Australian Physiotherapy Association
Submission

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Market Readiness

Submission by the
Australian Physiotherapy Association

February 2018

Submission

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the NDIS Market Readiness by the Joint Standing Committee on the National Disability Insurance Scheme (the Committee) on behalf of the physiotherapy profession.

We support a national disability insurance scheme that adopts a person-centred model of care and support.

We recognise that a major challenge facing modern health and social support systems is how to ensure that high quality services are available to all people who live with disability.

Our view is that a major cost driver for the NDIS is likely to be the provision of low/poor value services – funding services that do not optimise the functional outcomes achieved per dollar spent. We are concerned that when the NDIA groups cost drivers into high-level categories, the focus is on *price*, not *value*.

Our profession, at the level of both individual physiotherapists and collectively, is focused on supporting people to achieve their goals and using interventions based on the best available evidence at the lowest cost, whilst maintaining quality of care.

Physiotherapy can improve the value of quality care to people with disability, however some of the systems and structures of the current system make that difficult to achieve.

We are concerned that people with disability, and their families, may not fully appreciate the quality care and beneficial functional outcomes that a physiotherapist can achieve or the important role physiotherapists play in supporting and engaging people with disability in the community.

At the APA we have implemented peer and professional tools to support the profession in delivering services to people with disability. We want to see further expansion of these resources, especially in thin markets.

We want to see improvements in access to disability services through the development of a digital communication platform which will allow for more consistent and frequent reporting of mistreatment incidence and events.

Through this submission we identify a series of structural and systemic barriers to optimising the role of physiotherapy. The latter sections of this submission illustrate of opportunities physiotherapy can provide, and potential ways to facilitate this.

We would welcome the opportunity to meet with the Joint Standing Committee on the National Disability Insurance Scheme on behalf of the physiotherapy profession. We have provided a summary of our recommendations at the end of our submission.

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1. Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the NDIS Market Readiness by the Joint Standing Committee on the National Disability Insurance Scheme (the Committee) on behalf of the physiotherapy profession.

Disability reflects the interaction between the features of a person's body – like cerebral palsy, Down syndrome or depression – and the features of society – like negative attitudes, inaccessible transportation and public buildings, and limited social supports.[1] In common with the rest of the population, people with disability may have other risk factors such as smoking, high body mass, physical inactivity, poor nutrition and substance abuse.[2] How all these elements interact can create and influence negative outcomes for the individual[3] and collectively create disability.

We recognise that a major challenge facing modern disability services is how to ensure that quality services are available to all Australians, to enable every person to reach their full potential.

We also recognise that under the NDIS, demand for services will increase, and it is important people are provided the most appropriate, and high quality care regardless of where they live and what their disability is.

Our Association recognises that this inquiry of market readiness occurs during a period of substantial change as the Scheme is rolled out nationally.

We support the Scheme taking a person-centred approach to care and support. Taking this approach requires the Scheme to find and fund ways that assure the participation of people with enduring and complex disability in planning and managing their own care, with the support of family and friends, or formal systems where appropriate.

A number of the recommendations we make in our submission aim to ensure that the centrality of personal decision-making is enshrined, and appropriately balanced with a number of other legitimate issues, including the overall costs to the community.

1.1 Our focus is on maximising value and quality care for people with disability

As a profession, we pursue what has come to be called 'value-based care'.[4] At its core, value-based care is about maximising value for people with disability: that is, achieving the best wellbeing and related outcomes through providing high quality care at the lowest cost.[5]

Although value in disability care is understood in different ways by consumers, clinicians and other stakeholders[6], there is an increasing consensus that we need to identify low-value care and seek to reduce the likelihood that it will be provided. Low-value care can be defined in terms of net benefit. It is a function of the expected (though uncertain) benefit and cost for an individual or group, and is assessed in relation to alternatives, including no treatment.[7]

Although incremental, we understand the central importance of these components of improving the value which is created for NDIS participants.

Many of these 'fixes' improve technical efficiency – how we can use the fewest resources necessary to consistently provide necessary functional outcomes.

It has been argued, however, that in order to maximise value and quality care, we need to move beyond a focus on these incremental fixes.

It has been argued that "It's time for a fundamentally new strategy."[8]

We believe that it is important to have a discussion about whether fixes to the existing platform will bring sufficient improvement and whether we need to explore alternate models.[9]

2. Physiotherapy care for people with disability

At the APA, we appreciate that negative imagery and language, stereotypes, and stigma persist for people with disabilities.[10] Raising awareness and challenging negative attitudes are often first steps towards creating more accessible environments for people with disabilities. The APA is committed to reducing barriers to participation and inclusion that people with disability may experience.

Physiotherapy can play a substantial role in keeping people well in addition to maximising their participation in social and economic life.

The physiotherapy profession has long been regarded as an important provider of services for people with disability. Physiotherapists assess a person's capacity to move - and keep moving - by providing therapy, implementing programs into their daily life to maximise function, and prescribing aids and equipment for people with a wide variety of physical and neurological disabilities. Physiotherapists build on an individual's strengths and address impairment or problems relating to activity and participation within the relevant environment.

Because of the highly-skilled services physiotherapists provide in the community, it is important people with disability have access to physiotherapy treatment when and how they need it. We appreciate people with disability are diverse. Persons with disabilities differ in gender, age, socioeconomic status, sexuality, ethnicity, or cultural heritage. Physiotherapy services will ensure people with disability have choice and control over the care they receive as part of the NDIS.

Physiotherapy can provide substantial value to people with disability through all levels of disease and disability management.

Physiotherapy offers substantial potential to tackle some low-value areas along the continuum of care, as well as improve individual wellbeing for people with disability.

2.1 We need to capture the value of physiotherapy provided to people with disability

High-quality physiotherapy care provided to people with disability in the community has the potential to improve a person's social, emotional and physical wellbeing and participation. We use the following case study to demonstrate the value and impact physiotherapy can have for someone with disability.

> Jake is a 4 year old boy who has Cerebral Palsy (as well as hearing deficit). He lives with his parents and older brother and linked in with WA NDIS at the beginning of the trial. Linking in with WA NDIS allowed Jake's family to be very clear about the goals and outcomes they envisioned for Jake, and to consider how therapy and other supports could help them achieve these.
>
> When Jake initially linked in with therapy supports, including Physiotherapy, Occupational Therapy and Speech Pathology, he did not have a consistent means of communication, was unable to walk independently or assist in activities of daily living such as feeding himself or using the toilet. Due to Jake's complex needs, his Physiotherapist worked closely with the Allied health team (including the OT and Speech therapist) to ensure that therapy delivered

was appropriate and effective. The OT and Physiotherapist in particular worked closely together on improving Jake's ability to use his upper limbs and hands for functional tasks.

Since receiving therapy, Jake has improved in leaps and bounds and can now communicate his key needs and wants. He walks, runs and has recently learnt to kick independently. He is also able to feed himself independently and assist in dressing/undressing for using the toilet. Jake's improvements have enables Jake to successful transition into kindy and participate with his peers during his school day.

Jake's story is just one of many for people who experience significant physical, social and emotional gains from experiencing physiotherapy services funded through the NDIS. It is important these gains are acknowledged, and NDIS funding allocation and verification regulations are enhanced to support the adoption of high-value community-based options, including physiotherapy.

Recommendation 1:

We recommend that the Standing Committee on the National Disability Insurance Scheme explore mechanisms that will re-orient the disability market towards a model that allocates resources to evidence-based early/conservative interventions.

3. Market readiness

The degree to which the 'market' is prepared for the NDIS depends on the readiness of:

- *the NDIA and NDIS*
- *the providers, and*
- *the consumers (potential and existing participants in the NDIS, their families and friends)*

3.1 The NDIA's capacity to support the emerging disability market

Our members continue to voice concerns about whether the NDIA and NDIS are sufficiently prepared for the roll-out. For example, we continue to hear substantially varied information being provided by staff who answer telephone calls associated with the NDIS. This suggests to us that the NDIA and NDIS are not ready for the roll-out and need to put both systems and training in place to prevent the costs for participants and providers associated with acting on inaccurate information.

Our members report that it is difficult for anyone to interact with the Scheme at present. They report lengthy delays on the 1800 number, and that the use of intermediaries such as support co-ordinators or LAC's mean that messages are mixed or diluted.

We continue to be concerned about the problems with payment systems, including reports from our members that they receive delayed and lump-sum payments, making it challenging to reconcile the payments with services provided. We are also concerned that the transaction costs associated with rectifying these problems continue to be passed to providers who do not create the problems. We see this as unjust.

Appropriate internal staff training and education will help the NDIA's capacity to provide consistent, and efficient information to improve market development. The APA is willing to work with the NDIA to provide appropriate information on the role of physiotherapy in supporting people with disability.

3.2 Provider market readiness

Although we understand that the roll-out is still underway, we are concerned that the NDIS sees professional peak organisations as mere conduits of operational information to service providers.

Our organisation plays a critical role in supporting the profession with:

- *specialised education*
- *clinical guidelines*
- *skills in costing and developing services; and*
- *ethical issues.*

Members of the APA with a specific interest in enabling of people with disability are beginning to develop specific guidance for their peers in the field who provide services subsidised by the NDIS.

This task would be substantially strengthened by information about the key areas of variation, in which support information from the NDIS may be of assistance. This model has been adopted by the government in their work with the Australian Commission on Safety and Quality in Healthcare, where we have been ongoing participants.

The governments concerned about this variation have funded the development of guidelines aimed at reducing unnecessary variation, and we would be keen to see the NDIS undertake a similar program, bringing participants, providers and independent experts together.

3.3 Consumer engagement to improve market readiness

The NDIS has a role to play in supporting consumers and participants to become market ready. Our members suggest that many consumers are concerned about the delays to access and have difficulty trusting a new system after experiencing problems that have resulted from the roll-out to date.

Participants and their families and friends need support to move through the NDIS, including plan development and implementation. For example, our members have experienced instances where despite plans being set, participants and their families remain unaware of how to engage a service provider.

There is also further opportunity to educate participants on the breadth and depth of providers available. Participant control can be enhanced with education around which services are within or beyond the scope of the new market. As highlighted earlier in this submission, physiotherapists are highly trained to provide a variety of highly valuable services to people with disability. Information and training to consumers will ensure that participant are empowered to have choice and control in receiving the best support.

A sustainable and quality-based framework, which focusses on consumer and participant value (rather than price), is important in establishing a person-focussed scheme. It is important the NDIS provides further education and information to consumers about the scope, volume, price and delivery of services that are available.

Recommendation 2:

We recommend that the Standing Committee on the National Disability Insurance Scheme strengthen internal processes through staff training to support NDIA market readiness. Further engagement with providers, including peak bodies, is necessary to collaboratively provide education and information for participants and NDIA staff in developing and implementing their plan.

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4. A workforce to support the emerging market

Physiotherapists work with a variety of people with both neurological and physical disability on a regular basis.

It is important the NDIA acknowledge the dynamic skills and extensive knowledge physiotherapists bring to participants, which can in turn boost the choice and control participants have in seeking disability support services.

Despite the important role of physiotherapists, our members have suggested that increasing the NDIS workforce to the projected requirements will not be possible in the current policy settings.

They have advised us that demand for services has already stripped the supply of providers, including physiotherapists.

It is important the NDIS consider the payment model, opportunity for professional development, the disability provider career pathway and capacity for the mainstream market to be leveraged to enhance the disability workforce.

4.1 An appropriate payment model to fund the disability workforce

Under previous policy settings, payment for disability services was prospective. In larger organisations this allowed for the workforce to be trained and deployed as funds for workforce education were held by the organisation (as a part of its overall personnel costs); and a small workforce could be deployed to existing clients whilst additional staff were trained.

This approach to workforce training is not viable under the new NDIS fee-for-service model. Appropriate and timely remuneration is integral for the NDIS to remain successful in the future.

4.2 Professional development for the existing disability workforce

The existing disability workforce will be enhanced through opportunity for providers to gain ongoing professional development. At present, the choice of service providers to upskill through continuing professional development requires that the providers both anticipate sufficient service demand to make education worthwhile as well as sufficient ongoing demand in order to maintain competencies in the field. The current roll-out model provides little certainty. If providers upskill too early, then there will be a requirement for them to undertake further education to demonstrate currency of competence. Consistency of provider funding from the NDIS will allow providers greater opportunity to complete profession development during their career.

4.3 Establishing a career pathway for a sustainable disability workforce

While supporting the existing workforce is an integral part of disability services, it is vital that a strong and sustainable career pathway is implemented for the emerging workforce. This includes students and individuals who are new to working with people with disability. The market needs to fund and support career progression, including appropriate supervision and quality improvement for the workforce. A system that focusses on mentoring, maintaining excellence and advances and supporting a new generation of experts is critical for the disability workforce.

4.4 Engaging the mainstream workforce

The capacity of the mainstream workforce to provide disability services is yet to be fully realised. The APA support the NDIS to further distribute LAC funding and implement additional incentives for the mainstream workforce to work with people with disability. Without engaging the mainstream market, as we are currently seeing, it will be challenging for participants to access the services required.

The APA is interested in working with the NDIA and other peak professional bodies who are NDIS providers to improve the payment model, education and training of providers and involvement of mainstream services to ensure appropriate services are available to all participants.

Recommendation 3:

We recommend that the Standing Committee on the National Disability Insurance Scheme consider the payment model, opportunity for professional development, the disability provider career pathway and capacity for the mainstream market to be leveraged to enhance the disability workforce.

5. NDIS as a market steward

The APA believe that NDIA have a number of roles to play as a market steward.

The APA believe that over time, the NDIA should take a 'hands off' approach, focussing on monitoring and facilitating the scheme.

Currently, our members are concerned about the way in which the NDIS will manage a number of key tasks that may be seen to be part of its market stewardship, including the accreditation of services and boundary riding where disability services intersect with education, health and ageing.

5.1 NDIS driving service accreditation

One of these ways the NDIS can work as a market steward, is calling for third party accreditation of the safety and quality of services.

Judging by the rate of physiotherapists who are subject to notifications to the Australian Health Practitioner Regulation Agency (AHPRA), and the cost of professional indemnity claims, physiotherapy is a comparatively safe service. To date, many members have indicated that the economic case for third party accreditation has not been made. This is because:

- *the models of third party accreditation remain comparatively costly, and*
- *the data such as that referred to above demonstrates adherence to standards is high.*

We continue to see inconsistency in the recommendations and requirements for quality markers at practice/organisation level, including differences between the Third Party Verification requirements in New South Wales and those elsewhere.

We continue to be concerned that the NDIS will require third party accreditation for providers when there is limited evidence that the costs will incur a net benefit to the participants in the Scheme. We also believe that any requirement for third party accreditation will structurally disadvantage smaller providers and distort what is already a 'failed market'.

The APA works consistently on safety and quality initiatives and our members consistently seek to improve safety and quality. What is at stake here is not our commitment to safety and quality, but access to services and the bearing of disproportionate costs.

A second central task of market stewardship which concerns our members is the way in which the NDIS will work with the professions regarding quality improvement through provider education and training.

Our experience has been that other insurers (e.g. our professional indemnity insurer and health insurer) have been active in developing ongoing forums in which key data from their schemes is disclosed and issues of mutual concern are discussed. This interaction is critical in supporting a profession that is active in self-regulation and ongoing professional education.

Our organisation is yet to be invited to any discussion about the trends in outcomes for participants in the NDIS, the related costs, service patterns, or variations by geography or other factors. We welcome the opportunity to be involved, should this quality improvement interaction occur.

5.2 The NDIS building boundaries for service provision

The NDIS has a role to play as a market steward in rolling onto the new scheme and managing the boundaries of the NDIS in relation to education, health, and ageing.

At present, as the scheme is rolled out nationally, our members are concerned that problems may occur in a hand-over between funding programs. As a participant moves to the new model there is a substantial safety risk for participants, and it is important any hand-over ensures safety and continuity of care as a primary goal.

Additionally, once the NDIS is implemented nationally, it is necessary for clear boundaries to be established at the interface between disability, education, health, ageing and any other relevant services. The APA is worried that participants may 'fall through the cracks' and miss out on appropriate care if the services available are not including as part of the reasonable and necessary framework of the NDIS. Clear boundaries - including the classification of specific services - is necessary to ensure no participant misses out because there is uncertainty around whether a service is considered a disability provision or not. A clear mechanism to resolve situation where participants appear to be 'falling through the cracks' needs to be established.

Recommendation 4:

We recommend that the Standing Committee on the National Disability Insurance Scheme develop and inter departmental advisory council, including Ministers from Health, Ageing, Education, Housing and Employment to clearly define the boundaries of the NDIS services provision.

6. Addressing thin markets

6.1 Thin markets in rural and remote Australia

We believe that thin markets, including those in rural and remote regions, must be appropriately supported by the NDIS in order to provide the best services to participants living in these areas.

Research shows that people with disability living in regional or remote Australia are more likely to rely on informal care. This informal care is typically provided by women between 35 and 65, with a lower than average gross income, living outside a major city.[11]

We have anecdotal evidence of a shortage of physiotherapists in rural and remote locations. We believe that it would be prudent for the NDIA to consider the incentives for physiotherapists (and other relevant workers) to establish themselves in regional and rural locations. Our members also suggest that it is possible that physiotherapists attracted to work in this area may be, disproportionately, young women, and that their higher rates of leave than their male counterparts during the years in which they start families may have an adverse impact on the growth of the workforce.

It is our view that the NDIS will need to create meaningful recognition and reward for participating in 'thin' markets.

Usually, these markets have existing and high-quality providers, but their volume is low. We believe that attention needs to be paid to the role of technology, including telehealth, in supporting clients in 'thin' markets.

The APA believe in a strong set of core services which allow for skilled specialists to expand their boundaries for the services they provide. Digital resources, including secure messaging, telehealth and engaging participants via video, may enhance opportunities to reach remote markets.

Additionally, it is possible that some of the issues can be addressed through the provision of 'remote' expertise to local practitioners who have existing local networks and infrastructure. This means, however, that remoteness would need to be a factor in costing the service plan.

It is our experience that it will be of relatively low value to facilitate fly-in fly-out models.

We hypothesise it will be important for the NDIS to support indirect costs such as recruitment and orientation of staff including specific safety training for providers in rural locations.

It will be necessary for the NDIS to consider specific funding such as funding to overcome the issues of telecommunications 'black spots' which discourage service providers from outreach.

6.2 The Aboriginal and Torres Strait Islander market

At the APA we are genuine and authentic in our efforts and intent to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

We appreciate that Aboriginals and Torres Strait Islanders have a profound or severe core disability activity limitation at just over twice the rate of other Australians.[12] This disadvantage experienced in Aboriginal and Torres Strait Islander communities is influenced by limited access to the basic socio-economic and environmental conditions necessary for good health, inadequate health services and infrastructure, a history of under-resourcing in indigenous health and - until recently - a lack of strong political commitment at a national level to improve outcomes among indigenous people in Australia.[13]

The APA understand that in order to improve outcomes for Aboriginal and Torres Strait Islander people with disability, it is important to consider the cultural, social, environmental and economic factors that impact on the individual. As such, we support the principles articulated in the National Aboriginal and Torres Strait Islander Health Plan 2013-23, and their application to support for people with disability. These include:

- *taking an equity and human rights approach*

- *ensuring Aboriginal and Torres Strait Islander community control and engagement, and*
- *accountability.*

In our view, it will be important for the NDIS to overly support similar enablers to those articulated in the National Aboriginal and Torres Strait Islander Health Plan. If that is done, then we are confident that the needs of Aboriginal and Torres Strait Islander Australian will be able to be met, including for those people residing in thin markets.

Recommendation 5:

We recommend that the Joint Standing Committee on the National Disability Insurance Scheme support the expansion of resources, including telehealth, to support people to deliver disability services in thin markets.

7. Regulating quality care in the NDIS

7.1 The negative impact of overlapping accreditation requirements

Despite the Government's commitment to this principle, primary care physiotherapists are increasingly alarmed at the prospect of need to meet multiple sets of external standards and demonstrate this by moving through multiple accreditation schemes.

The most obvious of these duplications is between the 'health sector' and the proposition that there be an accreditation process by the NDIS Quality and Safeguards Commission.[14]

Physiotherapists are also affected by the separate accreditation model of Australian general practice. They are concerned that services which are co-located will be required to adopt a model of another profession by default, when the independence of the profession of physiotherapy is well-established.

The fundamental systems and processes for ensuring safety and improving quality are essentially the same in these different arenas. The marginal positive impact of being accredited by multiple schemes will be substantially higher than the costs of participation.

As a result, we strongly oppose any model that would result in duplication of demands for accreditation.

Recommendation 6:

We strongly recommend that the Joint Standing Committee on the National Disability Insurance Scheme work with governments and other agencies to prevent a duplication of regulation and accreditation in the primary health and social services arena.

8. Other related matters

8.1 We support a 'best practice regulation' model

It has been suggested that the more reliance occurs on 'rule-following' to shore up trust, the less likely it is that trust will be based on the assumed integrity of the person or institution.[15] As a result, our profession pursues an active self-regulatory role. Our preference for building

real trust includes a recognition of the need for a range of rules to protect people from malpractice.

Thus, we strongly support a 'best practice regulation' model should any intervention be required. A 2014 paper from the Department of Prime Minister and Cabinet signals the intent of such a model:

> The Government has a clear approach to regulation: we will reduce the regulatory burden for individuals, businesses and community organisations. … Every policy option must be carefully assessed, it's likely impact costed and a range of viable alternatives considered in a transparent and accountable way against the default position of no new regulation.[16]

Recommendation 7:

We recommend that the Joint Standing Committee on the National Disability Insurance Scheme consider best practice regulation models when considering how to address the structural and systemic barriers that prevent the best quality in care being achieved.

8.2 Appropriate funding for high quality physiotherapy care must be made available

We are consistently told by physiotherapists that the NDIS model precludes physiotherapists from funding activities that will provide the best long term outcome for the NDIS participant. While the NDIS model of consumer choice and control is a valuable attribute, at times we are receiving reports of participants choosing the cheapest care, rather than what may be most appropriate.

Services currently provided under the NDIS are not fit for purpose and do not support the best quality care model promoted by the APA.

The NDIS funding model needs to support physiotherapists to provide comprehensive and detailed consultations, allowing the physiotherapist time to engage fully with the person with disability, and where relevant, the people that support them. A consultation such as this will afford the participant the opportunity to fully experience the benefits of physiotherapy services.

Recommendation 8:

We recommend that the Joint Standing Committee on the National Disability Insurance Scheme consider ways that NDIS funding is based on the provision of high quality and value care.

8.3 The government must support innovative incentives for improving market readiness

We appreciate the active discussion occurring about market readiness in relation to the NDIS. We support both 'incremental fixes' along with a more extensive review of how the NDIS market can be shaped to maximise participant choice and control.

Information and communications platform

One such fix may include the development of an information and communications platform. Such a digital platform, which may include an electronic health record, could have a function for recording incidents of mistreatment, or inappropriate behaviour. This platform would be able to collate patterns and behaviours of mistreatment with the potential to include a predictive element.

The APA is currently engaged in this work, and we would be happy to engage the Committee to discuss this further.

9. Conclusion

The APA is committed to ensuring people with disability in Australia have access to appropriate support, when and where it is needed.

We would welcome the opportunity to provide evidence to the Committee and to work with the Committee and other stakeholders on the reforms that emerge.

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Australian Physiotherapy Association

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 23,000 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

10. Summary of recommendations

Recommendation 1:

We recommend that the Standing Committee on the National Disability Insurance Scheme explore mechanisms that will re-orient the disability market towards a model that allocates resources to evidence-based early/conservative interventions.

Recommendation 2:

We recommend that the Standing Committee on the National Disability Insurance Scheme strengthen internal processes through staff training to support NDIA market readiness. Further engagement with providers, including peak bodies, is necessary to collaboratively provide education and information for participants and NDIA staff in developing and implementing their plan.

Recommendation 3:

We recommend that the Standing Committee on the National Disability Insurance Scheme consider the payment model, opportunity for professional development, the disability provider career pathway and capacity for the mainstream market to be leveraged to enhance the disability workforce.

Recommendation 4:

We recommend that the Standing Committee on the National Disability Insurance Scheme develop and inter departmental advisory council, including Ministers from Health, Ageing, Education, Housing and Employment to clearly define the boundaries of the NDIS services provision.

Recommendation 5:

We recommend that the Joint Standing Committee on the National Disability Insurance Scheme support the expansion of resources, including telehealth, to support people to deliver disability services in thin markets.

Recommendation 6:

We strongly recommend that the Joint Standing Committee on the National Disability Insurance Scheme work with governments and other agencies to prevent a duplication of regulation and accreditation in the primary health and social services arena.

Recommendation 7:

We recommend that the Joint Standing Committee on the National Disability Insurance Scheme consider best practice regulation models when considering how to address the structural and systemic barriers that prevent the best quality in care being achieved.

Recommendation 8:

We recommend that the Joint Standing Committee on the National Disability Insurance Scheme consider ways that NDIS funding is based on the provision of high quality and value care.

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[11] Carers Australia The economic value of informal care in Australia in 2015 p7-8

[12] Productivity Commission 2011, Disability Care and Support, Report no. 54, Canberra. P533 http://www.pc.gov.au/inquiries/completed/disability-support/report/disability-support-volume2.pdf accessed 11.01.16

[13] UNHRCR Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover 2010 p9. The disparity in key health indicators between indigenous and non-indigenous peoples has been previously noted with concern by the Committee on the Rights of the Child (CRC/C/153), the Committee on the Elimination of Racial Discrimination (CERD/C/AUS/CO/14) and the Committee on Economic, Social and Cultural Rights (E/C.12/AUS/CO/4).

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[15] Smith and Reeves op cit.

[16] Commonwealth of Australia. The Australian Government Guide to Regulation Commonwealth of Australia, Department of the Prime Minister and Cabinet, 2014.