



# RACGP

Royal Australian College of General Practitioners

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9 November 2017

Mr Gerry McNally  
Committee Secretary  
Joint Standing Committee on the National Disability Insurance Scheme  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Mr McNally

## **Joint Standing Committee on the National Disability Insurance Scheme – Transitional Arrangements for the NDIS**

Thank you for providing the Royal Australian College of General Practitioners (RACGP) with the opportunity to appear at the hearing before the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) regarding Transitional Arrangements for the NDIS on 20 October 2017. Please find below the RACGP's responses to the question taken on notice at the hearing regarding NDIS assessments.

For your reference, I have included the relevant extract from the hearing transcript along with the RACGP's response.

*Regarding GPs being involved in assessments:*

**Senator SIEWERT:** I wanted to go to Dr Sharma first around your recommendations on GPs being involved in assessments. You say:

Developing efficient and reliable disability assessment tools for GPs will streamline the assessment process.

Have your members been reporting significant issues here?

**Dr Sharma:** Yes, they have. I've filled in quite a few of these forms—I had about 12 patients in the ACT here in one of the first trial sites and had about 12 patients involved with the NDIS. You do not get a lot of information from the paperwork that is provided to the depth of information that is required. This can lead to either the form not being filled correctly at that visit—and that's not the GP's fault; that's simply because the guidance is not there—and then extra information having to be provided at a later date and, as I mentioned earlier, there's no form for the GP to be remunerated with that. We're certainly advocating that we have clearer guidance on the forms, but it is actually something that we can implement in assessment in an easy way that is easy for the patients and also doable for the doctors but actually provides enough information for an ongoing plan to be developed.

**Senator SIEWERT:** And what response have you had from the NDIA on this?

**Dr Sharma:** At the moment my understanding is that at the college we have been involved with the NDIA, and we have also been able to send out communications to members from the NDIA. I'm not sure that it's specifically been regarding an assessment form that has been sent back, but I can certainly take that question on notice.

The RACGP has spoken with members of the NDIA's Community Linkages and Engagement Division, looking at opportunities to promote the NDIS to GPs. To date, discussion with the NDIA has related to communication with GPs and how the RACGP can support the NDIA with this. Together, we have touched on the possibilities of GP software integration, GP professional development opportunities, and participation at future GP events; however, more detailed discussion is needed. The RACGP and NDIA have not had detailed discussions about streamlining assessment processes.

The NDIA provided the RACGP with GP information, *A GP's guide to the NDIS*, for feedback. The RACGP provided feedback on this guide, including GP involvement in NDIS assessments, in August 2017 and is yet to hear back from the NDIA.

The RACGP is eager to have further discussions with the NDIA to discuss a number of ways NDIS assessment can be streamlined, including:

- involving GPs of what is happening for their patients who participate in the NDIS, in order to support ongoing care for the patients
- the introduction of direct NDIS contacts, which would allow GPs to communicate with the NDIA should a patient of theirs have any issues or need to amend their plan
- support for integration and communication between general practice and NDIS
  - seeking GP endorsement of a patient's plan before it is implemented
  - incorporating consent for a GP to speak with an NDIS provider as part of the NDIS application (or automated consent, agreed to in terms of service)
  - linkages between NDIS software/forms and general practice clinical systems, to streamline the completion of NDIS forms.
- clearer guidance on how to complete NDIS paperwork, including realistic examples of how to complete paperwork to give GPs a better understanding of what and how much information is required
- electronic communication systems used for completing assessments interfacing with clinical and administrative systems used by GPs to improve communication between the GP, patient and case manager

The RACGP would like to see the NDIA communicate with GPs via updates to general practices on the NDIS rollout and implementation. While meetings with GP organisations and local groups 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. GP educators could visit practices to provide GPs with information on NDIS and their role in supporting patient access to NDIS service. GPs also want more information on services available to patients, so they can better educate patients throughout the NDIS process.

When the NDIS is fully implemented, it is expected that around 460,000 Australians will receive individualised supports. In 2015/16 there were 34,606 GPs in Australia, which means that once the

NDIS is fully implemented, on average each GP will have at least 13 patients who will be accessing the NDIS. Therefore, every GP needs up-to-date information about the NDIS.

Yours sincerely

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Member, RACGP Expert Committee, General Practice Advocacy and Funding