SESSION 2: CLARIFYING ROLES AND RESPONSIBILITIES
Panel Discussion

Division CEO	Colin Roberts
GP/GPDV Board	Dr Wendy Bissinger
Aged Care	Mary Barry
Resident's Rights	Mary Lyttle
Director Aged Care	Raelene Thompson
Medical Advisor	Dr Bronwen Harvey

Cardboard place cards
Time 1 hour
30 minute panel discussion
30 minutes for questions

<u>Session Title: Clarifying Roles and Responsibilities</u>
What are the roles and responsibilities?
Task:
- To explore the roles and responsibilities and what's realistic.
- Identify how can people act in a complimentary manner

Chair: This morning we have received a briefing from the Commonwealth about the GP Panels Initiative and the CMA. We have heard from Denise Ruth about the General Practitioner's perspective. Mary Barry has given us some insight into what this all may mean for aged care homes.

We have a panel of experts, some of whom are members of the GPDV reference group. Let me introduce members of the panel that you haven't met already. Wendy Bissinger is the chair of the reference group and a GPDV board member. Mary Lyttle is the CEO of Residential Care Rights Association. Raelene Thompson is the Director of Aged and Community Care at DoHA.
Chair to ask the following questions:
Dr Bronwen Harvey: What is the rationale for the GP panels initiative?

Wendy Bissinger: (GP hat and GPDV hat on what we can and can't do.)
Wendy what is your experience of working in Aged Care Homes.
How can the GP panel at you division help you look after your patients?

Mary Lyttle: What do you think residents would want the GP panel to achieve?

Mary Barry: What do you think aged care homes would want GP panels to achieve?

Raelene Thompson: What happens if a panel finds a nursing home or a GP that's outside the limits of acceptable conduct in any way?

CEO: What sort of skills are you going to look for in your worker? Any ideas you have about the job description for the panel members?

Wendy: Do you have any concerns about the initiative and any ideas about how to overcome them?
Carers: How do carer's association's link with Aged Care homes and why would it be a good idea for divisions to have contact.

Panel Discussion – Notes

1. Bronwen Harvey – Explain the rationale behind the initiative
- feeling need for change, panel initiative developed. Small step toward improvements

2. Mary Lyttle – What would residents want panel to achieve?
- see more of their GP; medication mgmt concerns; increased communication and information
- better outcome – building on these and preventative health aspects

3. Wendy Bissinger – Experience with working in ACH. How can panel help?
- agrees with barriers raised in Denise Ruth's presentation
- sees problems with communication and inappropriate referrals to emergency depts (EDs)
- serious concerns about emergency situations and hopes AC panels can make inroads in addressing these problems which exist
- GPDV as SBO should be involved in aiding divisions to sort out nuts and bolts and facilitate idea sharing as well as assist to get process up and running ASAP
- Raised issue of nursing homes crossing over divisions

4. Mary Barry – What would ACH want panel to achieve?
- increased GP visitation and access for all residents
- positive equitable relationships between residents, GPs and staff;
- good ROI for time
- increased professional input and image via GP involvement
- that GPs and divisions become passionate about aged care

5. Raelene Thompson – What should Panel do if it finds an ACH/GP outside the standards?
- complaints system in place and all should be familiar with it
- out of the 800 ACH which are commonwealth funded only ever 1% on which sanctions are imposed (ie. very small number)
- avenues for resolution –
  1. direct to director of nursing at home
  2. approved provider
  3. give information to complaints resolution scheme (open to anyone)
- dept assesses information – professional conduct issues are referred to appropriate body

6. Wendy Bissinger – What are your concerns as a GP about the Initiative?
- time to get head around the concepts – initiative has 3 year time line yet understanding concepts can cause delay in implementation
- engaging GPs – already very busy and reluctant to discuss issues (& vice versa). Difficult to contact GPs
- sustainability – concern that after 3 years the initiative is assessed as working and then falls over
- capacity of divisions to support panel crucial

7. Colin Roberts – What skills will you be looking for in staff support and panel members?
Staff:
- project mgmt skills for planning and reporting
- communication skills especially to reach GPs and provide resourcing
- trust and relationship building with all sectors
- understanding and ability to explain role of panels
- emphasis on containing project – what can be realistically done

- use networks

Panel:
- GP interest and experience in ACH
- Leadership for other GPs (champions)
- Stick to task especially important for GPs given their busy schedules
- Ability to gain trust of AC staff

Generally:
- strengths of initiative – going out through divisions
- difficulties – enormous scope; modest funding compared to potential; from rural perspective- workforce and small number of homes spread over large area; from metro perspective – large number of homes, selecting which ones to utilise

7. Question to all - How do carers link with ACH and how would divisions link them?
- Mary-Jane Wytte from Carers & Alzheimers Association Victoria – they are very keen to be involved; divisions work with engaging with carers is natural input
- Mary Barry – meet regularly with Carers body – assist with communication, support carers; important to be aware of residents and family needs and their role

8. Respite Stage
- Mary-Jane Wytte – issue is access to GPs for person moving into respite care. If this can't be arranged, it jeopardises break for carer
- How can panels assist? Via divisions. Maybe panel GPs be available
- Wendy – important to establish a process to deal with these issues and have back up plans in place

Questions from the floor –
Chris Hogan
- believes fear and complexity of looking after aged prevents more engagement by GPs
- expectations are unreasonable; aged care viewed negatively; more education required; capacity for research and innovation

In response: Bronwen Harvey
- older doctors do more in Aged Care – difficult to engage younger doctors
- registrars have a different experience and often have better attitude

In response: Wendy Bissinger
- process in place to ease concerns such as making ACH a welcoming environment which enables more speedy consultation

In response: Colin Roberts
- education important. No capacity for research at this point but room for education

Deb Cottrell – General Comment
- their division is spending money on contracting time to develop rather than employ staff

John Dyson (Mallee)
- thanked GPDV for today – great start

1. queried funding formula. Mallee – distance issue with small number of facilities across large region

2. respite – ACAT role – aware of respite well before its needed but there is always last minute carer expectations that paperwork will be done on the spot

- also commented on fact that paperwork won't be received til next week when documentation needs to be lodged on 1 July

In response: Bronwen Harvey (DoHA)
- apologised for the delays – paperwork at printers – well aware they are behind timeframes
- funding formula – considered distance factor in consultation with RDAV; given metros face larger NH numbers decided that balanced it out.
- will review in 1 year

In response: Mary Barry
- positive step seen and received by industry and will create sense of ownership of process at RACH* end *(*Residential Aged Care Homes)*

Susan Webster (GPDV) – General Comment
- provided information on research conducted by La Trobe Uni in 2002. GPs were surveyed about their attitudes to aged care
- research found that GPs have a more positive attitude than other providers towards AC
- GPs identified longer time taken to consult (as generally takes longer to communicate with older patients)
- Can't assume lack of engagement by GP is because of attitude not being positive

Julie Thompson (Goulburn Valley Div)
- enthusiastic about initiative. However, concerns raised when they surveyed ACH in regional issues were infrastructure and capacity; information mgmt; availability of examination room in ACF. Found that these issues stopped doctors from going to ACH

In response: Mary Barry
- their organisation has found infrastructure and technology issues as well as diversity across industry with access to resources
- they have been working with GPs to highlight these issues to government and lobbying for more funds
- this initiative is an opportunity to break cycle and lobby together.