
RACH Resident Access to Primary Care Report

December 2024



phn
BRISBANE NORTH

An Australian Government Initiative



1. Introduction

Brisbane North PHN has been commissioned by the Australian Department of Health and Aged Care to support the implementation of the General Practice in Aged Care Incentive which aims to increase access to primary care for people living in of Residential Aged Care Homes (RACHs) and support the delivery of planned, proactive regular care.

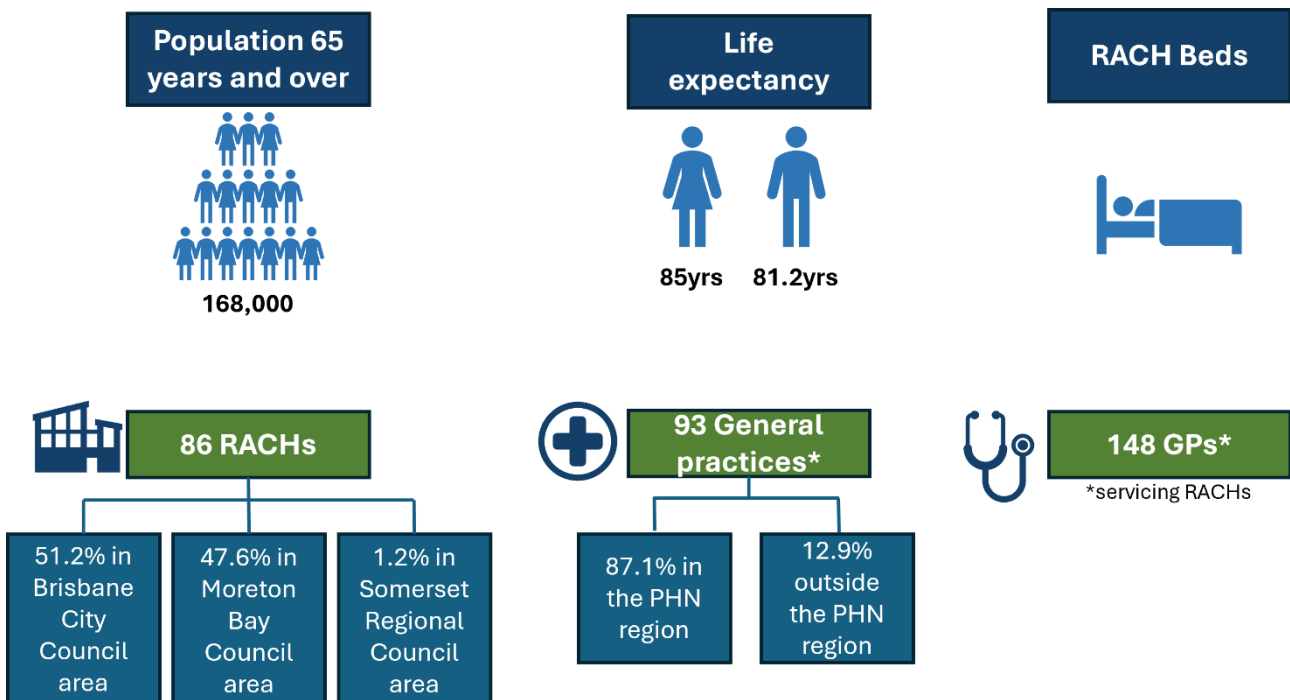
GPACI commenced on 1 July 2024 and is the first incentive program to be implemented in Australia as part of the MyMedicare program. GPACI has been developed in response to the findings of the Royal Commission into Aged Care Safety and Quality, which recommended the development of new model of primary care to *'encourage the provision of holistic, coordinated and proactive health care for the growing complexity of the needs of people receiving aged care'*.¹ Furthermore, the vision of the Strengthening Medicare Taskforce is *'of a primary care system where all Australians are supported to be healthy and well, through access to equitable, affordable, person-centred primary care services, regardless of where they live and when they need care'*.²

This report describes what we did and what we heard during the scoping phase of the project, and the next steps in the process.

2. Our Region

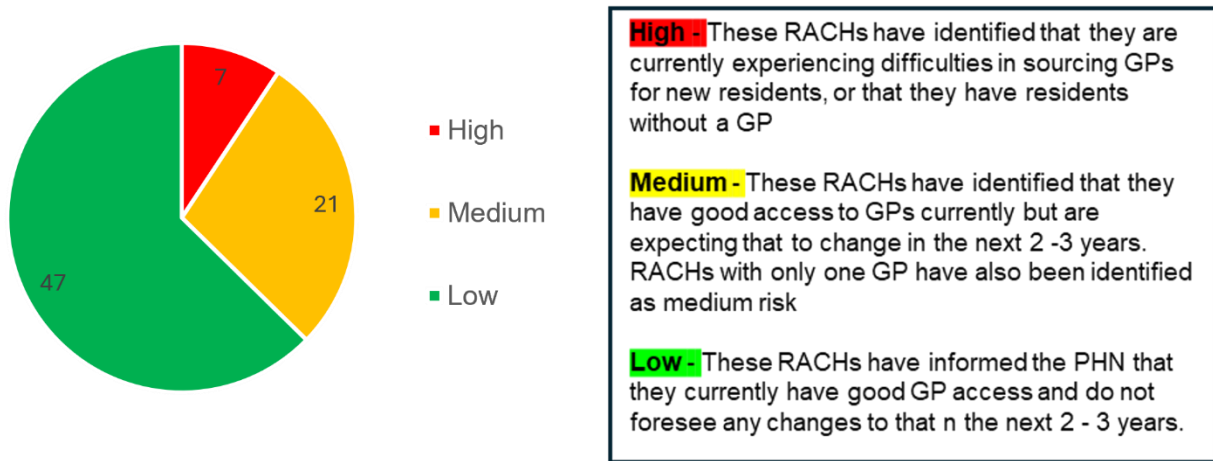
Figure 1 (below) shows relevant statistical information for the Brisbane North PHN region.

Figure1: Statistical information – Brisbane North PHN



RACHs were asked to provide information about their experiences in accessing primary care services (specifically, GPs) for new residents and residents whose GPs no longer provide services. With this information, each RACH was ranked (low, medium or high) according to their risk of not having access to GPs. A total of 75 RACHs provided information which enabled a risk assessment, Figure 2 (below) shows the number of RACHs per level of risk, and explanations of the risk rating.

Figure 7: Number of RACHs at each level of risk of poor access to GP

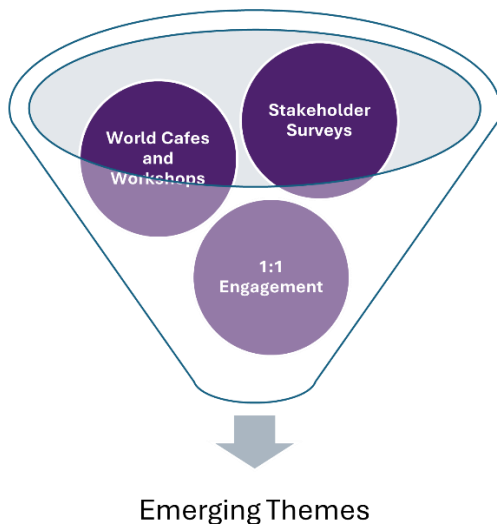


The RACHs at high risk are located across the Brisbane North PHN region, with three being in Brisbane City LGA, and four being in Moreton Bay LGA.

3. What we did

In addition to the desktop review of regional data, we undertook various activities to engage key stakeholders and understand the current state, challenges and enablers to residents of RACHs accessing GPs (see figure 3). Stakeholders includes RACHs, GPs, general practices, pharmacists and Metro North services (supporting RACHs).

Figure 3: What we did



The workshops included three multidisciplinary consultation workshops delivered over three hours and included RACH, GP and other primary care service representatives. World Café sessions were undertaken with the Brisbane North PHN residential Aged Care Collaboratives, which include people working in RACHs, hospital-based support teams and peak body representatives.

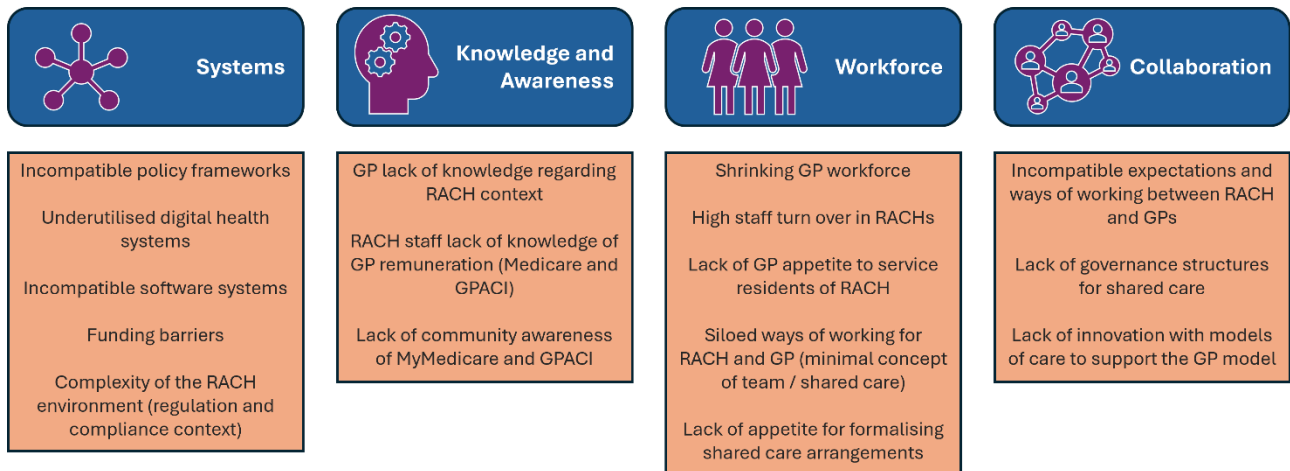
Engagement with consumers during the scoping phase of this project included two activities, survey to PHN staff and consultation with the PHN’s Consumer Advisory Committee.

4. What we found

The data collected and analysed indicates that the problem of access to quality primary care for residents of RACHs in Brisbane North is complex and multifaceted. The experiences of RACHs and GPs vary

significantly, with some RACHs reporting excellent, sustained GP access and others reporting a critical shortage. Likewise, some GPs (and general practices) report excellent collaborative working arrangements with RACHs, and some report the opposite. Figure 4 (below) seeks to show the high level themes that have emerged from the scoping, regarding the challenges and barriers to resident of RACHs accessing primary care.

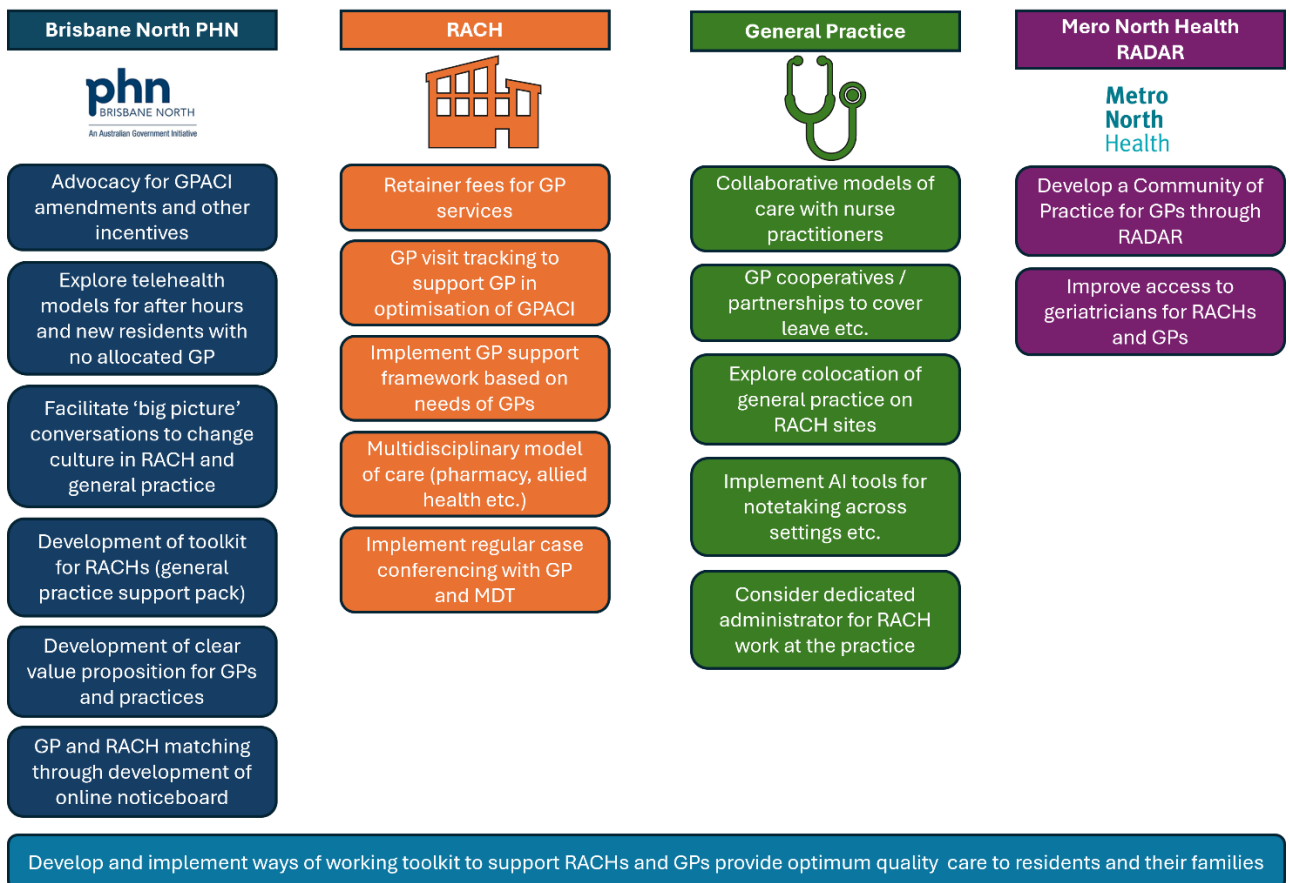
Figure 4: Emerging Themes



The theme that threads through all the consultation data is that quality of primary care delivery and experiences of RACHS and GPs are fundamentally aligned to the quality of the relationship between the GP and the RACH team. This would indicate a place-based approach to solution design is warranted. A range of supports and resources are needed for RACHs and GPs to implement according to the maturity level of their relationship and shared care arrangements.

Stakeholders were asked what models and actions to improve access to primary care could work in practice. Figure 4 shows the ideas presented, categorised by which part of the primary care ecosystem could lead the potential initiative to improve access to primary care for residents of RACHs.

Figure 5: Initiatives and actions for improvement



5. Next Steps

This report presents a summary of the current state and results of the extensive stakeholder consultation process. The data will inform the development of solutions and activities that support improving access to primary care for residents of RACHs in Brisbane North. In January 2025 an Expert Advisory Group (EAG) will be stood up to review the data, emerging themes and codesign activities that will improve access to GPs. The EAG will include representatives from the PHN, general practice and RACHs. Other stakeholders may be invited following initial review of the data. A proposed action plan will be presented to the PHN MyMedicare Brisbane North Implementation group following endorsement by the EAG.

References:

1. Royal Commission into Aged Care Quality and Safety. 2021. Final Report: care, dignity and respect. Royal Commission into Aged Care Quality and Safety, Australia.
2. Australian Government. 2022. Strengthening Medicare Taskforce Report. Australian Government, Canberra.