

15 July 2011

Mr Tony Wade
Australia's Health P/L
PO Box 42
BROOKLYN NSW 2083

Dear Mr Wade

The Medication Management in Residential Aged Care Facilities Project

AGPN is pleased to provide the following response to the first round of consultation in the Medicare Management in Residential Aged Care Facilities Project.

AGPN is the peak national body representing a network of 111 General Practice Networks (GPNs) across Australia, as well as eight state based organisations (collectively termed the Network). Approximately 90 per cent of GPs and an increasing number of practice nurses and allied health professionals are members of their local GPN. The Network plays a pivotal role in the delivery and organisation of primary care through general practice and broader primary care teams and aims to ensure all Australians can access a high quality health system.

The Network is the basis from which Medicare Local primary health care organisations are currently being developed. MLs will have responsibility for population health outcomes and health service planning in their regional communities with a particular focus in the first instance in identifying priority care needs and filling service gaps. MLs will work in close collaboration with other health and social agencies to achieve these goals. As such, the Network has a significant interest in understanding and providing input into relevant aspects of health service delivery in RACFs.

The Network has a long history of active involvement in supporting the provision of quality primary health care (PHC) services to older Australians, including through the implementation of the now ceased Aged Care Panels (the Panels) initiative that supported PHC professionals and RACF providers and staff to work together to drive improvement in the timeliness and quality of care delivered to residents of these facilities.

Since 2008 Network members have also worked with local aged care facilities to identify and address unmet allied health care access needs through the Aged Care Access Initiative, whilst continuing to support local GPs in delivering quality care to older Australians. The Network also implemented the Rural Palliative Care program for over seven years which built the capacity of rural health care teams to deliver quality palliative care by strengthening local partnerships and driving service innovation.

The strength of all of these programs is that they deliver locally-relevant solutions in partnership with local stakeholders and through strong engagement with local primary health care professionals.

AGPN looks forward to the opportunity to provide feedback, in the second stage of this Consultation process, on the draft revisions to the Guidelines and new materials. The focus of this submission is to provide more general feedback on the quality use of medicines in RACFs and recommended enhancements to medication management systems more broadly.

Barriers to quality use of medicines within RACFs

There are a number of barriers that inhibit the timely and efficient provision of medicines within RACFs, including the following factors:

- On discharge from hospital to a RACF, residents are often only provided with a medication supply sufficient to address their needs for 2-3 days which affects the therapeutic continuity. As a result residents may require a follow-up prescription before the GP has received information from the hospital about the current treatment plan. This can result in delayed provision of required medication, suboptimal care or necessitate urgent supply orders. At worst, it can result in relapse and readmission to hospital.
- Limited access to pharmaceuticals outside of standard pharmacy business hours for residents of RACFs, which can limit residents' access to required therapeutic and palliative medicines, resulting in clinical deterioration due to delayed treatment, patient discomfort and avoidable hospital admissions. There is currently great diversity in the range of medications available onsite at RACFs for urgent implementation with many low care facilities not providing access to any medication in this manner or ensuring availability of nursing staff qualified to administer such medication.
- Medication additions and deletions often occur on admission to hospital and at times medication changes are made without reference to previous medication history. To reduce the incidence of adverse events it is preferable for the medication chart to be updated at the time of discharge, however it is often impractical for a GP to attend an RACF for an unplanned and often out of hours visit to provide this service. There is an absence of appropriate systems for implementation and review of medication changes on the residents return to the RACF that consider these circumstances.

Enhanced medication management systems

To support greater efficiency in care and reduce duplication of effort, AGPN has continually advocated for the streamlining of medication charts and prescription orders, such that medication charts serve as prescriptions. Through the Fifth Community Pharmacy Agreement,

the Commonwealth is supporting progress toward this outcome. AGPN applauds this development and recommends it is pursued as a priority.

To facilitate timely access to medication for residents of RACFs and system efficiency, AGPN further recommends:

- the development of a standardised list of medications that are retained at RACFs throughout Australia for situations in which access to a pharmacy supply is not available and the urgent use of medication is required to prevent clinical deterioration or transfer to hospital, or provide symptom relief
- the development of mechanisms to support after hours access to pharmacy services in RACFs, in consultation with RACFs, GPs and pharmacists
- greater support for GPs providing services in RACFs to actively participate in Medication Advisory Committees (including regional networks) and to work through these committees to support quality improvement in medication management and administration systems for residents.

A further example of work already undertaken by the Network in this area is that between GPpartners and Queensland Health for the past three years. The collaborative project has seen the development of a standardized, multidisciplinary process with regard to roles and responsibilities of all involved parties – GP, RACF, hospital and community pharmacies – in the event of a resident being admitted to hospital and subsequently discharged back to the RACF. Participants in the project have implemented a multidisciplinary agreement that outlines the various roles and responsibilities within the system with respect to: communication, medication reconciliation, supply and delivery of discharge medications and the development of a universal medication chart for use of staff at any RACF.

If you would like further detail on this project, or you wish to discuss any aspect of this review, please do not hesitate to contact Rachel Yates on 6228 0815.

Yours sincerely



Leanne Wells
A/g Chief Executive Officer