

## **Submission to Australian Government Productivity Commission July 2010**

As a health professional in the field aged care with experience in residential aged care, Aged Care Assessment Team, community and acute health services I have some concerns about the present state of the care of older Australians. My experience is in Rural NSW. These comments are my personal observations and hope they can be useful to the Commission in their deliberations.

The current system for providing care for older people has become extremely complex, disjointed and it is impossible at times for older people to access the services they require.

### **Community Aged Care Package (CACP) and Extended Aged Care in the Home (EACH)**

In reality a CACP client is more likely to receive 3-4 hours than 5-6 hours as documented in the Issues Paper. The number of hours per week is constantly being eroded by the lack of reasonable increase in the daily subsidy since the introduction of these programs. In rural areas transport also erodes these services as travel time is included in care hours.

The Issues Paper suggests that an EACH package is able to provide 15 – 20 hours of care per week. In my experience, it is more likely to be a maximum of 12 hours per week. To equate this to high level residential care is unrealistic.

Recipients of CACP and EACH packages are also at times required to accept service at a time that suits the service provider rather than the recipient. This has implications for their lifestyle and quality of life. There is limited weekend service.

There is a lack of service for older people who require more than a CACP but less than an EACH package.

There is lack of choice of provider due to the long wait for a package from any provider.

The one private provider who holds the only EACH packages maintains the waiting list and decides which older person will be offered an EACH package.

### **Lack of Access**

In the Rural area in which I work there is currently more than a 6 month wait for a CACP, longer for an EACH package and over the past two years Homecare services have been severely limited. As Homecare do not maintain a waiting list, frail, aged and disabled people who are referred when the branch is 'at capacity' just do not receive a service. This has resulted in older people requiring residential placement or surviving without the services they need as there is no alternative.

### **Continuity of Care**

There is lack of continuity of care in the community aged care sector due to the broad spread of service providers. An older person moving from a CACP to an EACH will often have to change providers as there are less providers of EACH than CACP. A recipient of a Department of Veteran Affairs service will often be required to change providers when their care needs increase as Veteran's Homecare providers may not have allocated CACP and EACH care packages.

### **Aged Care Assessment Teams (ACAT)**

The ACAT program has been a successful program, providing well trained multi-disciplinary health professional in the assessment of the needs of the older people with complex medical and social needs. This program should be maintained as the centrepiece of the Australian Aged Care System and be available to continue to provide older people with objective assessment and support in identifying services appropriate to their needs whether the services are Commonwealth funded or from other sources of funding.

### **Transitional Aged Care Program**

There are an increasing number of programs which require an ACAT assessment in order to gain access. This requirement can affect the timeliness of an older person entering the program and delay their discharge from hospital while they await the completion of the ACAT assessment. An example is the Transitional Aged Care Program. A very beneficial program for older people on discharge from hospital to assist in reconditioning and gaining increased strength but limited because of the requirement to have an ACAT assessment prior to admission to the program.

### **Ageing in Place**

There is confusion about the requirements for a residential aged care facility to provide 'ageing in place'. Hospital staff are required to ensure older people are discharged to a facility that is appropriate to their needs. However they are unable to ascertain if a facility has adequate staffing to provide an appropriate level of care to the older person.