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Dear Colleagues,

Late submission from the NSW Division of ANZSGM to the
Special Commission of Inquiry into Healthcare Funding

Thank you for the opportunity to provide a late submission to the Special Commission of Inquiry into Healthcare Funding. Our members are involved in most aspects of health care of older people from acute hospital care, community care and residential care. We have implemented some innovative models of care across the State that have become "business as usual" in some health districts and feel confident we can make a valuable contribution to your important work.

Introduction

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) is the peak body for the medical specialty of Geriatric Medicine committed to fostering excellence in the health care of older people. Our aim is to set, promote, and continuously improve the standards of clinical practice in geriatrics by championing awareness, understanding, and proactivity around aged care, research, support, and education. Our vision is "that all older people have equitable access to the highest quality health care and support". The ANZSGM NSW/ACT Division welcomes the opportunity to provide a submission and a voice for specialists caring for older people to the Special Commission of Inquiry into Healthcare Funding in New South Wales.

Australians are living longer and Australia's older generation continues to grow in number and as a proportion of the population. Older Australians contribute to a large share of the total burden of disease and this increases with age, with the leading causes being coronary heart disease and dementia (AIHW, 2023). From the most recent Lumos report on health care usage for older people from 1 July 2016 to 30 June 2021[1] , older people, defined as those aged 65 years and over, make up 17 per cent of the NSW population. The majority of older people in NSW live in the community, with 4.4 per cent living in residential aged care facilities (RACF). Key findings include:

1) Aged care facility residents use hospitals and ambulances more often than older people living in the community with up to seven times the rate of ambulance episodes, four times the rate of ED presentations, and six times the rate of unplanned hospital admissions.
2) Unplanned hospitalisation due to dementia is more common in those living in residential care.
3) Aged care facility residents use primary care more often than older people living in the community.

[1] https://www.health.nsw.gov.au/lumos/Pages/healthcare-usage-for-older-people.aspx

The care of the older person spans beyond the hospital setting as it starts in the community, and if done well, recovers and cycles back into the community. Keeping older people healthy helps keep them out of hospital. There should be a focus on health services that enable older people, especially the frail with complex needs, to remain well and live in their communities, through integrated, multi-disciplinary community-based service delivery models, which promote healthy ageing and are aligned with the Ageing Well in NSW: Seniors Strategy 2021-3[2].

In this submission, we highlight the following as **priority areas** for improvement and opportunity in optimising health funding to most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services, now and into the future.

1) Alternatives to hospital care for older people living in residential care
2) Alternatives to hospital care for older people living in the community
3) Preventative care, early intervention, re-ablement community-based models of care
4) Prioritised governance with a dedicated branch for healthcare of older people within the NSW Health Pillar of health system strategy and patient experience

Alternatives to hospital care for older people living in residential care

The Royal Commission into Aged Care Quality and Safety (Feb 2021) highlighted critical issues faced by older people, particularly in RACFs. Recommendation 58 states that Australian and State and Territory Governments should introduce Local Hospital Network-led specialist multidisciplinary outreach services, funded through amendment of the National Health Reform Agreement, and all people receiving residential care or personal care at home should have access based on clinical needs. This outreach model should be able to provide health services in the person's place of residence wherever possible and consist of specialist clinicians, including geriatricians, psychogeriatricians, palliative care specialists, nurse and allied health practitioners.

This recommendation is further supported by Lumos data that up to 12 per cent of hospital admissions from RACF patients and up to 7 per cent from in the community were preventable.

RACF Logic Model

Professor Elizabeth Whiting, geriatrician in Brisbane, in her previous role as chair of the Queensland Dementia, Ageing, and Frailty Network, developed a model that demonstrated how specialist outreach services (RaSS in the model) integrate with person-centred comprehensive and preventative care, with combined funding models from State and Territory (Queensland Health) and Primary Health Network (GP) and Commonwealth (RACF, RN).

[2] https://facs-web.squiz.cloud/__data/assets/pdf_file/0012/798429/AgeingWellinNSW_SeniorsStrategy2021.pdf

CGA: Comprehensive Geriatric Assessment
EOL: end of life care
RaSS: Residential Aged Care Facility (RACF) Support Service[3]
Current well-developed but poorly funded outreach models of care

There are already a number of well-established outreach models of care within NSW Local Health Districts with evidence of success in ambulance, ED, and hospital avoidance with significant cost-savings. These services are multidisciplinary, led by a geriatrician, and provide not just acute crisis care but also, sub-acute and chronic health care assessment and management.

Outreach models can range from acute medical intervention prior to ambulance arrival to management of frailty and chronic illness, through to facilitation of end-of-life care within the home. The NSW Agency of Clinical Innovation, as far back as 2014, highlighted the success of five services in decreasing both hospital presentations and admissions, improving consumer experiences of care, and producing significant avoided costs for local health services[4].

These outreach services have also provided NSW ambulance with alternate referral pathways for the management of the deteriorating patient, both directly from paramedics and through the Virtual Clinical Care Centre (VCCC), which operates 24 hours a days, seven days a week. The VCCC provides comprehensive and integrated secondary triage, and through alternate referral pathways, are able to ensure that the right patient receives the right care in the right place by the right care provider, improving patient experience and outcomes, preserving frontline paramedics for life-threatening emergencies.

However, the existing services currently vary in scope and scale with most on temporary and unsecure funding. This funding limitation has caused problems in staff retention, understaffing, staff

[3] https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/improving-quality-safety-and-care-older-queenslanders/rass
[4] https://aci.health.nsw.gov.au/__data/assets/pdf_file/0004/262804/Specialist-Geriatric-Outreach-model-ACI-Clinical-Innovation-Program.pdf

burnout, poor growth and scaling of services, as well as poor patient experience and outcomes. Many LHDs have no aged care outreach team at all. These services need to be provided across NSW at scale, seven days a week, with extended operating hours, to achieve cost-savings and prevent more hospital admissions.

Alternatives to Hospital Care for Older People living in the Community
It is often possible for the older person living in the community with acute illness to avoid hospital presentation altogether. There are examples of current LHD based models of care listed below that demonstrate the ability to do timely assessment and management of the deteriorating patient in their own home.

1) Northern Sydney Local Health District: (Aged Care Rapid Response Team, ARRT, Beaches Rapid Access Care of the Elderly, BRACE and Geriatric Rapid Acute Care Evaluation, GRACE). Provision of acute medical, nursing and physiotherapy management for unwell older patients at imminent risk of hospitalisation, with treatment (including medical imaging and intravenous therapies) provided in the older person's usual home environment and/or by virtual care[5].

2) South East Sydney Local Health District: Uniting War Memorial Hospital Geriatric Flying Squad (GFS)

3) Sydney Local Health District: Emergency Hospital in the Home Model of Care

Data and publications demonstrating the effectiveness of the teams are available on request.

Preventative Care, Early Intervention, Re-ablement Community based Models of Care
The WHO concept of Healthy Ageing (i.e., the process of developing and maintaining functional ability that enables well-being in older age) highlights the need for shifting paradigms to reorient health and social services towards person-centred and coordinated models of care. This requires an integrated approach to social care and health care as the older person's needs change with time. Where traditional models have been reactive to diseases and medical conditions, newer models of care necessitate a more proactive approach focused on primary prevention of decline, early intervention, rehabilitation, and re-ablement. Examples of these are listed below:

1) Uniting War Memorial Hospital: iREADi Program
   Integrated Rehabilitation for Early Stage Dementia, or the iREADi program, aims to improve the participation, wellbeing, and quality of life of people living with early-stage mild dementia and their carers. It promotes knowledge and skills to help people live a good life with dementia and minimise the development of avoidable problems down the track.[6]

2) The Integrated Rehabilitation and Enablement Program (iREAP)
   iREAP is an eight-week program that delivers integrated rehabilitation services to older people in the community who have or are at risk of frailty, falls, Parkinson's Disease and other neurodegenerative conditions.[7]

[5] https://aci.health.nsw.gov.au/ie/projects/aged-care-rapid-response-team
[6] https://forwardwithdementia.au/news/one-step-ahead-the-ireadi-program/

[7] https://aci.health.nsw.gov.au/ie/projects/the-integrated-rehabilitation-and-enablement-program-ireap

3) Health Justice Partnerships
Health Justice Australia is the national centre of excellence for health justice partnership, supporting collaborations between services to achieve better health and justice outcomes for vulnerable communities.[8]

4) Northern Sydney LHD Geris 2 GP Outreach Program- collaboratively commissioned with the Sydney North Health Network to provide direct Geriatrician input and advice for GPs with frail older patients, particularly those who have presented frequently to hospital.

In the second year of this funded service, 213 unique GPs and 436 unique patients were serviced through 716 occasions of service by 3 part time Geriatricians across the district. The top 3 issues for referral were dementia, frailty and BPSD. 329 of these unique patients had no ED activity within 180 days post occasion of service. MOH Risk of Hospitalisation data has been actively used to prompt GPs for early referrals and case discussions with their local Geriatrician. The partnership between the LHD and PHN also included organised education evenings with GPs problem solving and discussing the common geriatric issues and sessions dedicated to improved communication between hospital teams and GPs. PHN resources were leveraged including access to PHN funded service navigator, GP social work service and "Keeping Well and Independent Program", incentivising health care plans and early Geriatric input for GPs who enrol patients with multidisciplinary needs and at risk of frailty and hospitalisation.

Prioritised Governance with a Dedicated Branch for Healthcare of Older People within the NSW Health Pillar of Health System Strategy and Patient Experience

The NSW Health Governance structure and framework were developed in 2011. Aged care currently sits under the pillar of Health System Strategy and Patient Experience, Branch of Health and Social Policy. Through this branch, NSW Health operates a range of Australian Government funded aged care services including Aged Care Assessment Team (ACAT), Regional Assessment Service (RAS), Commonwealth Home Support Program (CHSP), Transitional Aged Care Program (TACP), and State Government Residential Aged Care Facilities. Under this branch, the focus has been on longer-term care services in the community and residential care rather than the health care of the older person. Acute hospital care, sub-acute hospital care, and emergency outreach services into residential care and community are out of scope for this branch of NSW Health.

We propose that Health Care of the Older Person be prioritised as a Dedicated Branch under NSW Health's Pillar of Health System Strategy and Patient Experience, with similar billing to Mental Health, with a Chief Geriatrician, with overarching ability to look at and provide high-level advice on all aspects of the healthcare of older people. This strategy would assist in minimising duplication and over-servicing in some areas while identifying gaps and areas for improvement and innovations in others.

[8] https://healthjustice.org.au/

Queensland Health, through their Clinical Excellence Queensland, Dementia, Ageing and Frailty Clinical Network[9] provide clinical leadership and advocacy at a strategic level to improve care of the older person. This network partners with hospitals, primary care, community stakeholders, and the Department of Health and have been agents of change in the planning and delivery of high-quality health services across the continuum of care.

Conclusion

In conclusion, we make the following recommendations:

1) That NSW Health prioritise, provide secure funding and scale current specialist outreach models of care that have demonstrated success in hospital avoidance and cost savings in the health care of older people.
2) That NSW Health reproduce specialist outreach services across NSW, in particular, regional and rural regions.
3) That NSW Health foster and fund innovative health models of care that promote healthy ageing and keep the older adult well and out of hospital.
4) That NSW Health create a governance branch dedicated to the Health Care of Older People for improved oversight across the full continuum of care, in and out of hospital, including aged care and community services.

Thank you again for the opportunity to provide feedback on the Special Commission of Inquiry into Healthcare. Please contact me at [redacted] if you require any further information.

Yours sincerely,

Prof. Peter Gonski
President
NSW Division of the ANZSGM

[9] https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-networks/dementia-ageing-frailty