

6 September 2019

Ms Bonnie Allan
Committee Secretary
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

By email: ndis.sen@aph.gov.au

Dear Ms Allan

Inquiry into NDIS planning

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) inquiry into NDIS planning.

The RACGP is Australia's largest professional general practice organisation, representing over 40,000 members working in or toward a career in general practice.

In order to enhance the role of general practitioners (GPs) in the NDIS planning process, and therefore improve the quality and effectiveness of NDIS plans, the RACGP makes the following recommendations:

1. GPs should have the opportunity to view and discuss a draft of a patient's NDIS plan with the patient, and provide feedback and advice to NDIS planners for consideration when finalising the plan.
2. There should be an option for GPs to automatically receive a copy of a patient's NDIS plan (with patient consent) to allow them to keep a complete record of their patients' health and social journey and therefore support continuity of care. This would also provide the opportunity for informed interaction between GPs and the NDIS regarding the supports needed for ongoing care of the patient.
3. To improve the flow of information between the NDIS and general practices, notifications should be sent to a patient's usual GP to update them on the patient's NDIS status and provide information relevant for the provision of ongoing, holistic care by the GP. For example, GPs should be alerted to any reviews of their patient's plan and changes to supports they receive through the NDIS.
4. GPs should be able to make direct contact with NDIS planners (with patient consent) to advise of issues being experienced by a patient or the need to amend their plan.

Our submission addresses the following topics:

1. The role of GPs in supporting patients with disability.
2. Issues with the NDIS planning process.

1. The role of GPs in supporting patients with disability

1.1. Ongoing continuity of care

GPs are most often a patient's first point of contact in the health system and provide ongoing care for their patients, whether or not they are accepted as an NDIS participant.

Even when other health professionals are managing the care of a patient's disability, patients with disability often have other health issues which require care from GPs and their teams. Therefore, GPs are intrinsically involved in disability work and often have a strong and ongoing relationship with patients who have a disability. There is a need for increased awareness and recognition of the role that GPs and general practice have in the ongoing care of patients with disability.

1.2. Supporting patients to access the NDIS

GPs play an important role in assisting their patients to access the NDIS. When a person is applying to become an NDIS participant, they (or a National Disability Insurance Agency [NDIA] representative) will ask a GP to provide evidence of disability and functional impact. The GP may provide this evidence by completing the supporting evidence section of the NDIS Access Request Form, but will most commonly provide copies of relevant assessments or reports outlining the extent of the functional impact of a disability.

If a patient's NDIS request is denied, they have the right to appeal the decision. Their GP may play a role in supporting them to do so, including alerting them to the possibility of appeal. If the original decision is upheld, the GP will often try to provide or find appropriate support services for them.

2. Issues with the NDIS planning process

2.1. GPs are not involved in NDIS plan development

NDIS processes do not currently require the involvement of GPs in the development of their patient's NDIS plan. As a result, GPs often have no input into or oversight of a patient's NDIS plan. This can be problematic, particularly in situations where a GP considers a particular support should be included in their patient's plan.

GPs also often have in-depth knowledge of supports that have been unhelpful for their patient in the past or where current contraindications exist (eg something that might impact negatively on their patient's other health issues). However, they are not systematically involved in conversations about these potential risks.

RACGP members who have worked with a patient seeking access to the NDIS have noted that once they provide initial information via an access request, they are not given the opportunity to comment on the plan's development.

Our members have also reported instances where patients have been referred to various health or social services without the GP's knowledge or input (eg for organising psychological reviews). This is an issue as it fragments the patient's health record and can lead to inappropriate supports or duplication of services.

When issues arise with NDIS supports, patients often present to GPs for troubleshooting. Although there is meant to be a clear line between NDIS supports and supports the patient can access via other means (eg Medicare), these boundaries are blurred in actual practice.

GPs provide continuity of care and have extensive knowledge of their patients' medical history and social context. Continuity of care results in improved patient satisfaction¹ and health outcomes.² Processes must be adapted to ensure GPs are involved in the development of their patients' NDIS plans and are provided with notifications once a plan has been implemented and/or revised.

The RACGP looks forward to contributing to further discussions around NDIS planning. Should you have any questions or comments regarding the RACGP's submission, please contact either myself or Ms Michelle Gonsalvez, National Manager, Policy and Advocacy, on (03) 8699 0490 or at michelle.gonsalvez@racgp.org.au.

Yours sincerely



Dr Harry Nespolon
President

References

¹ van Walraven C, Oake N, Jennings A, Forster AJ. The association between continuity of care and outcomes: A systematic and critical review. *J Eval Clin Pract* 2010;16(5):947–56.

² World Health Organization. Continuity and coordination of care: A practice brief to support implementation of the WHO framework on integrated people-centred health services. Geneva: WHO, 2018.