Princess Alexandra Hospital

# Navigating the Introduction of the NDIS in State-wide Specialist Rehabilitation Services in Queensland

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Ill Griffith

**Division of Rehabilitation** 

Metro South Health



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🖉 Queensland

Government

An initiative founded by the Division of Rehabilitation, Metro South Health, and Menzies Health Institute Queensland, Griffith University

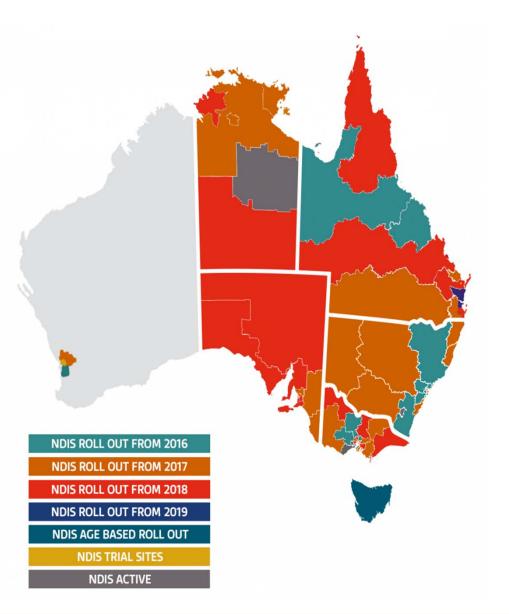
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#### Division of Rehabilitation

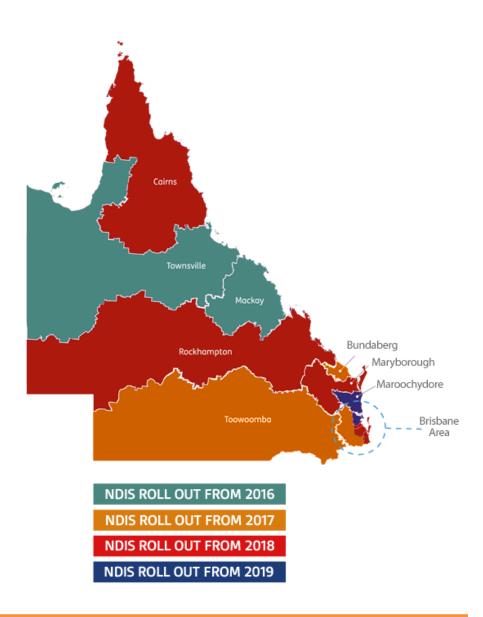
## **The NDIS**

- 450,000 Participants
- New way of approaching and engaging with disability
- Previous fragmented state run services
- Overarching legislation that is the commitment to improving of lives PWD
- Choice and control for people with disability (PWD)
- Trial sites
- Staged roll out across the nation 2016 - 2019

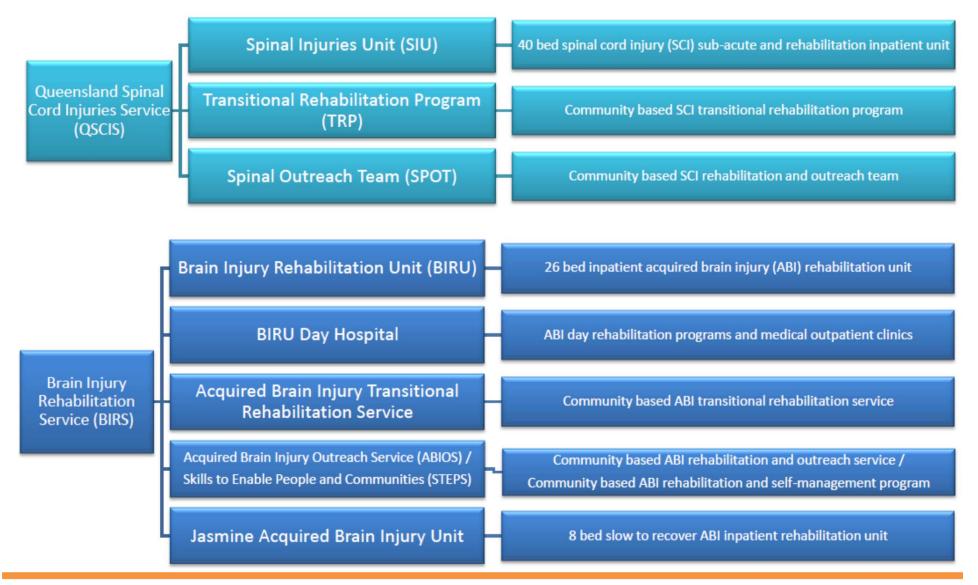


## **NDIS in Queensland**

- 91,000 participants
- Qld more than 5 times size of Vic
- No Trial Sites
- Staged Roll out
  - Regional areas first moving into SE Corner
- Historically poor investment in disability services



### **DoR SCI and ABI Clinical Services**

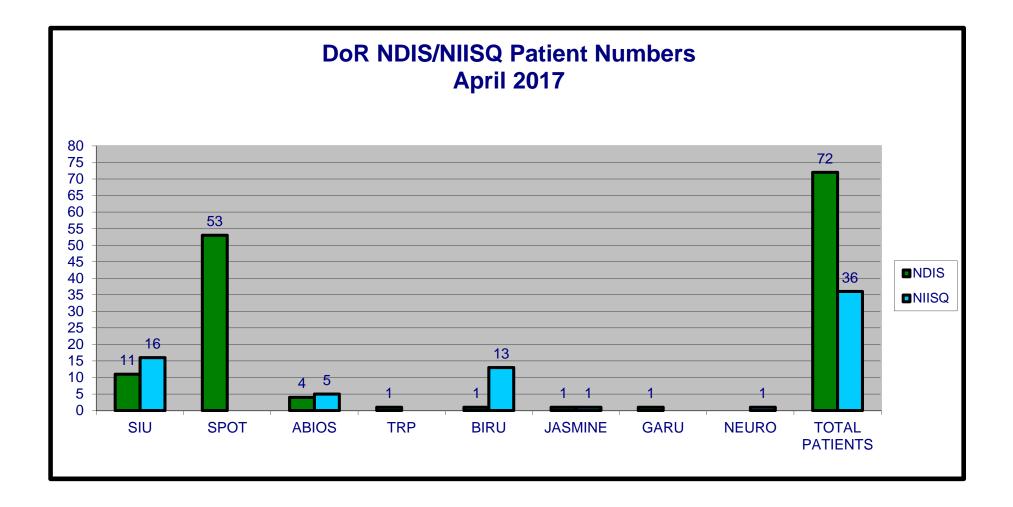


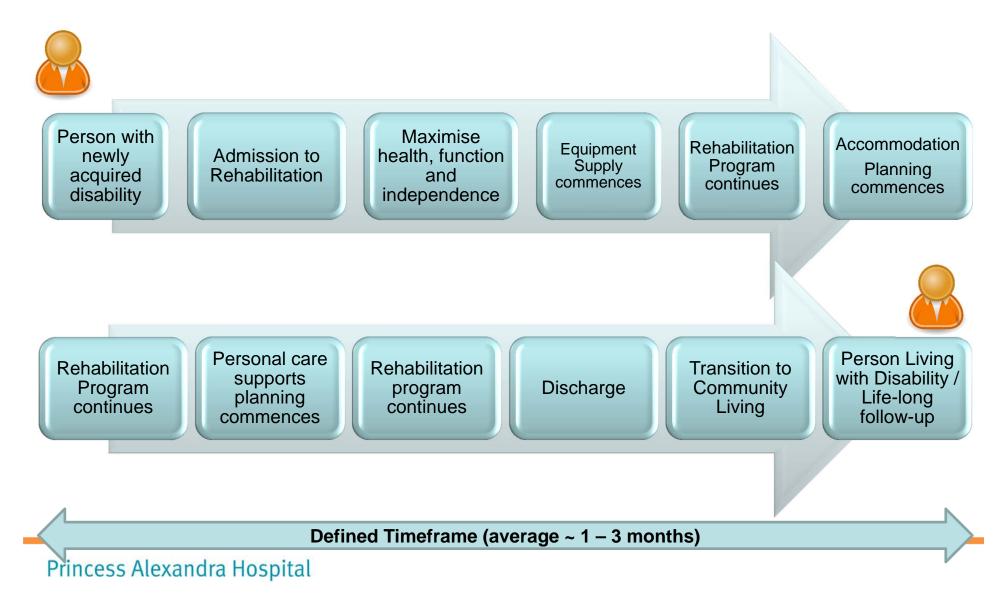
#### Context



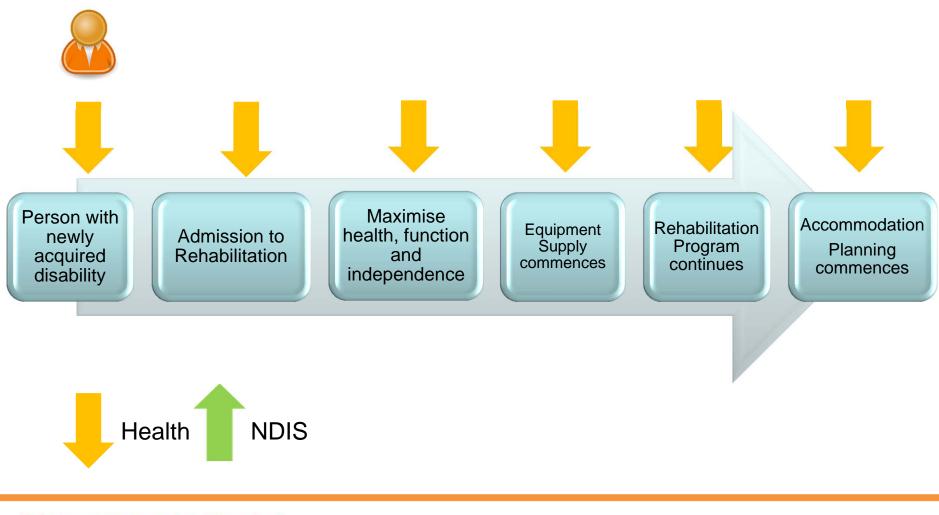
- Hope (and expectation) around NDIS
  - Improved outcomes and services for PWD
- National Injury Insurance Scheme Queensland (NIISQ)
  - No fault scheme for catastrophic injury – road trauma only at present

#### **DoR Statistics – NDIS Participants**

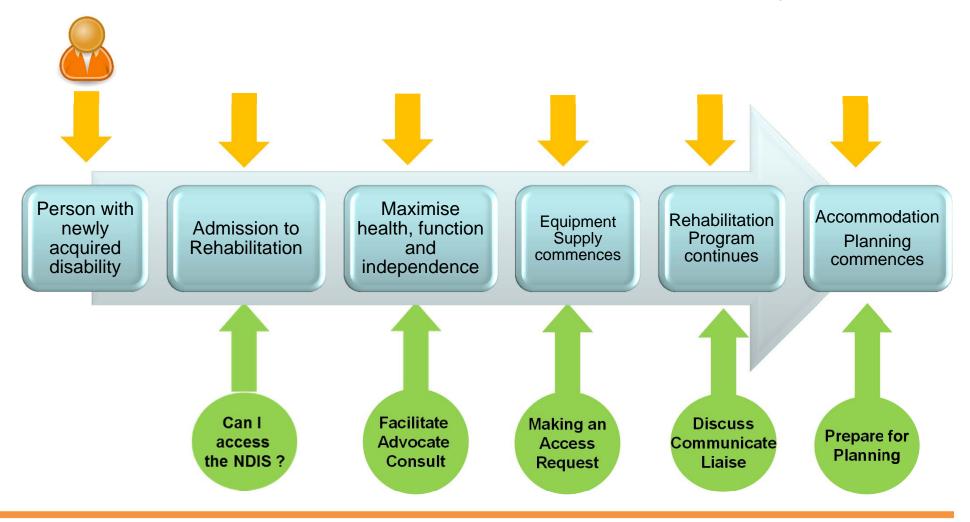




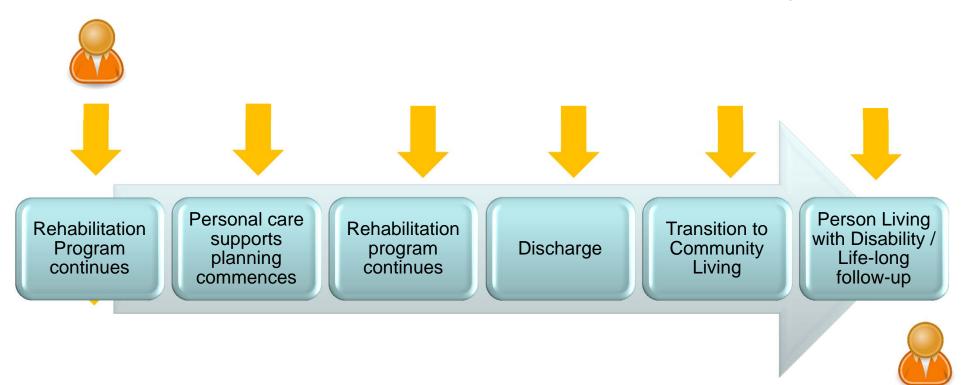
- the interconnection between "health" and "disability"



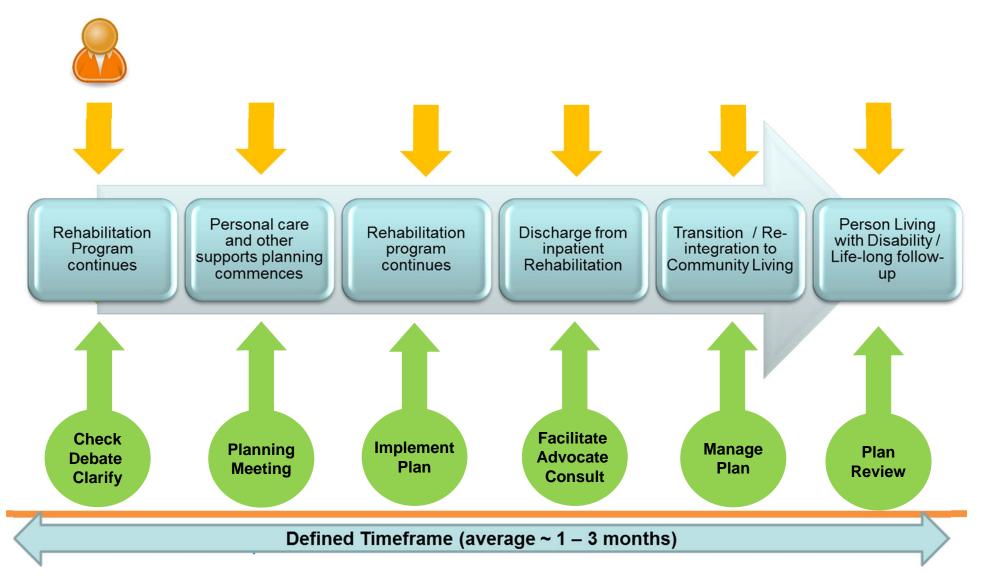
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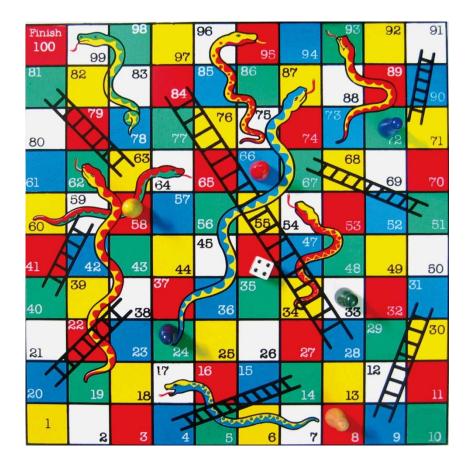
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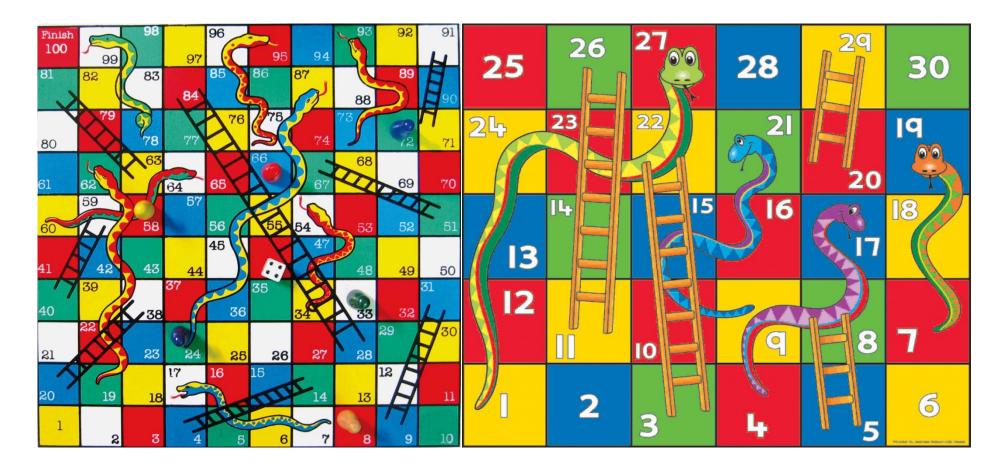
- the interconnection between "health" and "disability"



- the interconnection between "health" and "disability"



- the interconnection between "health" and "disability"





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## The (inpatient) rehabilitation program

- the interconnection between "health" and "disability"

#### **Our Response and Implementation Project**



- NDIS and NIISQ
- Prepare our systems and workforce and identify risks
- July 2016
- 2.0 FTE Project Officers
- Steering Committee
- Staff Leader Network (change champions)
- Project to continue for another 12 months

## **Strategies**

- Provide Information, education, training
- Building staff engagement
  > including through the Leader Network
- Establish a central education and resource point e.g. website
- Develop processes, tools and resources
  > to facilitate access, planning and coordination of services and supports
- Develop shared pathways
  - and establish practical understanding of health versus NDIS responsibilities in rehabilitation settings
  - that allows for true collaboration

#### **Our Experience and Learnings So Far**

- It is early days and the DoR still has limited experience
  *Better theoretical and practical understanding*
  - Remain optimistic and committed to working cooperatively with the NDIS
- 2. NDIS in Queensland is in a developmental phase
  > Policies and processes are still developing
  - > It is complex
  - Will we have to "start again" every time a new NDIS region rolls out

## **Our Experience and Learnings So Far**

- 3. NDIS processes do not give much consideration to inpatient rehabilitation settings
  - People with newly acquired disability in an inpatient rehabilitation unit have different requirements

#### 4. SCI and ABI rehabilitation is specialized and complex

- NDIS planners do not always understand the context and complexity
- > This is to be expected and should improve with time
- Similar concerns regarding new NDIS providers coming into the market

#### **Our Experience and Learnings So Far**

- 5. Significant impact on existing rehabilitation processes and discharge planning
  - Uncertainty, concerns and challenges for staff, patients and families
  - > Maintaining the status quo is not feasible
  - Significant planning and attention is required to;
    maintain best possible outcomes for PWD
    avoid delays in rehabilitation, discharge and return to the community living

- 1. The NDIS is here, its good and it will be even better in the future.
  - But there will be significant impacts on existing rehabilitation programs, services and processes

- 2. The health and disability sectors must work together to ensure the best outcomes for PWD
  - more genuine consultation and co-operation and less fence-building
  - > vast experience and good-will in health and rehabilitation
  - rather than "interfaces" we should be talking about "interconnections"
    - □ Interface = a border, boundary, line or edge
    - Inter-connection = interdependence, interrelationship, linkage, alliance.

- Rehabilitation services are often the "interconnections" between the health and disability sectors and services
  - Processes and procedures must be developed to encourage and promote co-operation
  - Rehabilitation services and teams including rehabilitation physicians facilitate this co-operation

- 4. People with newly acquired disability require different considerations
  - People with established disability know their disability and are experienced in living with it.
  - People with newly acquired disability are still learning about it
  - Choice and control have different implications

## **Final Thoughts**

Helen Dickinson, Associate Professor, Public Service Research Group, UNSW. The Conversation, April 18, 2017 3.18pm AEST

"We are less than a year on from the roll-out of the NDIS nationally. Given the size and scale of this reform agenda we can't expect to see change emerge overnight.

Some of the current commentary around the scheme goes too far in making definitive statements about success and failure.

We should expect some challenges to arise as the NDIS is implemented and this doesn't mean that the idea is fundamentally flawed"

### **Final Thoughts**

"But having patience doesn't mean ignoring these problems either. The government needs to ensure appropriate mechanisms are put in place to learn from issues as they arise.

The scheme is certainly in need of refinement, but we must not abandon this altogether given life prospects for those with disability are significantly worse than for the general population, and well below those of other comparable nations" Princess Alexandra Hospital

# Acknowledgements

Vivien Houston / Donna Harre – Project Officers DoR NDIS / NIISQ Project Steering Committee DoR Management Committee DoR Clinical teams

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