

NSW BUDGET: REGIONAL SENIORS TRAVEL CARD AXED

A WITH the suspension of new applications for the Regional Seniors Travel Card on 7 July this year, it was pretty clear that the card would not survive the budget process, in its current form and maybe not at all.

The presentation of the NSW Budget on 19 September confirmed this, or rather, the fine print did. Buried deep in the budget papers in Budget Paper 1 on page 138, the Regional Seniors Travel Card was allocated a budget of \$36 million for the 2023-2024 financial year.

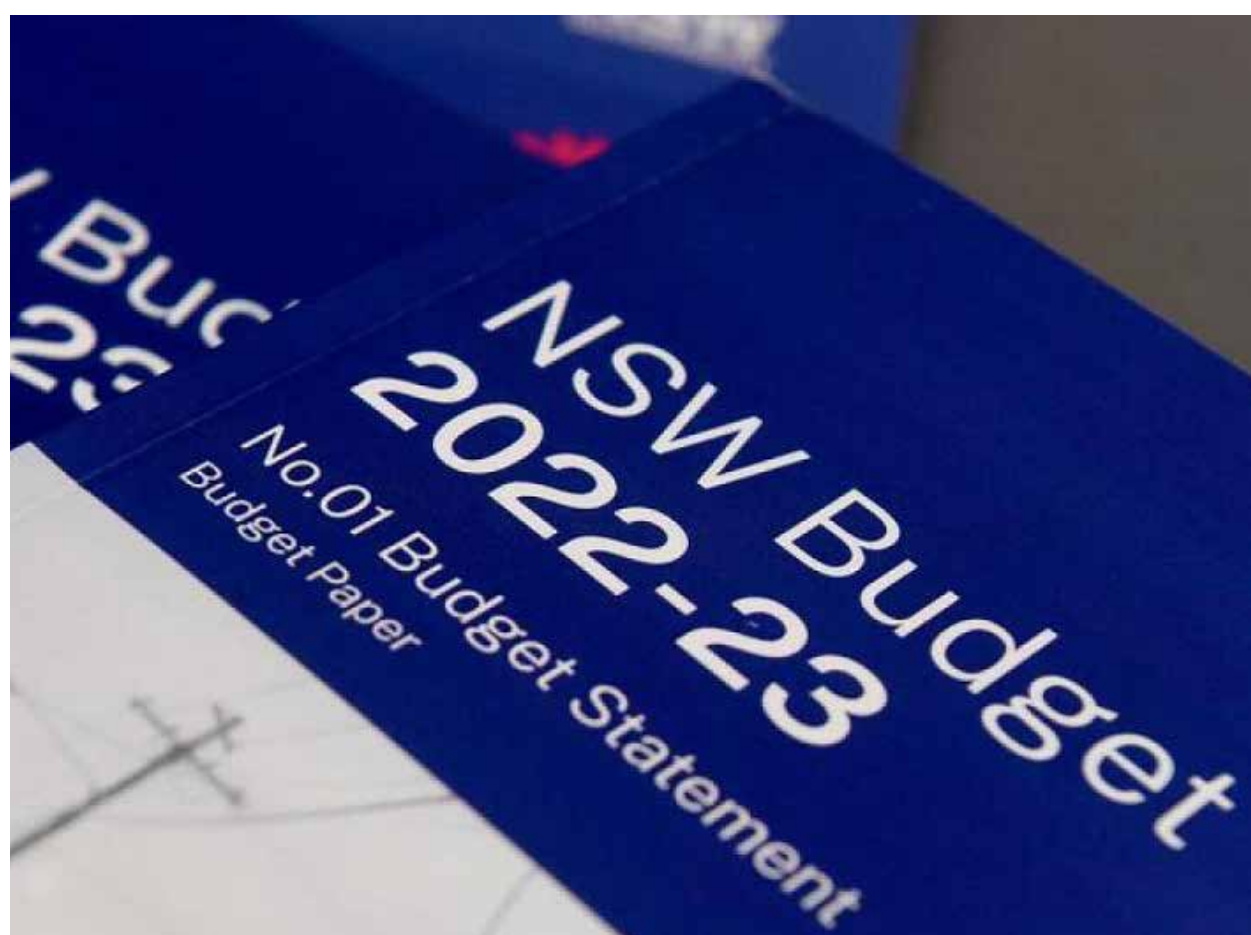
While \$36 million is a lot of money, it's not enough to run the Regional Seniors Travel Card for a year. In 2022-2023, when the card ran without restrictions, it cost the budget \$102 million. In its first year of operation in 2021-2022, the card cost \$98 million.

The NSW Government told CPSA in a letter that applications for the card had been suspended while Service NSW reviewed it. Cards in circulation were not affected. The reason for the review, the NSW Government told CPSA, was that the card was being used for purchases which had nothing to do with transport, "including tobacco and gambling products".

Technically, this is where the card is still at. It's under review and no new applications will be received.

However, CPSA wonders if this is a softly-softly way of axing the card.

\$36 million would be about one-third of the full annual cost of the



card to the NSW Budget. Enough to cover purchases made using cards in circulation until they run out, mostly at some point during 2023-2024.

There might be optimists who will assume that the Regional Seniors Travel Card will be started up again in 2024-2025 as part of the 2024-2025 budget process. Their optimism is to be admired.

For all practical purposes, the Regional Seniors Transport Card has been axed, certainly for those people who became newly eligible for one, or whose old card expired on or after 7 July 2023, when applications were suspended.

If you still have an un-expired card with money on it, you will be able to use until expiry date.

Energy rebates up!

WHILE the Regional Seniors Card is all but gone, CPSA does welcome increases in NSW energy rebates.

The Low-Income Household Rebate as well as the Medical Energy Rebate will go from \$285 to \$350.

The Seniors Energy Rebate for self-funded retirees will rise from \$200 to \$250.

The Life Support Energy Rebate has also received a significant boost from \$1,343 to \$1,639.

It is currently unclear whether eligible customers living in places which have private 'embedded' energy networks will receive a similar increase, or how much that might be.

CPSA Letters

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Double PBS prescriptions

WHEN attempting to fill a 'double', 60-day PBS prescription for medicine listed as eligible at a pharmacy after 1 September, I was denied the medicine due to the pharmacist advising me that I would require a prescription dated after 1 September 2023.

Nothing I can find on the internet posted by the federal government indicates this requirement. Should I have obtained a six-monthly prescription just before 1 September, I would have been significantly disadvantaged, as it would not be cost effective to obtain a new script. At this visit to the pharmacy several people were really irate.

George Stewart

Energy bill relief made hard (1)

I HAVE a Seniors Commonwealth Health Card that entitles me to the NSW Energy Supplement of \$200 a year and to the federal Energy Bill Relief of \$500.

To apply, a copy of my energy bill was required, and I was requested to fill in what's called the bill's NMI number on the application form.

Three weeks after I had made the application, I got a call saying I had not typed in the NMI correctly. I would have to reapply.

Three weeks after reapplying I received a phone call again saying the NMI I had typed in was incorrect. I had not typed in the last digit, it should be eleven, not ten digits.

After the phone call I checked the on-line bill. It had an extra digit at the end, an '8'. I had typed the NMI number from the contract, not aware of an extra digit on the bill.

This is what the problem was the first time as well.

I have asked Energy Australia and Ausgrid why there are ten numbers for the NMI on the contract but eleven on the bill. They said, the ten numbers are the actual NMI, the extra number is called a 'check sub'. It is used to identify the area's substation and is not needed to locate the account.

Also, there was no mechanism permitted to clarify or rectify 'errors' on application forms. I had to apply again.

It is a difficult for many people with cognitive, visual and arthritic problems to type a number like the NMI. The current inflexibility of the process really amounts to bullying of the vulnerable.

The procedure, as it is being operated, ensures the people who are doing the processing are processing many more returns than there are people applying.

Frances McMahon



COMBINED PENSIONERS &
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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

CPSA News

Energy bill relief made hard (2)

I ASKED my provider Energy Australia about energy rebates. I have a 'pink' Commonwealth Seniors Health Care Card, which makes me eligible for a number of rebates and concessions. Energy Australia checked with Centrelink, and they said I am not eligible.

The Government has been telling us that you will get its Energy Bill Relief automatically from 1 July 2023. Not so.

I have checked Australian Government and NSW Government websites and both are very confusing!

Not being prepared to accept Energy Australia's assessment, I called into Centrelink. On presentation of my pink card, I was told I wasn't eligible.

So, I came home and applied for a rebate from Service NSW. I was not hopeful, given my experience.

Then this morning. I was advised that they had approved my application, and I would receive \$700. That made my day of course.

Given my experience and negative advice, I wonder just how many people have been 'knocked back' or who are waiting for rebates which won't come!

Roger Howard

(Two morals from Roger's story: (1) Don't take their word for it – a general life's lesson; and: (2) Make sure you get your state rebate, because getting that triggers the federal rebate. Ed.)



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.

COVID-19: Forget Omicron, Pirola is here!



IN a media briefing, the Director-General of the World Health Organisation (WHO) said that the WHO continued to see "concerning trends for COVID-19 ahead of the winter season in the northern hemisphere".

"Deaths are increasing in some parts of the Middle East and Asia, ICU admissions are increasing in Europe and hospitalisations are increasing in several regions", the Director-General said.

"Globally, there is not one variant that is dominant", he added. "The BA.2.86 variant has been detected in small numbers in eleven countries. The WHO is monitoring this variant closely to assess its transmissibility and potential impact."

The reason that the BA.2.86 variant has attracted the WHO's interest, according to various news reports, is because of its apparent ability to circumvent the defences put up by COVID-19 vaccinations. BA.2.86 – nicknamed Pirola – appears to be going through a similar development as its predecessor Omicron.

What is not yet clear is whether Pirola is able to cause a surge in infections, like Omicron.

Australia is about to go into summer, which reduces the risk of a COVID-19 surge. However, ATAGI (Australian Technical Advisory Group on Immunisation) has updated its advice for the COVID-19 booster dose, although it didn't mention the Pirola variant.

ATAGI noted that older age continues to be the biggest risk factor for severe COVID-19 disease. COVID-19 vaccination reduces the risk of serious illness and death.

ATAGI advises aged care residents who have not yet received a booster dose this year to get one.

If it has been six months since receiving a COVID-19 vaccine, ATAGI recommends an additional dose for people aged 75 or older.

People aged 65-74 should also consider a booster, following discussion with their health care provider.

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/

Donations

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

| | |
|---------------|------|
| Robert Kelsey | \$35 |
| Beth Moran | \$35 |

CPSA Funding

CPSA receives funding support from the NSW Government Department of Communities and Justice and from NSW Health, as well as from the Australian Government Department of Health.

Aged Care Royal Commission: Govt junks key recommendations

A FLURRY of announcements about nursing homes now employing round-the-clock registered nurses suggests that the aged care system in Australia is on the up and up.

Some low-hanging-fruit Royal Commission recommendations have been implemented but the main work has yet to be done.

A new Aged Care Act is being written to commence on 1 July 2024, but it is becoming clear that the Australian Government is doing its utmost to thwart the implementation of some fundamental Royal Commission recommendations.

Right to care or right to wait for care?

The Royal Commission wanted the old Aged Care Act 1997 rewritten and an entitlement-to-aged-care system featuring a statutory duty of high-quality care introduced. The Australian Government is now consulting about that, as you do, but read its consultation paper carefully, and it becomes clear the Government will do its utmost to avoid creating an entitlement system and imposing a duty of care.

An entitlement system confers

a right to something subject to eligibility, whereas an eligibility system means a right to something subject to eligibility and availability. The NDIS is an entitlement system (no waiting list), the current aged care system is an eligibility system. The difference between these two types of system can be huge, as older Australians experienced when the waiting list for Home Care Packages numbered more than 100,000 people. Tens of thousands died while waiting on the waiting list.

It is therefore very important that Australia creates an entitlement-to-aged-care-system, but the Government's consultation paper simply glosses over the issue, not mentioning it at all. This omission cannot be an oversight. It is intentional.

Not only did the Royal Commission want an entitlement-to-aged-care system, it also wanted the providers operating within that system to have a statutory duty to high quality care.

The Government's consultation paper says, without offering any evidence, that high quality of care "cannot be defined with sufficient legal clarity". The paper then proceeds to whittle down

the requirement even further: "It is intended that the new Act will provide that only serious failures to act in a manner consistent with the duty will amount to a breach of that duty".

A serious failure the paper defines as "a risk to, or actual serious illness, injury or death of an individual to whom the duty is owed".

The Government is therefore proposing a duty of basic care (that apparently can "be defined with sufficient legal clarity"), which can be legally breached with gay abandon unless the breach makes a care recipient gravely ill or kills them.

Effectively, the Government is proposing a statutory duty for providers not to maim or kill aged care recipients. Soon the Government may find itself embroiled in a turf war with the theatre of the absurd.

This is certainly not the type of statutory duty the Royal Commission had in mind.

It is very clear that the Government is trying its hardest to take the sting out of the Royal Commission's final report and recommendations. If it has its way, the new aged care act will look very much like the old one and aged care in Australia will continue to be in trouble.

Crossword by Luke Koller

| Across | Down |
|-------------------------------------|--|
| 8 Growing season | 1 A short amusing opera |
| 9 Move to a new country | 2 A span of 1000 years |
| 10 Using speech rather than writing | 3 Lacking knowledge |
| 11 Begin a trip at a certain point | 4 Half |
| 12 A basis for comparison | 5 Short skirt |
| 14 Colourful season | 6 Black and white toothed whale |
| 16 Car for hire | 7 Play a video from the internet |
| 17 Found in jaws | 13 A cherished desire |
| 19 As well | 15 Lift and reset in another situation |
| 21 Warm season | 18 Sewn by hand |
| 23 Attend to the needs of others | 20 Outlined |
| 24 Flats | 22 Referee |
| 28 A delicate woven fabric | 25 Cover of a building |
| 29 Tree surgeon | 26 Most important element |
| 30 Cold season | 27 A piece of paper money |

Solution on back page

Older driver testing holy grail: has it been found?

THROUGHOUT the developed world, older driver testing takes the form of a medical test, except in New South Wales, where from age 85 drivers need to pass not only a medical test but also a road test.

CPSA thinks that road testing serves no conceivable purpose other than push older NSW drivers off Australian roads, in NSW but also in all other states and territories.

CPSA has always supported age-based medical testing to establish suitability to drive. However, that support comes with the realisation that medical tests to determine driver ability are complex.

And CPSA is not alone. There's a special Medicare Benefit for it, but GPs as a rule would rather have nothing to do with older driver medical testing. A fifteen-minute consultation is unlikely to be thorough and fair. A quick test is inappropriate, given the impact of any decision to disqualify someone from driving a car for the rest of their life.

As Ipswich GP and University of Queensland emeritus professor Geoff Mitchell told the ABC, doctors rely on "blunt instruments", like basic memory tests, when signing off on people's fitness to hold a driver's licence.

"There is a real dilemma of determining when that line has been crossed," he said.

"[A memory test is] good at picking out really severely unwell people, but it's not very good at testing judgement.

"You have to make a call based on their physical appearance — how quickly they walk into the surgery — and how sharp they are."

In other words, GPs realise that they are generally not properly equipped to rule on someone's suitability to get behind the steering wheel of a car. Unless obvious, cognitive decline and vision impairment require a specialist's diagnosis.

For decades, road safety experts have been saying that on-road testing of older people does not have

any effect on road safety casualty statistics.

Current medical testing may get a few obvious diehard cases of older drivers with dementia or poor vision off the road, but in the main it appears to be ineffective.

Given that medical and on-road older driver testing in their current forms range from dubious to ineffective, what about the efforts by academics to come up with a cheap alternative for mass-testing of older drivers through computer applications?

Would these video-based tests be any more than a sop to public opinion, which holds, against all available evidence, that we must test older drivers come hell or high water?

Isn't a video-based test anything more than a simulated road test?

This is what an academic article about a scientific experiment using video-based road testing from 2008 says:

"We favoured measuring hazard perception response time by using a video-based test rather than an on-road assessment because hazards are relatively infrequent events; participants would have to drive for many hours to encounter the number of hazards that can be presented in a few minutes on a video, and video-based simulation allows for a much higher degree of experimental control than is possible in the real world".

So, a video-based simulated road test packs in hazard after hazard, unlike a drive to and from

the shopping centre. Sounds pretty stressful and unrealistic. It doesn't sound like a test to determine if an older driver is fit to drive in normal conditions.

A computer video-based older driver test in a simulator could well be at least as inappropriate as the NSW on-road test, which is ineffective according to academic consensus.

A senior road safety researcher once referred to finding an effective older driver test as a search for the holy grail of road safety.

However, thus far the only meaningful way to test an older person's driver ability is to refer them to a gerontologist, ophthalmologist or a specialised occupational therapist for examination.

Obviously, it would be prohibitively expensive to refer every person over 75 for an examination by a specialist health professional.

Meaningful testing may not be a matter for a road safety researcher with the qualities of a Sir Galahad finding the holy grail of older driver testing.

The question really is if the normal processes to get dangerous drivers of any age off the road aren't as adequate for older drivers as they are for younger drivers?

Demerit points systems and disqualifications by police or the courts are deemed adequate for people under 75.

Why not for people 75 and over?

It wouldn't be because of blatant age-discrimination, would it?



CPSA News

CPSA ANNUAL CONFERENCE 2023

CPSA's 2023 Annual Conference will be held in Sydney on Tuesday 24 and Wednesday 25 October. This year you can also attend Annual Conference from your home, on your laptop, tablet or phone.

Conference offers CPSA Members and Affiliates the chance to be involved in policy development, to hear from guest speakers and to meet other Members.

CPSA Members who have not been elected by their Branch or Affiliate to be an Association General Meeting Delegate, including those who do not belong to a CPSA Branch, can register as an Observer. Registration is free. In addition, CPSA will provide free train travel for attendees from the country. Reimbursement for out-of-Sydney Delegates' accommodation is up to \$200 per night for up to three nights. Conference will be held at the same venue as last year's Annual General Meeting: Rydges Sydney Central Hotel, 28 Albion Street, Surry Hills. The venue is close to Central Station. For further information, call CPSA Head Office on 1800 451 488. The deadline for the receipt of agenda items and policy motions expired on Friday 25 August 2023. A formal notice for the 2023 Annual Conference will be circulated to each Association General Meeting Delegate, each Branch and each Affiliate at least 21 days in advance of Conference.

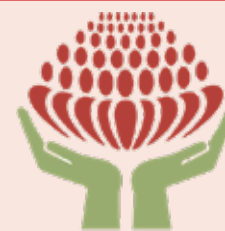
CPSA ANNUAL GENERAL MEETING

The Association's 2023 Annual General Meeting will be held at 12.45 pm on Tuesday 24 October 2023 at Rydges Sydney Central Hotel, 28 Albion Street, Surry Hills. Participants can also attend CPSA's Annual General Meeting remotely using a laptop, tablet or phone.

A formal notice for the 2023 Annual General Meeting will be circulated to each Association General Meeting Delegate, each Branch and each Affiliate at least 21 days in advance of the meeting.

The deadline for the receipt of agenda items from Branches, including constitutional amendments, expired on Friday 25 August 2023.

Barbara O'Brien OAM
CPSA Secretary



Nominations for election to the CPSA Executive

Under the CPSA Constitution the terms of four Elected CPSA Executive Members will expire at the end of the 2023 Conference. [As there may be up to 12 Elected CPSA Members there will be 8 vacancies to fill at the election.]

The CPSA Returning Officer hereby calls for nominations of candidates for election as Elected CPSA Executive Members. Official nomination forms duly completed and signed by the nominator, seconder and candidate plus the candidate's CV (which must also set out the names and contact details of two referees) must be received by CPSA Returning Officer, no later than 12.45pm (Sydney time) on 8 September 2023. Nomination forms are being distributed to Branch Secretaries. Additional copies are available from Head Office. Call 1800 451 488.

John Hollis
CPSA Returning Officer

Complaints about financial and telecommunications matters

The Australian Financial Complaints Authority takes complaints of a financial nature, including banking, credit and loans, super funds, insurance and financial advice. Complaints can be made online or by calling 1800 931 678.

The Telecommunication Industry Ombudsman takes complaints about internet, home phone and mobile phone issues, including faults, dropouts and poor coverage, billing and the NBN. Complaints can be made online or by calling 1800 062 058.

Before these two bodies can take up your complaint, you will need to make an earnest effort to resolve your complaint with the company or person with whom you have an issue.

10 Questions to ask about residential aged care

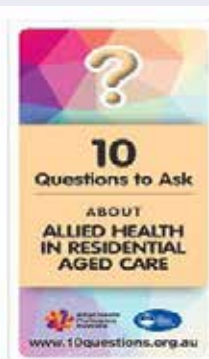
10 QUESTIONS is a series of leaflets about aged care written by nurses, doctors and experts with experience in aged care. Each leaflet focuses on an individual aspect of care to increase consumer knowledge and make the journey into residential aged care easier.

A new 10 QUESTIONS leaflet has just been published about Additional Charges in residential aged care. Additional Charges are for the little luxuries and extras while people are in care.

There are further leaflets dealing with a variety of topics, from nursing home contracts, staffing, palliative care to LGBTI, dental care and mental health.

A must for anyone looking for a place on residential aged care.

All leaflets are online, 10questions.org.au. For those without a computer or printer, ring CPSA on 1800 451 488 and we will send out copies to you.



ALL CPSA MEMBERS ARE WELCOME TO ATTEND

Tuesday 24 & Wednesday 25 October

Rydges Sydney Central Hotel, 28 Albion Street, Surry Hills



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and in your free time, enjoy
the sights and sounds of
the city with fellow
Members and friends.**



Rydges Sydney Central

For more information contact CPSA Head Office: 1800 451 488 or cpsa@cpsa.org.au

In line with CPSA's constitution, Branches and Affiliates should meet and appoint their Association General Meeting Delegates and give notice of the persons so appointed to CPSA Head Office prior to the Conference and AGM. Members who are appointed as Delegates are welcome to attend as Observers. Delegates are entitled to vote and speak at Conference and the AGM but Observers are not entitled to vote and speak at an AGM.

To ensure adequate notice is given to the caterers as well as NSW Transport for the booking of rail warrants, and to also ensure that attendees receive their meeting papers at least three weeks prior to the AGM, Delegates and Observers are requested to be registered by Friday 22 September.

LATE APPLICATIONS WILL BE CONSIDERED

Atrial fibrillation: save your life, why don't you!

DO you know what atrial fibrillation is?

Everybody has heard of a heart attack, everybody has heard of a stroke, but how does it really work?

The heart has two upper and two lower chambers. The upper chambers — the right and left atria — receive incoming blood. The lower chambers — the right and left ventricles — pump blood out of your heart.

Anything goes wrong in those four chambers, and the risk of a heart attack or a stroke becomes acute.

Fibrillation is a random twitching of individual muscle fibers. It can

happen in any muscle, including the heart.

Ventricular fibrillation stops the lower chambers of the heart from supplying blood to the body: a heart attack.

Atrial fibrillation is when your heart beats irregularly, often fast. The atria may pump insufficient blood into the ventricles all the time. This reduces the heart's ability to pump blood properly and increases the chance of a blood clot forming in the heart and travelling up to the brain: a stroke. It can also cause a heart attack.

Everybody has heard of a heart attack and knows it is caused by a blockage, but knowledge of atrial fibrillation and the damage it can do

in is not so common.

Atrial fibrillation affects one-in-four Australians over the age of 55. Apart from heart failure and a stroke, it can lead to dementia when left untreated.

"Early detection and awareness play a pivotal role in managing this condition effectively and improving the quality of life for those affected," says Tanya Hall, CEO, and Founder of hearts4heart, who is also living with the condition.

Atrial fibrillation the symptoms are: heart palpitations, shortness of breath, dizziness, chest pain and fatigue

If you're over 65, or experiencing any symptoms, speak with your GP and get your heart checked.

You're writing your last letter in 2033, says Australia Post

THE strains of the digital age on a business delivering bits of paper wrapped in bits of paper (letters) are beginning to show.

Australia Post lost \$200 million last financial year. It expects further losses unless it can "secure the necessary support required to modernise its business".

Now, this necessary support could come in various forms, but it means one of two things: massive government subsidies to Australia Post so that it can keep delivering mail as always or fewer mail deliveries and fewer post offices.

Here's the problem: in just fifteen years mail delivered has shrunk by 75 per cent. Today on average, households receive two letters a week. This was eight letters in 2008.

Despite post offices increasingly looking like mini K-marts, they too are losing business fast. Since 2019, 21 per cent fewer people have visited post offices. This may not be in outer suburban and regional areas, where post offices not only look after mail and parcels, but also offer bill payment and banking services.

All this means that the two parts of Australia Post is traditionally known for are now losing money

hand over fist.

"The losses will snowball, our mail we believe will decline by another 50 per cent in the next five years, that's a business that will never make any money for us," chief executive Paul Graham told The Australian Financial Review. "At some stage in the next 10 years, there may be no mail to deliver."

"At the moment, the regulations have us committed to delivering mail five days a week to everyone in the metro area. What we want to do is to deliver five days a week, but we want that to be a combination of parcels and mail," Mr Graham said.

The Australia Post CEO also wants to decouple stamp prices for business from consumers, so higher price rises can be imposed on business. A trial in the Hornsby area looks promising.

"There are 4,276 [post offices] at present, including 2,500 required in regional areas, so there are more post offices than Coles, Woolies, Aldi, IGA, FoodWorks combined, so it's easier to buy a stamp than it is to buy a loaf of bread," Mr Graham said.

"In metro areas, we have to have a post office within 2.5 kilometres of every citizen in metro Australia, which does not make any sense to us."

While Australia Post's Parcels business continues to grow, it's not



enough to compensate for losses on the mail and post office side. For example, mail lost Australia Post \$348 million, so profitable parts of the business recouped some of that loss, but the business overall ended up losing \$200 million.

So, either the federal government starts paying subsidies to the tunes of hundreds of millions of dollars a year, or it allows Australia Post to deliver mail less frequently and close down post offices.

What's likely to happen to mail deliveries is eerily similar to what's happening to cheques (gone by 2030).

And what's likely to be happening with post offices is eerily similar to what's happening now with bank branches.

The only positive is that mail deliveries won't stop right now and that post offices won't be closed down right now. But it will happen eventually.

Smart electricity meters are getting really smart

SMART meters are digital devices that measure electricity use. This technology has been in use in Australia for close to two decades, and there are plans to fully transition by 2023.

In the time since they were first introduced, smart meters have changed significantly. Older 'basic' digital models were not all that different from the old Bakelite boxes with metal discs or dials. The newer 'advanced' units can do a lot more.

Experts say that they can be used to cut power consumption, allowing households to save on power bills as well as reducing pressure on the network during peak periods.

Reducing energy use has become a priority amidst ongoing concerns about environmental sustainability, energy shortages, changing weather conditions and rising costs for consumers.

Most properties still have the old units. Others might not know

what's ticking away down the side of the house when the kettle goes on. Most people don't care, as long as it doesn't cost them more.

For users in embedded networks, who typically have far less consumer protections than mainstream customers, it may not be possible to install a smart meter at all.

Is this a good thing or a bad thing? Well, that's a difficult question.

Newer smart meters can record how and when electricity is being used. This information is sent automatically to energy retailers at 5- or 30-minute intervals. This cuts out the need to complete manual meter reads.

Depending on the layout of your home, this might be a huge relief – especially if your meter is difficult to access. Say goodbye to estimated bills.

Smart meters are used in homes with solar panels to measure how much energy is being generated beyond what the household is using. This electricity can then be sent back to the grid or stored in a battery for

later use. Many providers pay a 'feed-in tariff' for solar energy that is sent back, though rates vary and are inevitably far below the retail price.

Smart meters also allow utility companies to track usage in peak and off-peak periods, meaning they can charge different rates accordingly. This can be beneficial for households who mostly use energy at times when less people are drawing power from the grid, or who are willing and able to adjust how and when they are using appliances to save money.

Some providers also allow you to monitor your usage in real-time, meaning that you can be more aware of what appliances are costing you the most money.

In most parts of Australia, all new and replacement electricity meters must be 'smart'. In Victoria, smart meters have been compulsory since 2006. Most providers will cover this cost where a new meter is required, but it is important to be sure that you are aware of any associated costs before installation.

Broken hips fixed sooner

TIME can be the enemy when treating people who break their hip. Prompt surgery means less pain, hastens recovery and reduces time spent in hospital. With Australia ageing fast, baby boomer broken hips will benefit from raised time-to-surgery standards.

Yet as hip fracture surgery can only be performed at larger hospitals with suitable facilities, some people in regional and remote areas must be transferred over large distances.

In 2022, 14 per cent of hip fracture patients had to be transferred from one hospital to another for their surgery, costing hours during which the broken hip can deteriorate.

Across Australia, there is stark variation in the average time to surgery for hip fracture, from 16 to 92 hours for all patients last year.

The recommended standard up until now was 48 hours. In 2022, the average time to surgery was 38 hours for non-transferred patients but 51 hours for transferred patients. Typically, transferred

patients sustain their hip fracture in a regional, rural or remote area, far away from a hospital which can deal with it promptly.

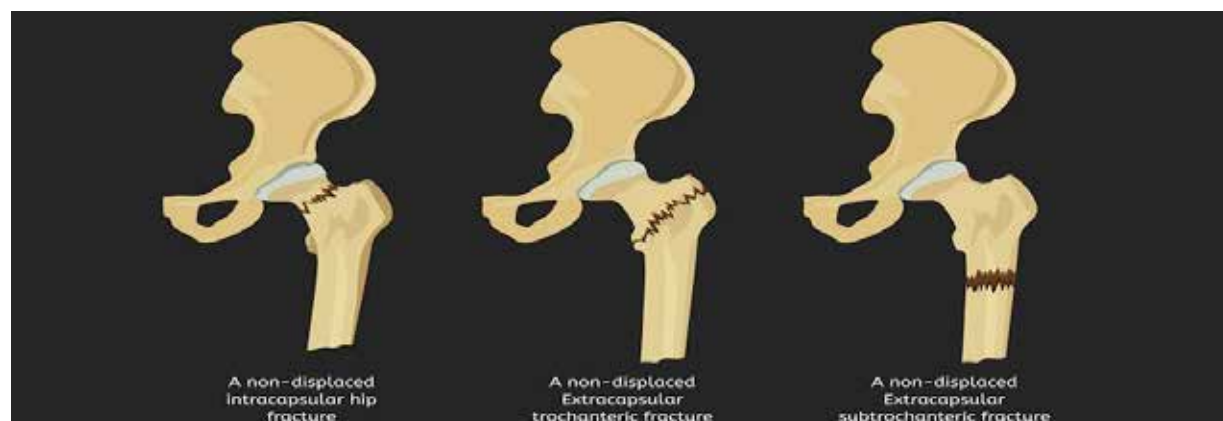
However, just as exploding numbers of baby boomers reach the age at which the likelihood of hip fractures increases, the standard is set to improve with an updated Hip Fracture Clinical Care Standard, released today by the Australian Commission on Safety and Quality in Health Care. The new standard for 38 hours brings Australia in line with international practice.

Every year in Australia, 19,000 people fracture their hip, usually after a fall. Most hip fractures happen to people over 65 years and are often a life changing event.

Australia's ageing population makes taking action on hip fracture more important than ever.

Hip fracture significantly increases an older person's risk of death, with one in four people dying within twelve months after a hip fracture injury. Of those who survive, many lose their ability to live independently or to return to their former lifestyle.

The data is sobering, as an Australian with a hip fracture is almost four times more likely to die within a year than someone of the same age who isn't injured. This has an immense personal toll on individuals and families, in addition to the burden on our health system of around \$600 million each year.



Is home insurance about to become a luxury?

HOME insurance has just about joined scotch fillet in the (un)affordability stakes. But while there are alternatives for scotch fillet (minced meat, for example), there aren't for home insurance.

The problem is not just that insurance premiums have gone up dramatically over the financial year just past, incomes have not kept pace, not for people who are working and not for people who are retired.

The Age Pension increased by 7.7 per cent in 2022-2023, but the median increase in home insurance premiums was 28 per cent! 'Median' means 'on average' but leaving out the exceptions. In this case an exception would be insurance for houses in flood zones for example. If you leave those in, the average is 48 per cent.

The Actuaries Institute keeps tabs on things like home insurance premiums. It says that there are now 12 per cent of households experiencing insurance "affordability stress". That's up from 10 per cent for the previous year, which shows that home insurance premium increases are not just a thing of the past financial year.

It means one-and-a-quarter million Australian households face home insurance affordability stress compared with one million a year

\$93 million for NSW palliative care upgrades, but is it enough?

INPATIENT palliative care in NSW is getting a much-needed investment, with upgraded or new facilities planned in Westmead, Auburn, Wyong, Nepean, Tamworth and Orange.

Whilst in some ways this is a good news story, a closer look shows that end-of-life care in NSW will need far more investment as our population grows and ages.

With the upcoming closure of the historic St Joseph's Hospital in Auburn, a new dedicated palliative and supportive care unit at Westmead Hospital is much-

ago.

Households suffering extreme affordability pressures are concentrated in Northern Queensland, the Northern Rivers region of New South Wales and Northern Western Australia.

In these areas, half of the population pay more than a month of gross household income for their annual home insurance premium. The affordability pressures faced in these regions are driven by cyclone risk (Queensland and Western Australia) and floods (New South Wales).

What may also be a factor in these areas is that insurance companies put up premiums by more than is warranted by risk simply to recoup losses they have suffered in recent years in these regions.

Metropolitan areas typically have lower natural hazard risks and higher incomes. This means that the capital cities have lower affordability pressures on average.

However, affordability pressure is still present within parts of the capital cities of Greater Sydney, Greater Melbourne and Greater Perth, particularly in outer-urban areas.

The Actuaries Institute points out that the dramatic increase is due to a number of factors. One is significant increases in the cost of rebuilding a home due, in turn, to supply-chain shortages, increased demand

needed.

Westmead Hospital has not had a dedicated unit since 2009, with only 7 beds in the oncology ward that may be used for palliative care when available.

Currently, Mt Druitt Hospital has 16 beds and Auburn has 10. This will serve the entirety of the Western Sydney Local Health District when St Joseph's closes this month, taking 8 beds with it.

When the new unit is completed, Westmead Hospital will have 15 beds, and upgrades at Auburn will add a further 10 to the area – but it has recently been announced that Westmead's new facility won't open until 2026 at the earliest.

after natural disasters (when a lot of tradies put their prices up) and inflation generally.

Then there is the fact already mentioned that insurance companies want more after a disaster, because the risk they are insuring you against seems to have increased and because they want to recoup losses.

Households have some flexibility in managing insurance affordability pressure. They can reduce the sum they insure their home for or increase their excess.

But for some it has to mean going without home insurance, an extremely risky thing to do, particularly if you live in an area where bushfires or floods can occur. The Actuaries Institute says that as many as one in eight households may abandon home insurance completely.

That may sound sensationalist, but actuaries are generally not given to exaggeration. However, the Actuaries Institute does concede no one knows which properties are and which aren't insured.

It's a very educated guess, in other words.



It is clear that palliative care in NSW has a long way to go. Whilst there are community-based alternatives, this option is not suitable for everyone, and it should be a choice rather than a necessity. People in NSW, particularly in regional areas, do not have access to the range of care options they need and deserve.

There are many groups established by members of local communities who are actively pushing for improved palliative care in their region, and each of the projects named here have a dedicated group of advocates who have worked hard to make change happen. It is clear that this is an issue that many of us care about deeply.

CPSA Information Directory

INCOME SECURITY

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

Welfare Rights Centre
1800 226 028

British Pensions in Australia
1300 308 353

National Debt Helpline
1800 007 007

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



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

1800 422 737

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

NSW Ageing and Disability Abuse Helpline



1800 628 221
(Mon-Fri 9-4)

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

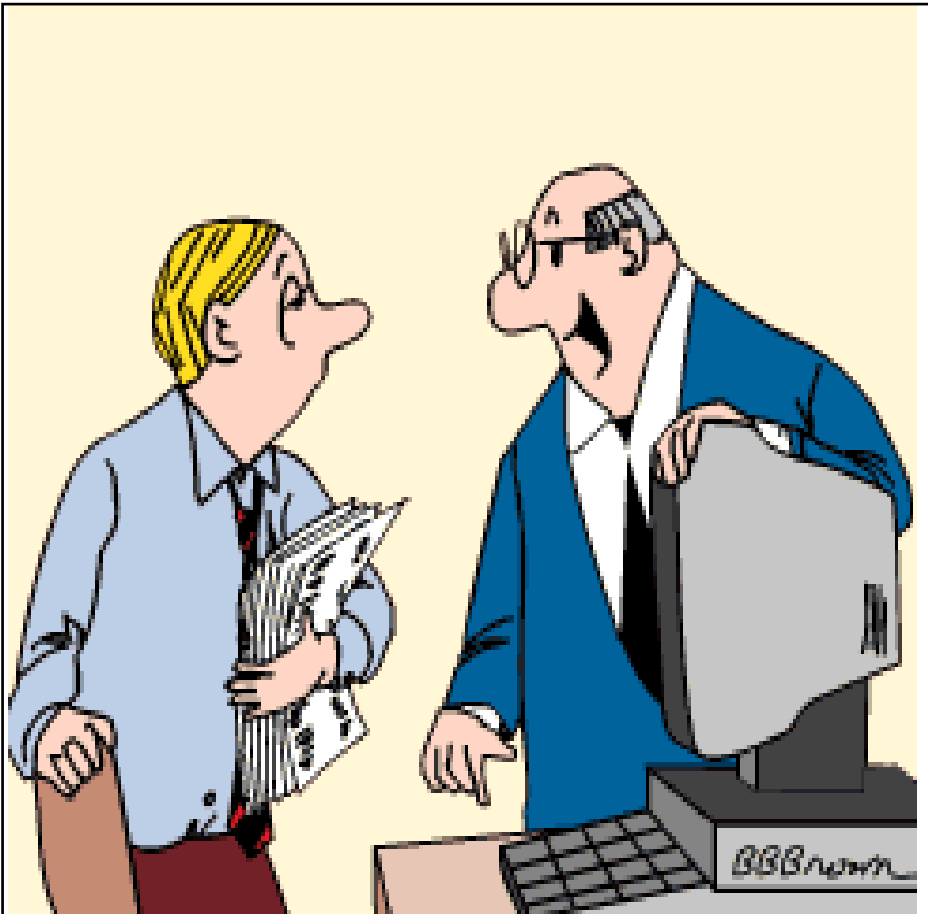
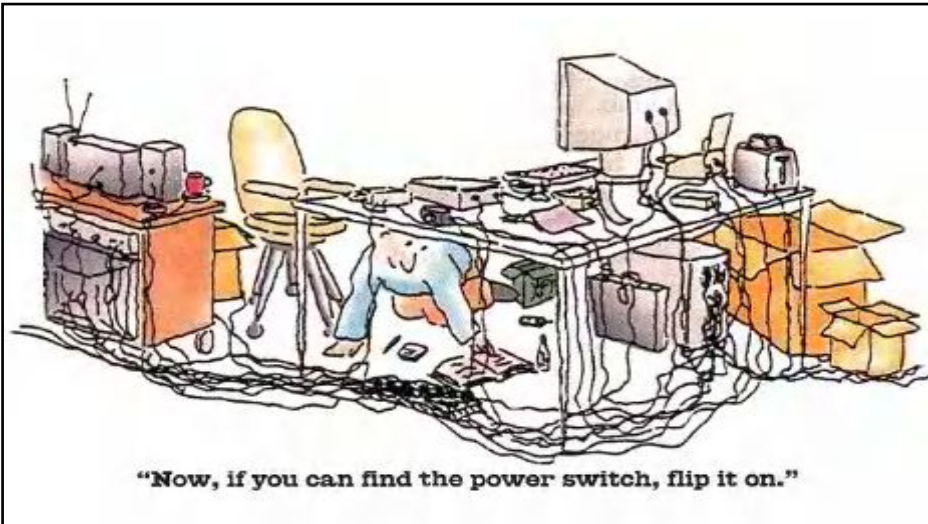
NSW Ombudsman's Office
1800 451 524

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

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| 8 | S | P | R | I | N | G | 9 | E | M | I | G | R | A | T | E | | | |
| | E | L | N | M | N | C | R | | | | | | | | | | | |
| 10 | O | R | A | L | 11 | O | R | I | G | I | N | A | T | E | S | | | |
| | E | E | R | | | | | | | | | A | | | | | | |
| 12 | S | T | A | N | D | A | R | D | 13 | | 14 | A | U | T | U | M | N | |
| | T | N | N | R | | | | | | | R | | | | | | | |
| 16 | T | A | X | I | 17 | T | E | E | T | H | 18 | | 19 | A | L | 20 | S | O |
| | | | U | | | | A | A | | | | | | N | K | | | |
| 21 | S | U | M | M | E | R | 23 | M | I | N | I | S | T | E | R | | | |
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| 29 | A | R | B | O | R | I | S | T | 30 | W | I | N | T | E | R | | | |
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