

SUBMISSION

Friday, 22 August 2025

AMA submission to the Senate Community Affairs References Committee inquiry into aged care service delivery

Lodged via the Parliament of Australia website

Introduction

The Australian Medical Association (AMA) welcomes the opportunity to provide comment on the inquiry into aged care service delivery. The AMA is concerned about the implications of delaying the Support at Home program and the lack of sufficient Home Care Packages due to funding restrictions. These decisions risk exacerbating critical gaps in care for older Australians. Missed opportunities for early intervention may result in an escalation of care needs, increasing pressure on carers and the healthcare system.

Below, we address the terms of reference:

(a) the impact of the delay on older Australians waiting for support at home, including unmet care needs and the wellbeing of seniors and their carers

As of 31 March 2025, there were 87,597 people who were waiting for a Home Care Package (HCP) at their approved levelⁱ (according to the latest data published on waiting lists). Delaying the Support at Home program will significantly worsen unmet care needs, especially if waiting lists are already long. This will have a particular impact on vulnerable populations, such as people living alone, rural/remote communities, and culturally and linguistically diverse populations. Once HCP funding is allocated, attention must also be paid to the actual availability of care providers in rural and regional areas, as well as culturally safe care to meet the needs of Australia's diverse population.

The Support at Home program was supposed to streamline care and allow for additional levels of packages. However, if additional funding and workforce resources (and by extension, additional packages) do not become available, waiting lists will not decrease. More packages will be required to meet current demand, as well as the growing demand expected from our ageing population.

The AMA urges the government to ensure timely access to care, better integration of health and aged care systems, and increased investment in workforce and digital infrastructure. Without sufficient funding, transitioning and integrating previous programs into the Support at Home initiative will not improve access to support for older Australians.

(b) the capacity of the Commonwealth Home Support Programme to meet increased demand for support at home prior to 1 November 2025

While there has been a delay in the new Aged Care Act, the Commonwealth Home Support Programme (CHSP) will continue for another two years (or possibly more). The Department of Health, Disability, and Ageing has noted the CHSP will transition to being included in the Support at Home program “no earlier than 1 July 2027”.

The CHSP, however, is not designed to meet the complex needs of older Australians who are awaiting higher-level support. It operates as a task-based model, with limited hours and minimal coordination. The program lacks the flexibility and funding required to serve as a substitute for current Home Care Packages — or the Support at Home program once it is implemented. The AMA asserts that relying on CHSP to fill the gap will lead to increased hospitalisations and poorer health outcomes. The current levels of CHSP use highlight the need for timely assessment and access to coordinated, substantive care packages.

(c) the impacts on aged care service providers, including on their workforce

The delay in the implementation of the new program creates uncertainty for providers and undermines workforce planning. Without additional funding and clear reform timelines, providers will struggle to recruit and retain skilled staff, particularly in home care. Our members also report issues with workforce fatigue, casualisation, and regional workforce shortages.

The AMA notes the government’s efforts to improve the clarity of new provisions in its communications to providers in recent months.

(d) the impacts on hospitals and state and territory health systems

The artificial separation of aged care and health care systems leads to fragmentation of support, along with adverse experiences and suboptimal outcomes for older people. In 2021, the AMA estimated that, if governments invested sufficiently in health and aged care, over four years (2021–22 to 2024–25), \$21.2 billion could be saved in public and private healthcare through avoidable hospital admissions, presentations, and stays involving older people in the community or in residential aged careⁱⁱ.

(e) the feasibility of achieving the Government’s target to reduce waiting times for Home Care Packages to 3 months by 1 July 2027, in light of the delay

The AMA supports the Royal Commission into Aged Care Safety’s recommendation that all older Australians should receive care at their assessed level within three months.

While significant progress has been made in reducing the median wait time to access care, upcoming changes to package types will make it difficult to compare outcomes across programs. Regular, embedded review and public reporting of program outcomes against key performance indicators — such as those outlined by the Royal Commission — are necessary to assess the effectiveness of revised programs.

(f) the adequacy of the governance, assurance and accountability frameworks supporting the digital transformation projects required to deliver the aged care reforms on time

The success of aged care reform depends on digital interoperability between My Aged Care, My Health Record, and GP clinical systems. Without investment in digital infrastructure and training, focusing on genuine digital interoperability, the reforms will fail to deliver continuity of care.

Furthermore, digital systems for healthcare need to be co-designed with clinicians, GPs, and aged care providers to ensure successful implementation.

(g) the implementation of the single assessment system and its readiness to support people to access a timely assessment now and beyond 1 November 2025

The AMA supports a single assessment system but insists it must remain within state health services and involve medical specialists. Assessments must be clinically informed and integrated with the patient's GP to ensure continuity and quality of care. It is essential older Australians have access to a GP-led multidisciplinary approach that includes geriatricians, relevant specialists, nurses, allied health professionals, and their broader care team.

Outcomes from My Aged Care assessments should be made available through information systems accessible to clinicians involved in patient care, such as My Health Record.

(h) any other related matters

Aged care is a healthcare issue. Reform must place GPs at the centre of care, ensure timely access to services, and uphold the rights and dignity of older Australians. The government must act not only to save costs, but to deliver the care older Australians deserve.

We thank the committee for considering the feedback provided in this submission.

Contact

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ⁱ Department of Health (2025). *Home Care Packages Program Data Report March Quarter 2025*. <https://www.gen-agedcaredata.gov.au/getmedia/fc1bfb1d-db45-4d82-9807-cff378f3faaa/Home-Care-Packages-Program-Data-Report-3rd-Qtr-2024-25>

ⁱⁱ Australian Medical Association (2021) Putting health care back into aged care. <https://www.ama.com.au/articles/report-putting-health-care-back-aged-care-0>