

5 April 2017

Review of National Disability Insurance Scheme Costs
Productivity Commission
GPO Box 1428
Barton ACT 2600

Submitted via ndis.costs@pc.gov.au

Dear Commissioners

RACGP Submission to the Review of National Disability Insurance Scheme (NDIS) Costs

Thank you for providing the Royal Australian College of General Practitioners (RACGP) the opportunity to comment on the Productivity Commission's Review of National Disability Insurance Scheme (NDIS) Costs issues paper (the issues paper).

The RACGP is the largest representative body of general practitioners (GPs) in urban, regional and rural Australia. We represent over 35,000 members working in or towards a career in general practice.

Each year in Australia, over 85% of the population will see their GP and GPs and their team provide over 145 million general practice services. Patients with an established disability are even more likely to see their GP due to health problems associated with their disability. Due to the community based nature of primary health care, people with disabilities, their families and carers will see their GP at various points throughout their lives. As such, GPs are acutely aware of the barriers to participation in community life and employment faced by people with disability.

The RACGP acknowledges the enormous task of developing comprehensive supports for people with disability and understands the need to make necessary adjustments during the roll out of the NDIS across the country. We support the underlying theme of the issues paper which acknowledges that adequate support for people with disability and their families will ultimately benefit the wider community both socially and economically.

RACGP Education and Advocacy

GPs will continue to be involved and interact with services that support patients with disability during the roll out of the NDIS.

The RACGP recognises the importance of ensuring the GP workforce is skilled in the management and support of patients with disability. Our curriculum is the basis to developing the core skills and professional expertise of GPs and covers a comprehensive range of learning objectives relating to the management of patients with disability. Many of the learning objectives within the curriculum align with the goals of the NDIS.

In 2016, the RACGP established a Disability Network within our faculty of Specific Interests. The network supports GPs in providing high quality healthcare that is accessible to all people with disabilities and aims to:

- promote an understanding of the health vulnerabilities and needs of people with disability
- encourage active debate, discussion and reflection on improving health access and delivery for people with disability and their families
- lead improvement of healthcare quality for people living with disability
- develop resources and education materials for GPs and support staff
- provide advice to the RACGP on government policy and service provision issues relating to the healthcare of people with disability.

The RACGP will continue to support GPs by providing appropriate education and advocacy to manage and support the health of patients with disability.

Sustainability of NDIS costs

The assessment of the cost of providing services under the NDIS must be considered against the cost of lost productivity of people with disabilities and their carers without the support of NDIS. Health is an important component in ensuring participation in the workplace and as a result it is important for ensuring productivity.

Primary health and disability services have obvious areas of overlap and there is opportunity for cost savings by avoiding duplication. These areas could be identified via appropriate research from within disability and general practice. There is an opportunity for the NDIS, RACGP and other medical bodies involved in providing services to patients with disability to work together to identify areas of duplication and encourage sustainability.

Achieving efficiencies within the NDIS

Patients with disability will interact with GPs throughout their lives and GPs have a role in providing information that will inform the assessment and management of people with disabilities. It is important that the NDIS cooperates with general practice to develop educational materials for GPs. The RACGP has the capacity to deliver this efficiently through its established networks and learning resources.

Developing efficient and reliable disability assessment tools that can be used in general practice could streamline the assessment of patients with a disability. This should be accompanied by the provision of training for GPs regarding the services provided through the NDIS. This would encourage support for patients who have developed disabilities and their families to access these services in a timely and reliable manner.

Jurisdictional capacity

It is important that the health and disability sectors work together to support patients with disability, however there has been little interaction with GPs as a profession to facilitate this process. Medicare provides access to up to five allied health services within a calendar year through the Chronic Disease Management items.

While patients with disability will often require more than five services a year, there are opportunities to use these items to supplement programs set up by the NDIS.

Work also needs to be done to provide greater accessibility to medical practices for patients with more severe disabilities. Supporting this group in the community will require further education and training within primary health care. For example, general practice teams will need to be credentialed in some procedures (e.g. tube feeding, tracheostomy care) to support patients with complex health issues related to their disability.

Impact on mainstream services

It is important that there is a clear understanding of who carries responsibility for health services and disability services. As GPs support people in their social environment, general practice and disability service activities often overlap. For example, as the NDIS expands, more people with severe disabilities will be accessing the work place and will need greater access to general practice. This will require well supported GPs and access to general practices with appropriate aids and equipment. The NDIS needs to work with the RACGP and these communities to develop strategies to ensure access.

Overlap in service delivery occurs even more frequently in rural communities where there are limited resources. Rural and remote areas would benefit from efficiencies in integrating health and disability services. GPs have a wide reach within these communities and should be supported to provide services.

The roll out of the NDIS is a huge undertaking and ensuring its efficiency requires better integration with existing services. Good health is an important component of quality of life and GPs already have a major role in supporting people with disability in this area. As the peak body representing GPs, the RACGP can support the NDIS through sharing information, developing education programs and supporting access to health services. We encourage the NDIS to meet with us to develop and implement strategies to this effect.

If you would like additional information about the RACGP's response to the issues paper, please contact me or Ms Emma Stonham, Manager,

Yours sincerely

Dr Bastian Seidel
President