

To all Agencies associated with
"Planning Options and Services for People Ageing with a disability."
Review

In the March 2010 issue of "SA Carer" my attention was drawn to a Senate enquiry into the above matter.

My name is Robert Steed Gurr, age 80 years, and the full time Carer for my wife, Carlein Muriel Gurr, age 75 years.

7 years ago Carlein became the victim of Multiple Sclerosis, and after suffering numerous falls, I undertook the responsibility of a "Carer". Carlein has since developed numerous other disabling features, including osteoporosis, fractured skull, bed sores, incontinence and the need for constant monitoring of a suprapubic catheter, and its associated problems.

Carlein also has a total loss of mobility in her right leg and uses a 4 wheel walking frame for walking when out of the house, and a 4 wheel "scooter" to gain access to the living area of our house.

She is in the care of DFA Domiciliary Care, and the Clinical Professionals private nursing service.

It was not until November 2007, that I became aware there was a "Carer's Allowance" available to me. No agency or anyone, her GP and mine included advised us of the availability of this allowance.

I subsequently applied, and have been receiving the allowance since November 2007.

In the original "Health Professional Assessment" submitted to Centrelink, her GP certified amongst other things, that Carlein's overall condition was unlikely to improve, and the same statement was made in a review sought by Centrelink, conducted in October 2007.

If the GP had already certified that there was unlikely to be an improvement, why is it necessary to seek further confirmation.

I am presently trying to obtain another certificate for Carlein's GP, for yet another review, however the GP is very busy, and has not yet been able to find the time to complete the review. Centrelink advise my allowance may be terminated unless I forward the GP's certificate within 2 weeks. I am in no emotional position to hassle Carlein's GP to hurry up with the papers.

Carlein was assessed by the ACAT group in March 2009, as being eligible for “low level” respite care of 63 days per year. I was assessed to the same level of respite care in April 2009, following a stroke.

In July 2009 Carlein received a letter from the Australian Government Department of Health and Ageing, that it would not be necessary to have further reviews of her disabilities. If it is sufficient for one Government Department to recognize that Carlein is disabled and needs no further review, why does Centrelink need to insist of a further review.

Is it not time the two Government agencies spoke to one another.

I encourage this example be passed on to the persons making decisions in the abovementioned Planning options etc.

My quality of life, should not include continual intrusion by unnecessary investigation. It spoils the reputation of those agencies that give good service!

Thank you,

Rob Gurr.

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