

PETER SPOONER-HART

Thank you for the opportunity to provide a submission to the Productivity Commission's review of Disability Care and Support.

I write in my capacity as a service provider of Prosthetics & Orthotics devices. I have worked as a Prosthetist/Orthotist for 32 years as well as being Director of Southern Prosthetics & Orthotics for the past 12 years.

There is significant disparity in funding and provision between compensable amputees and non compensable amputees. Clients with funding from insurance groups have access to appropriate, up to-date technology that caters for their prosthetic needs. However, the same cannot be said for the amputees relying on Government funding. These clients are severely limited by capped budget restrictions as to the appropriate socket interface and componentry, which in turn compromises best outcomes with mobility.

As with the provision of all government funded aids & services to people with a disability, prosthetic provision in Australia has many obstacles. Each State and Territory is autonomous in both budget and supply of prosthetics for amputees within their region. There is subsequently a great disparity between the regions in the quality and service that is provided. The administration of these budgets and interpretations of provisional policy varies with administrators and so we see some States fully expending their budget well before the next allocation of funds whilst others seem to be intent on reducing the amount spent annually to "come under budget". A mindset of achieving a surplus budget when resources are already inadequate and stretched to the limit is incomprehensible.

Unfortunately, as is often the case these subdivisions of the Departments of Health have isolated budgets to adhere to and so are not concerned with the overall holistic costs to health in general. It has been shown continually that timely and quality provision of artificial limbs can reduce hospital stay, reduce the need or number of carers necessary for mobility, and also allow amputees to return to the workforce and social activities. The cost – saving to the general community in providing appropriate functional and comfortable prostheses rather than limiting the amputees' rehabilitation is very significant. There is a great tangible value in providing appropriate technology and treatment pathways to allow the amputee to reach their full potential within the community.

A creation of a National Policy for Prosthetic provision would circumvent this situation. In conjunction with this a National Data base could be developed collating information on amputees and prosthetic provision throughout Australia. This information could be collated and used to provide evidence based practice to the mutual benefit of both the amputee and the funding body.

A national body would allow transparency of information and protocols and give optimum choice to the clients and their supporters. Furthermore a national structure would enable the viability of Prosthetic Service Providers and thus attract more qualified staff to the prosthetic workforce.

There is a current situation where approx. 60% of prosthetists leave the workforce after just 7 years. This is due to many factors including poor remuneration, lack of career pathways and frustration with the limitations imposed by restrictive budgets. Unless this situation is addressed within the immediate future, there will be little or no service to the amputees at all.

I would welcome the opportunity to provide further and more expanded submissions to the Productivity Commission in the future.

Yours sincerely

Peter Spooner-Hart