

SECOND REVIEW OF THE LIFETIME CARE AND SUPPORT AUTHORITY

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The Director
Standing Committee on Law and Justice
Legislative Council
Parliament House
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To the Hon Christine Robertson MLC

Second Review of the Lifetime Care and Support Authority

Thank you for the opportunity to provide comment to the Standing Committee on Law and Justice of the Legislative Council in relation to the second review of the Lifetime Care Support Authority (LTCSA) under section 68 of the Motor Accidents (Lifetime Care and Support) Act 2006. Our response reflects the issues raised by members of the NSW State Spinal Cord Injury Service (SSCIS), in particular in relation to the Lifetime Care Support Scheme (LTCSS).

The State Spinal Cord Injury Service is responsible for providing multidisciplinary health services for adults and children with acquired spinal cord injuries where the cord lesion is non-progressive and there is persistent neurological deficit arising from either traumatic or non-traumatic causes.

We provide the following comments:

Introduction of the LTCSS by the NSW Government funded by levies on the CTP insurance premiums has been a very important development and most welcome change in the provision of no-fault funding for supporting treatment, rehabilitation and lifetime care costs for people who have been severely and permanently injured in motor accidents. The benefits of insurance funding being available immediately through the LTCSA support scheme rather than the victim having to await the outcome of an often lengthy court case, are far reaching in terms of facilitating discharge from hospital with appropriate support and community participation. The benefits to society of a greater number of people being eligible on a no-fault basis and the possible impact on hospital length of stay and timely access to social support services in the community are important.

The Authority has developed suitable policies and guidelines regarding eligibility criteria, treatment, rehabilitation and care needs assessment, services that will be funded, dispute resolution, and so on. LTCSS has developed a number of important guidelines collaboratively with involvement of other agencies, such as NSW Health, DADHC and Enable NSW, including essential equipment items, professional criteria for equipment providers and competencies for attendant care providers.

From a health provider perspective, clinicians report the significant burden now imposed by the bureaucratic requirements of LTCSS involving increased paperwork to complete lengthy and repetitive forms distracting them from direct clinical responsibilities of providing rehabilitation to patients. Excessive bureaucracy also delays responsiveness impacting upon health system's ability to meet the needs of patients in a timely manner, in particular in crisis situations faced by community-based clients requiring emergency treatment and subsequent changes to the agreed plan of care. Bureaucratic inflexibility and delays have increased the gap between LTCSS and non-LTCSS eligible clients, paradoxically with greater delays currently being experienced in approvals for clients under the LTCS scheme.

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Concerns have also been expressed by clinicians that there is inconsistency in the processes followed by LTCSS coordinators with considerable variability experienced between coordinators in their response to the information provided by clinicians, and inequality in the approval processes. They have also expressed the view that some coordinators are micromanaging at the clinical level and directing care delivery through the approval or non-approval of recommendations made by clinicians.

Whilst training is provided to hospital staff and community providers by LTCSS and as mentioned already there are guidelines and forms provided in aspects such as eligibility criteria, needs assessment, what constitutes "reasonable and necessary" services, decision-making and dispute resolution processes, there is in fact little in the way of procedural guidance. Providing greater clarity, transparency and consistency in requirements and processes would be very valuable for clinicians and case managers alike. In addition, clarifying expectations and role delineation between the role of clinicians as managers of patient care, and the role of the coordinators as the administrators of the scheme, are required.

Lastly, the implementation of the LTCS Scheme has resulted in a three-tiered system, where clients with similar levels of impairment may receive very different levels of equipment and support. The gap between levels of support available for the public patient and patients receiving LTCSS or insurance benefits has also widened. We would support a dialogue between the various major insurance schemes (such as LTCSS, Workers Compensation Scheme) to harmonise their processes, procedures and service guidelines. Notably, staff report that they are experiencing increasing challenges in managing tensions between patients with similar needs receiving these different levels of support.

Once again, thank you for the opportunity to provide comment. Please do not hesitate to contact Frances Monypenny on (mobile) 0404 010 918 if further information or clarification is required.

Yours sincerely

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