

**Submission to the Inquiry into palliative care services and home and community care services in Queensland.**

Submission 17

Author: Neil Springell



**Current issues with access to HACC services**

- Lengthy waits (often more than 2 months) for HACC assessments, especially where a local Queensland Health assessment is required (as when various services are likely to be needed by a client).
- Needy clients are being turned away merely on the basis of age. (If under 65 years, clients have been told they are ineligible for HACC services.)
- Extreme interpretation of HACC guidelines regarding the likelihood of admission into institutional residential care – making many referrals not being assessed and thereby not accessing services.
- No central information repository which is accessible to clients, regarding available HACC services by district.
- Confusion about the access, eligibility, and provision of HACC services, Disability Queensland direct services, NGO disability services, ACAT options (CACP, EACH), and DVA services (for Gold Card holders).
- General Practitioners often refer elderly clients to the Aged Care Assessment Team, and these same clients are subsequently referred on to Community Health, when really they require HACC services, and should be referred to a HACC assessment team.

**The expected impact of the separation of HACC services on basis of age**

- Likely continuing confusion – especially regarding Disability-funded services (some being under the CSTDA) and HACC services (predominantly Commonwealth funded).
- From 1<sup>st</sup> July 2012, HACC assessments for people under 65 years of age are being undertaken in the Cairns Region by Commonwealth Carer Respite Centre / Bluecare (1800 600 300, [accesspoint@bluecare.org.au](mailto:accesspoint@bluecare.org.au)). However, this is only an assessment service.
- It is likely that HACC assessment services are only located in regional centres. There is concern that there may be a lack of trained professional staff to undertake timely HACC assessments in rural and remote parts of the State.
- It is not clear as to which other NGO services will provide the appropriate level of direct service provision (such as personal assistance services, showering, toileting, etc.)
- Palliative clients under the age of 65 years are likely to require HACC services, but these services are not made readily available to these younger folk, which is a major concern.

**Suggested alternatives or changes**

- Consider expanding the Local Area Network arrangements within Disability Services, and/or providing funding for non-government agencies to operate with appropriate levels of funding (especially adding costs for travel) to provide outreach nursing and allied health assessment and support in rural and remote parts of the State to potential HACC-eligible clients under the age of 65 years.
- People with permanent medical conditions or disabilities who are under the age of 65 years and ready for hospital discharge require immediate access to HACC-type services and cannot wait until a Disability funding round. Flexible funding arrangements should be put in place to cater for clients' immediate needs.

### Facts and evidence upon which my views or recommendations are based

- Queensland Health has significant levels of staff scattered throughout the State, including rural and remote locations. This includes nursing staff, allied health professionals, and administrative staff.
- Disability Services has much fewer staff on the ground in remote locations, and much fewer allied health staff in the less populated districts.
- Rural and remote parts of the State rarely have ready access to locally-based HACC assessment services and/or HACC delivery services.
- As it has already been extremely difficult for younger disabled persons to access HACC services, even in regional cities, it is highly likely that the accessibility of services in the remote localities will become even more difficult.
- The cost of HACC assessment and service delivery in remote areas would appear to very much cheaper than having to provide regional city-based hospitalisation or residential care living arrangements for people under 65 years of age who have permanent disabilities.
- The strain on carers should not be underestimated. Provision of support arrangements through HACC services can considerably reduce the high levels of stress experienced by carers of frail aged people and people with disabilities.