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Hon Kevin Andrews MP
Chair
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra
ACT 2600

21 March 2019

Dear Mr Andrews

Re: Request for further information by the Joint Standing Committee on the NDIS at their hearing on 26 February 2019 regarding *General Issues around the implementation of the NDIS*.

In response to the Committee's request for any further comment relating to general issues around the implementation of the NDIS, Speech Pathology Australia would like to highlight the following key issues.

Planners

There continues to be ongoing issues with planners in their function as the 'gatekeepers' to service, for example:

- There is a lack of knowledge regarding the adequate level of supports needed and no provision of clear, accessible and independent information about what type of supports may be needed and appropriate, for example, supports which are only adequate for provision of 'maintenance therapy' are being recommended when this is not appropriate.

- Increasingly promoting the use of Allied Health Assistants, when the decision about whether this is appropriate should come out of a discussion between the participant and their qualified allied health provider.

- Plans are being cut short and planning meetings being brought forward by up to 3 months resulting in the loss of supports (including Assistive Technology) and providers facing increased barriers and challenges in getting paid for their service provision.

- Lengthy wait times for requested plan reviews - both for plans that have errors and those where the supports are not felt to be adequate/appropriate.

- Cases of funds being allocated to inappropriate line items which neither the family nor the provider can then access to claim payment, in effect 'quarantining' large sums of funding that cannot be accessed for required supports.

- A lack of understanding of the role of allied health providers in building capacity of participants and those in their environment, the supports that can be offered and how they may be relevant to support people to achieve their goals in the long term.

We strongly recommend that the NDIA engage with providers as well as participants to fully understand the role of allied health in supporting adults with disabilities, particularly where best practice would include provision of supports (to providers and participants) from specialised services, and services using a collaborative, coordinated multi-professional team-based approach. The failure of the NDIA to take a greater stewardship role for the development of market/funding models for continued provision of safe high-quality allied health services is creating a significant risk to the continued existence of such services in a number of areas of practice and/or for a number of different populations of people with disabilities.

We would recommend that the introduction of 'light touch' reviews, where minor changes/fixes can be made to the plan without the requirement for a full plan review is prioritised. An increase in the resources to support faster plan reviews would also be prudent.

While the Association understands the need for 'reference packages', there needs to be a means for these to be reviewed, based upon additional information and evidence from providers, and with involvement of someone with an adequate knowledge of allied health service. Therefore, speech pathologists and other allied health practitioners should be involved in the development of 'reference packages', and the criteria for adding to, or reducing, the amount included in them for different participants/groups of participants.

Providers

- Inadequate reimbursement for travel continues to have a direct impact upon service delivery. This has created barriers to providing evidence based allied health interventions, or in some cases any services at all, disadvantaging participants in more rural and remote areas and affecting choice and control for participants.

- Even when allied health providers feel there is scope for a service to be carried out by a (suitably trained and supervised) allied health assistant, the current pricing structure and caps makes this financially unviable.

- Inadequate funding to provide and maintain appropriate training and subsequent supervision for an allied health assistant, who cannot make clinical decisions themselves.

- Current compliance costs for providers are excessive. Speech pathologists are members of a self-regulating profession so whilst not with AHPRA, are regulated to the same level. The Certification requirements for smaller/sole providers offering therapy intervention to children aged under 7, and/or those who have chosen to become incorporated is, we feel, unnecessary and costly. Its impact on small/sole providers could potentially lead to their de-registration from the NDIS and a further thinning of the market.

It is imperative to address the ongoing costs and pricing issues associated with service provision under the NDIS that act as a disincentive for providers to register with the NDIS and thereby affects the availability of services and creates barriers to access for participants.

Workforce and Governance

- The lack of workforce planning to create an adequate and sustainable skilled workforce.

- There is also lack of clinical governance of allied health service provision. These supports are important to ensure continued availability of and access to a knowledgeable and skilled allied health workforce, and provision of safe and high-quality allied health services – including coordination and collaboration between the sectors. At present the expectation appears to be that the sector should now provide the clinical governance itself from its own resources – this is simply unsustainable and funded supports are needed.

There needs to be a clear and concerted focus on identifying workforce issues and risks and creating a workforce plan, but currently it is unclear where the expectation or responsibility to drive this process lies, whether it is with or in some way shared amongst the NDIA, DSS, the Commission or with providers themselves.

There needs to be a blueprint for service provision, including allied health, given the loss of the structures previously provided and funded through state government block-funded specialist disability services.

Augmentative and Alternative Communication Assistive Technology (AAC AT).

- The Association is very concerned about the loss of state government funded specialist equipment services and its subsequent impact on the provision of supports for participants whose Assistive Technology solutions are more complex.

It is essential that the NDIA recognise that the knowledge, skills and experience required in the scheme to provide AAC AT and complex integrated systems, are specific to and additional to those for other types of equipment.

Investment in the development and maintenance of a skilled workforce which can transfer knowledge and skills to others; including primary providers of speech pathology and, other allied health AT providers, participants and those providing direct support to people with disability, is required.

It is difficult to see how this will be possible in the context of the current individualised funding model as consistent, ongoing funding is required. These supports could be seen to be part of the ILC but again could not be provided sustainably under the current ILC granting framework. The Association would value consideration of this issue at a DRC level, and welcome the opportunity to contribute to discussion and development of solutions alongside other organisations and key stakeholders.

Thank you once again for the opportunity to appear before the Committee. We hope that the Committee finds the above additional information useful. If you require anything further please contact Ms Catherine Olsson, National Advisor Disability, on or by emailing

Yours faithfully,

Gaenor Dixon,
National President