HammondCare Submission to Senate Enquiry.

In July 2008 the Council of Australian Governments (COAG) entered into a five year National Partnership Agreement (NPA) whereby the Commonwealth provided approximately $500 million in funding for sub-acute services to the States. This Agreement will end on 30th June 2013 and the Commonwealth Government has advised that this program will not be re-funded past this point.

This NPA is highly significant because it was arguably the first real injection of new funds into the rehabilitation and palliative care sectors for decades, and allowed the opportunity to develop and implement many new and 'best practice' models of care delivery. The NPA rightly focussed on subacute care because of emerging evidence that an efficient subacute care sector was vital to the health of the acute healthcare sector, especially in terms of patient flow from acute care into subacute and community care, but also for best patient outcomes for people with life-limiting or complex illnesses, and ongoing disability. The final report of the National Health and Hospitals Reform Commission (*A Healthier Future for all Australians*) outlines the importance of the subacute sector and the need for targeting funding in this area.

Although relatively small in the national scheme of things, HammondCare provides an extensive range of rehabilitation and palliative care services within integrated networks in both Northern and South-Western Sydney local health districts. Significant numbers of staff in these networks are funded from the NPA-COAG program only until June 30th 2013.

1. Rehabilitation Services

Within the rehabilitation sector (the largest single component of subacute care in Australia), a number of new and improved models of out-of-hospital and ambulatory care were developed. Most of these new and improved services, nation-wide, have been described in a recent publication of the Australasian Faculty of Rehabilitation Medicine (December 2012 Edition of *Rhaïa* – see attached).

Many of these new services will cease from July 1st 2013. Hospital administrations are already reducing the scope and caseload of these services, as staff members begin to leave seeking alternative employment.
These rehabilitation services will cease not only because of a lack of ongoing funding, but also because many of the new models of care do not conform to "standard" hospital-based rehabilitation care, and so are not accommodated within the Activity-Based Funding models of rehabilitation care being applied across the country.

For example, a homebased therapy service, providing therapy at home for those patients who are unable to access other services, which is based within HammondCare's Braeside Hospital in SW Sydney will be completely defunded in just over 4 months' time, with loss of $600,000 per annum and five specialist therapy positions. This service provides rehabilitation care for 35 older disabled people at home at any one time, after their

discharge from relatively expensive hospital care, as they progress towards much less costly independent living in the community.

Now is not the time to stop this part of the NPA program. The new models of rehabilitation care are in their infancy and are still being evaluated for effectiveness. The results of initial evaluations are showing them to be effective in improving patient outcomes and flow through hospitals, from acute to subacute to community care.

2. Palliative Care Services

Within the palliative care sector, the picture is more the case that the NPA-COAG funding has been used to provide funding for essential individual components of comprehensive palliative care, that have not previously been provided through the usual State-funded mechanisms.

For example, the bulk of the palliative care Day Hospital service at Braeside Hospital in SW Sydney, that treats 46 individuals (on average 15 clients each week day) with life-limiting diseases, will cease to function on June 30th 2013, without some extension of ongoing funding in excess of $300,000 per annum.

In HammondCare's Northern Sydney Palliative Care service, two medical registrar training positions will disappear when this funding of $230,000 per annum ceases, with a one-third reduction in training posts in palliative care in Northern Sydney. Palliative Care is a specialist medical discipline with the workforce issues of an ageing medical cohort, many coming up to retirement in the next five years, and it makes no sense to lose opportunities to train the next generation of these specialists.

HammondCare urges this Senate inquiry to investigate the positive outcomes and value for money that this NPA has created for the subacute sector (both in the rehabilitation and palliative care sectors) and to pursue the ongoing funding of the program past July 2013. This will allow the training schemes to complete training of new specialist staff, and for new models of care to mature, to be properly assessed for effectiveness, and for them to be integrated into the new Activity Based Funding mechanisms being rolled out across Australia in subacute healthcare services.

Further information about these aspects of the NPA program and broad scope of the rehabilitation services provided, can be obtained by contacting the Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians) at www.afrm.racp.edu.au

National Partnership Agreement on Commonwealth Funding of Sub-Acute Services

In July 2008 the Council of Australian Governments (COAG) entered into a five year National Partnership Agreement (NPA) whereby the Commonwealth provided approximately $500 million in funding for sub-acute service to the States. This Agreement will end on 30th June 2013. No further funding has been included in the forward estimates. This places programs and positions at risk. AFRM President, A/Prof Chris Polous, and NSW Fellow, A/Prof Steven Faux, recently met with the First Assistant Secretary of the Acute Care Branch of the Commonwealth Department of Health and Ageing to outline the success of projects funded under the NPA. A review is soon to commence but the outcome is unclear. It will be important for Fellows to work through their Local Health/Hospital Districts, and their state health departments to highlight the benefits of the programs funded under the NPA – not only in terms of rehabilitation patient outcomes, but also in terms of system-wide improvements. The Faculty will do what we can to maintain this matter on the agenda, but each State Branch also needs to consider organising meetings with their local health departments. The table below provides a compilation of the work funded under the NPA from across the country.

LOCATION OF THE PROJECT	NATURE OF THE PROJECT	CONTACT
NEW SOUTH WALES		
Calvary Health Care Sydney	EXPNDED services: Therapy intensity, Geriatric Evaluation and Management	Dr Martin Kennedy/ Dr Karen Edwards
Camden and Campbelltown Hospitals	NEW Registrar position and Staff Specialist (geriatrician) position. Funds also included TESL, on-costs, goods and services plus RMR Medical staff duties include acute inpatient care, clinics, home visits, ACAT	Dr Martin Low
Children's Hospital at Westmead	IMPROVED ACCESS: Cerebral Palsy Assessment and Management Service including Spasticity and Movement disorder Management (Botulinum Toxin, Intrathecal Baclofem, Selective Dorsal Rhisotomy and Deep Brain Stimulation interventions)	Dr Stephen O'Flaherty
Hunter New England Local Health District	NEW service: multidisciplinary community rehabilitation to clients with polytrauma following discharge from hospital. The purpose is to minimise waiting time and risk of complications for trauma patients discharged from hospital, who require ongoing rehabilitation and are waiting take up of more formal/established outpatient/community rehabilitation programs. NEW service: Tele-Health Program. Purpose is to primarily support rural based clinicians and patients requiring rehabilitation inputs. EXPANDED service: 8 Subacute Beds at Kurri Kurri Hospital. Current focus is orthogeriatrics. Ultimately it will have 14 beds. NEW service: 16 Subacute Beds at Belmont Hospital. The purpose is to receive patients awaiting discharge from acute care with an anticipated length of stay of less than 10 days. NEW position: Geriatrician/Rehabilitation Physician in Tamworth (under the umbrella of 'GEM' Services). Not filled. EXPANDED: Paediatric Rehabilitation Services (under the umbrella of the John Hunter Children's Hospital). EXPANDED: Palliative Care Services	Dr Michael Pollack/ Dr Stuart Tan
Nepean Hospital	NEW service: Mobile Rehabilitation Team (MRT) providing in-reach into acute. Offers early rehabilitation to acute care patients.	Dr Sharon Wong
Mt Druitt Hospital	NEW service: Community Based Multi-Disciplinary Service developed for people of working age who have acquired disabilities following a stroke (SOS program). The patient centred practice focusing on goal attainment to maximise recovery.	Dr Alice Lance
Shoalhaven	NEW service: Acute Rehab team In-Reach into Acute. This initiative has had a significant impact on both acute and rehabilitation flow and length of stay. Excellent patient outcomes. This is the project that has been most beneficial to our service and hospital. There would be a significant impact on patient flow if we lost this service.	Dr Jeremy Christley
St Vincent's Hospital, Sydney	EXPANDED services to inpatients: We have employed (i) a technical aid. EXPANDED services to outpatients: We have employed 0.5 speech pathologist 0.3 occupational therapist and 0.3 physiotherapist. NEW: (i) Inpatient Mobile Rehabilitation Team (MRT) modelled after METS; (ii) Outpatient rehabilitation in the home team shared with Prince of Wales.	A/Prof Steven Faux
Sutherland Hospital	EXPANDED service: Increased therapy – increase in admissions and discharges; reductions in lengths of stay; aged patients able to be sent home; massive reduction in acute length of stay (reducing bed block); no capital costs	Dr Philip Conroy
Sydney Children's Hospital Randwick	NEW Community support: (i) transition to home in Southern and Illawarra areas for long stay patients; (2) outreach clinics to Illawarra; (3) group interventions for patient groups; and (4) education to local community services on paediatric rehab and brain injury rehab	Dr Adrienne Epps