



NSW
NURSES &
MIDWIVES'
ASSOCIATION

NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION

In association with the Australian Nursing and Midwifery Federation

ABN 63 398 164 405

IN REPLY PLEASE QUOTE:

BH:HM

9 June 2016

Dear Sir/Madam,

**RE: Consultation Paper: Increasing Choice in Home Care -Stage One-
Proposed changes to Aged Care Principles and Determinations**

Please find enclosed a response on behalf of the NSW Nurses and Midwives' Association in relation to the above named consultation.

We look forward with interest to the outcome.

Yours sincerely

BRETT HOLMES
General Secretary



Address all correspondence to: General Secretary, 50 O'Dea Avenue Waterloo NSW 2017

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New South Wales Nurses and Midwives' Association

Response to the Department of Health Consultation:

Increasing Choice in Home Care – Stage One -

Proposed changes to Aged Care Principles and

Determinations

June 2016

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes Assistants in Nursing (who are unregulated), Enrolled Nurses, Registered Nurses and Midwives at all levels including management and education.

The NSWNMA has approximately 62,500 members and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

Our role is to protect and advance the interests of nurses and midwives and the nursing and midwifery professions. We are also committed to improving standards of patient care and the quality of services in health and aged care services.

We currently have over 10,000 members who work in aged care. We consult with them in matters that are specific to their practice. We wish to acknowledge the contributions made by our members in preparing our comments.

We welcome the opportunity to provide a brief response to this consultation.

This response is authorised by the elected officers of the New South Wales Nurses and Midwives' Association

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We support the concept of consumer directed care as a means to increase consumer choice and create competition within the sector which will drive quality improvements. However, whilst we accept there is a finite budget for home care services we believe that capping the allocation of home care packages resulting in a waiting list approach is inconsistent with consumer focused care. This will inevitably lead to transfer of costs to the public health system and delay discharge of older people back into the community. This will create a two-tier home care system, leaving those able to pay for private home care packages immediate access to care and treatment at home, whilst those who are subsidised having to endure lengthy queues and delays.

The removal of a person from the waiting list should they permanently enter residential aged care is flawed, since it is based on the assumption that residential aged care facilities can only provide palliative services. Indeed, it is at odds with Schedule 3 of the *Quality of Care Principles 2014* which requires providers to ensure that: "Residents' physical and mental health will be promoted and achieved at the optimum level." Whilst we accept the reality that most people have such high acuity they are unlikely to return to their homes, it is at odds with the restorative functions of aged care. We believe that the Government should be promoting a system which affords all people equal rights to return home with a package of support and care.

We have concerns regarding the operation of the 56/84 day time period to activate a care package. In rural and remote areas, or where people have specific needs that require delivery of bespoke service packages (such as those who require culturally specific packages) there might simply be no suitable services available to them. As a consequence they might incur a longer wait time due to the lack of availability or to allow a package to be set up. There will need to be allowances made for this type of circumstance so these people are not disadvantaged.

We believe that the current four banding system is too simplistic and does not give full consideration to the relative need of people who will be requiring home care packages in the future. The current aged care reforms clearly aim for people to remain at home for as long as possible. As a consequence there will be rising acuity in people receiving home care services. We believe that the number of people requiring nursing care will rise and believe that the current funding model is not robust enough to guarantee access to home care services provided by registered nurses, enrolled nurses and assistants in nursing.

There is potential for home care providers to rely heavily on unregulated, poorly qualified care workers and transfer costs to the public health system through over-reliance on community based nurses employed by local health districts. If people are to be supported to receive end of life care at home there must be funding available through higher funding bands to allow 24 hour home nursing. We consider extending the funding bands to accommodate higher levels where a home care package requires a nursing model of care would be a cost efficient way to enable people to receive nursing services currently provided in residential aged care within their own home.

We support transparency for consumers in relation to the publishing of exit fees for cessation of home care services or transfer to another provider. However, we consider these charges could be incorporated within the general administrative charges for the service. Should the exit fees be adopted, the system for communicating these to consumers must be appropriate to their level of understanding and easily accessible. Publishing exit fees on 'My Aged Care' website in its current format would not guarantee transparency, since it is widely acknowledged this format is neither user-friendly nor suitable for many older people, particularly culturally diverse communities, or those with profound disabilities.

We are concerned that over-inflated exit fees could restrict the ability of a person to leave a home care provider who is no longer able to meet their individual needs, since there is no 'cap' on the amount charged. We are also concerned that there is no provision for waiving exit fees where: a provider has failed to meet the requirements of the persons care plan; there are substantiated complaints, or the aged care provider is no longer able to provide the services required due to failure to meet regulatory requirements, financial difficulties or closure. Whilst there is provision under subsection 23(3) of the *User Rights Principles 2014* for a provider and consumer to vary a home care agreement, this relies on mutual consent which might not be practicable in such circumstances. Provision should be made for this in the *Sanctions Principles 2014*.