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Delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities

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As the peak professional organisation representing medical practitioners in Australia, the Australian Medical Association (AMA) welcomes the opportunity to provide a brief submission to the inquiry into the delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities.

It is essential that the outcomes of the National Disability Strategy 2010-2020 adhere to the Convention on the Rights of Persons with Disabilities (CRPD), which Australia is a signatory to. The CRPD recognises the barriers that people with a disability face in realising their rights. The CRPD must be considered when designing and implementing policies and programs for people with a disability, particularly those that relate to transport and communication, such as electronic services like the Internet and emergency and other health services.

The Committee would be familiar with Article 9 of the CRPD, which states that people with disability have the right to live independently and take part in all aspects of life. The AMA recognises that inclusive and accessible communities are achievable when people with disability are involved and consulted on the location and design of accommodation, and the services provided to meet their needs. It also requires people with disability to be involved and consulted on ways to remove barriers they face in accessing services and supports.

The provision of appropriate infrastructure, planning and design is vital to the long-term success of the NDIS. Currently in Australia there exists a range of physical, social and systemic barriers to the provision of health care, disability and mental health services. Too many Australians cannot access the health and allied health services they need – and this is not just a consequence of out-of-pocket costs and/or an inability to locate the appropriate medical care. Physical and logistical barriers to access include inappropriate or inaccessible transport and infrastructure, and the lack of high-speed affordable telecommunications services.

For people with disability, the lack of access to services results in poorer health outcomes, less full and effective participation and inclusion in society, and a reduction in dignity, autonomy and the ability to be independent.

Some people with a disability are unable to conduct routine activities, such as shopping, visiting health and allied health services, participating in physical activities, and attending social events, because there is not appropriate and sufficient transportation available. Access to transport is especially critical for those people on the NDIS. For people with mobility problems, appropriate and available transport is vital. It is therefore recommended that, where possible, housing and accommodation be situated within easy access of appropriate public transport services, including transport that caters for people who are immobile.

For people on NDIS packages in regional and remote areas, alternative transport measures should be provided, possibly above and beyond the assessed NDIS package. This is a problem for people in rural areas where public transport is not always an option, because the NDIS funding does not cover the full cost of accessing transport. As transport costs can be prohibitive, it acts as both a barrier and disincentive to participation and interaction with the wider community.

The AMA is concerned that the growth of the ridesharing platforms, such as Uber, may threaten the ongoing viability of mobility taxis and further restrict the availability of transport options for people with disabilities. In San Francisco, for example, the introduction of private ridesharing initiatives saw the number of wheelchair accessible vehicles in the city drop from 100 in 2013 to just 64 in 2015.¹ Accessibility provisions must be secured through the regulation and ongoing management of all existing and emerging ridesharing schemes.

Rural and Remote

Along with physical transport needs, it is essential that NDIS participants are provided with appropriate telecommunications infrastructure, including high-speed broadband. The AMA position statement *Better Access to High Speed Broadband for Rural and Remote Health Care – 2016* outlines the AMA's concerns about access, and this applies in particular to people on the NDIS. Approximately 30 per cent of Australia's population lives outside the major metropolitan areas, and regional, rural and remote Australians often struggle to access health services that urban Australians would see as a basic right. These inequalities mean that they have lower life expectancy, worse outcomes on leading indicators of health, and poorer access to care compared to people in major cities. For people with disability, this struggle can exacerbate existing health problems.

The AMA Rural Health Issues Survey, which sought input from rural doctors across Australia to identify key solutions to improving regional, rural and remote health care, identified access to high-speed broadband for medical practices as a key priority. This result reflects not only the increasing reliance by medical practices on the internet for their day to day operations, but also the increasing opportunities for the provision of healthcare services to rural and remote communities via eHealth and telemedicine. For the full potential of these opportunities to be realised, good quality, affordable, and reliable high-speed internet access is essential.

Technology-based patient consultations and other telehealth initiatives can improve access to care and can enhance efficiency in medical practice, but the need for better access to high speed

broadband goes beyond supporting rural and remote health. In today's world, it is a critical factor to support communities in their daily activities, education, and business, and has the potential to drive innovation and boost the rural economy.

Rates of disability will increase as the population ages, and the effect of this is likely to be more pronounced in rural areas, given the high concentration of residents aged 65 years and over in regional Australia. It is becoming increasingly important that rural centres are able to adapt to the evolving needs of their residents. For this reason, the AMA urges the Committee to pay particular attention to the needs of NDIS recipients in regional and remote Australia. Their housing, transport and communications needs are likely to be more complex and expensive than their metropolitan counterparts, and the NDIS' physical 'design' should be sufficiently flexible to cater for specific requirements.

It is also of the utmost importance that people with disability, and in particular people who are immobile, have access to high speed broadband that connects them to medical practices, other healthcare providers and institutions.

As an aside, the AMA has previously called on Government to extend the MBS video consultation items to GP consultations for people with mobility problems, remote Indigenous Australians, aged care residents, and rural people who live some distance from GPs. This will considerably improve access to medical care for these groups and improve health outcomes.

Aboriginal and Torres Strait Islander People

Indigenous Australians are significantly more likely to report a disability or long-term health condition than the non-Indigenous population. The high prevalence of disability within Indigenous communities is due, in part, to poor health care and nutrition, and increased exposure to violence and psychological trauma. Disability in Indigenous communities is further compounded by a decreased propensity to seek a formal diagnosis or access established disability support services.

As it currently operates, the NDIS is designed to function on the basis that NDIS participants request the supports they need and make informed choices about the manner in which these supports are utilised. Whilst this allows for a greater degree of autonomy, it can have an obstructive impact on the ability of people within communities who do not acknowledge, or identify with, the term "disability" to access the appropriate support. It has been raised with the AMA that for some people, navigating the NDIS is itself a barrier and obstacle.

Navigating what services and supports can be accessed may be an additional barrier for Aboriginal and Torres Strait Islander people in remote and regional Australia. Housing is arguably the number one issue in terms of the social determinants of health for Aboriginal and Torres Strait Islander people. In the AMA's annual Report Card on Indigenous Health, housing shortages, overcrowding, and lack of access to basic services such as potable water, electricity and sanitation, all contribute to poorer health outcomes. It is of paramount importance that the NDIS address Indigenous housing as a priority. This must be done in close consultation with NDIS recipients and their communities as the 'one size fits all' approach has been a well-documented failure in many aspects of Indigenous health and service provision over many decades. The AMA strongly supports calls for services to be embedded within local communities, and, where possible, the

upskilling of community members to allow them to contribute to the care and support of their community.

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¹ District of Columbia Taxicab Commission Accessibility Advisory Committee, 2015. Annual Report on Accessible Vehicle for Hire Service. Available at: http://dctaxi.dc.gov/sites/default/files/dc/sites/dc%20taxi/page_content/attachments/DCTC%20Accessibility%20Advisory%20Committee%202015%20Annual%20Report%20100515%20FINAL%20update.pdf