



**SUBMISSION TO THE
NATIONAL HEALTH AND HOSPITALS REFORM
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About National Seniors Australia

National Seniors is the largest senior's organisation in Australia with over 280,000 individual members in 175 branches across the country. We are a not-for-profit community organisation with the following objectives:

- to provide economic and social benefits for people 50 years and over;
- to represent our members' views to government at all levels; and
- to make donations and provide service and advice to charitable institutions assisting people 50 years and over.

National Seniors offers members a vast range of services and benefits and is an influential vehicle for contributing to policy debates affecting older Australians. National Seniors' policies and policy agenda are developed through a comprehensive grassroots process that enables members to contribute through local Branches, regional Zone committees, State and Territory Policy Groups (SPGs), and a National Policy Group (NPG). The outcomes from this policy formulation provide the basis of the National Seniors policy agenda.

This submission to the National Health and Hospitals Reform Commission has been prepared by the National Policy Office (NPO), based in Canberra, which facilitates the implementation of National Seniors' national policy agenda, and advocates on behalf of older Australians to government at all levels, to business and the broader community. The NPO works closely with our National, State and Territory Policy Groups and our extensive network of State offices, Branches and Zone committees in determining issues of relevance to older Australians and identifying trends in ageing.

The work of the NPO is assisted by the Commonwealth Department of Health and Ageing through its Community Sector Support Scheme (CSSS). The funding received under this scheme better positions National Seniors to:

- grow the operational capacity of the NPO;
- expand communications with the seniors' community;
- increase engagement opportunities for disadvantaged seniors; and
- act as a conduit for information flow between government and the community in order to draw together seniors' views on issues of relevance and provide a consultative mechanism for the government.

The NPO also plays a key role in informing the development of the research program for the National Seniors Productive Ageing Centre (NSPAC), which in turn provides research input to the NPO. The NSPAC, established in 2002, is co-funded by National Seniors in collaboration with the Department of Health and Ageing. NSPAC's role is to research issues that impact on the ability of seniors to contribute productively to the economy and society. The NSPAC is consumer focused in both the development of its research agenda and conduct of research activities.

Consultation

This submission has been developed by National Seniors through a comprehensive grassroots process that enables members to contribute directly through communication with local branches, regional zone committees, State and Territory Policy Groups (SPGs), as well as the National Policy Office (NPO).

Initial consultations with members involved a 'Reference Group' comprised of members from our National Policy Group (NPG) and our State Policy Groups (SPG) with significant experience and expertise in health and aged care. Such a consultative process allowed for considerable insight into health and workforce related issues from several states and territories. Participants on this 'Reference Group' included:

- Associate Professor Susan Kurrle, Chair of the Older People Faculty of Medicine at the University of Sydney;
- Ms Vera Somerwil, former nursing care specialist for mental health and geriatrics and volunteer mental health counsellor;
- Ms Jennie Hunt, social ecologist and aged care specialist lecturer at the Western Australian Central TAFE; and
- Ms Angela Triggs, former health practitioner with 32-years experience in the public hospital system.

The views and life experiences of members were directly sought through our weekly publication *Connect*, our website, and National Seniors extensive local branch system. The contribution by members to this submission provided real experiences of the health and hospital system.

National Seniors also liaised with representatives from state health departments in Tasmania and Western Australia. These states were chosen because of their ageing population demographics and their insight into rural and regional health service provision. Tasmania has experienced the largest increase in median age over the last 20 years and Western Australia has a population spread across vast regions of remote and regional areas, which provided information about the challenges in providing rural health services.

Representatives of National Seniors National Policy Office also participated in a national Consumer and Stakeholder Forum, which was coordinated by the Consumer Health Forum. This forum provided a valuable resource to gauge the views and considerations of relevant stakeholders and consumers in health service delivery.

Executive Summary

This submission directly responds to the terms of reference established by the National Health and Hospitals Reform Commission, which has a particular focus on the structure and functioning of Australia's health and hospitals system.

Australian life expectancy is amongst the highest in the world and it is anticipated that the proportion of seniors over the age of 80 is expected to treble in the next 40 years, placing unprecedented pressure on health and aged care spending. National Seniors acknowledges recent budget initiatives directed toward improving health services with regard to the general population, particularly the Commonwealth Dental Health Program, the establishment of 31 GP Super Clinics in regional centres and the injection of funding in national rural health infrastructure. However, as this submission reports, significant reforms are needed to ensure seamless delivery and equitable access to services for all health care consumers.

Issues associated with an ageing population transcend economic impacts and in this submission National Seniors has considered the need for:

- greater emphasis on preventive health treatment;
- greater focus on primary care;
- improvement of services to rural and regional Australia;
- greater transparency and accountability between levels of government; and
- addressing health workforce shortages and workplace dissatisfaction.

The burden of preventable disease has resulted in early deaths and disability amongst a high proportion of the population. Currently the Australian healthcare system appears to be preoccupied with hospitalisation and tertiary level treatment. National Seniors believes that such hospital treatment should be considered a last resort when other treatments fail and should not take the place of community focussed primary health alternatives.

A new emphasis on prevention and early intervention needs to be established within the context of Australian primary care to reduce the burden of preventable disease on our hospital system. National Seniors acknowledges the recent establishment of the National Preventative Health Taskforce whose focus is on preventative health associated with binge drinking, smoking and adolescent obesity. However, with an apparent emphasis on youth, National Seniors is concerned that these preventative health programs may further marginalise the health equity of one of our most vulnerable members of society, the frail and aged.

There are current inefficiencies in health service delivery due to the differing levels of government responsibility for health and hospital services which result in consumers receiving treatment from multiple locations often vastly separated in distance with differing billing methods, varying costs and often with limited communication between care providers. This fragmented approach to health funding and service delivery leaves consumers frustrated and creates an increased burden for the consumer, at a time when they are least equipped to deal with these challenges due to illness and frailty.

Further, the development of E-health technologies in Australia would greatly benefit those amongst us who are least in a position to access health advice and services freely, such as rural and remote dwelling Australians and frail aged Australians who have limited mobility.

Summary of Recommendations:

Consumer Focused Approach to Health

- Provide affordable and accessible health care services to older people using the health and hospitals system.
- Involve older consumers of hospital and community based health services in the reform process.

Commonwealth State Relations

- Implement reforms across Commonwealth/states which ensure transparency and accountability.
- Ensure reforms of the hospital transition programs for aged patients are seamless and cost effective.

Preventative and Primary Health Focus

- Provide health arrangements which focus on early intervention and prevention of chronic diseases.
- Broaden the current preventative health taskforce agenda to include preventative health measures for older Australians.
- Provide increased primary and community based health care.

Rural and Regional Health Services

- Increase funding for health programs and services across rural and regional areas to ensure that services in such areas are accessible and equitable.
- Increase financial support for health consumers who reside in rural and regional areas and are required to travel significant distances to receive health care.

Health Workforce

- Review all available health workplace human resource / training audits conducted over the last five years to ascertain current skills deficits.
- Implement measures to correct skills shortage in the aged care industry.
- Enable greater flexibility and mobility for the health workforce, to address skills shortages in particular areas of the health & hospital system.
- Expand the Higher Education Contribution Scheme (HECS) Reimbursement Scheme to encourage recent university graduates from all health fields to work in regional and rural areas, offering them incentives such as HECS reductions and relocation allowances.

E-health

- Implement an E-health initiative which would be targeted at regional and rural health consumers as well as the frail aged.
- Introduce E-health technologies in all primary care settings to ensure a seamless delivery of health services to consumers.

Overview

“In order to prepare for unprecedented population ageing now, it is of utmost importance that health systems are prepared to address the consequences of these demographic trends.”¹

The impact an ageing population on Australia’s health and hospital system will be significant. The proportion of the population aged over 65 is projected to increase from 13% in 2004 to 20% by 2024.² The Intergenerational Report (2007) indicates that spending on health care is set to almost double from 3.8% of GDP to 7.3% by 2050 as we continue to accommodate an ageing population and ongoing investment in new technologies.

This transformation presents a number of challenges for Australian society, including the need to better manage and coordinate Australia’s health services in preparation for future demographic changes.³ The growing size of the older population will increase the number of older Australians who qualify for publicly financed retirement and health benefits in coming years, relative to the number of younger adults who typically work and pay taxes.

Presently, the health and hospitals system is in a state of crisis which adversely affects older consumers in a number of ways through;

- A lack of community focused, primary and preventative care;
- Inequitable access to health services by rural and remote Australians who typically experience poorer health than those in metropolitan centres;
- Staff shortages and dissatisfaction in the health workforce resulting in reduced quality treatment and high turnover rates and;
- Difficult patient transition due to fragmented levels of government responsibility.

Anecdotal evidence collected by National Seniors points to a current health system that is failing our most vulnerable:

“My elderly parent was on a trolley in a hallway for 4 hours, there was no staff around, only an off-duty ambulance officer to watch over them before they were finally admitted to emergency.”

National Seniors believes there also needs to be a greater understanding of the particular health care needs of older consumers. “Obstructive management procedures, medical and nursing staff poorly trained in the treatment of older persons, negative attitudes towards older patients, high cost of treatment and medications, lack of coordination with social services, all create an environment with discourages older people from returning for treatment and affects the outcome of care.”⁴

¹ The Department of Treasury (2007), *Intergenerational Report*, Canberra.

² Australian Institute of Health and Welfare (2007), *Older Australians in hospital*, Canberra, p.1

³ Ibid, The Department of Treasury (2007)

⁴ World Health Organization (2004), *Towards Age-friendly Primary Health Care*, Geneva, p.8

Commonwealth State Relations

Cost shifting, duplication and inefficiencies cause great frustration for consumers and health professionals.

Current funding arrangements for health services is shared between the Commonwealth and State and Territory Governments, resulting in a mixed system providing different levels of health service provision across jurisdictions which encourages duplication of services and blurs the boundaries of accountability.

This fragmented and confusing system disadvantages consumers and workforce participants, who are forced to navigate their way through a myriad of services and providers and continually encounter government bureaucracy.

The Commonwealth Government provides 46% of national health funding, with state funding and non-government sources making up the remainder⁵. Access Economics has estimated that the costs associated with duplication and cost-shifting amounts to \$9 billion per year. Of this, some \$5 billion is related to spending inefficiencies⁶.

State governments are the main providers of publicly provided health including, public hospital services, mental health programs, and home and community care services. In contrast, the Commonwealth has important responsibilities for the development and training of the health workforce through the funding and allocation of university places and medical school facilities, and setting criteria for overseas trained medical professionals to work in Australia.

The fragmented funding arrangement between the Commonwealth and State Governments provides incentives for costs of health care to be shifted from one level of government to another. Cost-shifting is typically associated with the boundaries of responsibility in different parts of the health system, for example, between hospitals and aged care facilities. Inefficient transitional care for patients awaiting nursing home placement is one such example where varying levels of government responsibility cause significant stress and anxiety amongst patients.

Current problems in transferring older patients from an acute hospital setting to a long term aged care facility arise from the difficult relationship between the states and the Commonwealth. National Seniors acknowledges the recent Federal 2008-09 Budget measure of \$293.2 million to fund an additional 2,000 transition care places. These additional transition places will assist in removing some of the bed-blocking pressure currently experienced by hospitals currently accommodating older patients for sometimes lengthy periods of time prior to transfer.

However, additional transition beds are not the only solution to the current problems between Commonwealth and State government health services. The barriers to effective delivery exist because of the complex relationship between funding, accountability and

⁵ Menadue, J. (2007), *Breaking the commonwealth/state impasse in health: a coalition of the willing*, Centre for policy development

⁶ Access Economics (2006), *The costs of federalism*, Melbourne, p. 40-43

authority between all levels of government which must be resolved as a matter of priority for health consumers. To resolve this issue, it is imperative that leadership is exercised by the Commonwealth and that all States and Territories work collaboratively in implementing changes.

Recommendations:

- **Implement reforms across Commonwealth/States which ensure transparency and accountability; and**
- **Ensure reforms of the hospital transition programs for aged patients are seamless and cost effective.**

Preventative Health Care and Primary Care

Older Australians have a higher overall rate of presentation to emergency departments and typically require more urgent treatment in emergency departments than other age groups⁷. Emergency departments in some major city centres are struggling to treat patients with chronic conditions, as they don't have sufficient equipment or staff levels to cope with these situations.

Predicted increases in chronic disease will continue to present challenges for Australia's health system as the population ages. Preventable diseases such as cancer, type II diabetes, obesity and cardiovascular disease contribute to an increasing burden on the health care system. Many chronic diseases, including mental illness, can be delayed in onset or prevented by intervention and lifestyle changes.

National Seniors believes that the current health system has an insufficient focus on prevention, which leads to many people developing serious health problems and requiring hospitalisation for conditions that could have been prevented or managed in a primary care setting in their community. There is international evidence that suggests that a health system that focuses on primary care can achieve better health outcomes and lower rates of all causes of mortality, for a lower overall cost than a system focused on hospital care.⁸

Primary care refers to a multi-disciplinary, accessible and community-based approach to managing healthcare with a focus on the consumer. Primary care provides high quality care designed to reduce preventable diseases and conditions. A health system that neglects prevention and primary health care leads to older people developing serious health conditions which require hospitalisation, placing acute stress on an already overburdened public hospital system.

The international trend in health care is moving away from hospital care, with hospitals becoming a last resort, rather than the first. This focus on preventative health and primary care would reduce inefficiencies, service duplication and cross-over, but most importantly, would allow individuals to access care in their home or local community.

⁷ Australian Institute of Health and Welfare (2007), *Older Australians at a glance*, Canberra, p. 114

⁸ Doggett, J. (2007), *A New Approach to Primary Care for Australia*, Centre for Policy Development, Sydney, Occasional Paper Number 1, pg. 6.

National Seniors has welcomed the announcement in the Federal Budget 2008-09, of a measure which will deliver \$275.2 million over five years for 31 GP Super Clinics across Australia, providing rural, regional and outer metropolitan communities with one convenient location where they can access a range of health services. As previously mentioned, this will address some of the issues older Australians face in accessing health services in rural and regional Australia. Whilst welcoming this measure, we strongly recommend that this model be rolled-out across metropolitan areas in the near future.

National Seniors strongly endorses a health care system which has a greater focus on primary care for consumers, as it provides:

- a greater focus on prevention, ensuring that people stay healthier for longer;
- faster medical attention to conditions which would escalate, slowing their onset or reducing severity;
- greater accessibility;
- greater consumer focus;
- earlier intervention;
- less risk of contracting diseases in hospital;
- consolidating service delivery, records and co-payments to be easier, safer and fairer for all;
- more timely decisions, based on a best practice, seamless, one-stop approach;
- consolidated patient history, assessment and test results, enhancing continuity of care and population health monitoring, while reducing procedural duplication;
- multiple services billed together; and
- universal care with better access, via fair and affordable consumer contributions.⁹

As 90% of the population sees a GP at least once a year¹⁰, changes to primary care can also be a platform for reforms in other areas, such as chronic disease management, mental health and preventive health.

National Seniors Australia envisage a primary health care system based on the World Health Organization's 'age-friendly principles,' that older people are entitled to appropriate disease prevention, and health care services that focus on preventive care throughout life.¹¹

National Seniors acknowledges the Australian Government's decision to establish a National Preventative Health Taskforce, with a particular focus on alcohol, tobacco and obesity. However, National Seniors is concerned that the focus of these preventative measures will be primarily directed towards youth in addressing binge drinking, young smokers and children/teenagers at risk of obesity.

For older people, falls and complications of medical and surgical care represent are the most common causes of injury leading to hospitalisation, accounting for nearly 90% of overnight hospitalisations with a principal diagnosis of injury or poisoning in 2004-05.¹²

⁹ Doggett, J. (2007), *A New Approach to Primary Care for Australia*, Centre for Policy Development, Sydney, Occasional Paper Number 1, pg. 5.

¹⁰ Ibid, pg. 7.

¹¹ World Health Organization (2004), *Towards Age-friendly Primary Health Care*, Geneva, p.8

¹² Australian Institute of Health and Welfare (2007), *Older Australians in Hospital*, Canberra, p.16.

National Seniors is calling for a broadening of the government's preventative health focus to look at key issues of concern to seniors. Falls prevention programs, have been proven to reduce the number of admissions to hospital and prevent serious accidents from occurring.

National Seniors is also calling for a shift of resources and focus to prevention, early intervention and ongoing health care management – all critical to effective management of chronic diseases and care of older people. Moving a higher proportion of resources to the community setting for prevention and for ongoing management of chronic diseases will result in better return on investment for government.

Health systems are mostly focused on addressing acute, episodic events. Chronic diseases require ongoing monitoring to minimize the development of associated disabilities and negative effects on the quality of life. Older persons prefer to age in their own homes, within their communities or familiar environments. The proximity, accessibility, cost effectiveness and user-friendliness of community-based primary health care services are therefore of vital significance to the health and well-being of older persons and their families.

Recommendations:

- **Provide health arrangements which focus on early intervention and prevention of chronic diseases;**
- **Broaden the current preventative health taskforce agenda to include preventative health measures for older Australians; and**
- **Provide increased primary and community based health care.**

Health Services in Rural and Regional Areas

Despite recent increases in the quantity of research and funding toward rural health initiatives in Australia, significant gaps continue to exist, which result in rural and remote dwellers, representing one of the most marginalised health service consumers in Australia.

Although nearly 30% of Australians live in rural or remote areas, health outcomes for rural Australians are significantly poorer than for those living in metropolitan Australia. In fact, even today rural Australians can expect to die at an earlier age, have a lower chance of surviving cancer or cardiovascular disease reflecting later diagnosis and intervention as well as experience higher rates of hospitalisation, disability¹³ and mortality from workplace and vehicular accidents.

Statistical data reports that the average earnings of rural families is nearly 20% less than that earned by urban dwelling families, indicating that rural families are not only of an age

¹³ National Rural Health Alliance (2007), *Submission into the inquiry into the operation and effectiveness of patient assisted travel schemes*, Canberra, p. 2

and where they need greater health care, but also in a position where they are least able to afford it.¹⁴

Clearly, with such poor health associated with rural and regional living, reform is needed to ensure that those living outside metropolitan areas are able to adequately access efficient and quality community health services and have equitable access to health care services.

The need for a new rural health strategy, encompassing accessibility, transport assistance as well as development in primary care and preventative health infrastructure would allow for the establishment of sustainable and healthy rural communities. Transport and accommodation assistance schemes would allow for patients with complex and chronic care needs to access available services without the added burden of associated transport and accommodation costs.

Recommendations:

- **Increase funding for health programs across rural and regional areas to ensure that services in such areas are accessible and equitable; and**
- **Increase financial supports for health consumers who reside in rural and regional areas and are required to travel significant distances to receive health care.**

Health Workforce

The health workforce as it currently exists presents a formidable challenge necessary to cope with future demographic projections and demand. Allied health professionals are experiencing shortages in staffing ratios, especially in remote and regional Australia which has experienced a considerable workforce decline in recent years so much so that current GP levels proportional to the population is almost half that for major metropolitan centres. The aged care workforce is also suffering significant strain concerning recruitment and training, the ageing of the workforce and general dissatisfaction with work conditions.

The health workforce presently accounts for 4% of the total civilian workforce, with women and nurses accounting for more than half, and part time employment making up more than one third employment tenures.¹⁵ The ageing population also significantly impacts on the aged care workforce. Currently the age distribution of the aged care workforce is older than that of the remaining Australian health workforce. Clearly the ageing population presents significant concerns for future workforce planning, both for those receiving care and those providing care.

Research conducted by the National Institute of Labour Studies, indicates that there are numerous problems associated with the aged care workforce, which have continued in recent years. Difficulty with recruitment and training, high turnover rates and high levels of dissatisfaction with total pay and time spent with each resident as well as the older age distribution of those employed. It is estimated that a quarter of personal carers and close to

¹⁴ Australian Bureau of Statistics (2003), *Rural and regional statistical newsletter*, cat: 1379.0, Canberra.

¹⁵ Australian Bureau of Statistics (2008) *Year Book Australia*, cat. 1301.0, Canberra.

one in five nurses have to be replaced each year, by their current employer.¹⁶ Reform of the workforce is urgently needed to relieve the stress of aged care workers in the labour market.

Staff turnover rates and levels of pay dissatisfaction within the aged care workforce are especially concerning. Management reform needs to address the issues of worker dissatisfaction, as high turnover rates result in more effort being dispensed in training and recruiting new staff, resulting in irregular patient care. Nearly 70% of the aged care workforce leaves their position within 6 years, indicating a high level of dissatisfaction associated with work conditions and pay. Staffing pressures don't allow employees within the aged care workforce to spend enough time caring for each resident and more than half respondents questioned reported varying levels of dissatisfaction with regards to their total pay¹⁷. Clearly, in order for residents to receive improved levels of care from their nursing staff and to improve current turnover rates, various degrees of reform in the aged care workforce must be addressed.

Although health workforce shortages affect access to health services for the greater population, some marginalised members of the community would stand to gain significantly from an improved and reformed health service, particularly rural health consumers. A recent government audit concluded that the supply of health professionals to rural and regional Australia, where practitioner to patient ratio is vastly inferior to that in metropolitan centres, is especially insufficient and principally reliant on overseas trained professionals.

National Seniors welcomes recent government reforms in the health workforce sector and commends that establishment of a Chief Nursing and Midwifery Officer designed to provide national leadership in developing a collaborative approach to nursing workforce issues. The establishment of the Office of Rural Health in the Department of Health and Ageing and initiatives for rural health placement scholarships and infrastructure are also welcome.

Recommendations:

- **Review all available health workplace human resource / training audits conducted over the last five years to ascertain current skills deficits;**
- **Implement measures to correct skills shortage in the aged care industry;**
- **Enable greater flexibility and mobility for the health workforce, to address skills shortages in particular areas of the health & hospital system; and**
- **Expand the HECS Reimbursement Scheme to encourage recent university graduates from all health fields to work in regional and rural areas, offering them incentives such as HECS reductions and relocation allowances.**

¹⁶ National Institute of Labour Studies (2004), *The Care of Older Australians: A Picture of the Residential Aged Care Workforce*, Adelaide, p.3.

¹⁷ Ibid, NILS (2004) p. 31-41.

E-Health

Recent budget initiatives directed towards seniors focus on increasing their availability and access to broadband. National Seniors welcomes the \$15 million to allow seniors greater access to broadband in the community. However broadband technologies also hold significant promise beyond the Australian Government's social inclusion agenda.

As stated previously, it is anticipated that government spending on health is projected to increase as a proportion of GDP from 3.8% in 2007, to an estimated 7.3% in 2047¹⁸. Internet-based technologies are an untapped resource with the potential to achieve substantial cost savings to the health and hospitals system¹⁹

The implementation of an E-health initiative would create cost and time saving measures, and could include;

- the creation of internet based claims processing;
- appointment scheduling;
- web based access to personalised patient electronic medical records;
- ordering prescriptions;
- gathering pharmaceutical advice;
- email medical appointments; and
- ordering of pathological testing²⁰.

The development of E-health technologies in Australia would greatly benefit those amongst us who are least in a position to access health advice and services freely, such as rural and remote dwelling Australians and frail aged Australians who have limited mobility.

Benefits to the economy could also be realised through the inevitable reduction in duplication of services, maintenance of physical records and aged care costs, as senior Australians remain in their homes for longer periods with the aid of E-health technologies. Frustration experienced by regional patients, who are forced to visit multiple health centres at the risk of losing valuable medical data in transport and experience poor communication between varying centres and government levels of responsibility could be greatly alleviated by the availability of E-health technologies to the broader population.

Recommendation:

- **Implement an E-health initiative which would be targeted at regional and rural health consumers as well as the frail aged; and**
- **Implement E-health technologies in primary health settings to ensure a seamless delivery of health services to consumers.**

¹⁸ ¹⁸ The Department of Treasury (2007), *Intergenerational Report*, Canberra

¹⁹ Litan, R.E.(2005) *Great expectations: potential economic benefits to the nation from accelerated broadband deployment to older Americans and Americans with disabilities*. New Millennium Research Council: Washington.

²⁰ Ibid, p.14.

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