

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL  
DISABILITY INSURANCE SCHEME AND THE PROVISION  
OF DISABILITY SERVICES IN NEW SOUTH WALES**

**Name:** Name suppressed  
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Partially  
Confidential

I work in the health system and have an oversight role in the NDIS. I see the two organisations at odds with each other.

For those in hospital, health is trying to get people home when they are healthy enough to do so. The NDIA staff and LACs are often not motivated to move things quickly or prioritise these people with disabilities. We have staff sometimes being harmed because the complex behaviour needs of these people are not being met and still we have to call and harass each week to get updates.

I think if NDIA paid for these hospital stays that are not related to the health of the person then they would be highly motivated to complete actions. This would benefit the public purse. I think this speaks to the us and them mentality of the commonwealth versus state funding, if I can get you to pay for it why should I? This kind of thinking does not keep the client at the centre of care and discussions.

It is frustrating that the NDIA base decisions in an interpretation of diagnosis instead of functional capacity even though this is not meant to be the case e.g. this patient is palliative, when in fact the patient is palliative but has a long time to live with the palliation and has a huge functional deficit.

Can I suggest seconding health employed allied health staff to the NDIA to give some expertise to the organisation, this might reduce some of the time taken to help NDIA or NGO staff of the needs of the client. Permanency of NDIA staff must be affecting the quality of the staff that are employed there and this in turn affects the time taken to process applications.

The ECEI is another aspect of NDIS that is leaving children without appropriate care. When the condition is developmental in nature it is difficult to define what is a health issue or not. This has increased the amount of time spent in case managing complex and vulnerable families unable to navigate access to the ECEI. Some families will and have been left with nil therapeutic input or support for their children. Without a length of stay to motivate and record the journey, this is a hidden workload for health and a cost to community for children not optimising their potential.

Contacting the NDIA is also an issue. Clinicians who are trying to follow up on clients and for clients trying to contact someone via the generic line is a big waste of time and they have nil expertise. This could be made worse with SERCO taking over the help line. We have examples where people are being told they don;t qualify for access and no record of these conversations. This can be a bigger issue for complex cases where health requires evidence of denial of access to access say nursing home care as an only option.