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Transcript: AMA President, Dr Tony Bartone, and ANMF President, Annie Butler,
 Doorstop, Parliament House, Monday, 30 September 2019

Subject: Crisis in Aged Care; Sydney Lock-Out Laws; Prescription Limits; PBS Drug
 Listings; Zantac Recall

TONY BARTONE: Well, good morning everyone and thank you for joining us here today for this very important statement that we're about to make. It's a statement concerning our older Australians. I call them my parents, your parents, your uncles, your aunts, your elder brothers or sisters perhaps. But we're talking about real Australians and the access to care at an important time of their life. We're talking about the issues of where they're having the access to the quality care, the dignity and the respect that they need to be treated in that post-retirement phase of their life in aged care facilities or in the community.

The Royal Commission, we know, has been extended to 2020, November 2020. And they're having to encounter and deal with an enormous number of submissions, of stories that we see making the front pages of our papers and the headlines on our evening news day after day after day. They're stories of neglect, they're stories of lack of care, of stories of lack of access at the appropriate and necessary time of their life.

The Aged Care Commission will deliver its findings in November 2020 and they need that additional time - it's just been announced that their findings will be delayed another six months, because they've got to deal with all the necessary work and all the submissions they're receiving.

But the message I want to leave with you today is that we can't wait for the findings of the Royal Commission to start investing in aged care. We can't wait for that Commission to hand down its findings while Australians, older Australians, are suffering, while older Australians are being denied access to their quality of life, even in the community, through the necessary aged care packages.

We know that at this very moment, just under 120,000 Australians are on a waiting list for a home care package. Home care packages keep older Australians out of aged care facilities. It allows them to be part and parcel of the community that they've grown accustomed to loving, the support structures, the neighbours, the community health workers, and their local doctors and other allied health professionals who form part of their team. And it's important that we allow that access to occur.

But if we look at aged care facilities, we know that funding is immeasurably insufficient with what's being required and we're seeing that in the outcomes. We know that not only is it a question of funding in terms of having the appropriate mix of quality and safety when it comes to the health care team, that important part of that communication and allied health and health care professionals working with their doctors and nurses to deliver care to aged care residents in our facilities, but also in terms of the ultimate care that they receive and the outcomes that they achieve.

We know that unnecessary emergency department transfers are punctuating their time in aged care facilities. We know that basic access to the appropriate timing and facilities regarding their medication management is an ongoing concern. We know that as doctors, we do not have access to consulting rooms to properly examine and have the history with our patients. We know that access to the sufficient number of nursing staff, of trained registered nurses on a 24/7 basis in facilities is lacking.

We need to ensure that we put the care back into aged care. Care cannot wait any longer. We need to have that funding discussion now. We need to ensure that we've got the ability to start the process of delivering some of the ultimate recommendations that will come out from the Aged Care Royal Commission. But our older Australians, our mums and dads, our patients need that care and need that funding to begin now.

ANNIE BUTLER: Thanks Tony. Thanks very much, everyone.

Nurses are joining with doctors today, we're uniting to call for action in aged care because as Tony said, we just can't wait any longer. And nurses and doctors, we can't sit by and watch the suffering of our elderly and the people in nursing homes and out in the community continue. We have a wonderful health system in this country and when health care is delivered at its best, it's when the health care team unites, when doctors, nurses, and allied health professionals all work together with the patient at the centre. And we see wonderful outcomes generally across the country. This is currently being denied to our elderly, particularly to older Australians living in nursing homes, who aren't getting access to appropriate care and particularly not access to appropriate health care.

Along with the AMA, the ANMF welcomes the Royal Commission. It's extremely important and it is starting to do some wonderful work. We understand that it needs more time to fully investigate all the requirements for the sector and particularly for the sector for the future, to set up our sector to know that we can care for older Australians properly as the demand continues to increase. But, as health professionals, we cannot sit and watch the suffering continue. We know that there are actions that can be taken right now, so we're calling on the Government to start, start right now, start taking real action. What we need to see is big improvements to the workforce, we need more nurses, we need more care staff, we need more doctors, we need GPs being better supported to be able to attend nursing homes to provide that full team approach to care and to ensure that all of our residents get access to quality and safe care.

We also need to ensure that funding is directed into the right places and we need to make sure that those people living out in the community, in their homes have access to the levels of care they need when they need it, delivered by the right professionals at the right time.

So we're standing here today to talk to you further and to call on the Government - let's take some action now.

TONY BARTONE: It's no accident that we're standing here side by side. As doctors and nurses, we're intimately involved in delivering the care, the necessary care to our patients and our residents in aged care facilities. They rely on us to deliver that care, they rely on us to have

that communication and that professional respect and the professional coordination in delivering that care.

But at the moment, the system is failing them, and we're standing here today to ensure that they are given a voice. They are asking us, on their behalf, to give them that voice to ensure that we don't forget our older Australians, we don't forget our mothers, our fathers, our uncles, our aunts, our grandparents at a time when they are most vulnerable, when they are most deserving of care. They have every right to expect that they are treated with dignity and with the appropriate care that every other Australian has the right to, that they have the access to quality health care, especially at a time when they are at their most vulnerable.

When it comes to outcomes, we know that as a proportion of our community our older Australians will make an increasing proportion of that community. About one in four Australians will be over the age of 65 within the next four decades. And we need to ensure that as they age, as they become victim to more and more chronic and complex disease, our funding mechanism and our care facilities deal, and treat, and manage their journey, their care through that. And as a team, doctors, nurses, other allied health professionals will work as an envelope of care that follows them in their journey through their later years.

ANNIE BUTLER: What we know for sure is that if we continue to stand by, and just watch, and take no action, the situation is only going to get worse. We know it's worsened significantly over the last three years, and as the Royal Commission unfolds and the stories that we must necessarily see - we need the truth to be told - the situation is worsening, both for the workforce and for those, most importantly, for those receiving aged care services. We just can't afford to stand by and watch. We can't afford not to do something. We have to take action. We have to stand up for our elderly Australians - our mums and dads, nan, granddad, people, our neighbours.

In all good faith, how can an Australian society, how can we say that we're a truly, caring, modern society when we continue to allow our elderly to be treated this way?

TONY BARTONE: So our submission to the Aged Care Commission - 53 pages, 41 recommendations - goes chapter and verse into many of the recommendations, and many of them can be enacted now. The funding, and the support, and the understanding around those recommendations will allow that our older Australians - our mums and dads - will be able to have the access to the care that they need and will not suffer while we wait for the necessary, and the appropriate work that the Aged Care Commission is doing.

Last year, 16,000 Australians died while waiting for a home care package, out of that 120-odd thousand. That, it cannot be allowed to continue. We can invest now in home care packages, we can invest now in funding to our aged care providers. We can't assume that they are too big to fail and not invest the appropriate amounts of money.

Yes, it's going to be a significant amount of money. But we cannot hide from the fact that we need to respect and acknowledge our older Australians - the people who have built this country on the back of many, many decades - now when they need their care, when they need access to the appropriate services, we are denying them that right.

ANNIE BUTLER: When the Prime Minister called the Royal Commission, he knew that it was going to involve funding. He knew that as the recommendations came out from the Royal Commission, it would involve commitment from the Government and funding from the Government to make sure those recommendations are acted on. The purpose of the Royal Commission is to improve quality and safety in the aged care system. We cannot afford to not invest in quality and safety for elderly Australians. We need to start building it now.

QUESTION: Have you had any indication from the Government as to whether they'd be willing to consider some of these things before the Royal Commission finishes?

TONY BARTONE: So, the Government did announce some initial funding measures in this year's Budget. And we welcomed that, but we did acknowledge from a GP point of view, GP services point of view, that, that 98 million was an initial start but nowhere near significant to deal with the access and the demand required for GPs to continue to deliver the care. Within our submission, it details very clearly the inequities when it comes to GP funding through the MBS of aged care and the complete mismatch of the way incomes in practice consultations are rebated compared with in aged care facilities. We need to address that, that is number one.

Number two, we talked about the funding, and clearly the Government is aware, as Annie said, when they announced a Royal Commission, they knew that there would be an expectation of a significant increase in funding. But, you know, there's a flip side. Each time an ambulance and crew is called to take a patient unnecessarily to hospital, that's a significant cost, usually to the State health care system but it's still a significant cost. There's the ED visit and presentation, that's significantly more expensive than a visit by a trained GP to the facility. That's what we've got to really think about when it comes to funding – that, you know, it's a bigger picture. We can't just look at the one-line item. And, at the end of the day, what the Government is aware is that we're talking about older Australians who have a right to care, and I'm sure they're conscious that they need to step up to the plate.

ANNIE BUTLER: And together today, one of the things that we are calling for is mandated minimum staff to resident ratios in aged care. And what we know from where we've implemented ratios, throughout the country here in Australia and Victoria but particularly in Queensland, the University of Pennsylvania is doing a full evaluation. Since 2016 from those ratios being implemented, we can quantify exactly how much money is being saved by investing in appropriate workforce in the public health system.

So we know, as Tony says, while it's going to take investment, we're going to save money in the long term. Most importantly, we're going to prevent suffering. And we're going to provide proper, decent, dignified care.

QUESTION: Dr Bartone, are you worried that violence will increase if lockdown laws are relaxed in Sydney?

TONY BARTONE: The position regarding alcohol and the responsible serving of alcohol goes back a significant number of years. We know that the evidence has shown that there has been a decrease in violence since those lockdown laws have been announced.

Now, the local authorities and the State Government will have to look at that carefully and make sure that there's appropriate provisions to ensure that safety continues. But, at the end of the day, responsible consumption of alcohol is more than just lockout laws. It goes to the heart and to the culture of the way we look at alcohol as a recreational drug, you might say. As a pastime. We need to have a wider discussion about the responsible measures when it comes to alcohol use.

QUESTION: Tony, recently I had a plumber come over to my house and it cost \$240, in which a call out fee was \$120. Do you think GPs deserve to be paid more money to visit aged care sites?

TONY BARTONE: Well, certainly in our submission to the Aged Care Commission, we detail this point exceedingly clearly, that lack of comparison when it comes to the remuneration when GPs are visiting a facility. Now regardless - let's leave comparisons aside - at the end of the day we're talking about as much as an 89-minute trip from the surgery to the facility and back, with the appropriate delivery of care and the appropriate recording and an initiation of the management plan. That 89 minutes results in an overall fee of \$85, with, as we say, \$37.60 for each subsequent patient that's seen after that.

That in itself tells you, when we're talking about complex and older Australians with multiple problems- the evidence shows that many of them are up to are on up to 9.4 medications as an average. That underlines how complex their needs are. So it's not just a quick drop in and visit and go. These complex visits need to be appropriately rewarded. And I think you've outlined the case exceedingly clearly.

QUESTION: How compelling is the case for a push for longer term prescriptions. The Government says it considering it. Do you think it needs to make [indistinct]?

TONY BARTONE: So when you say longer term prescriptions-

QUESTION: [interrupts] for people on [indistinct]

TONY BARTONE: So more quantities of it. Yes. So the PBAC has made some recommendations - the Pharmaceutical Benefits Advisory Committee, they're the experts in this field. They've made the recommendations. And they've really outlined the case for it. Where there's an established management plan, where the patient is stable and having ongoing care delivered under the auspices of a treating family medical practitioner, they should be allowed to have longer term quantities prescribed, to ensure that they don't have to go back and pay an extra dispensing fee, an extra component for their care, if it's obviously working and being managed appropriately. So the PBAC has made the recommendations. And we support the independent umpire.

QUESTION: Can I ask for your thoughts on the medicines listed on the PBS today and so the time it's taken to get some of those medicines added?

TONY BARTONE: Okay. So there's two parts to that. Our TGA is one of the safest regulatory environments in the world. So obviously it will absolutely look at all the evidence.

Then it goes through a number of other processes and, of course, the PBS is the ultimate regulatory authority which makes the decision of what comes to the market at either price of just over \$40 dollars or \$6.52 for concessional cardholders, which forms a significant part of population. Affordable access to medicines is an important part of our system. Our PBS is respected and renowned around the world. And whatever investment a Government can put into the PBS to ensure timely and appropriate care, in terms of affordable medications, is a good thing.

Now, there is a bit of a long regulatory channel but that all starts with having the appropriate safety and regulatory process being ticked off, ensuring that there is a benefit to the patient and to the taxpayer as a whole, and then making obviously the necessary announcements.

I applaud the Government's decisions today. But, obviously, there are always going to be more drugs, more medications that need to be funded and brought back to the system. And so anything to expedite that process is a good thing.

ANNIE BUTLER: We should just add that it's very important how those medications are managed. So both the AMA and the AMF welcome some of the improvements announced today. But that's not going to solve some of the issues around medication management in aged care. Tony mentioned earlier the average number of medications that people are on in aged care is 9.4 medications. They are all on those medications because of the complex conditions that these people have, but people need to be able to understand the interactions these medications have, the effects they have. What to do when a medication is working, not working, is having side effects. So it's critically important once again, that we make sure we have the appropriate workforce in aged care doctors and nurses and other professionals working together to make sure that we manage these issues. Because the announcements today aren't getting any help for people living in aged care.

QUESTION: Just one other issue as well, the heartburn drug Zantac is being recalled in a number of countries, including Canada and France. Should Australians be concerned?

TONY BARTONE: As I've already mentioned today, the TGA is one of the safest and most thorough regulatory regimes around the world when it comes to protecting its public regarding effective and safe communication usage. At this stage, the TGA has issued some guidance around the nitroso compounds that are present in some of the brands of ranitidine, the medication that we are talking about. But it has made a decision that, at this stage, it doesn't need to be recalled or taken off the shelf. Now we need to have confidence in the capacity and the capability of our TGA. And we're guided by that information at this point in time. But clearly this is a watch and monitor situation, and we work closely with the TGA to ensure that the Australian public remains protected.

All right. So, just in summary, today it was all about our older Australians and putting the care back into aged care. The care that cannot wait. We thank you for your time and we ask you to remember our older Australians, our relatives, our senior members of our community, when it comes to making their issues front and centre at a time when they've largely been forgotten and

because of other factors. And when their voice is not being heard at the appropriate time. So thank you again.

ANNIE BUTLER: Thank you very much. We thank you for helping us to deliver this message.

30 September 2019

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