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LAW & JUSTICE

The Hon Christine Robertson MLC
Chair
Legislative Council Standing Committee on Law and Justice
Parliament House
Macquarie Street
SYDNEY NSW 2000

24 JUN 2009

Dear Ms Robertson

Second Review of the Lifetime Care and Support Authority

I refer to your letter of 27 May 2009 requesting further clarification from NSW Health on broader issues relating to interactions between NSW Health, Area Health Services and the Lifetime Care and Support Authority.

Please find attached responses to the questions posed by the Committee.

The person to contact at the NSW Department of Health for further information or assistance is Ms Cathrine Lynch, Director Primary Health & Community Partnership, on telephone 9391 9919.

Yours sincerely

John Della Bosca MLC
Minister for Health

RESPONSES TO COMMITTEE QUESTIONS

Question 1:

In last year's review the issue of how area health services should spend the revenue gained via Scheme reimbursement was raised (p49 First Review Report). The Committee decided to return to this issue in this review and has the following questions in relation to the issue:

- (a) How is the revenue gained via Scheme reimbursement administered by area health services?
- (b) Are there any policy directives regarding this issue?
- (c) As the Scheme has matured over the last year, is this still an issue for area health services.

ANSWER:

(a) and (b) inclusive

Administration of revenue gained via the Life Time Care and Support Scheme (the Scheme) is governed by a number of policy directives. These are set out below with a brief overview.

Compliance with these policy directives is mandatory.

Copies are available at <http://www.health.nsw.gov.au/policies/index.asp>.

PD2008_058

Life Time Care and Support Scheme (LTCS Scheme) – Fees Policy

Where a person injured in a motor accident whose injuries appear to meet the eligibility requirements presents to a public hospital/facility, the public hospital/facility should contact the LTCS Authority. The Authority will appoint a LTCS co-ordinator who will assist with an application for participation in the Scheme.

The fees policy is applicable for services provided to persons accepted under the LTCS Scheme as follows:

- Acute Care Services: The bulk billing agreement under the Compulsory Third Party (CTP) Scheme (PD2005_519 *Motor Accidents Scheme - Bulk Funding Arrangements for Compulsory Third Party (CTP)*) applies for all LTCS injury types regardless of who was at fault while in the acute care phase of their treatment.
- Rehabilitation Services: The LTCS rehabilitation schedule of fees applies in relation to all LTCS injury types regardless of who was at fault in the accident.

The policy provides guidance on LTCS patient codes in the Department of Health Reporting System (DOHRS) for rehabilitation and acute care services. Each Area Health Service has developed local systems for tracking LTCS patients.

Accounts for services should be raised against the LTCS Authority in accordance with this policy.

IB2009_030

Lifetime Care & Support Scheme (LTCS Scheme) - Schedule of Fees Scale of fees for acute care and rehabilitation services provided to persons accepted under the LTCS Scheme. To be read in conjunction with PD2008_058.

PD2006_048*Brain Injury Rehabilitation Program – Schedule of Fees*

Lists designated Brain Injury Rehabilitation Program (BIRP) units, outlines patient category classifications used for calculating fees for Inpatient BIRP Rehabilitation Patients, Inpatient Transitional Living Units, Non-inpatient Services Including Outreach, Outreach Medical Clinic Appointments, Reports and Group Activities.

The fees listed in this policy are updated by IB2009_029 *Brain Injury Rehabilitation Program - Schedule of Fees* from 1 July 2009.

PD2005_522*Group Services/Commercialisations Policy - Revenue Policy, Revenue Standard*

Area Health Services hold revenues from the Brain Injury Rehabilitation Program in their General Fund.

(c)

Systems for administering LTCS Scheme revenue have been developed locally. Anecdotal evidence suggests there may be some uncertainty about processes relating to the administration of LTCS accounts.

Specific details on the administration of revenues at Area Health Service level are not currently available.

The Department of Health will work with Area Health Services to investigate options for enhancing systems for administering revenue from the LTCS Scheme.

Question 2:

As NSW Health has a shared target group with the Lifetime Care and Support Authority, what joint efforts are underway to build innovative service models in service delivery and other areas?

The Lifetime Care and Support Authority (LTCSA) and EnableNSW have met on a regular basis since their establishment to discuss common issues related to service delivery. The newly established Specialised Equipment Essential for Discharge (SEED) program administered by EnableNSW targets assistance to people who have sustained a catastrophic spinal or brain injury. This group has very similar equipment needs to the participants of the Scheme.

This shared target group has provided a platform of cooperation between LTCSA and EnableNSW to commence investigation of a number of service delivery models which will benefit both consumer groups.

Work has commenced on the establishment of an equipment loan pool run jointly by LTCSA and EnableNSW which would provide complex equipment not usually kept in Area Health Service equipment loan pools. This specialised loan pool will provide access to equipment for trial and loan and will be able to be accessed by participants of the Scheme as well as inpatients of NSW Health specialist spinal and brain injury units. This equipment loan pool will help to ensure that discharge to the community for this common consumer group is expedited.

Additionally, an Interagency Agreement on the Interagency Care and Support Pathway for People with an Acquired Brain Injury (2009 – 2011) was signed by NSW Health, Housing NSW, the Department of Ageing and Disability and the Lifetime Care and Support Authority in 2008.

A Steering Committee has been created to oversee the implementation of the Interagency Agreement. Representatives from the Department of Corrective Services, the Health Stroke Network, Statewide Services Branch and EnableNSW will also be invited to join the Steering Committee as key implementation partners.

The interagency service model developed for the ABI Agreement will be investigated for the provision of services to people with spinal cord injury.

The collaborative working relationship that now exists between LTCSA and EnableNSW is an example of how cooperation between government departments can result in improved service delivery.

Question 3:

How has the establishment of EnableNSW contributed to NSW Health's cooperation with the Scheme?

EnableNSW has been established to improve the efficiency of NSW Health disability equipment programs and to implement recommendations from the independent review of the Program of Appliances for Disabled People (PADP) conducted by PricewaterhouseCoopers in 2006.

This provides an opportunity for collaborative work to be undertaken between NSW Health and the LTCSA on a number of initiatives that have relevance to the LTCSA and the disability support programs that EnableNSW will assume responsibility for. These programs include:

- Program of Appliances for Disabled People (PADP), including
 - Specialised Equipment Essential for Discharge (SEED) program
- Artificial Limb Scheme (ALS)
- Home Respiratory Program (HRP), including
 - Home Oxygen Service (HOS)
 - Ventilator Dependant Quadriplegia Program (VDQP)
 - Children's Home Ventilation program (CHVP)

Initiatives that will contribute to cooperation between NSW Health and LTCSA include:

(1) Equipment Prescription Guidelines.

- Development of common equipment prescription processes. Since late 2006, NSW Health and LTCSA have cooperated on a joint project on *Common Equipment Prescription Guidelines*. This joint project has involved extensive consultation with clinical experts on the development of new prescription processes and professional criteria for general disability equipment such as bathing equipment and wheelchairs. These new prescription processes have now been implemented by LTCSA. EnableNSW is finalising statewide implementation of these new processes across all PADP lodgement centres. This collaborative work means that clinicians are able to use similar

equipment request processes regardless of whether the equipment is being funded by NSW Health or LTCSA.

- Development of clinical guidelines for the prescription of complex equipment. LTCSA and EnableNSW are currently convening a working party of specialist clinicians to develop evidence based clinical guidelines for the prescription of manual and power wheelchairs.
- (2) EnableNSW has also conducted work on new processes and professional criteria for respiratory equipment which is due for completion in October 2009. EnableNSW will continue to share this work with LTCSA in order to make prescription, documentation and evaluation of respiratory equipment as consistent as possible between the schemes.
 - (3) EnableNSW and LTCSA have collaborated to ensure consistency in the development of procurement arrangements for attendant care services for clients of the Home Ventilation Programs and participants of the Scheme.
 - (4) LTCSA seeks advice from expert clinicians on the EnableNSW team, particularly in regard to the needs of amputees and ventilator-dependant tetraplegic patients.
 - (5) Investigation of joint procurement strategies, where similar disability equipment is provided by the Scheme and EnableNSW programs.

EnableNSW is aware of concerns among some clinicians that there are differences in the assistance provided between LTCSA and EnableNSW. For example, LTCSA provides assistance with equipment specifically for recreational use and treatment purposes, where EnableNSW does not.

EnableNSW and the LTCSA will continue to work together to minimise differences in the prescription, documentation and evaluation of disability equipment needs and to provide clarity where differences exist in items provided under each scheme.

Question 4:

What has been the impact of the Scheme on NSW Health, for example, on area health services resources?

The Department of Health intends to conduct a review of the impact of the Scheme on health service resources at the close of the 2008/09 financial year. The results of this review are likely to be available in the first half of the 2009/10 financial year and could be made available to the Committee, if that would assist the Committee with its deliberations.

As mentioned in the response to question 3, EnableNSW and the Scheme share a target group of people who have sustained a catastrophic spinal or brain injury. As the Specialised Equipment Essential for Discharge (SEED) program is in the first year of operation, comparative data is not yet available. When a full year of SEED data is available, more informed comment may be able to be made in relation to any impact of the Scheme.

At times, a person may receive assistance through the SEED program who is later accepted as a participant in the Scheme. A Memorandum of Understanding has been developed between EnableNSW and LTCSA which allows for reimbursement of any equipment purchases made by SEED. This ensures that SEED resources are maintained for people whose injury was not sustained as a result of a motor vehicle accident.

Question 5:

In last year's review and the current review the issue of increased demand on clinical staff to complete necessary paperwork for the Scheme was raised. Has there been any improvement in this area for clinical staff?

As per the response to question 4 above, the Department of Health intends to commence a review of the impact of the Scheme on health service resources at the close of the 2008/09 financial year. The Department will be sure to include assessment and analysis of the administrative demands of the Scheme in this review.

In relation to the paperwork involved for requesting equipment, EnableNSW advises that the development of joint prescription processes has meant that clinical staff can use similar forms when requesting equipment from LTCSA or EnableNSW (including PADP). Use of the new forms has only recently commenced, however preliminary feedback obtained during the pilot of the forms has been positive, with many clinicians stating that as they have become more familiar with the forms the amount of time taken to complete them has reduced. Clinicians have indicated their appreciation of the efforts taken by LTCSA and EnableNSW to provide as much consistency in the forms as possible.