

3 April 2014

Our Ref: ACI/D14/539

Samuel Griffiths
A/Principal Council Officer
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mr Griffiths

Supplementary questions - State Spinal Cord Injury Service
Submission 9 (LTCSA) – Contributed to the LTCSA NSW Health submission

Thank you for the opportunity to review the transcript of my participation at the Hearing of the Law & Justice Committee 5th Review of the LTCSA.

I am happy with the transcript of the information I provided. Dr Engels is currently overseas and therefore may have not had the opportunity to provide feedback in relation to the information and responses she made. In reviewing the transcript of her responses and comments my impression is that they are correct.

During her presentation Dr Engels was asked to provide examples of integrated models. As she is currently overseas she may not have the opportunity to respond to this request.

In my presentation I highlighted the need for greater inter-government agency discussions to develop a proper model of integrated management, in particular spanning the period from inpatient discharge planning through to return to community living and early community reintegration following an acute SCI injury. The aim of the model would be to ensure a smooth, collaborative and timely transfer from hospital to community living for the individual with a new acquired disability requiring a range of equipment, support, care and housing services provided by a number of government agencies.

In response to the supplementary questions, I provide the following responses:

1. *A recommendation from the previous LTCSA review noted the need for the Authority to work with the SSCIS. The NSW Health submission outlines a number of measures that have taken place to address this. Are you happy with the current level of dialogue?*

The SSCIS Directorate and its members from the SCI services are happy with the current level of dialogue. In our written submission we outlined under section 3 "Progress in relation to the Recommendations of the 4th Review – Recommendation 7" a number of strategies that LTCSA and SSCIS have undertaken to improve communication. Both parties have agreed these have been very effective in improving communication and have also acknowledged the importance of sustaining the effort to maintain and continue to strengthen our communication channels.

2. *How has the LTCSA internal newsletter been used to help inform LTCSS Coordinators on expert clinician decision making and treatment recommendations? Have there been any other methods of communication between clinicians and LTCSS Coordinators?*

As outlined in our submission under section 3 "Progress in relation to the Recommendations of the 4th Review – Recommendation 9' SSCIS will be taking up the opportunity to provide short articles on SCI specific issues for inclusion in the newsletter. In addition to this at our recent LTCSA & SSCIS Liaison Committee meeting we explored further opportunities to provide education & or make available SCI education resources to LTCSS Coordinators.

3. *The final point in the NSW Health submission states the importance of specialist health care services providing regular review, monitoring, advice and support of health maintenance and illness prevention. It goes on to state that ensuring this goal is included in the individual's life plan is seen as a key responsibility of LTCSS Case Managers.*

a) *Could you please explain this further?*

There are ongoing discussions between LTCSA and SSCIS with regard to this.

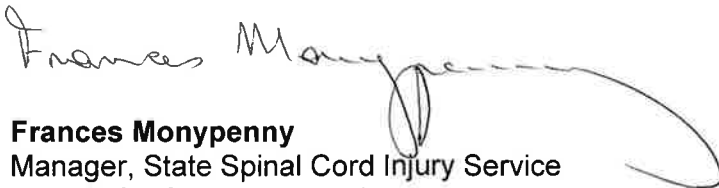
A LTCSA funded project reviewing the Rural SCI Service data on people ranging from 1-40yrs post SCI who have attended the rural SCI clinics is currently underway. The aim of the project is to identify and document the range of presenting health issues faced by people with a SCI. This will provide evidence for and inform a regular schedule of review and health promotion activities with the aim of maintaining the health for people with a SCI and minimising health breakdown through regular risk assessment, timely early intervention and appropriate management strategies to prevent further deterioration. This schedule should be part of the individual's life plan. For this to occur for the LTCSS participants, involvement in the development of the schedule by and continuing education for LTCSS staff is essential.

b) *Is this currently a key responsibility of Case Managers or would you like it to be a required responsibility?*

In recent discussions with LTCSA we were advised that some of their upcoming work will include a review and overhaul of the way Scheme participant's life plans are developed and what they include. We hope this will provide an ideal opportunity to include regular general and specialist health reviews, monitoring, advice and support for health maintenance and illness prevention strategies and that clear guidance is provided as to whose responsibility it is to ensure this occurs.

Once again, thank you for the opportunity to provide a response to these questions. Should you require any further information or clarification of the responses provided, please do not hesitate to contact me on email Frances.Monypenny@aci.health.nsw.gov.au or m 0404 010 918.

Yours sincerely



Frances Monypenny
Manager, State Spinal Cord Injury Service
Agency for Clinical Innovation