

## SSC5C Appendix 2: Elective Report

Elective subject: Aged Care

Location: St George Hospital, Kogarah, New South Wales, Australia

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Objectives:

1. Explore similarities and differences in the health care systems in Australia and the UK
2. Explore whether disease patterns are similar in the UK and Australia in the elderly population
3. What are the intermediate care services like in Australia?
4. Personal development - experience in Geriatric medicine and skills as a doctor

1. Explore similarities and differences in the healthcare systems in Australia and the UK

The healthcare system in Australia is a combination of public and private care. Hospital services are state government funded. Therefore, anyone who turns up to an Emergency Department in Australia will be treated for free. This includes visitors from other countries that need urgent care. There is a federal government funded system called '*Medicare*' which funds the majority of primary care and specialist outpatient services across Australia. This includes community Aged Care services. It is funded by citizen tax (1.5%) and central government funding. Any additional outpatient care required other than that provided by *Medicare* funding is paid for 'out of pocket'. The Australian healthcare system is similar to the National Health Service in the UK, which provides state-funded healthcare at the point of need for both citizens and visitors as well as covering the majority of community and specialist costs. In both countries there are some aspects of healthcare that are not covered by the government funded health system. These include dental care, optometry and some prescriptions. In the UK, patients with chronic health conditions or over the aged of 65 are allowed free prescriptions, otherwise they are usually required to pay a small fee. Australian prescriptions are also subsidised partially by the government and safety nets are also in place for those likely to spend more annually on prescriptions such as pensioners. In Australia patients also need to pay for ambulance transport, however in the UK this is included in the service.

Many citizens in Australia take out private insurance cover to allow for additional healthcare needs. There are two types of healthcare insurance. The first is specific to inpatient needs in both public and private hospitals and gives the patient flexibility to choose their own doctor and be in their own private room, amongst other benefits. The second is for extra cover on top of what *Medicare* provides. It mostly includes allied health services in the community such as podiatry, physiotherapy, dental care and ambulance fares. Citizens are encouraged to take out insurance before the age of 30 to keep their premiums low. There is an additional tax of 1% given to those with a high salary who have not chosen to take out private insurance, as well as reduced premiums for elderly people. Therefore the large number of those taking out insurance combined with the competition amongst insurance providers leads to lower premiums. As a result, private services are popular which takes less pressure off the public services, reducing waiting lists and increasing care quality and patient satisfaction.

Private services in the UK are available but are less commonly used. The premiums are higher and discriminate against those who have chronic diseases or who are likely to become unwell, including

the elderly. In addition, citizens of the UK are taxed around 4-10% of their salary to provide NHS services. Therefore there is less incentive to obtain private cover. As a result, the NHS hospital and General Practice services are often extremely busy leading to constant budgeting by the government and increasing taxing of citizens. There has been many debates on whether this has affected the quality of care.

During my time at St George Hospital I encountered many patients and healthcare professionals who were satisfied with the current healthcare system. I was placed in the public hospital, however there was private hospital in close proximity to it. Patients within the public hospital were asked on ward rounds and on admission to the emergency department whether they had private cover and advised of the benefits of having it if they did not. In Aged Care many of the patients were discharged to residential services. The nursing homes are privately funded similar to the UK and the rehabilitation or respite services are either privately or publicly funded. If the patient wants more choice and flexibility to their needs then private funding is a better option for rehabilitation. In both the UK and Australia private health cover does not contribute to nursing home fees or social care packages, but those unable to pay can apply for government funding. Each patient is assessed by social services to formulate the right long-term care plan to meet their individual needs.

2. Explore whether disease patterns are similar in the UK and Australia in the elderly population

Australia has a significantly large elderly population comparable to the UK. The world's population is aging and therefore there are more patients with non-communicable diseases, especially in developed countries such as Australia and the UK. In my experience of geriatrics in both the UK and Australia, the disease patterns among patients seem very similar. The inpatient cohort had largely presented with falls, acute cellulitis, delirium, urinary tract or respiratory tract infections and metastatic complications. Many of the inpatients and outpatients had some degree of dementia, most commonly vascular or Alzheimer's Disease. I could not identify any obvious differences between pharmacological treatment regimes and multidisciplinary care of these patients. The elderly patients I saw were often on polypharmacy for common conditions such as hypertension, diabetes and heart failure. In addition they often have a number of social care and rehabilitation needs following discharge and were assessed in turn by the multi-disciplinary team.

3. What are the intermediate care services like in Australia?

Each patient in the hospital is assessed by the multi-disciplinary team including physiotherapists, occupational therapists and social workers before being discharged. Elderly patients often need some additional rehabilitation or a social care service on leaving the hospital. In Australia there are both state-funded and private rehabilitation residential or day-centre services, which patients can be discharged to in order to meet rehabilitation targets before going home. These services includes daily physiotherapy, occupational therapy or speech therapy. Many of the patients at St George would be referred to these services on discharge for a limited amount of time. Often the patient would be assessed by the rehab establishment before they were confirmed as being suitable for the rehab service. Private services are tailored more to what the patient requests. In the UK, intermediate care services are available both privately and on the NHS (for limited time periods) to provide rehabilitation services in a similar fashion to Australia.

Community Aged Care services are primarily funded by the Australian federal government. They include basic nursing care, as well as other forms of multi-disciplinary care which can be delivered in the community at patient homes or residential care homes. This is similar to NHS district nursing

services available in the UK. In addition to this, St George Hospital has a *Quick Response Program* designed to rapidly organise a discharge care plan for suitable patients in the emergency department and bridge the gap between Aged Care community and acute care. It avoids unnecessary hospital admissions and provide cares more suited to patient needs.

Palliative care can be provided in the patient's home, in residential care homes, in hospitals and in palliative care hospices. The National Palliative Care Program is a government program which funds these services.

#### 4. Personal development - experience in Geriatric medicine and skills as a doctor

The Aged Care elective at St George Hospital has affirmed to me that I enjoy working with elderly patients and I have a keen interest in general medicine. I have taken part in ward rounds and ward work on both the Aged Care wards and Medical Assessment Unit, which has allowed me opportunities to practice history taking and examination, as well as seeing an interesting variety of cases. I have shadowed the intern (junior) doctors and helped them with daily jobs such as cannulation and conducting memory and cognitive assessments. I have also attended outpatient clinics and a number of Aged Care meetings depicting fascinating case studies on patients. Overall I have gained valuable experience in Australian health care and geriatrics and I hope to return one day as a qualified doctor.

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