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(Inq into better support for carers)

July 2, 2008

Committee Secretary
Inquiry into Better Support for Carers
House of Representatives Standing Committee on Family,
Community, Housing and Youth
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Secretary

I wish to make a submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth's Inquiry into Better Support for Carers.

As a Carer, for the past 5 years, I feel that my role is ...

To do what I can to improve my 79 year old father-in-law's quality of life, and trying to keep him out of a nursing home and in his own home as long as I can, and as he wishes.

I face the following problems ...

Hospital and Specialist Waiting Lists have caused me and I'm sure lots of other Carers stress.

I need help with ...

If HACC services could include mowing it would be a big help to him and me. With bad knees and eye surgeries this year it would help.

I think the Government can better help Carers by ...

Educating everyone, especially doctors, regarding public patient referrals, as to what the classifications, Category 1 (most serious), 2, 3 & 4 mean. Most doctors when asked to do a referral to a specialist feel just by sending in a non-specific referral, that they have fulfilled their obligation to their public patient, when they really need to be very specific as to the seriousness of the illness or medical problem. I found out the hard way that my father-in-law had a much lighter classification for both his knee and his eyes, only because the Doctor and Optometrist had failed to include important information. If you are classified a Category 1 or possibly a 2, you will eventually be seen, but a lower classification means a high likelihood of remaining on the list virtually forever. If everyone knows how they've been classified, then they can decide what they want to do about it.

On the subject of eye surgeries: Currently cataract surgeries are being covered, but more serious eye problems, in this case, a pterygium that is seriously restricting sight, is not being done under the public system. Current procedure with the specialist that did both cataract surgeries for my father-in-law, is that he did the

eye with 'the best outcome' first, meaning that the eye that the patient can see the best out of gets the first surgery, then at least 6 weeks recovery time before new glasses can be ordered. In this case, just after this 6 week period, he was scheduled for the second cataract surgery, so the doctor said to wait to order new glasses for another 6 weeks after that surgery. Then when glasses were ordered under the Glasses Scheme, the form stated that it would take 10 weeks. I asked if it was possible that I pay for it and then submit it to Medicare, but that isn't an option. This means that from November 2007 (after being on the list 2 years) when he had his first eye surgery until August 2008 when he finally receives his new glasses, it is only luck that will have kept an older man with bad knees from a serious fall. I only wear reading glasses, but I would sure hate to be without them for nine months.

There is light at the end of the tunnel, I received word this week that my father-in-law will be seen by a specialist for his knees next week, had I not pursued another more thorough referral from his doctor, after I found out his exact classification from the Patient Liaison Officer at the Base Hospital, he would have remained on the waiting list indefinitely and struggled on with lots of pain and falls.

Thank you for taking my views into consideration as part of the Committee's Inquiry. I look forward to reviewing any recommendations you make to improve life for Carers in Australia.