

15 February 2013

Christine McDonald

Secretary

Senate Standing Committee on Finance and Public Administration

PO Box 6100

Parliament House

Canberra

ACT 2600

Dear Ms McDonald,

Submission to

Senate Finance and Public Administration References Committee

Inquiry Into the Implementation of the National Health reform Agreement

I welcome the opportunity to make a submission to this committee and would like to offer some brief comments regarding the impact of the recently announced reductions by the Commonwealth of National Health Reform funding for state hospital services. I will limit my comments to the impact of funding shortfalls on patient care and services.

I am the Co-Chair of the NSW Health Agency for Clinical Innovation Rehabilitation Network. That position gives me insight into clinical rehabilitation service delivery issues in NSW but I am not writing to you in that capacity today. Today I write to you as a clinician who was told two weeks ago that their clinical service will cease to exist after June 30 2013 due to a funding shortfall. I write to you as a clinician who is

now telling my patients that we will no longer be able to provide specialist clinical care to them after June 30 and that there is no similar service to take over their care needs.

My public hospital based outpatient rehabilitation service provides ongoing comprehensive multidisciplinary rehabilitation assessment and care to young adults (18-50 years of age) with complex disabilities such as spina bifida, intellectual disability and neuromuscular disease including young people with complex disabilities transitioning from paediatric to adult rehabilitation services. The service was funded via the 2008 National Partnership Agreement to enhance subacute health services which expires on June 30 this year. The financial impact of this loss of NPA funding and the reduction in NHR funding recently announced by the Federal treasurer have been passed on by the state directly to my local health district. They in turn, in the face of a limited and smaller budget, have been forced to make decisions to cut clinical services.

I wish I could say that this only affects my service. Unfortunately other clinical services within my LHD funded via the same NPA money will also be ceasing on June 30. This includes services for community based rehabilitation and some aged care services. I wish I could say it is only my LHD that is cutting services. But I am aware of many colleagues across the state and indeed across the country who are waiting to be told that their clinical service will not exist after June 30 2013. To give you an idea of the types of rehabilitation services that are to be affected directly by the loss of funding, I have attached to my email a copy of the *Rhaia Vol 20 Issue 4 December 2012*. This is the official newsletter of the Australasian Faculty of Rehabilitation Medicine. On pages 21-23 there is a list of many clinical rehabilitation projects that have all been funded by the NPA and now face an uncertain future. Please note that list is not complete but shows the range of rehabilitation services and the groups of patients that are facing an uncertain future. (My apologies to the committee for not being able to extract the particular pages for the attachment)

The groups of patients that will be directly affected by these service cuts are among the most vulnerable in our community, ie the disabled and the frail. I can't help but feel a sense of irony that the extra Federal budget funds that may be found by cutting these health based services may well be directed towards the community services sector to fund the National Disability Insurance Scheme which is aimed at improving the lives of this very same group of people.

I have already read online some of the submissions lodged to this enquiry outlining the impact of funding cuts on available hospital bed numbers, increasing length of stays in our public hospitals and reductions in health staff numbers. I agree with all these submissions. The losses will not be reductions in 'back room bureaucratic positions,', it will affect frontline clinical service delivery.

But ultimately, whether it be by fewer staff, fewer beds or less clinical services, the biggest impact of the funding shortfalls will be felt by people such as those people with disabilities in my clinic that I have to tell that after June 30 there will be no specialist service to provide their health care needs.

Yours sincerely

(SENT VIA EMAIL)

Dr Jennifer Mann MBBS FAFRM(RACP)

Senior Staff Specialist in Rehabilitation Medicine