

**Submission
No 318**

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

Organisation: Australian College of Nursing

Date Received: 24 August 2018



ACN

The Director
Portfolio Committee No.2 – Health and Community Services
Parliament House, Macquarie St, Sydney NSW 2000
E: portfoliocommittee2@parliament.nsw.gov.au

Dear Director,

Re: Inquiry into the implementation of the National Disability Insurance Scheme (NDIS) and the provision of disability services in New South Wales (NSW)

Thank you for providing the Australian College of Nursing (ACN) with the opportunity to provide feedback on the *Inquiry into the implementation of the NDIS and the provision of disability services in NSW*. ACN is supportive of the ongoing review by the Joint Standing Committee on the NDIS.

ACN has provided a summary of feedback received by its membership and colleagues:

- Community health care providers are receiving an increased number of referrals for NDIS clients deemed ineligible for wound care and not related to their disability.
- Community home health providers are seeing an increased number of NDIS clients with significant wound deterioration as a result of unregulated workers attending to wounds in this scheme.
- NDIS clients can often be bed bound and with inadequate budget for pressure care, the supply of preventative equipment and supplies can be delayed up to 6 months.
- Home Support Program funding does not mandate clinical assessments compelling clients to approach social support organisations and/or unregulated workers who are inadequately trained in providing timely clinical interventions.

ACN is aware that senior representatives of the NDIS are increasingly requesting the use and/or training of unregulated workers as a cost-effective measure to provide social support and clinical nursing interventions such as wound care, catheterisation, stoma care, maintenance and changing of tracheostomy and continence assessments to NDIS clients. This is cause for concern as extensive substitution and/or reliance on unregulated workers has led to adverse health outcomes for individuals.¹ Increased presentations to emergency departments may be attributed to insufficient, non-timely and non-expert interventions for signs and symptoms of health deterioration.

In addition, ACN is concerned that few mechanisms currently exist within the health system to effectively support community primary healthcare nursing. While measures such as Home Medicines Review (HMR) support and fund community pharmacists and general practitioners (GP) in identifying medication related issues, community nurses who often alert the GP and pharmacist of issues are not included in this funding scheme and many other community health schemes.

ACN strongly advocates against the use of unregulated workers in the NDIS to attend to necessary clinical nursing interventions. ACN is concerned that the NDIS do not recognise clinical interventions in the scheme. A holistic approach must be taken in the care of individuals with disabilities. That is, care should be a joint response providing both disability support and timely health care support. Given that there is a strong community voice and market force, greater utilisation of nurses in the NDIS to prevent and manage health related issues is recommended. ACN also recommends nurses are provided with funding mechanisms (similar to HMR) to engage with individuals in the same manner as other health care providers in the community. Retaining and attracting workers to the sector is crucial for the NDIS to be a success to provide quality and responsive supports for people with disability. The workforce requires the skills and qualifications necessary to meet the needs of people with disability.

¹ Twigg, D.E., Myers, H., Duffield, C., Pugh, J.D., Gelder, L. and Roche, M. 2016, 'The impact of adding assistants in nursing to acute care hospital ward nurse staffing on adverse patient outcomes: An analysis of administrative health data', *International Journal of Nursing Studies*, Epub 2016 Sep 13. doi: 10.1016/j.ijnurstu.2016.09.008.



Some of our members have reported that Psychosocial disability service providers' experience indicates that some people with psychosocial disability are denied access to the Scheme on the basis that their condition is not fully treated and stabilised and that not all treatment options have been tried. Providers have also reported that the National Disability Insurance Agency (NDIA) access decisions seem to focus on diagnosis rather than functional impairment. This may be due to a perceived treatability of certain conditions perhaps betraying a lack of expertise within the (NDIA.) The result is that people experiencing psychiatric conditions, which are perceived to be more treatable, such as severe post-traumatic stress disorder, depression or anxiety, are less likely to be accepted as Scheme participants even if they are experiencing severe functional impairment.

We hope you find this feedback helpful. If you would like to discuss the content of this letter, please do not hesitate to contact

Yours sincerely,

Carolyn Stapleton FACN
Policy and Advocacy Manager
Australian College of Nursing

12 August 2018.