

Healthy Profession. Healthy Australia.

22 April 2024

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

RE: National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission in response to the National Disability Insurance Scheme (NDIS) Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 (the Bill).

The RACGP is Australia's largest professional general practice organisation, representing over 40,000 members working in or toward a career in general practice. The general practice sector plays a significant role in disability care and management. General practitioners (GPs) are intrinsically involved in disability work and often have strong and ongoing relationships with people living with disability, their families, and carers.

We welcome the Federal Government's efforts to reform the NDIS and ensure the scheme is sustainable into the future. GPs play an important role in assisting their patients to access the NDIS. When a person is applying to become a NDIS participant, they will often ask a GP to provide evidence of disability and functional impact. The GP may provide this evidence by completing the relevant section of the NDIS Access Request Form, as well as providing assessments or reports outlining the applicant's functional capacity. More information about the role of GPs is available in the RACGP's position statement on care and support for people with disability.

We understand the proposed reforms will involve moving towards a needs-based assessment to enter the NDIS, with eligibility based on more than a medical diagnosis. Without knowing full details of the new assessment pathway and noting consultation will occur at a later date, our submission provides general comments on the need for GPs to play a central role in any revised process. The National Disability Insurance Agency (NDIA) must ensure GPs are adequately remunerated, informed and trained in any new processes. This must be clear, transparent, and not result in an additional administrative burden for general practices.

Need for GPs to have input into the NDIS planning process

GPs play a central role in the coordination of care, liaising with non-GP specialists and allied health professionals as part of multidisciplinary teams, and directing patients to relevant services and supports in the community. They often have in-depth knowledge of supports that have been unhelpful for their patient in the past or where current contraindications exist.

The RACGP recommends GPs be required to have input into the NDIS planning process at an individual participant level and be able to communicate with NDIS planners, whilst ensuring the key principles of choice and control underpinning the NDIS are maintained.

Input from a patient's GP can improve the appropriateness and efficiency of the planning process, better target supports and empower patients to recognise and achieve their goals. Greater involvement of GPs would better integrate health and disability services with tangible benefits for patients, more efficient use of resources, reduced fragmentation, and stronger accountability. Specific recommendations relating to the NDIS planning process are outlined in Section 3.2 of the previously linked disability position statement.



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Use of functional assessment tools

The principle of using a functional assessment to establish a person's needs under the NDIS is fundamentally sound. However, formalised assessments sometimes lack the nuances to identify what a person requires for support. Often a person will have psychosocial, environmental, and financial complexities around their disability, and one tool or one profession is not able to comprehensively determine this on its or their own. GPs offer a unique broad perspective and can provide oversight of supports and advocate for additional assistance as needed.

Our members note the average GP has a role in identifying which of their patients with disability could benefit from NDIS funding. GPs may also provide the rationale and copies of assessments that support this. In cases where a person's needs are not immediately clear, they would undergo further assessment including a needs assessment. GPs with advanced skills in the patient's particular disability (eg cognitive disability) could play a more proactive and informed role advising their patient and the NDIS on a person's current and future needs.

The RACGP requests an opportunity to provide feedback on functional assessment tools being considered as part of a revised NDIS access process.

Access Request Form

Our members advise the current NDIS Access Request Form is overly complicated and not user-friendly (eg requiring handwritten responses). The form is wordy, repetitive and prescriptive in terms of what answers GPs can give (eg evidence-based treatments, duration and frequency, expected results of recommended interventions), and GPs may not be positioned to advise on these topics. Additionally, members note they are unfamiliar with some of the functional assessments listed.

The RACGP recommends:

- a less prescriptive form that allows GPs to articulate the impact of a patient's functional impairment
- · the form be accessible and able to integrate with general practice clinical information systems

Many health services and government agencies communicating with general practice currently do not use electronic communication systems which are compatible with those existing in general practice. This results in general practices being required to manually transfer information from their clinical or administrative systems into paper-based or online forms. It also creates fragmentation and does not benefit from all healthcare providers contributing to the patient's care.

Independent review of the NDIS

The <u>final report</u> from the independent review of the NDIS, published in December 2023, highlighted the need for clearer information on the NDIS and disability supports, as well as improved collaboration between the disability sector and mainstream services. These were themes raised in the RACGP's submission to the review.

The report recommended NDIS navigators be established to connect people with disability to supports in their local communities. The RACGP would be keen to explore the concept of NDIS navigation further, including the possibility of this function being delegated – either fully or in part – to general practice teams.

If you have any questions or comments regarding this submission, please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on or via

Yours sincerely

Dr Nicole Higgins President