



## AMA SURVEY OF GP SERVICES TO RESIDENTIAL AGED CARE FACILITIES SUMMARY OF RESULTS

On 28 May 2008, the AMA sent out via email a web based survey questionnaire to help inform policy development with respect to the delivery of GP services to aged care. The survey was successfully sent to 3385 email addresses that were extracted from the AMA database.

The survey closed on 20 June 2008, with the AMA receiving 750 responses.

A summary of the results of this survey are detailed below.

### Respondents – Demographic information

#### Percentage of respondents that visit RACFs versus percentage of respondents that do not visit RACFs

Percentage of survey respondents that visit RACFs	75.2 percent
Percentage of survey respondents that do not visit RACFs	24.8 percent

### General demographics

	Overall	Do visit	Do not visit
Percentage of survey respondents that were male	70.2%	72%	64%
Percentage of survey respondents that were female	29.8%	28%	36%
Average age of survey respondents	53.34 years	52.5 years	56.06 years
Average years in practice of survey respondents	25.86 years	25.32 years	27.68 years
Average number of doctors in the practice		5.3 doctors	5.68 doctors

### Location of respondents

	Overall	Do visit	Do not visit
Metropolitan	40%	39%	41%
Outer metropolitan	20%	18%	27%
Regional	20%	21%	17%
Rural	20%	22%	12%
Remote	1%	0%	2%

### Activity profile of respondents that visit RACFs

Average number of visits to an RACF per month	8.36 visits
Average number of patients seen per visit	4.77 patients
Average face to face time with each patient	13.12 minutes
Average amount of non-contact time for each patient	13.2 minutes
Average time away from surgery while visiting an RACF	1 hour, 47 minutes

### How has the activity of respondents who visit RACFs changed over the last 5 years

Number of respondents that said the number of visits they make to RACFs had increased over the last five years	41.52%
Number of respondents that said the number of visits they make to RACFs had remained relatively constant over the last five years	36.84%
Number of respondents that said the number of visits they make to RACFs had decreased over the last five years	21.64%

### Reasons why respondents said that they had increased the number of visits they made to RACFs

Through initiatives run by the local division of general practice	5.07%
Ageing patient profile	25.35%
Enjoy the work	13.36%
Sense of obligation	19.82%
There is no one else because other GPs are cutting back on RACF visits	27.19%
Other reasons	9.22%

### Reasons why respondents said that they had decreased the number of visits they made to RACFs

The practice is too busy	18.18%
Patient rebates are inadequate and do not compensate for lost time in the surgery	22.73%
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	11.82%
Chosen to specialise in other areas of general practice	5.45%
Reduction hours of work	12.73%
Better opportunities to share the work with other doctors in the practice	7.27%
Older patients staying in their home	3.64%
Other Answers	18.18%

### Respondents that currently visit RACFs indicated that over the next two years they would:

Increase the number of visits to RACFs	15.95%
Maintain the number of visits to RACFs	44.45%
Visit current patients, but not visit new patients in RACFs	16.73%
Decrease the number of visits to RACFs	15.37%
Stop visiting RACFs	7.39%

**Respondents that currently visit RACFs were asked to nominate steps in order of priority that should be taken to encourage more visits to RACFs**

<b>First priority</b>	
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	71.52%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	13.33%
Improve IT facilities at RACFs	9.29%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	4.44%
Increase funding for local Divisions	1.41%

<b>Second priority</b>	
Improve IT facilities at RACFs	29.64%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	29.42%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	20.26%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	17.06%
Increase funding for local Divisions	3.62%

<b>Third priority</b>	
Improve IT facilities at RACFs	30.68%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	26.59%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	21.14%
Increase funding for local Divisions	11.36%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	10.23%

**Analysis of the responses from respondents that do not visit RACFs**

**How many respondents stopped visiting RACFs in the last 5 years**

Percentage of respondents that stopped visiting RACFs at some point during the last 5 years	44.63%
Percentage of respondents that had not visited an RACF during the last 5 years	55.37%

### Reason why respondents decided to stop visiting RACFs

The practice is too busy	10.42%
Patient rebates are inadequate and do not compensate for lost time in the surgery	8.33%
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	4.17%
Chosen to specialised in other areas of general practice	30.21%
Reduction hours of work	15.63%
Other Answers	31.25%

### Primary reason given for not having visited an RACF in the last 5 years

The practice is too busy	11.84%
Patient rebates are inadequate and do not compensate for lost time in the surgery	36.84%
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	7.89%
Chosen to specialised in other areas of general practice	7.89%
Reduction hours of work	14.47%
Other Answers	21.05%

### Respondents that do not currently visit RACFs were asked to nominate steps in order of priority that should be taken to encourage more visits to RACFs

First priority	Percent
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	68.31%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	13.38%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	13.38%
Improve IT facilities at RACFs	3.52%
Increase funding for local Divisions	1.41%

Second priority	Percent
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	34.06%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	26.81%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	20.29%
Improve IT facilities at RACFs	15.94%
Increase funding for local Divisions	2.90%

<b>Third priority</b>	
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	18.46%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	33.08%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	12.31%
Improve IT facilities at RACFs	24.62%
Increase funding for local Divisions	11.54%