

## Submission

Points in short:

1. Holistic multidisciplinary approach to Health for the Aged  
Accessible allied health, mental health
2. Stop the doubling up of services  
Satellite services like APAC, Home Based Rehab, NSHNS, Transpac etc.
3. Separate Aged Care and Community Funding
4. Make community healthcare accessible & good transport

Working in Aged Care I feel very strongly about recent trends and the future of health care for the Aged. We all realise that this is a growing problem not only for the aging baby boomers but for the whole community.

To 1:

There is an increasing need for multidisciplinary and holistic input in preventative medicine, e.g. falls prevention, osteoporosis, weight management cardiac rehabilitation – only to name a few. Aged patients with Dementia or mental health issues need better access to support as do their carers. Good out-patient and community access which, I believe, is not being provided, could make a difference to expensive, long-term hospitalisation.

To 2:

Although not every health problem can be effectively addressed in every local area, I believe that some centralisation of services is necessary for access and cost effectiveness. Traditionally, the local hospitals used to provide a well rounded out-patient and community service. Unfortunately we saw these being eroded by the emergence of small satellite services each of which limit their service to a certain time frame and criteria. This has caused confusion, time delays in referrals and doubling of assessments of patients who are being shifted from one service to another. The time spend on referral and discharge verbal and written communication cuts into clinical treatment times and timely follow up.

To 3:

In the hospital system Aged Care, following an acute episode is currently taken 2<sup>nd</sup> and 3<sup>rd</sup> place even in a predominantly “over 65” demography area. Staffing and Funding cuts have been experienced for the benefit of the Acute Service, while the sub-acute Aged population has nowhere to go and is more than often causing bed block in acute wards. So long public hospital funding for acute services and Aged Care services is combined, the Aged will always loose out to the Acute Services.

To 4:

Community health services and support services like dental care, allied health services or mental health teams need to be accessible via affordable/free transport, sufficient disabled parking and shuttle-transport between facilities, like general and specialist clinics.