New South Wales

Special Commission of Inquiry into Healthcare Funding

Submission Number: 73

Name: Physical Disability Council of NSW

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Submission to the Special Commission of Inquiry into

Healthcare Funding

Considering the needs of people with physical disability in NSW

31 October 2023

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Dear Commissioner Richard Beasley SC,

Thank you for the opportunity to respond to the Special Commission of Inquiry into Healthcare Funding.

The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disabilities across New South Wales. This includes people with a range of physical disability issues, from young children and their representatives to aged people, who are from a wide range of socio-economic circumstances and live in metropolitan, rural and regional areas of NSW.

Our core function is to influence and advocate for the achievement of systemic change to ensure the rights of all people with a physical disability are improved and upheld. We are also the sector coordinator for the NSW Disability Advocacy Network. In this capacity we represent the rights and interests of all people with disability in NSW.

As advocates for people with disability we are aware that the interaction between people with disability and the health sector is more frequent and can be riskier in terms of patient outcomes. We also note from the Terms of Reference that the Inquiry seeks recommendations from a disability care perspective.

On behalf of our members, and people with physical disability in NSW, we would like to provide a submission to the Inquiry.

Yours Sincerely,

Mr Edward Morris
Chief Executive Officer
Physical Disability Council of NSW

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Introduction

There are a multitude of health services provided for the people of NSW, including hospitals, specialist health services, medical centres, allied health services, community health services as well as 'pop up' COVID testing centres and vaccination centres. It is important that health facilities are accessible for people with physical disabilities, including wheelchair users who are unable to get out of their chairs to access premises.

The purpose of this submission is to ensure the needs and interests of people with physical disabilities in NSW are considered in this Inquiry and specific recommendations are considered that focus on improving the health care experience of our members. Our recommendations focus on eradicating inaccessible healthcare facilities, improving decision making around health supports out with the NDIS and funding disability advocacy organisations who well placed to use their expertise to create innovative solutions to common challenges that people with disabilities face when accessing healthcare.

Our submission responds to the following sections of the Terms of Reference:

A) The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;

B) The existing governance and accountability structure of NSW Health, including:

- *i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);*
- *ii. how governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities;*

C) The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

and

H) New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation.

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Summary of recommendations:

- **Recommendation 1***: Use the outcomes from the NDIS review and NDIS data sources to guide decision making about targeted health investment in local health districts, for both NDIS participants and non-NDIS participants.*

- **Recommendation 2:** *The definition of health building should be updated in the National Construction Code to include buildings that offer allied health services, community health services or any other health related service.*

- **Recommendation 3:** *Invest funding into advocacy organisations to produce digital resources and technical solutions to support people with complex health conditions to enhance interactions with the health sector.*

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Case for change

In response to Terms of Reference Sections A, B iii and B iv; How governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities; and how the funding of health services provided in NSW can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future.

The problem: community health supports for people with disabilities have been reduced since the introduction of the NDIS.

One of the outcomes of the implementation of NDIS was the reduction in state funding for disability support and services. "*The NDIS was never designed to support all people with disability. Community supports for all people with disability, as originally proposed, have not been delivered. As a result, the NDIS has become an oasis in the desert. This has had a significant impact on the cost of the scheme. It has also left people who are not in the NDIS without support.*" *What We have Heard Report 2023*.

Of course, not all disability supports and services are explicitly health related, but many are, and the disability community are likely to be more frequent users of these services compared to people without disabilities. Most people with disabilities are not eligible for, nor receiving support from the NDIS, so access to community disability health support needs to be prioritised without the assumption that most people with disabilities receive support from the NDIS.

The solution:

From a disability perspective, state-wide reform of health should consider the review of the National Disability Insurance Scheme (NDIS). We believe the NDIS review report will address the shortfall of disability services and supports outside of the NDIS.

The NDIS review report is likely to propose market analysis to identify gaps in the disability service sector, presumably by the Local Health Districts. The Disability Gateway should also contain data insights into the number of people with disabilities seeking health services in their local area. This information, coupled with data insights from the NDIS Quality and Safeguard Commission should be used to guide decision making about funding health services across NSW without assuming that people with disabilities will be receiving support from the NDIS.

Recommendation 1*: **Use the outcomes from the NDIS review and NDIS data sources to guide decision making about targeted health investment in local health districts, for both NDIS participants and non-NDIS participants.***

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In response to Terms of Reference Section C; The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW.

The problem: inaccessible health facilities

The Disability (Access to Premises – Buildings) Standards 2010 provides some protections for people with disabilities. Object (a) is to ensure that dignified, equitable, cost effective and reasonably achievable access to buildings, and facilities and services within buildings, is provided for people with a disability'. Health-care buildings are specifically listed under s A4(1) Class 9a. The National Building Code clearly outlines that a Class 9a Building includes hospitals and medical centres. Part D4 'Access for people with disability' states that '*for class 9a buildings access must be provided to and within all areas normally used by occupants*. **Regardless of these protections, PDCN has received feedback from our members that some health facilities are not accessible.**

It is important to note that the definition of a class 9a building is '*buildings [that] are generally hospitals'*, referred to as health-care buildings in the National Construction Code. They are buildings in which occupants or patients undergo medical treatment and may need physical assistance to evacuate in the case of an emergency. This includes a clinic (or day surgery) where the effects of the treatment administered involve patients becoming unconscious or unable to move. This in turn requires supervised care (on the premises) for some time after treatment has been administered.'

However, not all health facilities provide explicit 'medical treatment' or involve patients becoming unconscious or unable to move. For example, there are health facilities that offer physiotherapy, psychology and counselling, sexual assault clinics, family planning clinics etc. **PDCN is concerned the current standards for class 9a health facilities do not account for these health-related services.**

The solution:

We believe that people with disabilities should have the right to access health care settings beyond hospital settings as defined currently in the National Construction Code. Our members access most of their healthcare without being given treatment that involves patients becoming unconscious or unable to move, and allied health care is crucial to improving the quality of care for many people with disabilities. Therefore, there should be a requirement that access to allied health care settings should also be required to be accessible for people with disabilities.

Recommendation 2: ***The definition of health building should be updated in the National Construction Code to include buildings that offer allied health services, community health services or any other health related service.***

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In response to Terms of Reference Section H; New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation.

The problem: Inaccessible information and poor communication are significant barriers to patient centred care

PDCN and Health Consumers NSW released a joint report *Better Care, Better Outcomes: consumer experiences of person-centred care in NSW hospitals in October 2022.* Our research identified that significant barriers to patient centred care can be largely attributed to inaccessible information and poor communication. One of our recommendations was that hospitals and medical settings need timely access to resources which facilitate communication with patients such as assistive technology.

The problems associated with inaccessible information and poor communication were also addressed in the Disability Royal Commission report "*A failure to provide information in accessible formats and to facilitate communication with people with disability can lead to poor health…outcomes*". Finally, the Australia Disability Strategy includes a policy priority focused on ensuring information and communication systems are accessible, reliable and responsive.

The solution:

Technological and digital solutions can enhance patient centred outcomes in health settings. In our experience, disability advocacy organisations are often well placed to understand the very specific challenges our members face and the specific changes that would improve our members' experiences of health care.

PDCN is in the process of developing a new technology to improve communication in hospital settings. This technology will enhance patient experience and health outcomes for people in the disability community, as well as enhance the quality of care delivered in hospitals.

Recommendation 3: ***Invest funding into advocacy organisations to produce digital resources and technical solutions to support people with complex health conditions to enhance interactions with the health sector.***

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