

25 January 2013

Community Affairs Legislation Committee  
Parliament House  
Canberra  
ACT 2600

Dear Community Affairs Legislation Committee

**Re: Inquiry into the National Disability Insurance Scheme Bill 2012**

The Australian Medicare Local Alliance (AML Alliance) welcomes the opportunity to provide comment to the Community Affairs Legislation Committee on the Inquiry into the National Disability Insurance Scheme Bill 2012.

**Background and context**

The AML Alliance is the peak national body representing the national network of 61 Medicare Local primary health care organisations (PHCOs). The AML Alliance and its member Medicare Locals were established by the Commonwealth Government in accordance with the National Health Reform Agreement (2011). Medicare Locals have been developed as regional PHCOs charged with (i) improving the patient journey through developing integrated and coordinated services; (ii) providing support to clinicians and service providers to improve patient care; (iii) identifying the health needs of their local areas and the development of locally focused and responsive services; (iv) facilitating the implementation of primary health care initiatives and programs; and (v) being efficient and accountable with strong governance and effective management. Medicare Locals also play a key role in coordinating health services and linking with other sectors to deliver comprehensive care in response to individual and local community need. The inquiry into the NDIS Bill 2012 therefore presents a timely and relevant subject matter for AML Alliance to respond to, given the cross sectoral nature of the services required by many of those affected by disability.

**Medicare Locals and the NDIS**

The National Disability Insurance Scheme highlights a particular need to develop strong linkages between the health and disability sector. Medicare Locals are well placed to provide a platform to develop these linkages by leveraging their local sector relationships and local area service coordination role.

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The following Medicare Locals have already been identified as key agencies within the jurisdictions selected for the first phase of the National Disability Insurance Scheme and are well positioned to assist in its implementation:

- In South Australia - Northern Adelaide Medicare Local; Central Adelaide and Hills Medicare Local; Southern Adelaide Medicare Local; Country South Medicare Local and Country North Medicare Local;
- In Tasmania - Tasmania Medicare Local;
- In the Australian Capital Territory - ACT Medicare Local;
- In Barwon, Victoria - Barwon Medicare Local and;
- In Hunter, New South Wales - Hunter Medicare Local.

Many of these Medicare Locals have already taken proactive steps to create informal links with their state-based Commonwealth NDIS representatives and it is recommended that these relationships strengthen and formalise over time.

As meso-level health organisations, Medicare Locals have the opportunity to bring together key stakeholders from across the health spectrum. Linkage with, and involvement of, Medicare Locals in this first phase of the NDIS therefore offers the potential to develop sound, intersectoral and collaborative models of NDIS implementation, by building on and harnessing existing Medicare Local models and relationships. The following programs facilitated by Medicare Locals, provide some current examples of cross sector collaboration and integrated services.

### ***E-health***

The Commonwealth Government announced on 18 May 2012 that **\$50 million** will be available over **two years to the Medicare Locals Sector** to assist general practices and other health care providers to adopt and use the new **eHealth records system**. An effective e-Health record for each patient has the potential to be accessed by multiple health organisations, providers and consumers across the continuum of care, which could be of great benefit to the implementation of the NDIS.

### ***Partners in Recovery (PIR) Program***

The Partners in Recovery program aims to better support people with severe and persistent mental illness with complex needs, and their carers and families. Key objectives of PIR include, better coordinated care, improving referral pathways and promoting a community based recovery model that brings together both

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the clinical and community support services needed by people experiencing severe and persistent mental illness with complex needs. Medicare Locals will be integrally linked with the PIR program, either as a lead agent or as a consortium partner. PIR offers another model of integrated, inter-sectoral care with Medicare Local involvement that has strong potential to be linked into and/or provide a foundation for the NDIS services and supports. This is a particular consideration given that some people with a disability and complex needs are likely to access the services they require through the PIR program.

### ***Nursing in General Practice Program***

The Nursing in General Practice Program supports and builds the capacity of the nursing workforce within general practice. The program places an emphasis on the value of the role nursing plays in primary health care, including multidisciplinary, collaborative care and the optimal use of the nursing workforce needs to be encouraged. Nurses play a significant role in liaising with clients, providing health promotion services and education and advocacy for patients.

Practice nurses in particular may also be charged to conduct a Healthy Kids Check which may identify if early child development needs. This has direct relevance to the early intervention supports and prevention focus of the NDIS.

As Medicare Locals further develop and mature there is opportunity to progress a coordination and integration role between local health and disability sectors/services. The intersection between health and disability services needs to be acknowledged by Medicare Locals as including: working with the Disability Services Sector, Disability focussed health professionals, government agencies and the community sector more broadly - to coordinate health and social care services in response to local need across their respective jurisdictions.

### **National Disability Insurance Scheme and the Social Determinants of Health**

At a broad level, the AML Alliance notes that the spirit of the National Disability Insurance Scheme Bill 2012 has the potential to address the Social Determinants of Health. Taking a “lifetime approach” where people with disability are supported from the time they acquire their disability (in early childhood for example), will provide the opportunity for intervention before disadvantage manifests and health begins to deteriorate. This can, and is envisioned, to include education and employment opportunities, as well as community participation and support initiatives.<sup>1</sup>

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<sup>1</sup> AML Alliance Social Determinants of Health Submission; [www.amlalliance.com.au](http://www.amlalliance.com.au)



## Specific comments in relation to the NDIS Bill 2012

Given the high level framework of the National Disability Insurance Scheme Bill 2012, the AML Alliance has identified only limited areas of particular relevance to Medicare Locals upon which it can comment in the Bill. These comments are provided below. AML Alliance is, however, keen to provide comment on the NDIS Rules, when these become available. These will provide more details on the operational aspects<sup>2</sup> of the NDIS implementation and the consultation process will more likely be of greater relevance to Medicare Locals.

As outlined in Chapter 1, part 2 of the NDIS Bill, the AML Alliance supports the general principles of the National Disability Insurance Scheme Bill 2012, which foster independence, inclusion and social and economic participation of people with a disability, as well as recognising their right to exercise the choice and control over the planning and delivery of their supports. These Principles align with the AML Alliance's stance on supporting and advocating for the social determinants of health. The Principles around equity and sustainability further align with the role of primary health care organisations in providing equitable access to services needed to meet needs at the local population, level.

The AML Alliance notes that it will be important to distinguish between a disability service and a health service. People with disabilities report seeking more health care than people without disabilities and have greater unmet needs<sup>3</sup>. People with disabilities are particularly vulnerable to deficiencies in health care services<sup>4</sup> and may encounter a range of barriers in access to health care.

Further in, Section 24 with reference to disability requirements and Section 25 with reference to early intervention requirements, particularly in relation to child developmental delays; specific information on who will be making these assessments is lacking. It is a reasonable assumption that some assessment from a health professional, such as a general practitioner, nurse or an allied health professional may be required. This will, in turn, have workforce and training implications on the current health workforce. If details of this nature are to be provided in the NDIS Rules, then it will be important when further developing these Rules to ensure close consultation with all parties relevant to the NDIS implementation, including those who will be determining and conducting any of its assessment requirements. Where health professionals are to be involved, then appropriate consultation with representative professional

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<sup>2</sup> NDIS Exposure Draft National Disability Insurance Scheme Bill 2012 Information Sheet. [www.ndis.gov.au](http://www.ndis.gov.au)

<sup>3</sup> World Health Organization. 2011. World Report on Disability. Available: [http://whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf)

<sup>4</sup> *Ibid*



health and/or workforce bodies, as well as with Medicare Locals - as service coordinators - is highly recommended.

Finally, it is imperative that despite jurisdictional variations which may exist in the disability sector, there remains equitable access to services and supports for all people with disabilities. Historically, the bulk of services delivered for people with a disability have been provided by the not for profit sector or the government and the number of providers does not necessarily reflect the population need. Through their mandate to plan and deliver population health needs assessments, Medicare Locals can assist in ensuring that disability services are equitable in relation to local population need.

The AML Alliance hopes to strengthen its ties at a national level and at a local level with the disability sector and looks forward to the opportunity to review the NDIS Rules when these are ready for implementation.

Yours sincerely

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