

CPSA SUPPORTS NSW POKIES GOING CASHLESS



IN the run-up to the NSW Election in March this year, if re-elected, the NSW Government has vowed to introduce a cashless gaming card. Details of how the card would work are still sketchy. But it is obvious that cards should be set up in a way to avoid players losing more money than they can afford to lose.

This card would be used as the sole way of playing gaming machines, or 'pokies', as they are better known. So, before sitting down in front of a machine, you would nominate your limit and load money onto your cashless gaming card.

Winnings would no longer spill out of the machine in a clatter of coins. They would simply be added to the balance on your cashless gaming card.

According to the 2019 NSW Gambling Survey, just over half of NSW adults gamble.

Just under 2 per cent of those who gamble are "problem gamblers".

They would have suffered catastrophic losses, such as their home, life savings, gotten into debt, and lost their family.

Over 5 per cent are "moderate risk gamblers". They would have suffered big losses. They have managed to stave off financial ruin but may have damaged relationships and hurt their families.

Over 12 per cent are "low-risk gamblers", who lose more money to gambling than they and their families can afford.

Altogether, that's about 20 per cent of NSW gamblers, who either lose everything they've got and get into debt, or who lose more money than they can afford.

It means one-in-five people you see sitting down in front of a poker machine in your club is among that number. That's a lot.

Ten years ago, the CPSA Annual Conference adopted a policy for "CPSA [to] actively campaign on

harm reduction strategies on poker machine gambling".

It will therefore come as no surprise that CPSA, in the lead-up to the 2023 state election, supports the introduction of a cashless gaming card.

CPSA is also calling for bi-partisan support for the cashless gambling card.

In New South Wales, total gambling turnover is in the order of \$100 billion annually.

Physical gaming (card, roulette etc) and gaming machines account for something like 85 per cent of this turnover. Almost all of that is spent on pokies, some 91,000 of them.

Most gaming machines in Australia are poker machines. These offer quick games, over in a flash. This means gamblers can lose large amounts of money very quickly.

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Letters

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Dental shake-up needed

I AM 83 years old, and all my life I looked after my teeth, but I now need a root canal treatment.

My dentist said, he doesn't do root therapy. He told me to go to an endodontist.

The endodontist charges \$500 to decide what needs to be done and \$3000 for the root therapy.

I can't afford extras on my private insurance so I have to pay cash.

How can anyone afford this?

I lived in England for a few years. People of pension age get free treatment.

Please try to push for something to be done about getting free dental for older people and young children.

Mary Kovacs

(The public dental health system should be able to help you, but the system is overloaded and underfunded. Ed.)

Downsizing can cut pension

I AM concerned with this new legislation allowing you to downsize your home and place the proceeds of the sale into your super.

If you are a couple that live in a home worth \$800,000, have about \$400,000 in your super, your home is not counted

towards the assets test. So, your home does not affect your pension. Your super is also below the assets test which is currently \$419,000.

If you sell your home for \$800,000, buy a smaller home for \$500,000 and place the remaining \$300,000 into your super, your super is now \$700,000.

This means your super is \$280,000 over the assets test. For every \$1,000 you are over the assets test, you will be deducted \$3 per fortnight. This means you will have a \$840 deduction per fortnight from your pension.

All pensioners need to be aware of this.

Manfred Glagau

Wallet management

DO you know the numbers on all your cards in your wallet?

I would be hard pressed to list all the cards in my wallet, let alone list the numbers of each card.

A quick, effective solution: photocopy each side of your cards and put that list somewhere where you can find it if you need it.

Update the list when you acquire new cards.

Easy solution should your wallet ever be lost or stolen.

Anne-Marie Kestle



COMBINED PENSIONERS &
SUPERANNUANTS ASSOCIATION

Donations, Bequests, Membership and THE VOICE subscriptions

Membership is open to all who support the aims and objectives of CPSA

- I'd like to **renew** my membership or join CPSA as a Member and enclose my individual Membership fee of **\$15** (Includes a free annual subscription to THE VOICE, valued at \$32). I agree to be bound by the CPSA Constitution and uphold the Objectives and Policies of CPSA. I support the CPSA Objectives. I have not previously been expelled from CPSA or, if I have been expelled, I have attached a copy of my CPSA Executive exemption.
- Please send me information about my nearest Branch.
- I do not wish to join CPSA but would like to subscribe to THE VOICE (1 year—\$32.00 incl. GST).
- I belong to an organisation and would like information about how we can become a Branch or an Affiliate of CPSA. (NB: Branches are covered by CPSA's \$20 million Public Liability Insurance.)
- Please add a \$5 / other: _____ donation to my membership so I can be a CPSA supporter. (All donations above \$2 are tax deductible.)
- Please send me information about making a bequest to CPSA in my will.
- Yes, I agree to CPSA using my mobile number to send me information and other Member communication.
- Yes, I agree to CPSA using my email address to send me information and other Member communication.

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Payment details (for credit card):

Name on card: _____ Card Number: _____

Expiry: _____ Amount: _____ Signature: _____

Please send to: CPSA, Level 3, 17-21 Macquarie St, Parramatta NSW 2150

Australia out of step with OECD

PENSIONERS in other OECD countries have the privileges of pensions without vacation time and portability restrictions, nor the ridiculous deeming of income and assets.

Citizens in these countries have the liberty/freedom to work and earn what they wish and to own what they have, as long as they pay their fair share of tax.

Neither do they have to report what they earn on a fortnightly basis.

Margie Peters-Fawcett

PBS contributions rise steeply

WE read in The Sunday Telegraph of 1 January 2023 that CPSA stated the rise of 7.3 per cent in pensioner scripts was huge, going from \$6.80 to \$7.30.

We agree and hope this rise is looked into.

We are Aged Pensioners, and the pension is our only income. We are in private rental, which is a higher cost than public housing.

So, we ask can CPSA please tell the Government this is unacceptable and will make our cost of living even more strained.

Spencer and Gloria Watling

Send a letter to THE VOICE

THE VOICE, CPSA
Level 3, 17-21 Macquarie Street,
Parramatta NSW 2150
voice@cpsa.org.au

You must include your name for the letter to be published, though this may be omitted in publication if the letter contains personal information. Letters may be edited for length and clarity.

CPSA Funding

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From page 1

With 20 per cent of gamblers encountering adversity, it follows that 80 per cent of gamblers in NSW gamble problem-free.

CPSA is not anti-gambling, but any reasonable person would accept that gambling also ruins lives of a significant number of people.

Public policy should be geared to minimising that damage. This should be done through sensible policies.

We need sensible policies that maximise the chances of those that are at risk from gambling to survive and where possible to kick the gambling habit.

If that means those who are problem-free gamblers foregoing the winning clatter of coins for a quiet increase in their cashless gaming card balance, isn't that worth it?

Fresh input on your pensions and payments

THE Australian Government has announced it will be establishing an Economic Inclusion Advisory Panel.

The panel's role is to review and report on the adequacy of income support payments and to provide advice to the Government about how to best support those on the lowest incomes. They'll be required to produce a public report at least two weeks prior to each Budget.

The panel will be led by Minister for Social Services Amanda Rishworth and Treasurer Jim Chalmers and will include experts such as academics, advocacy organisations, peak bodies and economists.

CPSA Constitution and Annual Report

Please ring Head Office on 1800 451 488 if you would like a copy of the CPSA Constitution or CPSA's 2021/22 Annual Report to be posted to you. Alternatively, copies can be obtained online at

www.cpsa.org.au/about-combined-pensioners-and-superannuants-association/

Enabling legislation for the panel will be introduced soon, but the panel will be formed immediately in an interim capacity to give it plenty of time to prepare for the May 2023 budget.

CPSA has previously campaigned for the establishment of a body like this to take the politics out of setting income support and to ensure that everyone has an adequate standard of living with all of their basic needs met, no matter their circumstances.

The over five million Australians receiving income support payments are can easily fall into poverty, and this has wide ranging impacts on health and wellbeing.

Those relying on income support payments are more likely to be experiencing rental stress, skipping meals, putting off receiving medical care or not using heating in their homes.

The establishment of this panel doesn't guarantee that income support payments will be increased since their recommendations aren't binding, but at the very least forces current and future governments to consider the adequacy of these payments regularly.

It's the first time there's been a mechanism requiring governments to review payments before every Budget and with the annual reports being publicly released, they'll be held accountable by the public too.

With any initiative like this only time will tell if it makes any difference, but a statutory review mechanism triggered whenever the federal Government is preparing a Budget has got to be an improvement.

Donations

THE VOICE publishes donations to CPSA of \$35 and over. All other donations are most welcome and equally appreciated.

Diana Brookes	\$100
Donald Brooks	\$35
Pat Jessop	\$35
Annette Kiernan	\$35
Max Littlefield	\$100
Rod McFadyen	\$50
Shirley Waring	\$35
Lee Warn	\$55

CPSA News

Here are your pension and related indexation dates for 2023

EVERY pensioner knows that their pension gets indexed twice a year on 20 March and 20 September. But there's lots of other things that also get indexed and they all work slightly differently.

So, what changes should you expect this year and when?

First things first. On 1 January indexation occurred for the Pharmaceutical Benefits Scheme (PBS) co-payment and the safety net threshold. Usually both the co-payment amounts and safety net thresholds would be indexed according to the Consumer Price Index (CPI).

The concessional co-payment for PBS scripts increased by 50 cents from \$6.80 to \$7.30 on 1 January. This is a far greater increase than normal owing to the high rate of inflation. CPSA has commented publicly that the Australian Government must provide cost-of-living relief for pensioners.

The PBS Safety Net threshold for concession card holders increased on 1 January from \$244.80 to \$262.80. Concession card holders will receive their PBS medicines for free for the rest of the year after they reach this threshold.

Next, you'll see lots of changes on

20 March.

The Age Pension, Disability Support Pension and Carer Payment are indexed according to whichever scores highest out of the CPI and the Pension and Beneficiary Living Cost Index (PBLCI). They are then also benchmarked against Male Total Average Weekly Earnings to make sure they keep up with wages. In March, your pension supplement will be indexed according to the CPI.

Also in March, the upper assets and income limits for part pension eligibility will be indexed. This is the maximum amount you can earn and own before your pension is completely cut off.

Other payments, like the JobSeeker Payment, Parenting Payment and Special Benefit, will be indexed at the same time according to changes in the CPI.

Finally, the Commonwealth Rent Assistance is also indexed in March. Both the maximum rate and the rent threshold you must pay before you're eligible are always adjusted based on the CPI.

In July the assets and income limit for a full rate pension will be indexed. This only happens once a year.

July is also when the asset thresholds are set. The income limit for when the higher rate is applied will be adjusted based on the CPI.

These have recently been increased, so it remains to be seen if they will be changed in July.

And then come 20 September everything that got indexed on 20 March will change again.

This means that pensions, pension supplements, part rate pension limits, other payments and Commonwealth Rent Assistance are all adjusted twice a year.

Despite the goal of maintaining the purchasing power of the pension and other social security payments, the reality is quite different and indexation doesn't always keep up with inflation.

Your pension is only indexed twice a year and you're left to play catch up for six months.

Then there's rent assistance, which is only CPI-indexed regardless of what rents are doing.



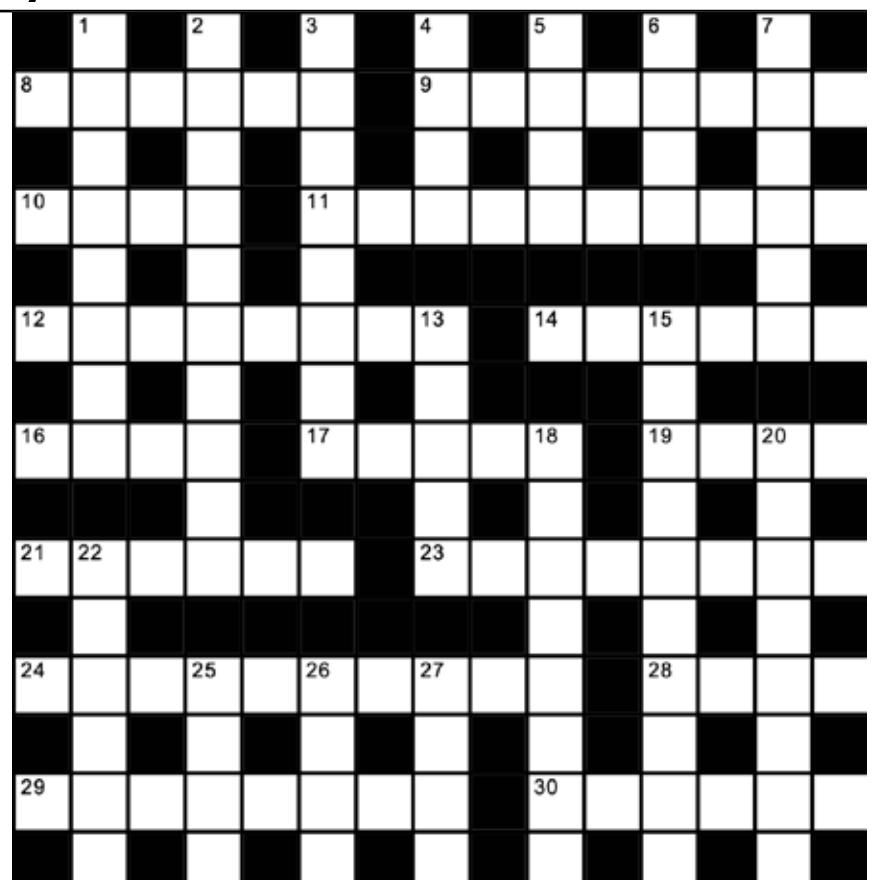
Crossword by Luke Koller

Across

- 8 Sight
- 9 An educator
- 10 Words on paper
- 11 Taken with a camera
- 12 Not today
- 14 Have an existence
- 16 Thought
- 17 A low woody perennial plant
- 19 Serene
- 21 A team member
- 23 In a dreamy manner
- 24 Eaten at lunch
- 28 Put in a horizontal position
- 29 Most festal
- 30 Idea

Down

- 1 What a fire needs
- 2 A lexicon
- 3 What good 22 down does
- 4 Food thickener
- 5 Herb of the Pacific islands
- 6 Large mammal
- 7 A shellfish
- 13 Involving the entire earth
- 15 Not finished
- 18 The formal act of approving
- 20 Sweet on a stick
- 22 A person who guides others
- 25 Soil
- 26 Decorated with icing
- 27 Headgear



Solution on back page

Is power pain relief coming?

IN December, the National Cabinet Meeting brought together ministers from federal, state and territory governments to talk about some big issues.

What issue is bigger at the moment than energy prices?

Wholesale energy prices for the September quarter were over three times higher than last year. The Federal Budget predicted that this will only keep rising.

With cost-of-living pressures being felt by everyone, a bit of relief is sorely needed.

This is where the four-pronged Energy Price Relief Plan comes in.

The first part of the plan involves a mandatory code of conduct for the gas industry. This includes a price cap of \$12 per gigajoule of gas for new wholesale sales.

Price caps will also be introduced for coal in New South Wales and Queensland. This limit will be \$125 per tonne.

Both of these measures will be temporary, finishing by the end of

2023.

The hope is that controlling the wholesale price of energy will have flow on effects for consumers and put downward pressure on energy bills.

Perhaps the most interesting part of this plan is up to \$1.5 billion dedicated to directly supporting households and small businesses. This money will be split between states and territories and used to reduce power bills.

These discounts will be applied directly to power bills rather than through a cash handout. By doing this the Government hopes to not further fuel inflation and increase costs down the line.

Importantly, this will be targeted relief. That means Commonwealth Seniors Health Card holders, pensioners and others receiving income support payments will be getting the bulk of the discounts.

This part of the plan will also be temporary and is intended to start in the second quarter of 2023.

The last step of the plan is to secure the future of energy in



Australia. This involves the already announced Rewiring the Nation plan and the newly announced Capacity Investment Scheme.

Together the aim of these is to invest more in renewable energy and make Australia's energy infrastructure more reliable.

Whether this will all actually help ease power bills is yet to be seen.

Treasury modelling estimates that all together this will save the average household \$230 over a year compared to prices with no intervention. These impacts will be felt as soon as the June quarter next year.

But with such big price hikes expected, this will likely only mean the increase to bills is less than it would otherwise have been. It might be a long wait before any real decrease to power bills is seen.

Who can get antiviral treatments for COVID-19 when?

OLDER people continue to be vulnerable to the impacts of COVID-19.

It remains very important that they protect themselves from the devastating impacts of COVID-19, said the Minister for Aged Care and the Department of Health's Chief Medical Officer in an open letter in December.

They point out that, fortunately, there are now effective medications to help those at the greatest risk of developing severe illness from COVID-19.

You may have already had COVID-19. In that case, you may already have taken these medications as tablets or capsules.

Perhaps you have family and friends who have used anti-COVID-19 medication.

Oral antiviral treatments are safe, effective and available to those

aged 70 or over who test positive for COVID-19. If you are over 70, testing positive is enough to qualify for anti-viral treatment. You need not have symptoms or other risk factors.

People who are 50 years or older and have two additional risk factors are also eligible.

Aboriginal and Torres Strait Islander over-30 with one risk factor are also eligible for the oral antiviral treatments.

These antiviral treatments are saving lives. Talk to your family and your doctor about your COVID-19 treatment options.

You will need a prescription for the treatments following a positive COVID-19 test.

Planning ahead and talking to your family and doctor to give consent will help to ensure you have rapid access to antiviral treatments. This is important, because these medications must be taken within five days of symptoms starting.

The sooner these treatments can

commence, the greater their chance of success in reducing severe illness.

These medications are generally also safe to take again every time you get infected with COVID-19.

But prevention is better than the cure. Wearing masks in crowded indoor spaces is the best way to slow the spread.

Vaccination remains the best way to protect yourself from severe illness due to a COVID-19 infection.

It is important to stay up to date with your COVID-19 vaccinations.

Healthcare experts are learning more about COVID-19 every day. They are monitoring the latest research in Australia and internationally.



COVID rampages on but nobody cares anymore!

RESEARCH has shown that despite increasing COVID-19 case numbers, the emergence of variants new to Australia and warnings of a new wave, nearly two thirds of Australians are complacent about the risks of infection.

The research has been conducted by Pfizer Australia, which has an obvious interest in keeping the COVID-19 pandemic front and centre in the public mind. However, the Pfizer research does make sense and confirms what anyone can see around them: few people wearing masks in busy places and on public transport.

The Pfizer Australia research showed that compared to a year ago, nearly two thirds of Australians believe the worst of the COVID-19 pandemic is now over. A similar number is now less concerned about the impact of COVID-19 in their community.

Around half feel less concerned about their personal risk of serious illness and slightly more than half think others around them, including family, friends and work colleagues are also less concerned about their personal risk.

Professor Robert Booy, Infectious Diseases Specialist and Paediatrician, University of Sydney, has warned against complacency during the

current wave, stating: "Protection against COVID-19 infection requires several steps, including ensuring your vaccinations are up to date, practicing COVID safe behaviours and ensuring if you do test positive to COVID, you act fast by talking to your GP to learn if anti-viral medicines are right for you."

"Recent Federal Government data has shown COVID-19 still poses a very real risk to the health of our communities as we move into a new wave of infections, specifically to those at higher risk of serious illness. The fact that one in three Australians are less likely to test for COVID-19 when they experience symptoms or consult their GP if they test positive compared to a year ago is of concern. Testing earlier means people can seek medical advice sooner and can access anti-viral medicines faster if they are eligible", Professor Booy noted.

Tanya Hall, Chief Executive Officer and Founder, Hearts4heart, urged Australians to remain vigilant. "This research shows that one in five of those at higher risk, like those over 70, those with health

conditions like heart disease, lung disease or diabetes, and Aboriginal and Torres Strait Islander people are less likely to test or see a GP if they experience COVID-19 symptoms. These people are more likely to suffer serious illness including hospitalisation from COVID-19, so it's important these groups act fast by speaking to their GP if they test positive".

The Actuaries Institute's COVID-19 Mortality Working Group estimates deaths from COVID-19 in the first ten months of 2022 are approximately 9,800. This makes COVID-19 the third leading cause of death in Australia for January – October 2022. It is expected to also be the third leading cause of death across the whole of 2022.

Older Australians are at higher risk from COVID-19 infections. If you do experience COVID-19 symptoms or test positive, you should act fast by seeking medical advice from your GP, or by calling HealthDirect's helpline (1800 022 222) to find out if you are eligible for anti-viral medicines.



Big changes for Buy Now, Pay Later

AUSTRALIA has pretty strong legal protections for consumers using traditional credit products such as credit cards, payday loans and consumer leases.

But with the rise of new credit products like Buy Now, Pay Later (BNPL), the wild west is back. Hardly any laws apply. And they're so easy to apply for.

That's not to say that these newer products are completely unregulated. The Buy Now, Pay Later Industry Code of Practice is followed by almost every BNPL provider.

It requires providers to be transparent with all information.

They must be fair with any fee changes. There has to be a strong complaint handling process. They must take into account customer vulnerability.

But the Industry Code places the burden on the consumer to tell the provider any problems they might have. This is unlike the Credit Act which has Responsible Lending Obligations to make sure that providers ask about the consumer's financial status and that they verify that their product won't cause financial hardship before providing it.

The Industry Code also doesn't require providers to hold an Australian Credit Licence, meaning that they don't have to comply with the same general conduct

obligations.

In general, the Industry Code just isn't as thorough as the Credit Act. So, there are lots of loopholes that open up consumers to harm.

The Government has launched a consultation process on regulating Buy Now, Pay Later with an options paper laying out a few possible ways forward.

Here are some of the big issues caused by the lack of regulation that they want to address.

BNPL causes poor consumer outcomes and financial hardship.

BNPL charges excessive consumer fees and lacks clear product disclosure practices.

Consumers are often encouraged to use it for essential purchases like groceries and utilities.

Three options to address this are explored in the paper.

The light option is to fix up the Industry Code and make providers use an 'affordability assessment'.

A slightly heavier touch is to make BNPL follow some relevant sections of the Credit Act. This would mean BNPL providers have to get an Australian Credit Licence and follow modified Responsible Lending Obligations. In addition, the Industry Code would be fixed.

Lastly, the heaviest option would be to change the Credit Act. This would make BNPL follow all the same requirements that apply to other cards.

BNPL only makes up around 2 per cent of all Australian credit

and debit card purchases but it is quickly growing. There's no reason this market shouldn't be regulated just as heavily as traditional credit

products.

Otherwise, we'll only see vulnerable consumers continue to be taken advantage of.



Australia behind the eight ball in cancer detection

THE University of New South Wales says that Australia is lagging in vital cancer detection technology and practice.

Despite the benefits, liquid biopsies are still not a standard clinical tool in Australia. They should be because Australia as a vast country with sparsely populated and serviced regional and remote areas is where liquid biopsies in cancer detection and management can make a huge difference.

According to the University of NSW's Associate Prof Therese Becker, there are several barriers to be overcome before liquid biopsies become the norm in Australia. These barriers include refining the liquid biopsy technology, collecting clinical trial data on a large scale, and securing buy-in from clinicians

and patients.

A solid tumour biopsy can be painful, invasive and sometimes not even possible depending on the location of the tumour.

"If you're in a rural area and you need to have a biopsy, you need to travel to a major centre because essentially what you're having is an invasive procedure," said Dr John Lock, who is a cancer researcher at UNSW Medicine & Health and the Ingham Institute for Applied Medical Research.

What if you could get the same information about your tumour with a simple blood draw? That's where the liquid biopsy comes in.

The liquid biopsy is performed using blood and other bodily fluids. Cancers release entities such as genetic material (DNA) and tumour cells into the blood stream, which are called circulating tumour DNA and circulating tumour cells.

"It transforms the experience for the patient. A liquid biopsy means that essentially you go to your GP and the sample travels, not you," Dr Lock said.

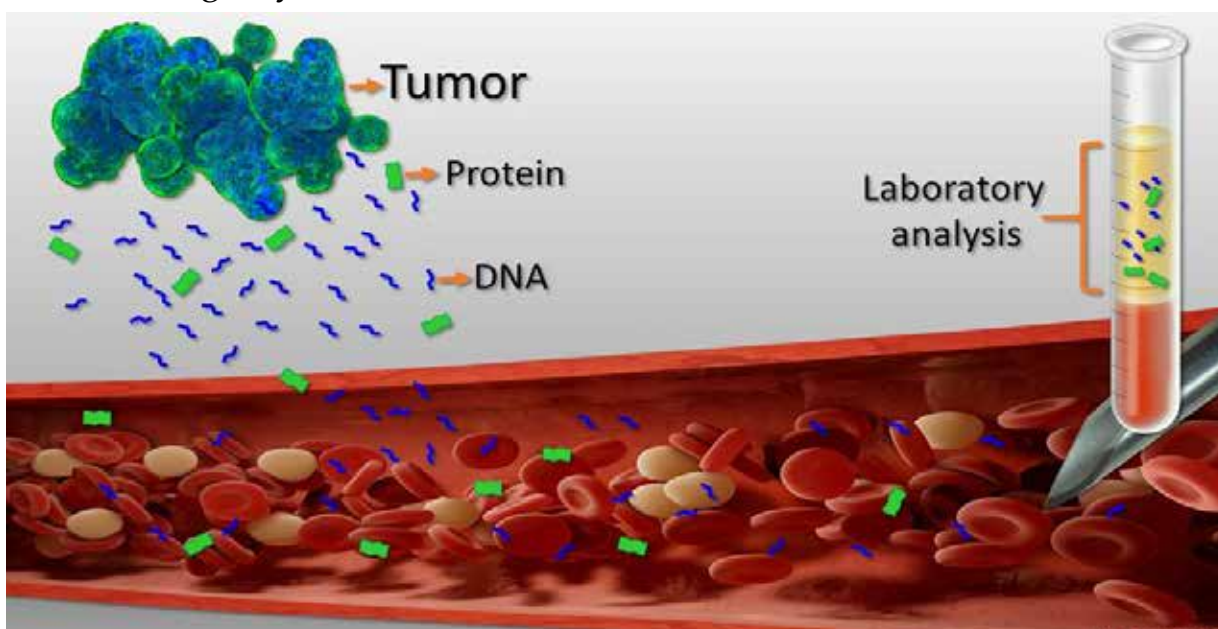
Liquid biopsies can also serve different purposes. Liquid biopsy approaches are being developed to be part of early screening of cancers, including multi-cancer screening blood tests. The liquid biopsy can also allow monitoring of a patient's cancer over time, which is what the University of NSW research focuses on.

Cancers are complex to treat because they evolve over time. It is not feasible to perform solid biopsies regularly to track a cancer's progression, particularly if it has spread to distant organs or the bone.

"We know that a cancer changes. A person gets diagnosed with cancer and then gets treated with different therapies. A year or two years down the track, that person's cancer may have changed dramatically," Assoc Prof Becker said.

"If we rely on solid biopsies, we lose visibility on how the cancer has changed. We lose track of it," said Dr Lock.

"Liquid biopsy is getting more and more embedded in clinical practice overseas, but Australia is still behind. The next few years will be critical to move liquid biopsies from bench to bedside in Australia", Assoc Prof Becker said.



Missing diabetes medications

IF you're living with type two diabetes you've likely already realised that getting the right medication has become much harder.

Users of Ozempic or Trulicity, two of the most common type-two diabetes medications, will have noticed that supply is not meeting demand at all.

This is because despite only being approved for use for type-two diabetes, Ozempic has increasingly been prescribed to help with weight loss, meaning many more people than usual are after it.

Those who can't get their hands on Ozempic are turning to Trulicity, which is now having just as many supply issues.

There has been some effort to make sure those in most need get access first. Practitioners are encouraged to only prescribe the medications for their approved uses. Some pharmacists are prioritising filling prescriptions for those with diabetes.

But this doesn't ease the stress for those still waiting for these lifesaving medications, so CPSA wrote to the Minister for Health for some more information.

The response from the Therapeutic

Goods Administration, who is in charge of regulating medicines and medical devices, acknowledged the seriousness of this issue but warned that shortages are not expected to ease until at least the end of March 2023.

The good news is that there are alternatives to these two medications that are also effective in treating type two diabetes. The supply of medications registered overseas with the same active ingredients as Ozempic and Trulicity has also

been temporarily approved to ease demand.

So, if you've been struggling to find your usual medication, talk to your doctor as soon as possible to find an alternative that will work for you.

Further information on the Ozempic and Trulicity shortages can be found on the Therapeutic Goods Administration's website and updates on supply in their medicine shortage reports database.



It's here: a New Michelin Guide to Nursing Homes!

ON 1 December 2022 a new nursing home rating system started up.

If you recall, the old rating system consisted of four dots. If a nursing home had only one dot, it was very, very bad. Two dots mean it was very bad. Three dots meant it was bad and four dots meant it was okay, maybe good even.

You can see how this ratings system was not very helpful. It mainly told you how bad the bad nursing homes were, but not how good the good ones were.

That is about to change. We're going from four dots to five stars. At three stars, a nursing home is okay. At five stars, it's excellent, and at one star it's atrocious.

It's a mystery, of course, why we

first had to have the four-dot rating system of badness, but let's put that behind us.

So, there now is an overall rating from 1 to 5 stars. This overall rating is the average of ratings for four categories, and these ratings you will also be able to see.

The four categories are (1) residents' experience, (2) regulatory compliance, (3) staffing and (4) quality indicators.

Note that the new rating system doesn't work like Google Reviews. It's the Department of Health which is in charge of compiling the ratings. However, the Department is basing what it does on information which with a bit of imagination could be described as independently sourced.

The rating of residents' experience is based on interviews with residents or their representatives, such as

family or friends. The interviews are conducted by an outside company specialising in this type of research.

The regulatory compliance rating is based on what the Aged Care Quality and Safety Commission reports. Scoring 1 or 2 stars for this category means a nursing home's overall rating cannot be higher than either 1 star or 2 stars, regardless of scores in the other three categories.

The staffing rating is based on what is recorded through the aged care funding arrangements and payroll. Incidentally, a nursing home cannot score higher than 2 stars (1 star is very bad, 2 stars is bad) if it falls short in the number of care minutes provided.

The rating for quality measures is based on what nursing homes report (mandatory reporting) across 5 crucial areas of care: (1) pressure

injuries, (2) physical restraint, (3) unplanned weight loss, (4) falls and major injury and (5) medication management.

The new rating system is clearly an improvement on the old one, which gave no indication of how good a nursing home was. The new rating system is far from perfect, and watch this space for more articles on it, but at least we now have a system that provides more, relevant information on each individual nursing home to help people decide where they or their relative should move.



A safer way to share your data

WITH everything going online, from banking to grocery shopping, life is becoming increasingly digital. It can be hard to keep track of where your data has ended up. What it can be used for, and most importantly who can use it.

This is where consumer data rights come in.

Consumer data rights give you the option of allowing data holders like the bank or your energy provider to share your data with other companies.

Something like this could be used in a whole range of ways.

For example, say you're not sure your energy provider is giving you the best rates. With permission to access your data, an accredited comparison website could give you personalised recommendations to find the best deal.

At the moment, consumer data rights just let you give individual companies permission to share and read your data. But new legislation has been introduced to Parliament that will create an 'action initiation' power.

Despite the name, this isn't something out of a superhero movie. It means that accredited third parties will also be able to act on your behalf, using the data they've been given.

So, if you were to compare energy plans and find one you'd like to change to, with just the click of a button you could close your old

account and open a new one.

All this talk about sharing data might sound a little scary. As we know, data isn't always secure in the hands of companies.

But there are protections in place.

For starters this is entirely optional. Data holders can't give your info to anyone without your explicit consent.

You can also choose to remove consent at any point and request a company to delete all of your data that they hold.

Third parties that you might want to share your data with also need to be accredited. This means they need to meet a whole range of requirements.

They must take steps to make sure your data is secure. They need to have an appropriate dispute resolution process. And they'll need insurance to compensate consumers in the event a breach does occur.

At any time you can look up whether a company asking for your information is an accredited organisation.

The rollout of consumer data rights has the power to completely change how you interact with these industries and give you control over your data.

It is one hundred per cent optional and you don't have to share your data with anyone you don't want to.



Will you still be able to get home care from 1 July 2024?

THE shape of the new home care program has become clearer with the publication of a federal Department of Health discussion paper.

Gone will be the Home Care Package (HCP) program, the Commonwealth Home Support Program (CHSP) and the Short-term Restorative Care program, which is so small it never rated an acronym.

Instead, we will have the In-Home Aged Care program scheduled to start on 1 July 2024.

Combining the three home care programs into a single offering has been on the Department of Health's to-do list for a long time. In fact, it's been on there ever since home care became an aged care service provided, funded and managed entirely by the federal Department of Health in 2015.

The Aged Care Royal Commission also recommended the integration of these programs, so now it really can't be put off any longer.

After many false starts, we now have another start date, 1 July 2024, which is also the expected date for a new Aged Care Act to take effect.

The In-Home Aged Care program will most closely resemble the current Home Care Package program, but without the Packages, which gave care recipients a fixed annual amount to spend on their care, regardless of their needs.

This was always not such a good idea, and it's pleasing that the penny has now also dropped at the federal Department of Health.

Instead, each care recipient will have an independent assessment of their needs. A plan will be put together to meet those needs, and each time a service is delivered, a fee is payable.

Means-tested subsidies will continue, although it is unclear at this stage whether the system of personal contributions currently used in the HCP program will carry over unchanged.

What is certain is that personal

contributions in the CHSP will change. They are likely to become substantially higher than they are now.

The current haphazard arrangements for care recipients to get the benefit of equipment and home modifications will be replaced with what for now the Department calls the Goods, Equipment and Assistive Technology and Home Modifications Scheme. This will put an end to HCP recipients having to 'save up' for, for example, the urgent acquisition of an electric wheelchair.

The ability to change provider will still exist, but if the Department sticks to the Aged Care Royal Commission's recommendations, for those care recipients intent on 'self-managing' their care, they can expect some scrutiny.

They will be able to choose what the Royal Commission has called a 'lead provider'. One of the jobs of this lead provider is to provide case management. This is to be done with respect for the care recipient's wishes, but ultimately responsibility and therefore final decisions lie with the lead provider.

Perhaps the biggest shock will be felt by CHSP care recipients. Many of the providers currently delivering care to them will cease to exist because the system changes from one where care is the focus to one where paying-for-care is the focus.

Many CHSP providers, especially community- and volunteer-based providers, will find they are unable to cope with the new tech requirements of the system and the need to compete for business.

The City of Greater Bendigo, which is a CHSP provider, has already announced it will pull out

by 1 July 2024. Bendigo is currently responsible for the delivery of basic aged care services to approximately 1,800 clients, which includes services such as domestic assistance, personal care, home maintenance and social support.

"The City currently has a partial monopoly on the local aged care market, however the changes that will be introduced will make it difficult to continue," said the Bendigo Mayor, as quoted in The National Tribune.

"The [new] program intends to open up the market for aged care providers, making it more competitive and giving clients greater choice about who they access care from. This will effectively split our client base. There will also be changes to the payment structure from Federal Government to Local Government, making it difficult to budget to deliver the service.

"If the City was to continue providing aged care, it would have to expand its service delivery significantly, which would require an investment in new technology and the appointment of a skilled committee to ensure compliance with requirements of the new service.

"Critically, due to the expansion of the service into a competitive market, the City would not be able to continue to use ratepayer funds to help cover the costs of running the service, as these funds are not available to the private sector, and it would be unfair for councils to continue to use them."

It really does look like the Department of Health is about to throw out the baby with the bathwater.



CPSA Information Directory

INCOME SECURITY

Centrelink
Age Pension **13 23 00**
DSP/Carer benefits **13 27 17**
Family Assistance **13 61 50**

Welfare Rights Centre
1800 226 028

**British Pensions in
Australia**
1300 308 353

HOUSING

Housing NSW
Public and community housing
1800 422 322

Tenants' Union Advice Line
1800 251 101

**Tenancy Advice & Advocacy
Service**
Find your local service
tenants.org.au

Find the help you need with

myagedcare



myagedcare

1800 200 422

www.myagedcare.gov.au

GOODS & SERVICES

**NSW Energy & Water
Ombudsman (EWON)**
1800 246 545

**Telecommunications
Industry Ombudsman**
1800 062 058

NSW Seniors Card
13 77 88

No Interest Loans Scheme
Loans to purchase essential
household items
13 64 57

Energy Made Easy
Price comparisons
1300 585 165
energymadeeasy.gov.au



**Emotional, practical
and financial support
for carers**

1800 422 737

**NSW Ageing and
Disability Abuse
Helpline**



1800 628 221
(Mon-Fri 9-5)

medicare

132 011

24/7
GENERAL ENQUIRIES
HELPLINE

**Advance Care
Planning Australia**

BE OPEN | BE READY | BE HEARD

1300 208 582

PLANNING
FUTURE HEALTHCARE
PREFERENCES



National Disability
Insurance Scheme

1800 800 110

DISABILITY
SUPPORT FOR
PEOPLE UNDER 65



afca
Australian Financial
Complaints Authority

1800 931 678

DISPUTE RESOLUTION
FOR FINANCIAL
SERVICES

HEALTH, WELLBEING & TRANSPORT

Office of Hearing Services
Subsidised hearing aids
1800 500 726

National Dementia Helpline
1800 100 500

VisionCare
Subsidised spectacles
1300 847 466

**Taxi Transport Subsidy
Scheme**
transport.nsw.gov.au/ttss
1800 623 724

National Continence Helpline
1800 330 066

Rape Crisis Centre
24hours/7days
1800 424 017

**National Domestic Violence
Helpline**
1800 200 526

NSW Health Care Commission
1800 043 159

Carers NSW
1800 242 636

**Aged Care Complaints
Commissioner**
1800 951 822

Lifeline
13 11 14

Australian Men's Sheds
1300 550 009

**NSW Public Dental Health
Services**
Call NSW Health for details
1800 639 398

Cancer Council NSW
13 11 20

Exit International
Information about euthanasia
1300 103 948

Mental Health Crisis Team
24/7 for mentally ill people in crisis
6205 1065

LEGAL

Seniors Rights Service
Retirement village advocacy
1800 424 079

Fair Trading
Rental bond and tenancy info
13 32 20

Law Access
Referrals for legal help
1300 888 529

NSW Dispute Resolution
1800 990 777

**Women's Legal Services
NSW**
Family law, domestic, violence,
sexual assault & discrimination
1800 801 501

RIGHTS

**Australian Human Rights
Commission**
Complaints about discrimination
1300 369 711

**Commonwealth
Ombudsman**
1300 362 072

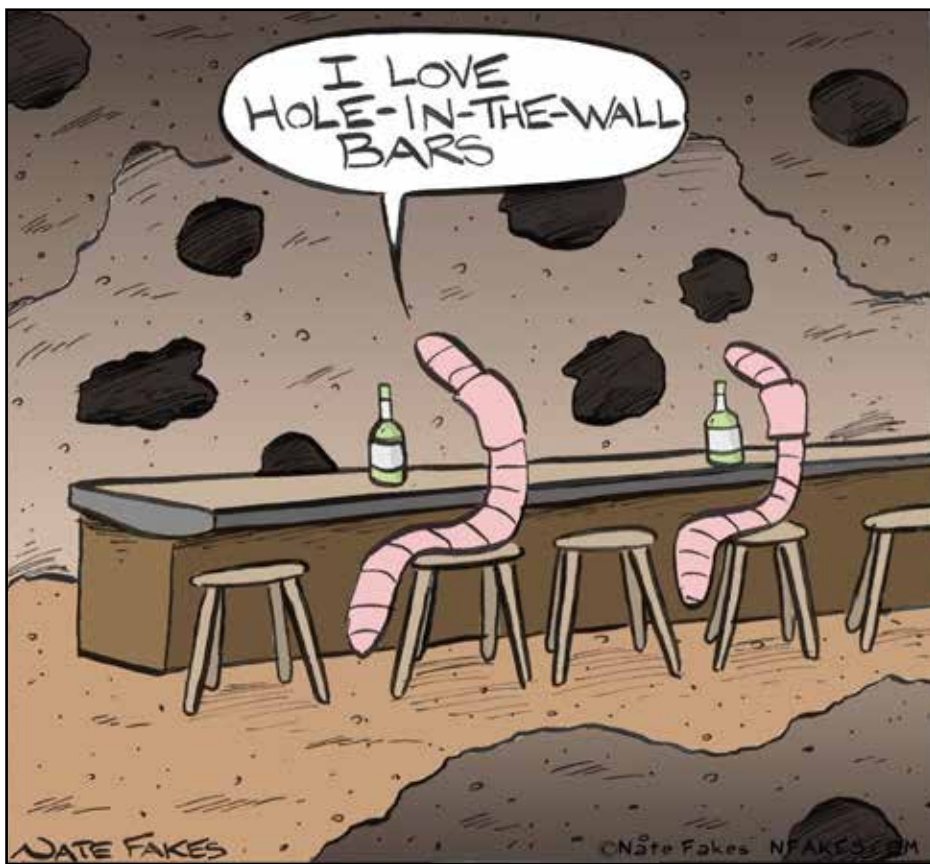
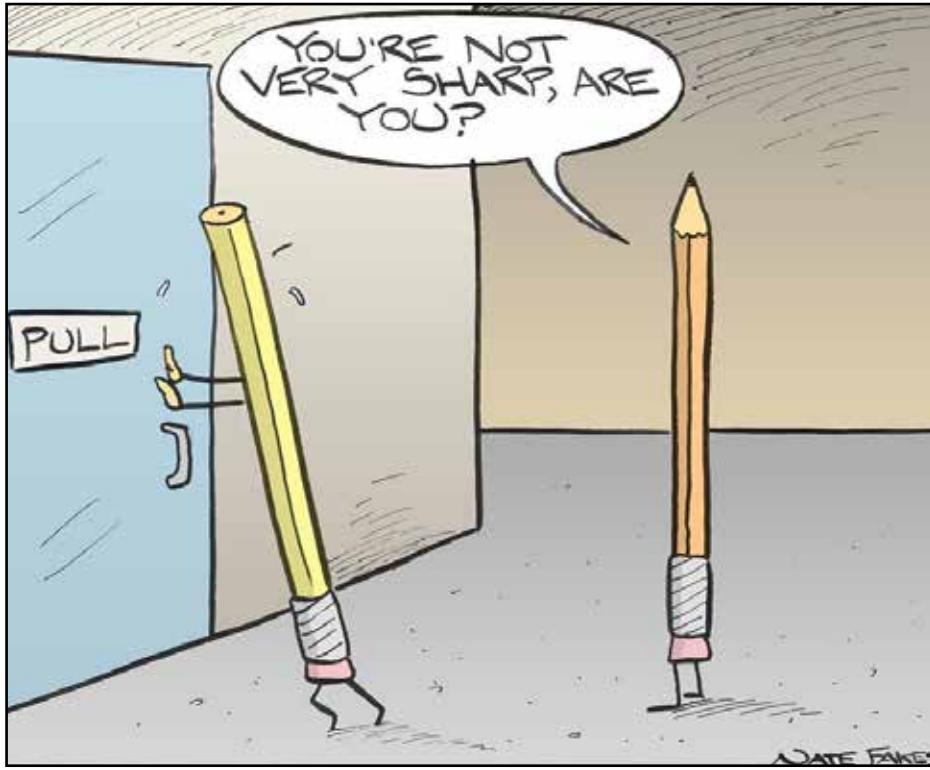
NSW Ombudsman's Office
1800 451 524

NSW Trustee and Guardian
1300 360 466

Guardianship Tribunal
1300 006 228

**Older Persons
Advocacy Network (OPAN)**
Individual advocacy for aged
care recipients
1800 700 600

Giggle Page



Crossword Solution

Crossword on Page 4

	1	F		2	D		3	I		4	S		5	T		6	B		7	L			
8	V	I	S	I	O	N				9	A	C	A	D	E	M	I	C					
	R		C		S						G		R		A		M						
10	T	E	X	T			11	P	H	O	T	O	G	R	A	P	H						
	W		I		I												E						
12	T	O	M	O	R	R	O	W			13		14	E	X	I	S	T	S				
	O		N		E		O										N						
16	I	D	E	A			17	S	H	R	U	B			18		19	C	A	L	M		
					R						L	L					O		O				
21	22	P	L	A	Y	E	R			23	D	R	E	A	M	I	L	Y					
		E											S				S	P		L			
24	S	A	N	D	W	I	C	H	E	S							28	L	A	I	D		
	D		I		C		A		I		E		P										
29	M	E	R	R	I	E	S	T									30	N	O	T	I	O	N
		R		T		D		S			G		E		P								