

18 July 2024

NDIS Standing Committee

Sent via email: ndis.joint@aph.gov.au

Re: Questions on notice from Senator Urquhart - NDIS Standing Committee - rural, regional and remote patient support and accessibility

As requested by Senator Urquhart at the public hearing on 28 June, I am pleased to provide further information on comparisons of people Emerge Australia supports in rural regional and remote areas of the country compared to metropolitan areas. We have used the Modified Monash Model to categorise geographic distribution.

This data has been drawn from our CRM and unfortunately does not represent all our annual Telehealth and Patient Support calls. We recently transferred to a new system and not all our postcode data has come across as yet.

We have pulled what postcode data we could at this time and include it below.

The total number of individuals represented in this dataset is only 1104. At least 562+ entries have been omitted due to lack of identifying postcode or state.

Geographic Rating Distribution:

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| <ol style="list-style-type: none">1. Rural: 440 individuals (39.86%)2. Provincial: 249 individuals (22.55%)3. Inner Metropolitan: 227 individuals (20.56%)4. Outer Metropolitan: 187 individuals (16.94%)5. Unidentifiable without further information: 1 individual (0.09%) |
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Distribution by State:

- | |
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| <ol style="list-style-type: none">1. QLD (Queensland): 390 individuals (35.33%)2. VIC (Victoria): 335 individuals (30.34%)3. NSW (New South Wales): 184 individuals (16.67%)4. SA (South Australia): 167 individuals (15.13%)5. ACT (Australian Capital Territory): 24 individuals (2.17%)6. WA (Western Australia): 3 individuals (0.27%)7. NT (Northern Territory): 1 individual (0.09%) |
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As was emphasised by those of us present on 28 June, issues for patients in regional, rural and remote areas relating to accessibility to clinical and allied health services and community support via the NDIS are significant as are issues relating to travelling long distances which people with ME/CFS just cannot do. These points were well covered in our presentations.

Finally, Emerge Australia wishes to emphasise the need for the NDIA to recognise ME/CFS as a permanent, lifelong disability that is specifically included in List B under neurological disorders, as recommended to the NHMRC in 2019. If this occurs, and ME/CFS is recognised as a permanent and lifelong disability, then the financial assistance to obtain functional assessment should be provided to assist the applicant in establishing and demonstrating the supports they need. People with ME/CFS are very significantly disadvantaged by the current system.



We thank the panel for the work you are doing in this area.

Kind regards

Anne Wilson
Chief Executive Officer
Emerge Australia

Deputy Chair
Neurological Alliance of Australia