

House of Representatives Standing Committee on Ageing: Aged Care in Rural and Remote Western Australia

The Health Consumers' Council is an independent community based organisation, representing the consumers' 'voice' in health policy, planning, research and service delivery. The Council advocates on behalf of consumers to government, doctors, other health professionals, hospitals and the wider health system.

The Health Consumers' Council is the auspicing agency for the Rural Consumer Participation Project. This initiative is based on the Strategic Quality Plan, implemented by the Health Department of Western Australia, in which 'strengthening the consumer voice' in health decision-making is one of the foremost initiatives.

In 2002 several community consultations were held through out rural and remote Western Australia. From these consultations consumers identified gaps in rural health systems that prevented/inhibited elderly people living the rest of their days in their local community.

There is a large demand for aged care facilities from low to high level care. In bigger rural centres, such as Albany, Geraldton and Bunbury, the demand is adequately met. In not such larger centres such as Carnarvon and Port Hedland the hospital has a limited number of aged care beds and then it flows in to the general public wards. In a majority of these cases elderly people aren't ill but require supervised care that they can't receive at home and the hospital is the only alternative. An aged care home/hostel, with different levels of care, would adequately meet their need. In some cases it may only be viable to have one level of care available due to a large demand.

In Carnarvon, pop. 6500, there is no aged care hostel and the hospital has only ten permanent beds. Demand far exceeds supply with majority of elderly residents having to move to Geraldton or Perth and away from their families. Similar case in Port Hedland and many other rural centres.

It is hard to say how to address the situation because it always comes down to funding. You don't want to take money away from hospitals because they are already stretched but the community is an ageing one and preparations need to be made for it. It is far more viable to have frail aged people occupying a bed in an aged care hostel/nursing home rather than a hospital. Funding opportunities, though available, need to be promoted more with many existing community groups and hostels unaware that such funding opportunities arise or exist. In the short term costs, infrastructure, building, will outweigh benefits, free up hospital beds and lower cost, but it must be seen as a long-term gain for the community.

On a positive note many Wheatbelt towns and South West communities have gone with a Multi Purpose Service approach which allows them to pool state and federal funds together and achieve more flexibility in providing health services. Communities that have taken this approach

have found that the aged care demands are met through HACC services, hostels or nursing homes and wouldn't have been able to achieve this via old hospital system. Many rural consumers who went through this change were at first resistant to the idea but now positively comment on the benefits of the MPS. This only works between populations of 1000 to 5000 but with a declining rural community some towns may have to look at this option.

The good health of the elderly is of vital importance. The Department of Veteran Affairs has realised this and developed a 'quality of life' program. Obviously by having a healthy community it decreases the chance of needing medical services in the present and future. The purpose of this program is to give veterans, war widows etc a choice of what programs they would like to participate in. It is not only physical stimulation it can be mental to. All veterans have a voice in what they would like to participate in and the Department of Veteran Affairs tries to cater to the arrangement. Obviously not everyone will get what he or she wants but at least they are getting a say in what programs to be involved in. It is building a program from the bottom up but importantly being supported from the top.

In numerous occasions many elderly programs aren't developed with community input and not specific for rural areas. Eg Designed for the metro area but used in the country as well were it isn't suited or no input has been derived from. Those programs that are successful only have funding for a limited time and are country orientated and never seem to be renewed even though much enjoyment and satisfaction was derived from the program. All that was gained from over the years of the project was lost in a matter of months.

I think a leaf out of the Department of Veteran Affairs book needs to be taken when trying to enhance the quality of life of elderly people. Each rural community is unique and so are the elderly citizens who live there and that is why it is hard to use a generic design to suit every mould of a rural community. A core source of funding should be made available with local communities able to apply for grants, to a certain limit, in which the outcome will enhance the quality of life of the aged. By doing this, the community is involved and responsible for improving the standard that was already in place. It is more community driven. This may already exist but as mentioned before the promotion and advertisement of these available grants is poorly done.

If you would like a copy of any of these policies or submissions please phone (08) 9221 3422 or email info@hcc-wa.asn.au