

CLAIRE PAMENTER

Submission to Consultation on the new Aged Care Act

<https://www.health.gov.au/our-work/aged-care-act/consultation?language=en>

Introduction

Thank you for the opportunity to comment.

Having recently cared for my elderly parents over many years both through in-home ACAT provided services and then for my widowed mother who entered residential aged care and died recently aged 100, I applaud the Government's ambition to "...strengthen the aged care system and .. make ensure that people accessing funded aged care: are safe, are treated with respect and have the quality of life they deserve." (P2 of Consultation paper No. 2 summary)

I understand it is proposed that the at-home care and residential aged care systems will interact more effectively, which is definitely welcome news. Whilst often staffed by well-meaning people they are a nightmare to navigate; you don't know what you don't know and the financial pitfalls can be catastrophic. I'm a lawyer who willingly helped my parents through the processes but even I found the system worthy of Kafka. Some aspects run by States and some by the Commonwealth make it complex, for example.

It is however unclear to me that the legislation as drafted addresses the fundamental root causes of many of the issues facing aged care.

In my opinion these causes fall into two broad areas:

- 1. Financial**
- 2. Rights of participants**

FINANCIAL

Flawed model lacks transparency

The financial models for both in-home care (ACAT) funding and residential aged care funding are fundamentally flawed and lack transparency.

This costs transparency is a major issue. How is the regulator's costs recovery mechanism going to work? Will all this cost be passed on to older Australians? If so, how is that fair? This article addresses many of the issues well:

https://michaelwest.com.au/aged-care-complaints-arcare-acqsc/?utm_source=newsletter&utm_medium=email&utm_term=2024-01-03&utm_campaign=Michael+West+Media+Weekly+Update

Both at-home and residential aged care models rely largely on outsourced private (many for-profit) providers. Will this change? If not, it is hard to see how the financial and service delivery issues can be properly addressed.

ACAT at-home care example

My 91 year old father died at home whilst both my parents were receiving Level 4 ACAT packages from the same provider. They both made co-contributions to ensure there was something in the kitty should they need extra services from time to time. When my father died I sought the return of my father's co-contributions to his estate (several thousand dollars). I was told that wasn't possible as those contributions could not be differentiated from then government's contributions. This was clearly nonsense but it took me a long battle with the provider's CFO to ensure those co-contributions were returned to my father's estate.

I wonder how many other people have been told the same thing and the providers retained those co-contributions?

Residential aged care examples

1. Residential Aged Care Deposit (RAD)

The whole existence of the RAD needs to be reviewed and (if kept) providers need to be held to account to justify how they spent those funds for the benefit of residents.

Example

My widowed mother entered residential aged care aged 96 in 2018 in a good physical and mental condition. and chose to pay monthly interest instead of the RAD. The interest rate was the highest allowed by the government published rate which was itself wildly in excess of current market rates at

which the company could borrow. I pointed this out and after much resistance the rate was reduced once as a big favour.

Why are these rates not in line with market rates? It is a rort which the providers exploit.

The RAD is I understand designed to build infrastructure etc in the nursing home. No major changes were made to the home during her four years, despite (for example) many attempts by me and other families to encourage the purchase of comfortable chairs and renovate bathrooms that belonged in the Victorian era. It was a very pleasant if somewhat physically tired aged care home.

Why does the RAD exist, except it seems to make providers rich?

2.Extras fees

The home was staffed by people who cared (the kind but powerless onsite staff, sadly not the management) which charged an extras fee. During the four years my mother was there the company was unable to provide her with her daily reading, a copy of the Sydney Morning Herald (despite having multiple copies of another newspaper which was simply infotainment) – she paid for her own copy. Ditto the pear juice she liked (and kept her “regular”!) which could be bought at nearby supermarkets.

I wondered what we were paying an “extras” fee for if such basic needs could not be met.

I was a regular visitor to the home and the only time HQ management arrived at all (and then en masse) was when the Government’s accreditation review of the home took place.

3.Monthly bills

Monthly fee statements would arrive which were a wonder of obfuscation to behold. Again, lack of transparency.

4.GPs pay in nursing homes and after hours doctors

I find it very concerning that GPs attending patients in nursing homes are paid on a sliding scale. The GP receives the full scheduled fee for the first patient the visit on the day and then a rapidly reduced rate for additional patients

seen. Is it any wonder that GPs stay in their surgeries getting paid properly and don't visit nursing homes.

Where are patients' rights here? I can only conclude that the government considers patients in aged care homes less worthy of care than those who can visit a surgery.

The same goes for access to for after-hours doctors. My mother moved two streets from her home to the aged care facility. If she needed a doctor outside surgery hours in her home I could call an after-hours service and a doctor would arrive within a few hours. Imagine my surprise when the same thing happened in the nursing home and the default was to call an ambulance as they knew the after-hours doctors would likely arrive two days later. What a waste of emergency services when simply funding such services properly would mean the often simple needs are dealt with gently in the home rather than sending a very elderly person to hospital.

5. Interaction with tax system

The complex rules around provision of the pension and its loss after two years of living in an aged care facility are not well understood and the government should provide better education in this area. Our family sought paid advice because the consequences of this and other financial options were not transparent. This should not be necessary, disrespects and discriminates against the elderly and is frankly ageist. These are rights which should not be blocked through lack of education and /or financial resources.

Some lessons for residential aged care from Covid

6. Families paying for covid tests

The prohibitive cost of requiring family members to pay for their own mandatory RAT test before visiting a facility during Covid was counter-productive. On many occasions I witnessed family members producing old RATs from their bag rather than performing it onsite prior to entry.

7. Allow GPs to administer all vaccines including Covid type vaccines to staff and residents

GPs in nursing homes regularly administer flu vaccines etc. As a result of the previous government's mass outsourcing of Covid vaccines I had to take my 98 year old mother to an external clinic in the middle of a pandemic as she was on

antibiotics the day they arrived at the nursing home to administer the vaccine (never to return). The GPs could have done his easily.

In addition, those same large vaccine providers only vaccinated the residents and not the staff who lived in daily fear of infecting themselves, the residents and their families as they crossed Sydney on public transport. The hypocrisy of the government's daily pronouncements that they were caring for our most vulnerable was breathtaking.

RIGHTS OF PARTICIPANTS

The above examples highlight the fact that the rights of participants in the aged care system are not respected. If you do not have financial agency then you are being treated as a lesser person; this is simply not acceptable in a just society.

Rights for residents (or any other type of service provision such as in-home care) do not guarantee the services will be delivered. There does not appear to be any guarantee of service provision in the proposed Act. Services are commoditised and marketized. The proposed system seems to be the same as old: it relies on commercial profit-making providers.

How does change from "approved" aged care provider to "registered" provider improve transparency for older Australians? What are the differences in the obligations imposed by the regulator when comparing the old system to the new system?

Conclusion

I would welcome the opportunity to discuss these issues in more detail. I see the government's plan as well-intentioned but unless these fundamental issues are addressed nothing will really change.

Thank you

Claire Pamenter

