



Royal Commission
into Aged Care Quality and Safety

Statement of Hamish John Torquil MacLeod

Name: Hamish John Torquil MacLeod

**Date of
birth:**



Address:



Date:

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety (Royal Commission). This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own knowledge, except when they are based on information I have received. Where I rely on information, I believe that information to be true.

Background

3. My name is Hamish MacLeod. I am 74 years old.
4. I currently live at a residential aged care facility (**the facility**) in Melbourne, Victoria. I have lived at the facility since 2018. Before then, I lived at another facility (**the original facility**) run by the same aged care provider. I originally moved into aged care in 2013.

Signature		Witness	
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CONTINUED STATEMENT OF HAMISH JOHN TORQUIL MACLEOD

5. I have a number of health issues including diabetes, problems with my kidneys, and macular degeneration. I currently have shingles.
6. This statement refers to my difficulties accessing health care from general practitioners and specialists.

Fluid build-up in legs

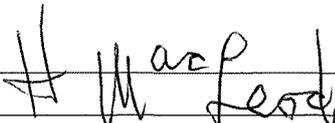
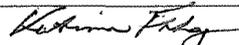
7. When I first moved to the original facility, I was given a new General Practitioner (**GP**) who visited the original facility. I had to change GPs a number of times at the original facility as a different GP left and another replaced them. When I moved into my current facility, I had to change my GP again. I began to see a GP who did rounds in the facility (**the facility GP**).

Diagnosis

8. In July this year, the facility made an appointment with the facility GP because my legs were swollen and very painful. The GP looked at my ankles. I told the GP that it was the whole of my legs that were swollen. When the GP examined me more thoroughly, he saw that my legs were swollen with fluid build-up.

Transfer to Hospital

9. The facility staff organised for me to be transported to a hospital via a patient transport ambulance.
10. I stayed in the emergency department for over 8 hours. I was then admitted.
11. Once on the ward, the nurses checked me and told me that I had developed a pressure sore during my time in the emergency department. The nurses on the ward told me that they were very upset that I had not been moved while I had

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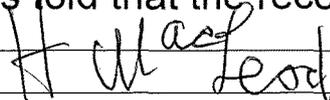
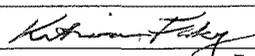
CONTINUED STATEMENT OF HAMISH JOHN TORQUIL MACLEOD

been in emergency. They said I should have been turned at least every hour.

12. I was in that hospital for 4 to 5 days. I was transferred to another hospital closer to the facility when a bed became available.
13. During my stay in hospital my blood sugar levels got very low overnight. I had to be put on a glucose drip in the middle of the night. Fortunately by breakfast time, my blood sugar level was back up to normal.
14. I spent a further 15 days in the second hospital. After numerous tests, the treating doctors realised that my kidneys were low functioning. They also found a blood clot in my lower right leg.
15. The doctors treated me and removed a great deal of fluid from my legs when I was in hospital. The doctors also treated the clot and it dissolved. The treatment for the clot left me with bruising and swelling. This slowly went down, but was very painful.

Discharge

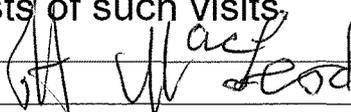
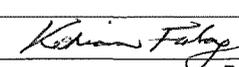
16. When I was discharged from the second hospital, I had to wait 3 hours for patient transport to take me back to the facility.
17. I was sent back to the facility from hospital with only two tablets of medication. There were no medical notes sent back with me from hospital.
18. The staff of the facility called the hospital pharmacy to get an understanding of the medications that the hospital doctors had prescribed.
19. Staff at the facility told me that they had to ring the hospital and ask for the medical information relating to my stay in hospital. I was told that the records had been sent to another

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hospital and not to the facility where I live. I understand that it took a week or two for the facility to receive my medical file.

Shingles

20. In mid-October 2019, I developed shingles around my eye. I was isolated for around 10 days. The rash has continued to spread. I still have the shingles rash which is very painful.
21. It was the staff at the facility who told me that I had shingles. The facility arranged for the facility GP to see me. He gave me some eye drops for my sore eye.
22. My eye got worse, so I decided to see another doctor. I got an appointment at a local clinic. I walked there and saw another GP (**the local GP**).
23. The local GP told me that the shingles had the potential to cause significant damage to my eye. The local GP prescribed tablets for the shingles. He walked me back to the facility and spoke to the nursing staff. He talked to them about my condition and told them what he had prescribed.
24. I was happy with the treatment that I got from the local GP.
25. I wanted to sack the facility GP after this incident. I said this to the staff at the facility. The staff responded that it did not matter if I told the staff at the facility, I had to tell the facility GP in person. They said that it had to come "from my mouth" to the facility GP "in person", otherwise I could not get my care transferred to new GP.
26. I had that conversation with the facility GP and informed him that I was going to the local doctor.
27. The local doctor does not visit me at the facility. I walk to his clinic which is about 650 metres away. I have not asked him to visit me at the facility because I am concerned about the potential costs of such visits.

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Catheter

28. At the original facility, one of my previous GPs would put in a new catheter for me or she would ring the hospital to see when they next had a vacancy to put one in.
29. One time, I pulled the catheter out while I was sleep walking. Staff put a new catheter on over the penis, so it was very different for the week until I could see the GP.
30. Another time, the nurse forgot to put the bottom tap of my catheter on. I was peeing all over the breakfast room floor before I realised what happened.
31. I often have complications with my catheter. This often requires assistance from a GP.

Transport to specialist appointments

32. I see a number of specialists, including an eye specialist, nephrologist and urologist. I have not ever seen a specialist at either aged care facility.
33. When I need to see my specialists, I generally use public transport to get to the hospital where they hold their clinics.
34. I try to make my appointments in the afternoon. It is too difficult to get to a morning appointment with the morning routine at the facility.
35. I walk to the train station and catch a train to another station. I then catch a bus which takes me to the hospital. I then walk to the clinic within the hospital. In total, it takes me about one and a half hours to travel from the facility to the specialist appointment. I do not worry about the time it takes me to come home, as that is my time.
36. A few years ago, I had a volunteer that assisted me with getting to specialist appointments. When a volunteer was not available, I would have to pay \$80 an hour for someone to

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CONTINUED STATEMENT OF HAMISH JOHN TORQUIL MACLEOD

assist me. That is not something that I can afford. There are volunteers at the facility on Tuesdays and Thursdays, but they do not have enough time to take me to my appointment and back.

37. As I served almost 3 years in the Royal Australian Navy between 1963 and 1966, I can ring the Returned and Services League and ask an advocate to assist. On occasions the advocate has been able to help organise a subsidised taxi to pick me up and take me to my appointments. My sister also helps me by sometimes taking me to appointments.
38. However, when someone is not available to help me, I catch public transport to my appointments.
39. Recently the local doctor has sent me to see an eye specialist. The eye specialist gives me injections in my eye. One of those injections caused me to feel off balance. It was very hard coming back to the facility on public transport. It took me about a day to get my balance back.

Recommendations for the Royal Commission

40. I think that it should be easier to access quality GPs and specialists. I think that it should be easier to get quality health care within residential aged care facilities.

Signed: *H MacLeod*
 Date: 30 November 2019

Witness: *Kathleen Farley*
 Date: 30 NOVEMBER 2019

Signature	<u><i>H MacLeod</i></u>	Witness	<u><i>Kathleen Farley</i></u>
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