

To Whom it may Concern,

I am writing make you aware of the difficulties that are faced by people choosing to keep elderly relatives at home in Regional NSW. To make it easy I will simply list the challenges that I am currently facing. I will then make some suggestions as to ways to make this process less cumbersome.

1. All elderly people need to be assessed by two separate groups of health professionals to gain access to nursing care and equipment. Both of which are essential if we are to look after her at home. The ACAT team gets us access to the nursing support and we need an Occupational Therapist to gain access to the equipment. There are no OT's in Mudgee at the moment.
2. My mother-in-law is living in Mudgee – these people need to come from Dubbo – staffing shortages mean that I am being asked to wait 6 months for the assessment to be completed.
3. We cannot take her out of hospital until these assessments are done. I will leave it to you to work out the cost to our health care budget for this issue.
4. I cannot simply hire this equipment – and even if I can it has taken me four days on the phone to various people to gather this much information – this is because there is not a simple referral system operating to gain access.

How do we make this simpler?

1. All aged care nurses and GP's should be able to fill out the forms for their patients. We should not have to wait for nurses to travel from Dubbo to look at someone who, in our case is 89 years old, arthritic and suffering from dementia.
2. Community Health facilities should have hospital beds, commode chairs on wheels, walking frames on wheels that people can access with referrals from either an aged care nurse or their GP. At this stage I will probably have to go to Sydney to hire this equipment – or purchase it.

Gathering this information has taken me four days on the phone – I am a school teacher on holidays and previously worked as a Registered Nurse. I cannot imagine how anyone without this time and experience would find a way through this nightmare to get access to support to look after an aging relative at home.

If she was a terminally ill cancer patient, the system is easier and much more streamlined – there is no reason for this difference. Further there is no excuse for this difference – care at home is cheap, and better for the patient and the family. The benefits to everyone involved not only from an economic but from a psychological point of view cannot be understated. It should be the easiest option that we have – not the most difficult. Getting access to a hospital bed took one phone call to an ambulance and one hour. Once again I ask you to work out the impact on the economy of this situation. I am more than happy to answer any further questions that you have and would be happy to discuss our case in more detail.

Sue Spinner