

1 March 2011

Mr Mike Woods  
Deputy Chairman  
Caring for Older Australians  
Productivity Commission  
GPO Box 1428  
CANBERRA CITY ACT 2601

Dear Deputy Commissioner

**Re: Submission to the "Caring for Older Australians" – draft report**

The Productivity Commission inquiry into aged care has been carried out in great detail and depth. To all involved I offer my congratulations.

Aged care is very much in crisis. Many inquiries into aspects of aged care have been undertaken over the years but not many meaningful improvements introduced.

In 1985 my wife suffered a cerebral haemorrhage. A necessary operation left her with extensive brain damage and many health and functional disabilities. My role as principal carer for my wife over the past twenty-six years has enlightened me to the many improvements urgently needed to improve the care for older Australians. In January 2011 my wife became a permanent resident in a nursing home. It quickly became evident to me how desperately urgent the need is for extensive reforms and regulation to nursing home establishments. I have taken the opportunity to address several issues relating to aged care that need urgent action to be made available and so improve the aged care services.

## **Transport for nursing home residents to medical appointments, private practice or hospital clinics.**

A concern regarding the lack of suitable transport for aged people is addressed in the report but I don't believe that it was recognised that it basically doesn't exist. Recent experience has made me aware of the seriousness of the problem.

The following is an outline of the current position regarding the lack of suitable and accessible transport for nursing home residents in the South-West Sydney Area Health Region.

### **1. 'Community Transport Services'**

A recent request for transport for my wife to medical appointments and further inquiries revealed that Community Transport does not provide a service for nursing home residents. Many services are provided from private residence. Visiting; doctors, chemist, visiting friends, solicitors, shopping, the vets for pets and so-on but not for nursing home residents. *'This is how we care for older Australians.'* At the moment I transport my wife in our vehicle to medical appointments. Parking, or lack of, is a big problem. When I can no longer drive, what happens?

### **2. 'Ambulance Patient Transport.'**

This I am informed is a non-urgent transport service.

Ambulance patient transport can take people to and from medical and health services including outpatient hospital appointments, clinics and specialist services including outpatient hospital appointments, clinics and specialist services. However, to use the service for aged people is impracticable. Liverpool Hospital Cancer Therapy Centre distributes an information document that outlines the following:

*"Given this is a non-profit service there will be no set time of arrival and departure."* Patients and families or escorts are often subjected to long hours of waiting, depending upon the availability of the ambulance. Due to the limitations of this service, the Cancer Therapy Centre avoids this form of transport if it is at practicable.

### **3. 'Taxi Transport Subsidy Scheme.'**

The scheme is better than nothing but it does not provide the need for operators who are skilled and competent in the care and transport of older Australians. Provision of a suitable and reliable patient transport service needs to be immediately provided. When I became aware of the problem I was in a state of disbelief that such a non-service could have existed for so long. There are probably several factors that led to the lack of service. The people in need, the aged care residents, either can't or are not in a position to effectively raise the issue. Family members and carers don't realise the seriousness of the issue until they have need to access it. *'Not being a squeaky wheel it does not get the attention from the people that can fix it.'*

I trust that the Commission will agree with me and push toward a quick improvement regarding transport for aged care nursing residents.

### **4. 'Aged care workforce – Formal Carers.'**

It is well recognised that aged care services are labour intensive, particularly with formal carers and medical staff. As noted in the report appropriate training and increased staffing levels need to be addressed. The staff at my wife's nursing home are helpful and caring. However, it was noticeable that there is a shortage in required staffing levels, formal training appeared to be lacking and a workable and regulated infrastructure was not evident. Staff member I talked to conveyed to me that the nature of the industry and particularly the very poor wage structure was a major factor in the industry not being able to attract a suitable workforce in the necessary numbers. At times when I have requested help for my wife I have been told that they are busy with other residents and will respond as soon as they can. Frustration and irritability is often noticeable in some staff. My observation is that the level of care on the average is basic care. However, I believe that no patient's needs are deliberately overlooked.

Staffing levels and training is a major issue and the Government should address the problem without delay.

## **5. Medical and Allied Professionals.**

Inadequate access to general practitioner and allied professionals is pathetic in this day and age. It illustrates how little the community cares about its older Australians. Access to a (G.P.) or rather, delay in access is unacceptable and results in the use of other health services, such as hospital emergency services. In a situation where a decision has to be made, emergency or not, no (G.P.), ring an ambulance. Until the access to medical and allied health professionals is greatly improved the use of hospital health services may be the only safe way. If the Government is worried about so called inappropriate use of health services, let them immediately fix the cause. As I have pointed out in earlier comments the lack of suitable community transport does not help the problem.

## **6. Other support services. (Page 352 of the report.)**

After reading page 352 of the report it became very evident that transportation services were not investigated in the detail that is desperately needed. Four paragraphs to report on services that either do not exist or are totally impossible, or impracticable to access. This is the case in the South West Sydney Area Health Region. My response to transport problems is noted at the beginning of my submission. The Commission's proposal that transport schemes should continue to be 'block' funded is great. Two things are urgently needed, 1. Considerably increase in funding to upgrade the service; 2. Manage the correct use of funding so that it is not misused.

## **7. The Issue of Quality.**

Reading this section of the report was interesting. I can assure the Committee that I have many personal stories and they are based on fact not dreamtime or unfounded concerns. The report refers to a much improved accreditation process and yet there is still considerable variation in the quality of care delivered. It would appear that the regulations covering accreditation were not monitored and appropriate action taken.

During my twenty-six years as a carer, I have not seen useful changes. Accessing services and help was largely by good luck or on information supplied by another carer. I don't have a lot of faith or expectation regarding the various Government departments' embracement of the many recommendations or implementing them. I hope that I am wrong and if so will apologise.

My response has addressed only those problems in aged care services that I see in need of urgent reform and improvement. Without doubt there are many, many problems that need to be addressed and the Commission's inquiry has covered them in considerable detail. Having an input has helped me get some concerns off my chest. I hope my input is helpful.

Kind Regards

George T. Sadler

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Tuesday 1<sup>st</sup> March, 2011

