

Dear Members of the Joint Standing Committee on the National Disability Insurance Scheme,

Thank you for the opportunity to submit my experiences in working as an occupational therapist within the National Disability Insurance Scheme. I have been practicing as an occupational therapist for 7 years at a NSW hospital. I have been involved in the National Disability Insurance Scheme since it was rolled out in our area in 2017.

The main issues that I have encountered relate to the process of applying for/ approvals for assistive technology and complex home modifications:

- Prior to the rollout of NDIS, all equipment applications for under 65 year olds would go through Enable NSW. Yes, there were often some delays for non-stock items but the process for applying and the communication once an application was received was good. I could easily pick up a phone and get an update within minutes about where the application was up to. In relation to major home modifications, I would complete an assessment and report and send a referral to our local home modifications service for the works to be carried out. In the worst case scenario it may have taken 6 months for the work to be completed. Again, the communication was always clear and I could pick up the phone, send an email or go into their office (next door to the hospital) to seek an update immediately. At present I have only had one complex home modification request approved and completed out of four in over 12 months. These are clients that cannot be discharged from hospital without these works being carried out. In one case, there is a family still providing bed care to a participant because they cannot access their bathroom. In another case a participant has had a portable bathroom hire funded by NDIS for only 12 weeks however he will need to be readmitted to hospital following this time as the works still have not been approved

or commenced and finally one participant is still in hospital as there are no temporary options available to them to access their home or bathroom.

- The additional time required for these applications now (very lengthy reports, emails/phone call follow up, sourcing two quotes or sometimes needing to approach multiple builders just to get two quotes, looking at alternative short term solutions which we previously didn't have to etc) is negatively impacting on all other patients in the hospital as therapists are being required to spend the additional time on NDIS clients. I am fully aware that NDIA see inpatient discharge planning as NSW Health's responsibility and not their own but prior to NDIS rollout processes were so streamlined that this did not overburden therapists and negatively impact on other patients. Our department has not received any additional enhancements in staffing to try and deal with this increase in workload and in addition to other patients missing out, therapists are feeling very burnt out.
- Unfortunately there is no clear feedback provided about where applications for assistive technology/home modifications are up to. In one case, I received an email almost one year after I made an application for assistive technology asking me to review my report to ensure my recommendations were current and to re-request quotes from two equipment suppliers for each item. The client had been discharged from hospital over 6 months earlier and was still loaning items from our ward which are not available from the equipment loan pool. This means that these items are still not on our ward for our current patients to use. These items still have not been provided 14+ months after the initial application was made. One of these items is a pressure relieving mattress for a client with Multiple Sclerosis (MS) who has also had a stroke.
- There is significant miscommunication regarding processes i.e. For Enable NSW stock equipment applications I was

told that an Assisitive Technology form was not required and only an Enable NSW stock form was needed; other therapists have been told the complete opposite.

- There is no pathway for requesting urgent equipment; this is required for participants with conditions such as Motor Neuron Disease (MND) or other fluctuating levels of function
- For clients under 65 who are not approved for NDIS, they now have no access to subsidised modifications, therapy, services or transport. This means that clients under 65 who require modifications to enable them to access their homes or their bathrooms, are now required to pay full price.

There is a significant increase in length of hospital stay for NDIS participants. Whilst this leads to other health impacts for them and also prevents the admission of other people from the community, it mainly prevents the participants from achieving the goals that planners and LACs so ambitiously and unrealistically set with them during plan meetings.

I hope my brief summary has provided the Members of the Joint Standing Committee with some insight regarding the impact that the NDIS rollout has had on inpatient therapists and participants (as well as non-participants).