



NDIS Parliamentary Panel Review:

Thank you for the opportunity to table this document. We are more than willing to assist the parliamentary review with any further information regarding this document if required.

We represent APC Prosthetics – a clinical service provider for people with amputations. We have been providing clinical services to people with amputations for over 20 years.

APC Prosthetics (APC) has been a registered provider with the NDIS since the inception of the Hunter Trial Site, and has serviced participants with amputations over the last 14 months – both here in Newcastle and at our Sydney facility.

To date we have treated 28 amputees during the Hunter Trial with a further 10 participants currently under assessment. The age of the clients range from 5 to 64 years of age

We have worked closely throughout this time with the local NDIA officers, the client's planners, the clinical assessment teams and the locally based State Health and Disability Agencies (principally EnableNSW).

Through our experiences in the Hunter trial site, we have seen significant improvements in some of the processes and the need for further development in other areas. We would like to highlight and draw to your attention a few of these areas.

Significantly improved outcomes.

Without a doubt, the introduction of the NDIS is improving the lives of people with amputations here in the Hunter region.

The NDIS policy of looking at the whole person is providing significant and improved outcomes, as individualized solutions are being provided. These solutions are built on the participant's goals and lifestyle needs rather than the basic standardized mobility solutions that have previously been available to participants. With these tailored solutions, participants have successfully returned to work, or made life easier at work, thereby extending their working life.

As an example of this - One the greatest challenges to participants with amputations above the knee, is the fear of falling. It is always in the back of their minds, to watch every step they take every minute of the day. It is often said that people with

amputations are like cyclists – it is not if they will fall but when. Walking requires constant vigilance and large amounts of mental energy to be expended.

Through the individualized and tailored solutions that have been provided in the Hunter trial site, we have provided peace of mind for two above knee amputees who are new fathers. They have both been provided with microprocessor knee technologies that provide increased security through sensors that monitor the environment the participant is in and adjust as needed. This has enabled our clients to carry their newborn without the risk of falling and causing injury to their babies. This technology has been available since the 1990s but unavailable to these participants until now.

1. Flow and Process Needs

One area that still requires further improvement is the administrative process. We have been working with the agency to improve these services throughout the evolution of the Hunter Trial Site. This has involved meeting with the teams here in the Hunter. One of the main areas of concern is the delay in approval times for limbs. We are working on our lines of communication with the NDIS to improve this.

Examples of some of the difficulties include longer approval times than is currently experienced under the existing health and insurance schemes, for limbs. Also extended waiting times for payment of the services we have provided, which are well outside the NDIA guidelines. Payment delays when the invoices are processed through the state agency, rather than the NDIS porthole can be up to 90 days, this is not uncommon. This puts some pressure on small businesses like ours.

Participants with amputations are a small number of those participating in the Hunter trial site, but are representative of the numbers in the overall population. This means that clinical services for people with amputations, are a small and highly specialized field. Not surprisingly NDIA staff generally have little technical knowledge of prosthetic services and devices. Currently NDIA staff, here in the Hunter Trial, rely on EnableNSW staff to assist in interpreting the requests from our clinical team. EnableNSW is a division of NSW Health not a part of the state Disability Department. It is the current manager of the Prosthetic Limb Services here in NSW.

There is currently an unavoidable inbuilt conflict between the NDIS objectives in terms of achieving, the best participant outcome, granting participants decision-making powers over their own case, managing life time care and providing a high quality evidence based service; by relying on an agency such as EnableNSW to provide the NDIA with information or clinical advice on participant plans. This is because EnableNSW's standard practices and policies are to provide basic mobility solutions. This is not a criticism of EnableNSW, it is just that they perform a different function within the Health system.

EnableNSW provides a standardised, not individualised, state-wide service for all people with amputations. Enable NSW have a componentry list that is functional but

limited. It does not include highly functional, current devices or prostheses that enable the client to perform at higher or more productive levels. EnableNSW's mandate differs to that of the NDIS's mandate to provide individualized services.

We believe as part of the solution to this concern is that additional education and training be provided to the planners as well as the implementation for an "expert panel" to assist with oversight.

For the Committee's benefit, it may not be aware that for the Hunter Trial site, EnableNSW is providing a referral and management service for the NDIA in relation to amputee services. This was documented in the MOU between the two Governments. For providing the service Enable was charging the Commonwealth a 13% service fee. However a mixture of systems have been trialed to date. In our experience the most efficient, cost effective process that has led to the most successful participant outcomes have been when the process has been managed directly between the NDIA, the participant and the Service Provider. Successful in terms of client outcomes, timeliness and processing but not adding to the total cost of the final approved solution.

We recommend that in any national roll-out the relationship should be a direct one between the NDIA, the participant and the Service Provider.

2. Planners & Participant Education needs

One of the key challenges that we recognize that must be overcome throughout the trial, is the building of a knowledge base for the planners.

The key to continuous service improvement is the education and training of planners as well as participants. The education for both of the groups is crucial to the ongoing development of the NDIS. In the case of prosthetic services, participants have not previously had the ability to self advocate. This ongoing education can be provided through such independent groups as Limbs4Life – an amputee support group that has their base in Melbourne, although has a national reach.

The use of prosthetic service providers such as APC Prosthetics to develop and provide in-services to the planners during their training process would also assist with their development. APC Prosthetics has offered to conduct a free seminar with the Hunter NDIS team. Potentially this could be co-ordinated through the Australian Orthotic and Prosthetic Association (AOPA) – to assist with the national need if it is perceived to be too big a conflict with the commercial providers undertaking the training.

Expert Panel of Review

We recognize there may be a need for an Independent Review of the proposed solution for each participant. NDIS and the planners may at times require a third party to assess the prescribed solution. It is an important check and balance within any system. Typically this system of Independent Review would be undertaken by a suitably qualified Panel or Medical Board of Review. A panel comprising a range of skills in terms of physiotherapy, occupational therapy and medical services. This system applies in Victoria. There has also been other panels set up in the last 18 months for other allied health services under the NDIA. These relied on the peak bodies nominating panelists to ensure the highest standards and independence.

APC acknowledges that there are insufficient amputee cases in the launch phase to justify establishing an Independent Panel of Review in the short term. However, in the full rollout, not just in NSW but across Australia, consideration should be given to establishing an Independent Panel to review prosthetic cases as required.

3. New Technology

Australia is currently behind other parts of the world in the adoption of leading prosthetic technologies. The current State systems work against the adoption of new technologies for a variety of reasons. The NDIS provides a great opportunity to provide our amputees with the best of care to ensure they maximize both their economic and lifestyle opportunities.

However the process of arriving at the right clinical outcome, that can be measurable, is just as important as using the right prosthetic device. APC Prosthetics would like to see the adoption of a National Flow Chart that clearly maps out the steps in the clinical assessment process including the justifications for the proposed solution and how it will be measured. A documented process that is focused on the participant and is clear to the participant's planner.

4. Conclusion

In conclusion we believe that the NDIS is great leap forward for participants with amputations and are providing fantastic outcomes. The NDIS is evolving on a weekly basis and we are strong advocates in the co-design and development.

The key areas that currently need further support are in the development of the communications and education specifically for planners and participants.

We thank you for your time

Fiona Barnett and Ian Robertson

Apc Prosthetics.