to access additional supporting information where possible. Ideally, the initial referral template should request all the necessary information required and, this information should be made available to local providers directly from My Aged Care as the central point where patient referral information is held.

The need for a formal re-referral when a patient's needs change seems unnecessary and purely bureaucratic.

1.2 Patient experience

Most patients are unaware they can commence an assessment online themselves and believe referrals can only be provided to My Aged Care via a GP or other healthcare professional. A targeted awareness campaign aimed at older Australians and those who care for older Australians would increase community knowledge regarding the services available and how to apply for these services.

My Aged Care and its associated services need to have flexible contact arrangements. Not everyone will be able to apply online or have reliable phone access. The emphasis on using the web-based portal is a barrier to many older people referring themselves.

The online assessment process is challenging for many patients to access. Many older people do not have the digital literacy to navigate their own assessment online and even being able to obtain a telephone number to make contact can be difficult. These issues are further exacerbated for patients from Culturally and Linguistically Diverse (CALD) communities who often have English as a second language.

As part of this administrative review increasing, the range of access options for consumers and the range of information available in other languages, should be considered. This will support equity of access and ensure My Aged care is inclusive of CALD communities.

2. Access to services

Once the referral is completed eligibility assessments seem to occur quickly. Feedback from our members indicates patients often experience delays in being able to access their Care Packages, which prevents them from accessing subsidised services. These delays in accessing care and support impacts on the quality of life for patients in need of assistance with daily living activities, putting them at risk of adverse health and wellbeing outcomes.

In many circumstances, once a care package is available, older people are left to navigate the wide range of services available. There is a need for greater access to advocates to help older people understand the services they can access, and the costs involved. For many

patients, co-payments for services may be out of reach and many people will not feel comfortable discussing this with agencies and, simply forgo services they need.

3. Aboriginal and Torres Strait Islander people and My Aged Care

Many Aboriginal and Torres Strait Islander people have multiple chronic diseases, disabilities, or will have experienced poverty. As such, many will have had multiple experiences of trying to engage with State and Federal Government services such as the National Disability Insurance Scheme, Centrelink, State Housing services, and child welfare services. This means that when Aboriginal and Torres Strait Islander people reach the age where they may need aged care services, they often have experiences with other agencies that will colour their expectations of engaging with My Aged Care, and often these expectations may be of poor services.

Furthermore, many Aboriginal and Torres Strait Islander people engaging with My Aged Care will be members of the Stolen Generation, and others will have experienced significant traumas in their life. This can profoundly affect interactions with agencies, and especially in Residential Aged Care. This needs to be understood by My Aged Care as an organisation, by individual staff, and by provider agencies and staff.

For these reason, it is vital My Aged Care is culturally safe. This includes during first contact, and during all interactions. But to ensure first contact is not delayed, My Aged Care should work on ensuring it has a reputation for being culturally safe. This will require reflecting on the organisation's current culture and how this will be perceived and, working with Aboriginal and Torres Strait Islander communities and agencies across the country to develop relationships, trust, and a reputation for good, culturally safe provision of services. It will be important in providing culturally safe, trauma informed services that My Aged Care and associated service have Aboriginal and Torres Strait Islander staff.

One of the potential consequences of the lack of trust is that referral takes place when care needs are already high and may be reaching crisis point.

The My Aged Care contact centre and provider agencies need to understand the circumstances and preferences of individuals and families contacting My Aged Care and provide services that adapt to these circumstances and preferences.

In particular:

- extended family may want to be involved in caring for family members
- the people able to make decisions on behalf of the client may not be obvious
- people may need help engaging and planning services from multiple providers
- providers should be able to easily demonstrate their cultural safety

- Aboriginal and Torres Strait Islander people should not be disadvantaged in areas of workforce shortage, including rural and remote areas.

4. The Role of GPs and My Aged Care

A key improvement to My Aged Care would be to better recognise the significant role GPs have in supporting older people to stay healthier in their home and support the exchange of information between a patient's usual GP and other health professionals involved in the patient's care. There is an opportunity for My Aged Care to facilitate modern two-way electronic communication between a person's usual GP and others involved in that person's care, such as any other medical specialists, nurses, pharmacists, care package coordinators, home care providers and family.

Feedback from our members shows it is often difficult for GPs to determine what services an older person is already receiving, which limits the opportunity for the GP to suggest improvements or enhancements to care.

The RACGP is supportive of changes to My Aged Care that will streamline access to appropriate services for both GPs and patients and we look forward to the outcomes of this review.

If you have any questions or would like to discuss these matters further, please do not hesitate to contact Joanne Hereward, Program Manager – Practice Technology and Management at joanne.hereward@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
RACGP President