The Home Nursing Group
Productivity Commission Submission
May 2010

1. The Home Nursing Group is a small regional community care business, based in Armidale NSW. Founded in 1985 as the Armidale Home Nursing Service, we have since grown to c. 45 staff caring for c. 300 elderly and disabled clients in the New England and mid-North Coast regions of NSW. The majority of revenue is from the DVA (Community Nursing, Home Care and Military Compensation Commission programmes); with brokered CACP/EACH services and private fee-for-service clients coming second and third.
2. While we do not have extensive in-house resources to examine and develop policy suggestions, we feel it is important to provide our "first-hand" experience to the Productivity Commission's inquiry. Hence, we have kept this submission short.
3. As there have been numerous reports and studies into the impact of an ageing population, we will not repeat the key findings here. However, there seem to be several key themes among most studies:
    a. an overwhelming preference for older people to stay in their own homes as long as possible and avoid institutional settings at all costs;
    b. increasing fiscal pressure on the system;
    c. calls for more competition to enhance the connection between user pay approaches, better value for money and simplified access arrangements; and,
    d. a growing recognition of the need for more accountability and transparency.
4. We believe that community care will play a central role in caring for older Australians in the future, as it is well-placed to meet the challenges implied by the above themes.
5. We wish to stress that community care is not a simplified form of residential care, nor is it exclusively about services provided under the *Aged Care Act 1997*. We are a separate sector with more *complex funding arrangements* (our revenue comes from numerous Commonwealth, State and local sources, both directly and indirectly, as well as from private clients); *different working conditions* (caring for someone in their home creates a host of OH&S, infection control and confidentiality challenges); and a *more fragmented legislative/regulatory framework* (we fall under different Commonwealth and State rules for different types of service). Too often, community care sector is discussed as simply residential aged care, minus the capital costs. In reality it is much more complex and faces entirely different governance, management, financial and operational challenges.
6. In order to maintain their independence, older people require numerous different services in varying combinations at different times (e.g. home and garden maintenance, cleaning, meals, transport, medication checks/assistance, nursing care, etc.). This requires a flexible pool of funding available to buy different "baskets" of care for different people at different times. It also needs to recognise that "caring for the carer" will often be very important to ensure there is no deterioration in the health status for either partner. The current system is not very good at enabling this approach, nor does it allow a sufficient role for user pay initiatives. User pay in the form of co-contributions is critical to future success, as it will:
    a. ease the fiscal burden;
    b. help users better value the services they receive;
    c. enable the sector to set realistic pricing for its services; and,
    d. allow us to pay our workers a better wage.
7. We also wish to raise the role of care brokers/assessment agencies/case managers. We believe that community aged care services (whether DOHA-, DVA- or HACC-funded) should only be allocated to organisations capable of both care assessment/case management *and* care delivery, using their own staff. We suggest such an integrated approach would reduce inefficiencies, improve quality and increase accountability and transparency.