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10 August 2017

Mr Gerry McNally
Committee Secretary
Joint Standing Committee on the National Disability Insurance Scheme
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Email: NDIS.Sen@aph.gov.au

Dear Mr McNally

Inquiry into transitional arrangements for the National Disability Insurance Scheme

The Royal Australian College of General Practitioners (RACGP) thanks the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) (the Committee) for the opportunity to contribute to its inquiry into the *Transitional arrangements for the NDIS*.

The RACGP is Australia's largest general practice organisation, representing over 90% of Australia's general practitioners (GPs). We advocate for affordable and equitable access to high-quality health services and improved health outcomes for all Australians. GPs work with patients on a wide range of issues and understand the complex interaction between health, social issues, workforce participation and the ability to access education.

The RACGP is concerned that the disability sector is not meeting the needs of many patients accessing disability services in the community. At state and federal levels, many patients and practitioners struggle to understand the scope and availability of NDIS services and require better information.

This submission addresses the:

- GP's role in the effective management and support of patients with disabilities
- limited information available to help GPs fully advise patients about the NDIS
- support required for GPs to facilitate NDIS requests
- rollout of the Information, Linkages and Capacity Building Program
- importance of assessing NDIS eligibility face-to-face
- importance of informed advocates for patients with disability
- need to avoid duplication of services.



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Much of the member feedback described in this submission was collected in an RACGP member poll conducted in July 2017. The RACGP and the National Disability Insurance Agency (NDIA) have since commenced discussing opportunities for collaboration, including the distribution of information to GPs.

GPs are crucial for the effective management and support of patients with disabilities

Each year over 85% of Australians will see their GP who, in collaboration with the general practice team, provide over 145 million general practice services. GPs have ongoing relationships with their patients, and are therefore familiar with their patients' medical history, social circumstances and disability factors, as well as the barriers to participation in community life and employment their patients face.

The RACGP curriculum includes a variety of learning objectives relating to the management of patients with disability, many of which align with the goals of the NDIS; for example, maintaining up-to-date knowledge of the social, financial and legal services available to support people with a disability, and their families and carers, and where to find further information about such services.¹

The RACGP recommends the committee recognise the significant role GPs play in supporting people with disabilities in the final report.

Lack of feedback regarding NDIS rollout and implementation for GPs who are referring patients to NDIS pathways.

The RACGP notes that transition to the NDIS is staggered and there are variations in implementation between states and territories, which impacts on stakeholder communication. However, there is a perception among RACGP members that general practice has had little input into the NDIS so far.

At an individual level, members who have worked with a patient seeking access to the NDIS have noted that once they provide initial information for a patient's plan, they have not been given the opportunity to comment on the plan. The NDIS needs to emphasise the central role a GP plays and GPs need to be actively involved in determining which services are needed and offered to patients.

The RACGP recommends that follow up mechanisms such as courtesy notices from the NDIS, or providing a person's plan to their usual GP, would allow GPs to keep a complete record of their patients' journey and would support continuity of care. In addition, having a direct NDIS contact would allow GPs to communicate with the NDIS should a patient of theirs have any issues or need to amend their plan.

¹ Royal Australian College of General Practitioners. The RACGP Curriculum for Australian General Practice 2016 – Disability. Available from: <http://curriculum.racgp.org.au/statements/disability/>

Supporting GPs to facilitate NDIS requests

Patients potentially eligible for the NDIS have approached their GP to identify their needs prior to assessment. While GPs are aware of the health issues associated with a disability they may not be aware of all the supports and services available for their patients through the NDIS.

GPs are expected to provide supporting evidence for a patient's request to access the NDIS (eg by completing Supporting Evidence and Access Request forms, documenting a patient's disability, or providing copies of reports or assessments relevant a patient's diagnosis). This documentation requires GPs to provide details on functional domains including:

- mobility/motor skills
- communication
- social interaction
- learning
- self-care, and
- self-management.

RACGP members have advised that clear guidance is required on how much information is needed for each area.

Developing efficient and reliable disability assessment tools for GPs will streamline the assessment process. The introduction of an assessment form similar to that used by medical practitioners to assess a patient for a disability pension would facilitate a fairer and more consistent system. The RACGP recommends that this be accompanied by education and training for GPs on the services provided through the NDIS. Education and training would ensure GPs can support patients who have disabilities, along with their families and carers, to access services in a timely and reliable manner.

Rollout of the Information, Linkages and Capacity Building Program

GPs are the central coordinators of care and support patients to access care within the health system. However, there appears to have been little focus on GP education about the Information, Linkages and Capacity Building Program. The RACGP understand that meetings with GP organisations or local groups have taken place. While these are useful to inform of the changes involved with implementation of the NDIS for GPs who attend, we recommend that direct marketing approaches also be used to provide information to GPs. This could involve GP educators going to practices to provide GPs with information on NDIS and their role in supporting patient access to NDIS services.

Importance of assessing for NDIS eligibility face-to-face

RACGP members have expressed concern about the use of telephone interviews to assess patient service needs. This process is particularly difficult if the patient has a cognitive disability. We are aware of telephone assessments where NDIS assessors have failed to identify factors that would be identified during a face-to-face consultation (eg that a patient was blind). Inadequate assessment will



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have significant repercussions for people with disability and should be conducted face-to-face (in person or via videoconference), with access to an independent third-party who can advocate on the person's behalf (if necessary).

Importance of informed advocates for patients with disability

RACGP members have advised that some of their patients experienced a reduction of services available to them with the introduction of the NDIS, despite having clearly benefited from these services previously. The RACGP has also been advised of instances where prior comprehensive assessments of a patient's needs, completed by their GP, have been disregarded during their transition to the NDIS. It is clear that patients with no family or carer to advocate on their behalf are vulnerable to a reduction of services. Having an informed advocate is key to better outcomes for the person with a disability.

Avoiding duplication of services

Primary health and disability services have obvious areas of overlap and there is opportunity for cost savings by avoiding duplication. Integrating health and disability services would benefit rural communities, in which GPs have a wide reach. We see an opportunity for the NDIA, RACGP and other bodies involved in providing services to patients with disability to work together to identify areas of duplication and encourage sustainability.

The RACGP welcomes further conversation with the NDIA to share information, develop education programs and support access to health and disability services.

Thank you for considering our submission. If you would like to discuss any of the above matters further, please contact me or Mr Roald Versteeg, Manager, Policy and Advocacy on 03 8699 0408 or roald.versteeg@racgp.org.au

Yours sincerely

Dr Bastian Seidel
President