



Key Staff of Aged Care Homes Expressed Experience of GP Services

Locum Services

Delayed Attendance

*'The GP could not attend the ACH (due to illness) and said to call a locum to attend the resident. The locum was called at 1.30pm and did not arrive until **1.20am** the next morning. Its dreadful for a confused resident to be woken at that hour, and sending her to casualty is a poor alternative'*

'Locums never attend before 7pm'

*'The locum finally came at **3am**'*

'The locum service rarely attend before 7pm. At least they keep us informed during the day as to their progress'

'The locum had still not arrived by 5am. Then eventually said it was because of car trouble and to call the GP in the morning'

'GP covering for usual GP was sick and locum wouldn't / couldn't come until after 5pm, so we sent the resident to casualty'

'The resident was in agony all day with an unbearable itch – not life threatening enough to send her to casualty - she didn't want to go anyway –but the poor woman was suffering so. The locum finally came at 4am – the resident had finally fallen asleep exhausted – how could we wake her then?'

A resident may come back from hospital with medication changes. To have to call a locum for a medication chart is ridiculous'

Reluctance to Prescribe Care

'They won't even take a BP. They just scribble in the notes and say to get the resident's GP tomorrow, or send the resident to hospital'

'It's a waste of time calling one - you just know it's a waste of time'

'They just say, call the GP in the morning'

'Some locum's prescribing and diagnosing is lacking because they don't know the resident and also won't listen to staff'

They won't change anything because its not their patient'

'Attendance for a death certificate can be delayed and they can be reluctant because it's not their resident'



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Continued.... Locum Services

A Good One!

'There is only one good GP (Dr Miles) providing a locum service – its just luck if you get him. The others are useless'

Ethics???

'One locum GP even tried to sell me additional services – he said he would come out privately if we paid him'

'We had a GP who used to go and sit in his car in the car park between seeing patients because he thought he could maximise his benefits (claiming the full visit including travel for each'

Residents Without a GP

'The GP of a new resident admitted this morning refuses to continue and the practice is only across the road, 3 minutes away! This new resident is an insulin dependent diabetic and was transferred from home with no medical notes or insulin. We phoned the GP and no one could find any insulin records. We ended up having another GP prescribe the best he could'

'Some of our residents don't have a GP'

'GPs don't want to continue with their patients once they become a resident'

'GPs take the opportunity to cease with a patient when they go into an ACH'

'Not enough GPs'

'Some GPs will not come once their resident is in aged care. We've even had to get a locum to admit new residents'

Misjudged Officialdom and Disincentives

'The Aged Care Standards and Accreditation Agency assessors queried that so many of our residents are attended by the GP from a nearby clinic and whether we had respected the rights of our residents regarding their choice of doctor. We're just fortunate that GP is willing to take on residents without a GP'

'Those who do give good service and look after many residents are then investigated by the HIC. It doesn't seem fair'

'It's a shame that their work is not acknowledged by the HIC with real incentives'



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GP Overload

'The GPs seem busier – overwhelmed almost by their workload. They have less quality time to spend with residents and are relying on the ACH staff more'

'Even GPs are finding it hard to attract GPs to work in their practices'

'The GPs who attend are overloaded and cannot / will not take on any other patients'

Poor Teamwork or Regard for ACH Protocols or Lack of Understanding

'GPs who visit and don't let anyone know they've seen the resident, especially when you've asked them to come'

'If the GP does not liaise with us when prescribing care it can have a negative affect on our funding, brings us under scrutiny with the Standards Agency or cause tension with the resident's family. For example, a GP may direct that the resident is to have a particular intervention by nursing staff three times a day. This may be due to pressure from a family member. The intervention may be impossible with the staff available, we may know the resident will refuse or it may be outside our responsibility to deliver that in the ACH'

'We understand that GPs can't be involved in everything but it would help if some understood our complex funding system and reporting requirements. If they document thoughtlessly or don't collaborate with us, it can adversely affect our viability. The validation teams from the DoHA can downgrade us thousands of dollars'

'You call the surgery to see where the doctor is and the receptionist says they attended the ACH already. They think you're pretty silly not knowing. We know they're busy, but do they ever consider we have 59 other residents and maybe 12 other GPs to look after'

'GPs who attend at awkward times such as meal times, especially when they don't let us know they're coming'

'When the GP arrives unexpectedly it's difficult. There may be only 2 staff on at teatime and one is doing medications and we're assisting residents with their meals (feeding them)'

'Discrimination still exists. I'm a male RN1 and if there is another female RN1 working with me, it is not unusual for male GPs to seek my input and ignore her'



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What Do ACHS Do Well in Regard to GP Services

Teamwork and Systems in Place

'Many GPs recognise the work of nurse. They work with us and endorse our role with the patients and families. This is rewarding when some residents and families still see the GP as god'

'Our nurses have everything ready for the GP. It ensures the GP is not delayed unnecessarily'

'We have a professional approach. We prepare for their visit to save them time and don't call them for trivial things'

'We give good palliative care, and teamwork with the GP is essential for that'

'We make ourselves available to assist the GPs. We have everything ready and good systems in place'

Protocols and Systems

'We have a GP Communication Book. Each GP has a section. There is a list of their residents and we can leave the GP notes about them. Also anything else that the GP needs to sign or review such as medication reviews, incident reports or pathology results'

'We've trained them well. Really though, we guide them to our systems and persist'

'We've everything ready'

'We have a system'

'Our home has a great relationship with our pharmacist who gives good service and advice and communicates constantly with us'

The GP case conferences with other members of the health care team on site during regular visits'

'The GP really knows each resident and sees them regularly so there is great continuity of care. It saves time for everyone'

'The Manager / UM is available for handover'

'We give plenty of notice that a chart needs renewing'

'We have all the paperwork ready and we complete any details that we can in advance'



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Friendliness

'We are very welcoming and approachable'

'We flirt with the GPs a bit and cheer them up'

'We make them welcome'

'We get on well'

What Would Improve GP Services

'More GPs who are prepared to visit our ACH'

'Government needs to make it worthwhile for GPs'

'Improved status for aged care and for the staff and GPs who attend'

'When the GP works with key staff in prescribing realistic interventions, the outcome for the resident is better'

'GPs need to get to know key staff and work with them'

'If only we could decipher their notes. Family asks what the GP decided and we look so foolish when we can't work it out'

'It has to be made cost effective for the GPs'

'More computers'

'If GPs had a better understanding of ACHs issues'