



21 August 2023

Prof Bruce Bonyhady and Ms Lisa Paul
Chairs
Independent Review of the National Disability Insurance Scheme
NDIS Review Secretariat
Department of the Prime Minister and Cabinet
PO Box 6500
Canberra ACT 2600
Submitted online via: <https://www.ndisreview.gov.au/have-your-say>

Dear Prof Bonyhady and Ms Paul

RE: Independent review of the National Disability Insurance Scheme

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Independent Review of the National Disability Insurance Scheme (NDIS).

The RACGP is Australia's largest professional general practice organisation, representing over 43,000 members working in or toward a specialty career in general practice including four out of five general practitioners (GPs) in rural Australia.

The RACGP sets and maintains the standards for high-quality general practice care in Australia and advocates on behalf of the general practice discipline and our patients. As a national peak body, our core commitment is to support GPs and their broader healthcare team to address the primary healthcare needs of the Australian population.

General practitioners (GPs) have a unique perspective on the operation of the NDIS. By providing evidence of disability and functional impact, essential care coordination, facilitation of appeals processes and support of patient health literacy, we play an important role in assisting patient access and navigation of the scheme.

To better support patients and GP involvement in disability care and management, the RACGP has developed a set of overarching principles to improve the functioning of the NDIS, outlined below.

1. Provide clear information on NDIS processes

People with disability frequently seek help from their GP to understand NDIS processes and communications, as well as the funding included in their plan.

The National Disability Insurance Agency (NDIA) must support GPs to assist their patients to access NDIS funding by providing clear, up-to-date information on the NDIS and available supports. NDIS forms completed by GPs should be fit for purpose and integrate with general practice clinical information systems. Current forms are cumbersome and inefficiently designed, with an emphasis on the requirement for the use of correct phrasing to obtain approvals as opposed to a narrative that conveys what supports the patient requires.

Additional educational support is necessary to assist GPs with navigating the scheme. Guidance with applications for increasingly prevalent diagnoses such as Functional Neurological Disorder, Myalgic Encephalitis/Chronic Fatigue Syndrome and Dissociative Disorder is required.

2. Ensure GPs have input into the NDIS planning process

GPs need to have input into the NDIS planning process at an individual participant level and be able to communicate with NDIS planners. Input from a patient's GP can improve the efficiency of the planning process, better target supports and empower patients to have greater ability to recognise and achieve their goals.

Greater involvement of GPs would better integrate health and disability services with tangible benefits for patients, more efficient use of resources and stronger accountability. GPs often have in-depth knowledge of supports that have been unhelpful for their patient in the past or where current contraindications exist.

The RACGP recommends that:

- GPs 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
- GPs 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 (supporting continuity of care)
- notifications 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
- GPs 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.

3. Ensure NDIS funding is allocated appropriately and fairly

The NDIS is centred around the principles of reasonable and necessary supports and individual choice and control.

The following principles should be applied to individual plan approval and funding:

- NDIS legislation be applied consistently by staff with knowledge of evidence-based supports in disability care. Treating medical and other health professionals should have input into this process.
- Functional capacity assessments factor in other determinants of health such as income or education, which are key to determining a person's support needs.
- People with disability be able to review assessment reports before being submitted to the NDIA to ensure their needs and concerns have been correctly represented.
- NDIS funds be consistently allocated to evidence-based therapies best suited to an individual patient's level of disability.
- A fraud reporting mechanism be established to promote better oversight and scrutiny of service providers.
- Step-by-step information with clear service timeframes be provided to participants and their families.
- An independent mechanism for individuals and families to allow for collaborative review of cases where necessary. Treating medical and other health professionals should have input into this process.

Increasingly, a narrative has been fostered by the NDIA that suggests that all issues related to mental well-being are 'health related, not disability related', particularly for those patients with psychosocial disabilities. It is unreasonable to expect a mental health professional funded under a Mental Health Treatment Plan (MHTP) to treat for functional deficits related to disabilities that have a negative impact on mental well-being. The NDIS is funded to provide supports for participants to overcome disability specific barriers to social and economic participation, whereas a MHTP is funded to treat a diagnosed mental health disorder with focused psychological strategies.

4. Provide access to culturally safe services

Aboriginal and Torres Strait Islander people with disability face unique barriers to accessing support services and require culturally safe disability services and supports available through the NDIS.



Measures such as cultural competency training for disability service providers and providing access to appropriate interpreters will demonstrate awareness of cultural sensitivities for Aboriginal and Torres Strait Islander people.

Ensuring service providers are able to provide culturally safe, trauma informed care requires a broader assessment of engagement with Aboriginal and Torres Strait Islander communities. Measures of success may include employment of Aboriginal and Torres Strait Islander people by the service provider, implementation of a Reconciliation Action Plan (RAP), and efforts to ensure people in their care are connected to their community and culture.

5. Increase collaboration between GPs, other healthcare professionals and the disability sector

Collaboration and dialogue between GPs, other healthcare professionals and the disability sector is key to preventing fragmentation of care, inappropriate supports and duplication of services.

Effective and comprehensive healthcare, delivered through collaborative and multidisciplinary GP-led teams, has the potential to not only improve quality of life for people with disability, but also lead to greater financial efficiencies and better use of limited resources.

New lines of communication need to be developed to prioritise ongoing cooperation between the health and disability sectors. Prior to the introduction of the NDIS, people without family support were assisted when accessing GP or other specialist health services by case managers who knew them well. This improved their attendance at appointments and helped with communication between the doctor and patient, as well as treatment and management of their disability.

GPs should be supported to liaise with NDIS service providers to advise of issues being experienced by their patients (with patient consent). Additionally, processes to facilitate timely and responsive communication between GPs and NDIS assessors is imperative.

6. Ensure GPs are appropriately remunerated to support the healthcare needs of patients with disability and help them apply for the NDIS

People with disability face a number of cost constraints when attempting to access healthcare. These can delay people with disability seeing a health professional, particularly if they rely on the Disability Support Pension or other forms of welfare.

Medicare Benefits Schedule (MBS) items for GP consultations can only be billed if the patient attends a face-to-face or telehealth appointment. Despite the fact that attending a consultation is an additional financial, access and time burden on a person living with a disability, MBS rebates are not available for paperwork completed in the patient's absence. There is no other avenue for GPs to be remunerated for their time and expertise unless they charge the patient a fee. For GPs working in the Aboriginal and Torres Strait Islander sector, there is an added financial impost as these patients require more paperwork to be completed to support their NDIS application.

GPs should be remunerated for time spent preparing reports and other relevant documentation to support NDIS applications when patients are not present.

Other ways to improve the healthcare of people with disability include:

- increasing Medicare rebates for standard GP consultations to reflect the real cost of providing ongoing comprehensive, patient-centred care to people with disability
- better promotion of MBS health assessment items by both the Department of Health and Aged Care and the NDIA to encourage greater uptake. People with intellectual disability are currently one of the target groups eligible for an annual health assessment
- where possible encourage the uptake of GP Management Plans (GPMP) and Team Care Arrangements (TCAs) by eligible NDIS participants to enable GPs to plan and coordinate care for those with complex conditions who require ongoing care from a multidisciplinary team



- broader consideration of the impacts of social disadvantage for NDIS applicants and participants, and the development of mechanisms that factor disadvantage into GPMPs and TCAs.

7. Improving access to NDIS supports in rural and remote areas

Targeted outreach by the NDIA is needed to increase availability and uptake of NDIS supports in areas with limited access to primary healthcare services.

Additionally, patients who live in rural and remote areas with poor access to healthcare and who are often socio-economically disadvantaged encounter significant barriers to meeting the onerous evidence demands (occupational therapy, psychiatry, intellectual capacity testing) required to apply for NDIS supports.

Consideration of the impact of barriers to access for rural and remote patients should inform the design and implementation of application processes.

The RACGP looks forward to contributing to further discussions as the review panel develops its recommendations. Please contact Ms Samantha Smorgon, National Manager – Funding and Health System Reform on (03) 8699 0566 or at samantha.smorgon@racgp.org.au if you have any questions regarding this submission.

Yours sincerely

Dr Nicole Higgins
President