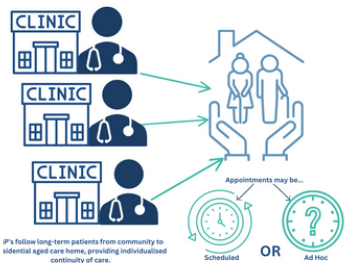





# Primary Care Models in Residential Aged Care Homes A Guide for General Practice

This resource provides general practices with a quick reference to primary care service delivery models used in Residential Aged Care Homes (RACHs), drawn from *Models of Primary Care in Residential Aged Care Homes*. The handout is designed to support GPs and practice teams in considering how they deliver care in aged care settings, highlighting four models that can help ensure timely, coordinated, and sustainable care: Traditional Model, Cluster Model, Aged Care Specialty Model, and After-Hours Model.

	TRADITIONAL MODEL	CLUSTER MODEL	AGED CARE SPECIALTY MODEL	AFTER HOUR MODEL
Model of Care	 <p>GPs follow long-term patients from community to identical aged care home, providing individualised continuity of care.</p> <p>Appointments may be... Scheduled OR Ad Hoc</p>	 <p>Group of GPs from the same practice or different practices providing services to the one RACH on a rostered basis.</p>	 <p>GP specialising in aged care providing care to many residents within one RACH allowing for scheduled, proactive and preventive care.</p> <p>An Aged Care Specialist GP may provide services to a varied number of aged care homes.</p>	
Key Features	<p><i>Residents are seen by their regular GP, either routinely or ad hoc, prioritising continuity but limited by availability.</i></p> <ul style="list-style-type: none"> <li>Continuity of GP–patient relationship</li> <li>Episodic, responsive care</li> <li>Multiple GPs per RACH</li> </ul>	<p><i>A group of GPs share responsibility for all residents through a roster, ensuring regular visits and coverage.</i></p> <ul style="list-style-type: none"> <li>Routine scheduled visits</li> <li>Rostered GP coverage</li> <li>Shared responsibility across GPs</li> </ul>	<p><i>GPs with focus on geriatrics, dementia, and palliative care service multiple RACHs.</i></p> <ul style="list-style-type: none"> <li>GPs with aged care expertise</li> <li>Regular, proactive visits</li> <li>Strong familiarity with resident needs</li> </ul>	<p><i>Residents access urgent care outside business hours via deputising services, telehealth, or hospital partnerships.</i></p> <ul style="list-style-type: none"> <li>Access to urgent care after hours</li> <li>Supports escalation and triage</li> </ul>
Considerations	<ul style="list-style-type: none"> <li>Variable GP availability</li> <li>Challenges for chronic disease management</li> <li>Limited after-hours coverage</li> </ul>	<ul style="list-style-type: none"> <li>Less resident choice of GP</li> <li>Requires administrative coordination</li> </ul>	<ul style="list-style-type: none"> <li>Limited GP workforce with this focus</li> <li>Risk of burnout and succession issues</li> <li>Need for after-hours protocols</li> </ul>	<ul style="list-style-type: none"> <li>Locum/deputising GPs may lack resident familiarity</li> <li>GPs reluctant to provide after-hours cover</li> </ul>
Enablers	<ul style="list-style-type: none"> <li>Strong community GP networks</li> <li>Established information-sharing systems</li> <li>Incentives broaden teams with nurses and allied health.</li> </ul>	<ul style="list-style-type: none"> <li>Proximity of RACH to practices</li> <li>Formal service agreements</li> <li>Incentives support nurse–GP partnerships to maximise RACH time</li> </ul>	<ul style="list-style-type: none"> <li>Incentives support nurse–GP partnerships to maximise RACH time</li> <li>Accreditation eligibility for new business models (e.g. solo GPs without traditional clinics)</li> </ul>	<ul style="list-style-type: none"> <li>Deputising services reduce GP burden</li> <li>Shared models across multiple RACHs</li> </ul>
Opportunities	<ul style="list-style-type: none"> <li>Supports resident choice</li> <li>Promotes continuity with existing GP</li> </ul>	<ul style="list-style-type: none"> <li>Greater sustainability</li> <li>Less burden on individual GPs</li> </ul>	<ul style="list-style-type: none"> <li>Improved care quality</li> <li>Growth of a specialised workforce</li> </ul>	<ul style="list-style-type: none"> <li>Prevents unnecessary hospital transfers</li> <li>Enhances resident safety and continuity</li> </ul>

## Summary of Key Enablers

In addition to the enablers identified within each model, three overarching factors are shaping how primary care can be delivered in Residential Aged Care Homes (RACHs):

1. **General Practice in Aged Care Incentive (GPACI):** Funds proactive care, regular visits, and stronger GP–patient relationships, while supporting team-based models that maximise GP time.
2. **Workforce:** Sustained care depends on GPs, nurse practitioners, allied health, and emerging roles that build continuity and on-site capacity.
3. **Telehealth and Digital Tools:** Virtual consults and monitoring expand access, reduce hospital transfers, and enable timely specialist input.