

**FIRST REVIEW OF THE EXERCISE OF THE FUNCTIONS
OF THE
LIFETIME CARE AND SUPPORT AUTHORITY OF NEW
SOUTH WALES
AND THE
LIFETIME CARE AND SUPPORT ADVISORY COUNCIL OF
NEW SOUTH WALES**

Organisation: Greater Metropolitan Clinical Taskforce Brain Injury
Rehabilitation Directorate

Name: Dr Adeline Hodgkinson

Position: Chair

Date received: 1/05/2008



BRAIN INJURY REHABILITATION DIRECTORATE

Enquiries 9828 6133
Facsimile 9828 6134

P.O. Box 7103
Liverpool NSW 1871

DIRECTORATE

Network Chair

Adeline Hodgkinson
ph: (02) 9828 5495

Network Manager

Robert Bosi
Ph (02) 9828 6133

NSW BRAIN INJURY

REHABILITATION

PROGRAM

- Hunter Brain Injury Services
- Illawarra Brain Injury Service
- Liverpool Brain Injury Rehabilitation Unit
- Royal Rehabilitation Centre Sydney
- Westmead Brain Injury Rehabilitation Unit
- North Coast Head Injury Service
- New England Brain Injury Service
- Mid Western Brain Injury Rehabilitation Program
- Dubbo Brain Injury Service
- Southern Brain Injury Service
- South West Brain Injury Rehabilitation Service
- Brain Injury Team, Children's Hospital at Westmead
- Brain Injury Team, Sydney Children's Hospital
- Kaleidoscope Brain Injury Team, Hunter

Representatives:

Paediatric Reference Group
Rural and Regional Group
Consumer Representatives

30 April 2008

Mr Simon Johnston

The Director, Standing Committee on Law and Justice
Legislative Council
Parliament House, Macquarie Street
Sydney NSW 2000

Dear Mr Johnston,

Ninth Review of the exercise of the functions of the Motor Accidents Authority and Motor Accidents Council and first review of the exercise of the functions of the Lifetime Care and Support Authority and Lifetime Care and Support Advisory Council.

Thank you for the opportunity to make a submission to the review. I am writing this submission as the Network Chair of the Brain Injury Rehabilitation Directorate which is a network of the Greater Metropolitan Clinical Taskforce (GMCT). The GMCT Brain Injury Rehabilitation Directorate manages the clinical network of brain injury rehabilitation clinicians in NSW.

The following submission is based on a survey of the brain injury rehabilitation clinicians in NSW. All of the responses are relating to the Lifetime Care and Support Scheme managed by the Lifetime Care and Support Authority.

If you have any further questions don't hesitate to contact me on 98285495.

Regards,

Dr Adeline Hodgkinson

Director Liverpool Brain Injury Rehabilitation
Liverpool Hospital,
Chair, GMCT Brain Injury Rehabilitation Directorate
adeline.hodgkinson@sswahs.nsw.gov.au

ph: 98285495

mobile:0419494399

Submission by the GMCT Brain Injury Rehabilitation Directorate to the Ninth Review of the exercise of the functions of the Motor Accidents Authority and Motor Accidents Council and first review of the exercise of the functions of the Lifetime Care and Support Authority and Lifetime Care and Support Advisory Council.

General issues

The Motor Accident Authority has been in place for many years and no comments were generated by a survey to members of the NSW Brain Injury Rehabilitation Network. Several members chose to comment on the Life Time Care and Support scheme.

The injection of resources from the Lifetime Care and Support Scheme (LTC&S) is welcomed. It has facilitated the appropriate treatment of people sustaining a severe traumatic brain injury as a result of a motor vehicle accident and has improved equity of service access and social justice for these people. The implementation of the LTC&S Scheme has increased the accountability and paperwork faced by the NSW Brain Injury Rehabilitation Program (BIRP) resulting in greater amounts of non-clinical activity. It has also changed some of the BIRP processes leading to confusion in some cases.

In response the LTC&S Authority has collaborated with the GMCT Brain Injury Rehabilitation Directorate to form a Brain Injury Rehabilitation LTC&S Implementation Committee. This committee will continue to meet to address process issues arising from the implementation of the scheme.

Overall the Lifetime Care and Support Authority is meeting the expectations of the GMCT Brain Injury Rehabilitation Directorate (BIRD). In addition it is promoting a drive for equitable service provision in areas not covered by LTC&S in its negotiations with DADHC and DOH.

Successes of the LTC&S Scheme

- Services are available to more people with significant rehabilitation and care needs.
- Increased recognition that family members may require counselling and assistance to indirectly improve the care of the injured person.
- LTC&S provides a more comprehensive approach to the care of the catastrophically injured client than existing CTP and Workcover schemes.
- The commitment to ensuring clients receive timely care and services.
- An excellent and widespread education approach prior to the introduction of the scheme.
- A willingness to work with rehabilitation providers to find appropriate solutions to problems as they arise.

Concerns:

The Brain Injury Rehabilitation LTC&S Implementation Committee has addressed various issues and improved practice and it is expected that this will continue. Some outstanding issues are:

- The eligibility criteria used for the LTC&S Scheme (FIMS; CANS; PTA) need to be evaluated to determine whether they appropriately identify the target group and appropriately exclude those not intended to be covered by the scheme. This will be particularly important after the two-year interim period.
- LTC&S coordinators are involved in the process early and this has led to confusion for some applicants and carers (and sometimes school staff) about the role of all the people they meet. The timing and nature of the LTC&S Scheme staff involvement could be improved.
- Although it is early to properly assess, the rates set for attendant care services may be insufficient to ensure that appropriately qualified and experienced staff with adequate support and agency coordination are used. This will be of concern in situations where a participant with challenging behavioural impairments requires a high degree of carer skill and agency management support.

Responses/recommendations:

- Rehabilitation services believe additional hospital/community based staff are required to manage the additional workload for LTC&S scheme participants, to both assist in service provision and support BIRP staff through the process.
- Review of the extensive paperwork with a view to reducing duplicated processes, improved formatting and ambiguous terminology.
- Continued liaison with the LTCS staff to address the issues arising from the introduction of the scheme is needed.
- Incorporation of individually negotiated solutions into LTCS processes will assist the implementation of the scheme.