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From: Dorothy Vigors [REDACTED]
Sent: Thursday, 15 February 2024 7:57 PM
To: Aged Care Legislative Reform
Subject: HELPFUL CHANGES TO AGED CARE LEGISLATIVE REFORM
Attachments: RE: HELPFUL CHANGES TO AGED CARE LEGISLATIVE REFORM [SEC=OFFICIAL]; Re: HELPFUL CHANGES TO AGED CARE LEGISLATIVE REFORM [SEC=OFFICIAL]

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Dear Sirs,

I hate to be categorised as a One Trick Pony, so I have two issues, one of major importance and the other of what would seem insignificant unless you are 87 years of age, disabled and no longer driving.

1. The inflexible requirement to have an Occupational Therapist become involved in the assessment of need for further medical aids, the entire buying process and ultimate inspection of whatever item this is, and there is no way that the customer (such as myself) can know ahead of time what those charges are likely to be.

It has been my experience that the best Occupational Therapists are those employed in our hospitals, as they are close to the daily routine of a patient and have a great knowledge of the equipment which would be suit the need. This is not always the case with some Occupational Therapists, who now I suspect feel so empowered, that as there is no alternative to using their services, their knowledge is limited, the patient may well have a very clear idea of what would help them, having in most cases been hospitalised for some length of time, and may have a good idea of what is available in the market place.

It may not surprise you that here I speak from personal experience and it has made the process for me drawn-out and quite stressful, and even as I write this I am trying to get finality from a person whom I consider is stretching things out for the financial reward.

For this reason I believe this field should be able to provide what their charges are and what is covered in their attendance in the home. Other carers are required to advise the costs which they will charge per service. It would I believe remove the problems which I have had, and the need for me to research the equipment available and if the OT does not know before, they will afterward, and hopefully be better prepared for their next engagement.

I understand how these services could be recommended by other medical practitioners who under pressure would not be able to provide this In Home service, nor would they be likely to have a wide knowledge of what is available in this fast moving world. However, making a provision that gives the exclusive right for this such necessary equipment should also bring with it the need for them to be transparent.

2. Sorry it took so long to attend to No.1, so here I shall be brief. I am, as already stated 87 years and disabled, and one of the problems which the last changes made in January 2024 was to remove my ability to have a hairdresser come to my home and simply cut my hair. It was all I required and I am long past the age of wanting anything else provided. Washing my hair is in my domain, and I have a mobile hairdresser who comes to me and we both move to my back porch, where the whole process takes about 10 minutes, and for this, as she states I am out of her area, I pay \$95, and with short hair this is required about 9/10 times per year, so its cost is not inconsiderable. No foils, coils, shampoos, hair colouring. I am sure that there would have been room for much puffing, powdering and colouring. But we home confined old ladies still need our hair cut. As I said, it may seem petty, but to me and to a few others I know it has become a problem. Taxis to hairdressers, most of whom are in large shopping centres, a carer to accompany them, and taxi home is a huge cost to the taxpayer. Small but important.

With my sincere and thoughtful suggestions

Yours faithfully,

Mrs. Dorothy Vigors

