Supporting Primary Care in Residential Aged Care
A guide for RACH managers

National MyMedicare PHN Implementation Program

phn COOPERATIVE An Australian Government Initiative

phn GOLD COAST An Australian Government Initiative

This resource provides Residential Aged Care Homes (RACHs) with an overview of four primary care service delivery models drawn from *Models of Primary Care in Residential Aged Care Home*: RACH-Led, Hospital-Led, Nurse-Led, and After-Hours. It outlines key features, considerations, enablers, and opportunities to support RACH managers and staff in strengthening primary care within their facilities.

	RACH LED MODEL	HOSPITAL LED MODEL	NURSE LED MODEL	AFTER HOUR MODEL
Model of Care				
Key Features	**The RACH employs or contracts GPs to provide care for all residents. Care is integrated into the team, often with co-located consulting rooms.**	**Hospitals or multipurpose services auspice RACHs or provide in-reach services. Designed to manage higher acuity needs and prevent unnecessary hospital transfers.** *Example - Gold Coast Health RACF Acute Support Service (RASS) - Supports acute care needs in RACHs. Provides outreach, inreach, and telephone triage services with access to senior doctors and nurses.*	**Nurse Practitioners (NPs) provide on-site care, either general or specialist (e.g. palliative), usually in partnership with GPs for governance.**	**Care provided outside business hours through deputising services, telehealth, or hospital partnerships.**
Considerations	**Recruitment and retention of salaried GPs can be difficult. Business models need to balance compliance with sustainability.**	**Requires balance between hospital-level care and residential environment.** *Eg., RASS - Operates 8am–5pm, 7 days. Not to replace GP care but to support it.*	**Funding limitations may affect sustainability. Workforce shortages and role clarity issues can impact uptake.**	**Deputising services may lack familiarity with residents. GPs may be reluctant to provide out-of-hours cover due to workload.**
Enablers	**Dedicated clinical coordinator to support GPs. Strong evidence from international models where GPs are part of governance structures.**	**Partnerships with hospitals improve resident access to specialist and acute care. Integrated workforce models enhance sustainability, especially in rural areas.** *Eg., RASS Single point of contact for RACHs and GPs. Integration with local health services and mobile imaging support.*	**NPs increase capacity for timely assessment and intervention. Collaboration with GPs and hospitals supports integration.**	**Use of deputising services or telehealth relieves GP burden while maintaining resident safety. Clear handover processes support continuity.**
Opportunities	**Co-located/onsite clinics enable rapid access to care. Builds stronger collaboration between GPs and RACH staff.**	**Supports hospital avoidance and early identification of deterioration. Opportunities for staff upskilling and workforce development.** *Eg., RASS - Improves resident choice, reduces ED presentations, and supports continuity of care post-hospital discharge.*	**Enhances responsiveness to acute changes. Can address workforce shortages in rural areas and provide specialised services.**	**Opportunities for shared models across multiple RACHs. Supports hospital avoidance and ensures reliable coverage.**

National MyMedicare PHN Implementation Program

phn COOPERATIVE
An Australian Government Initiative

phn GOLD COAST
An Australian Government Initiative

Takeaway

Key Takeaways for RACHs

- Each model has unique strengths and challenges.
- Partnerships with GPs, hospitals, NPs, and deputising services are essential.
- RACHs may benefit from combining models to suit local workforce and resident needs.
- Careful planning of enablers (staff, funding, governance) can turn challenges into opportunities.

The Role of the General Practice in Aged Care Incentive (GPACI)

The GPACI is a key enabler across all service models in Residential Aged Care Homes. It incentivises general practices to provide residents with regular, proactive reviews, face-to-face visits, and coordinated care planning.

GPACI supports:

- RACH-led models by underpinning sustainable GP contracts and regular case conferencing.
- Hospital-led models by maintaining GP continuity when hospital clinicians provide in-reach.
- Nurse-led models by recognising nurse practitioner and practice nurse contributions to care planning alongside GPs.
- After-hours models by reducing acute episodes through planned in-hours care.