

Submission  
No 316

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

**Organisation:** Brain Injury Rehabilitation Service, Westmead Hospital  
**Date Received:** 24 August 2018

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Thank you for the opportunity to make a contribution to this enquiry (after the deadline for submissions).

**Context:**

I am a Rehabilitation Medicine Physician working as a full-time Staff Specialist in a large Sydney adult teaching hospital.

My area of clinical work is the rehabilitation of people with acquired brain impairment.

The majority of my patients are of a young age group (16-50 yrs) and have only recently sustained their brain impairment through a variety of mechanisms including motor vehicle accidents, assaults, falls, work injuries and medical illness such as stroke, cardiac arrest. Whilst most patients make good gains with rehabilitation and are able to regain living skills, all of them leave hospital with ongoing disability and impairment which will be permanent. Many of these patients fortunately have insurance cover via CTP, Lifetime Care and Support or Workers Compensation which will cover the medical, equipment, home mods and care needs that patients have. However, a significant number do not have access to compensation and thus need access to NDIS in order to have their support needs met. Since the implementation of NDIS in NSW, I have had approx. 15 patients come through my hospital rehabilitation service for whom we have facilitated access to the NDIS. The following points summarise my service's general experience with NDIS when working through these cases.

**Experience:**

- **Scheme Access**

Generally we have been successful in having all patients accepted onto the scheme apart from one which was appealed and eventually accepted. However, the time frame from requesting an Access Request Form (ARF) to eventual acceptance onto the scheme has been more than a month in every case and even longer in some cases.

- **Delays to Hospital Discharge**

Despite acceptance onto the scheme, our experience has been that it has taken every patient many months to secure the necessary supports for their discharge. NDIS patients are spending much longer in hospital than is necessary because of the delays in developing and implementing a patient's NDIS plan. There are no specific processes within NDIS to address patients in hospital with a newly acquired disability who require facilitation of their hospital discharge. These patients need to undergo the same processes as those people living in the community who are stable and have longstanding disability. We would suggest there needs to be a separate and specific way of responding to those people who are hospitalised in order to prevent unnecessary hospital lengths of stay.

- **Planning Meetings**

Because our patients are cognitively impaired and have limited capacity to contribute to a planning meeting, planning is usually done with the identified person responsible, NDIS planner and staff from our service who are able to highlight the support needs and make recommendations regarding equipment, home mods, care hours, etc. In every case, we have found that planners have very little understanding of the nature of brain injury and the subsequent supports a person with brain injury requires. As a result, Plans have often been inadequate in what it has funded in the way of equipment and care support. In one case, for a patient who required care across 24 hours in the day, only \$7,500 was allocated for core supports – this was not going to last the patient more than 2 weeks! We have had to appeal some of the plans which only leads to further delays and implementation of plans. Our suggestion would be to identify in each region, specialised planners to deal with specialist groups such as those with brain injury, spinal cord injury – in order to develop some level of consistency and expertise in the planners.

- **Core Supports**

Our belief is that the inconsistency and lack of appropriate allocation of funding for core support is related to a lack of objective and standardised way of assessing care need. The planners appear to have no tool or form which can be completed by the patient, their rep or care provider, which outlines objectively the level of care required over a variety of tasks which may be relevant to the patient. For example, we are very experienced in completing Care Needs Reports for icare on patients who have had an MVA. This report gives clear outline of what care a patient needs, breaks it down into hours, etc. We suggest the NDIS develops a more objective and standard way of determining care support needs to minimise the inconsistency between patients and inappropriate allocation of funding

- **Equipment**

We have found that the process of allocating funding for equipment is confusing, non-transparent and time consuming. The amount of funding available for equipment is never clear in the plans despite planning meetings providing the necessary information which planners need to be able to allocate a budget. There is inconsistency between Support Coordinators in how what they request from health professionals around equipment and some have even gone outside the recommendations of the health professionals and negotiated equipment directly with a client and supplier without considering the clinical recommendations.

- **Workforce Issues**

We have found there is a dearth of professionals in the community who have capacity to take on referrals of NDIS participants. We often need to refer on to health professionals to follow up on issues such as equipment provision, home modifications, behaviour support, etc – but finding appropriately skilled and willing professionals is very problematic. There is certainly a workforce crisis as the population of people accessing the scheme increases.

Overall, whilst the NDIS theoretically provides many of our patients with financial resources to access supports they previously were unable to before this scheme was established, the processes involved are lengthy, inconsistent, cumbersome, lacking standardisation and are delaying hospital discharge. It is hoped that processes will be introduced which recognise the special needs of people with a newly diagnosed disability who are hospitalised and need supports in place in order to be discharged.

Kind Regards,

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