



Productivity Commission Inquiry into Caring for Older Australians

Macular Degeneration Foundation

Submission

21 March 2010

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Introduction

The Macular Degeneration Foundation has major concerns following the recent release of the draft enquiry report of the *Productivity Commission - Inquiry into Caring for Older Australians*.

The MD Foundation outlined in detail the issues related to this area and recommendations in the original submissions to the Commission *Inquiry into Caring for Older Australians* 30 July 2010.

The Macular Degeneration Foundation's concerns were increased following the release of the Productivity's draft enquiry report on *Disability Care and Support* on 28 February 2011.

The Concern

The problem is simple and structural in nature.

There is a clear gap emerging between the recommendations of the two Productivity Commission draft reports.

This gap exposes the elderly (who are legally blind or have major vision loss) to falling between the care provisions for the two sectors - disabilities and aged care.

Consequently there appears to be a lack of co-ordination across these two Productivity Commission draft Reports resulting in a major gap between disabilities and aged care.

Unless a solid bridge is built between the two areas of Government there will be a huge gap through which very vulnerable, elderly people will be exposed.

The Productivity's draft Enquiry Report on *Disability Care and Support* outlined recommendations related to a proposed National Disability Insurance Scheme. (NDIS).

It recommends that the scheme cover up to 65 years of age and then the aged care system will be the pathway of care.

So if you are over 65 years of age and you have a disability at 70 years of age, you need to be accommodated for all associated needs and services in the aged care framework; yet there is no such clear pathway provided in the draft enquiry report of the *Productivity Commission - Inquiry into Caring for Older Australians*.

Age- related Macular Degeneration (AMD) is a disease of the ageing- the primary group being 70 and 80 years. You go blind in your later years, the very age when many access aged care services and facilities. You are most likely to be both severely disabled and aged.

The draft enquiry report of the *Productivity Commission - Inquiry into Caring for Older Australians* does not in any way cover the issues associated with such special needs in the areas outlined in the MD Foundation's submission to the Commission (30 July 2010)

An example Low Vision Aids and Technology

For three years now the MD Foundation has been working to ensure accessibility and affordability of low aids and technologies for the blind and vision impaired. There are gross inequities across Australia with a disparate, clumsy system that rests upon “where you live determining how well you can read”.

A hearing aid is currently subsidised and made affordable and accessible for people within an aged care setting. Mobility aids are also available and facilitated through ACAT or residential care facilities.

It is just, if not more important, that low vision aids and technology are subsidised and made affordable and accessible for people with a vision disability.

Correspondence from Federal MPs, as a result of a campaign by the MD Foundation and representations by the MD community to their local member, highlights that the matter will be considered under the Productivity Commission’s Report *Disability Care and Support*.

There is a clear outline in the Productivity Commission’s draft Report *Disability Care and Support* related to aids and appliances, under the NDIS.

However, then as stated, the report recommends the NDIS not cover the over 65 years age group - those over 65 years will not be able to access the NDIS, yet there is no accommodation in the aged care framework for this critical issue.

Recommendation

The Macular Degeneration Foundation recommends that the Commission, in its final report - *Inquiry into Caring for Older Australians*, undertake the following:

1. Reviews the alignment between the two major Productivity Commission enquires *Inquiry into Caring for Older Australians* and *Disability Care and Support*.
2. Ensures that the large special needs group – the aged and the vision impaired and blind are not lost in the gaps between the proposed schemes and frameworks across two portfolios of Health and Ageing and Disabilities.
3. Ensures that the special needs and the provision of aids and services for those over 65 years who are outside the NDIS provisions, especially those who acquire Age-related Macular Degeneration and any other serious disability, be reviewed for incorporation under the Productivity Commission *Inquiry into Caring for Older Australians*.
4. Ensures that the Age-related Macular Degeneration special needs group, who have paid their taxes throughout their life and through no fault of their own have a disease in later life which causes them to go legally blind, have their needs and interests

addressed in the Productivity Commission *Inquiry into Caring for Older Australians* final report.

5. Provides a framework with the key criteria being prevention, early intervention, equity of access and a continuum of short and long term care based on individual and special needs which will promote independence and quality of life.
6. Ensures the Aged Care Framework (ACF) incorporate the needs of people who have vision loss due to MD.
7. Address the MD and low vision education and training of aged care workers within retirement villages, Aged Care Assessment Teams (ACATs), Home and Community Care (HACC) agencies, Veterans' Affairs, and residential care.

About Macular Degeneration

Macular Degeneration is the name given to a group of degenerative retinal diseases that cause progressive loss of central vision. Impairment of central vision results in a loss of detailed vision which includes the ability to read, recognise faces, drive a car, and see colours clearly and any other activity that requires fine vision.

MD is the leading cause of blindness and severe vision loss in Australia, affecting one in seven people over the age of fifty. It is hereditary with a fifty per cent chance of developing MD if a family history is present. MD is caused by genetic and environmental factors. Risk factors include age, family history, smoking and diet and lifestyle factors.

It is often called AMD or Age-related Macular Degeneration (defined as developed after the age of 50 years) and is a disease which can result in physical disability. It affects many people within the aged care community, including people who live at home, in retirement villages or in residential care. MD can restrict activity and independence and affect quality of life.

Many people with MD require assistance from family, friends or carers with daily living activities, and in some cases personal care. MD currently presents a 'gap' in the continuity of care within aged care services. MD should be considered as a medical condition and included within the provision of adequate and appropriate 'health care' to older Australians.

About the Foundation

The MD Foundation's vision is to reduce the incidence and impact of MD in Australia and it works on behalf of the entire MD community which includes people with the disease, their family and carers. The Foundation promotes early intervention and prevention of MD through its information, education, and communication programs. Furthermore, the Foundation encourages independence and quality of life for people with MD through its support services and referral to low vision rehabilitation services.