



# Appendix:

## Survey of health professionals: NDIS in the Central and Eastern Sydney PHN region

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**phn**  
CENTRAL AND  
EASTERN SYDNEY  
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This appendix adds depth to *Survey of health professionals: NDIS in the Central and Eastern Sydney PHN region*.

## Q 8: Further comments regarding aspects of the NDIS from health providers in supporting patients/clients

- My patients don't seem to be getting what they had expected to get, and many are very frustrated. Some tell me it's a full-time job to manage it and one said he got lots more from ENABLE.
- I have numerous concerns relating to my dealings with the NDIS. I have 18 years' experience and have assisted my clients transition over to the NDIS with very little satisfaction and confidence in the service.  
I have had xxx from Hurstville office make the following comments regarding my request for home modifications for one of my clients with MS and visual impairment "My dad had difficulty with his vision and he didn't need a sky light, why does your client need one". For another client with severe cognitive impairment being cared for by his father "I don't know why the father just doesn't look at selling his house and buying an apartment" instead of actioning my request for bathroom modifications and again "I don't know about how well Mr. xxx can look after his son, we need to have a meeting to discuss this". This would appear to be completely out of the scope of her role and completely in contrast to the opinion of the clients Medical Specialist and myself. In addition, I've had a gentleman pay for his own bathroom modifications because his application was rejected on the grounds of not being 'value for money' because he has MND and wanted to remain living at home under the care of his wife rather than going into supported living which he didn't want to do. I can go on however, I think these examples reflect the struggles we are having with the system and also with the poorly trained staff of NDIS.
- My few patients have a disability support pension but no services. It is too difficult to fill the access forms and best done by a family member who lives with the client.
- All hard to access and work out what is required, for both myself and my patients.
- I cannot understand the rules for access to NDIS for patients with mental health issues.
- Processing time is very slow. I have several families awaiting assessment/planning meetings.
- Registering is hell of trouble and takes so long to be registered as a NDIS practitioner, thing is not clear, so much paper work to fill in online and reading to do.
- My previous workplace bulk billed, based on the experience of my colleagues there with NDIS, I elected not to register myself as a provider. The model is also based on Fx capacity rather than medical (psychiatric) Dx, which aligns less with my training.
- Connecting to any agent relating to NDIS services is very hard, very long waiting, adult patient referred hardly got through to get assessed or approved, let alone support or services.
- Really would like to engage but cannot
- It is confusing for me, let alone patients, funding is provided, and they don't know how to use it.
- Difficult to assess some of the above due to total lack of appropriate communication from NDIS providers to GP.
- Tried to access services online but my patient was not eligible as she was older than 65
- I have given mostly dissatisfied because the process seems to have been very adhoc and stressful for some families- with one having to go to the ombudsman will very little support there either.
- It is a maze & each office does something differently. A very difficult process for providers, from discussion with the client to helping them apply to getting payments. Very difficult.
- Every pt I have helped assist has to battle to get their needs met.
- I have never had to help with NDIS applications or procedures because I have had no experience doing it, and I would have no idea where to even start!
- The lack of consistency, poor communication, lack of processes, lack of transparency all creates a poor person-centred experience for the participant.
- Much too red tape and unnecessary paperwork. Usually these patients are already on the disability pension and have had long-term care. Those who are stable didn't even get enough funding to continue their current management.
- The NDIS system is terrible with regards to Exercise Physiology. It should be under the same category as Physio and OT... Many of my patients choose to self-fund just to receive support.

- My experience is trying to help clients who previously had disability support providers (DSP) move onto NDIS for mental health reasons
- Provision of assistive technology is a major problem as many children are using the Proloquo2go program that is an iPad-based communication system and NDIS will not pay for iPad, so children are not able to get the communication system of choice.
- Lengthy waits AT approval, initially errors with plans inadequate fund provision despite quotes, inconsistency between clients with amount allocated in plan client with lesser needs seeming to get more funds if planner/assessor more experienced.
- The process needs to be streamlined and patients need to have access to services quicker. Too long a process. Patients could die waiting for services and assistance which is not necessary.
- Most clients are initially declined some with over 12 months in hospital, accessing accommodation is difficult, very lengthy drawn out process increasing hospital stays by up to months at a time.
- Application process is too long and convoluted.
- Lengthy periods of time waiting for reviews and assistive technology. Multiple people being declined access to NDIS due to "not being disabled enough" but the person clearly has a degenerative disability e.g. Multiple Sclerosis.
- NDIS staff need better training in order to support people with disabilities. The legislation keeps people out and pays for as little as possible.
- I have found the NDIS scheme to be quite confusing and not sure how to best support my patients to apply, especially those with a mental illness.
- More information/knowledge needed for processing NDIS.
- I treat patients with disabilities, who are eligible for NDIS support. Sometimes I treat them at their homes, and travel at my own expense. They do not have the capacity to claim from the NDIS for my services, which seems peculiar.
- The ECEI service has had extreme waiting times for service with families waiting 12 + months for service.
- I have found the application process for NDIS long and many of my patients are missing out on services or find themselves unable to use all the services offered, then losing the funding for subsequent years.
- Not possible to complete needs assessment from an office and relies on carer or patient reporting for accurate information. OT or Psychologist would be more suitable- charging \$\$.
- The registration criteria is a permanent disability that affects function. Different patients with the same condition are being treated differently and thus some with worse vision are being denied registration. This is frustrating!
- Dealing with the NDIA is very difficult even after completing all the requirements.
- Palliative care patients under 65 are not able to access NDIS and are suffering for it.
- As a physio practice, we have provided information to clients that may be eligible for NDIS funding; provided reports for clients seeking a review of their plan or additional monies in specific areas.
- Generally, the NDIA does not understand psychosocial disability. Their processes are so complicated and lengthy that it actually increases the risk of relapse or self-harm.
- The whole process of applying for NDIS for clients has been problematic. everyone knocked back, not clear why (lack of communication) and appeals that are never ending - still waiting back to hear regarding someone after 3 months for appeal.
- It is difficult as a GP to provide functional assessment when we only see patient in clinical environment. I rely heavily on other reports. Access is much easier when facilitated by a support worker.
- long waiting to get ECEI/NDIS approval. Some client has received NDIS approval but long waiting to get appt for planning meeting & fund. Private therapy is expensive & can't afford. Children under risk not to accessing any kind of service, therapy.
- Long wait period for ECEI/NDIS approval frustrates my clients and, in the meantime, they have to pay own for therapies. Parents are stressed about the present condition and future of their child who has been diagnosed with Global Development Delay.
- The process of accessing the NDIS is arduous, confusing and has variable results. There is limited security and huge amounts of stress for those in need of services and their family in many cases.
- All too slow and too complicated.

- Access and plan development is getting better for most participants, even under 7's. Plan implementation however is still a critical issue. Constant confusion from Support Coordinators, providers and participants on how to use the plan.
- NDIA needs to address current gaps in SDA approvals and make SDA available to people with psychosocial disability.
- Nobody gets back to you- nobody.
- There is unequal access and an immense lack of understanding from planners and the approvals team regarding childhood mental health.
- it has been difficult to become an NDIS provider.
- Systemic processes to ensure planners are skilled. Lack of disability knowledge is why other processes are so poor. Poor planner knowledge/inappropriate decisions = decreased participant satisfaction & poorly funded plans. This slows whole process.
- there is just too much inconsistency across all aspects; providers and participants have no way of knowing how to really engage with NDIS as it depends on the planner, the day, etc.....
- Communication with NDIA is the main problem.
- I have been dismayed at the poor communication of the NDIS. It took 3 months for any response from one planner of a client while applying for vehicle modifications. I assumed she had left her position. I then received an email to my surprise!
- time to get a response to requests for equipment is poor, and communication from the NDIS is poor. Plans are poor, and we have had many clients with inadequate provision for equipment/AT.
- The new report format doesn't allow pictures to be included; approval process is slow and poor feedback given as to why something is not approved.
- Very slow. In many cases, completely inadequate.
- The wait time and processes required for clients to access crucial assistive technology is far too arduous.
- Different patients have different needs and although the 'process' has been satisfactory/unsatisfactory, the outcomes haven't been 'satisfactory' for the participant.
- SDA process is slow and leaves participants and their support at risk.
- I am still familiarising my understanding of the "Insurance" language which is quite a different language to present medical language and presentation.
- Assistive technology approvals are not consistent.
- I have had limited involvement with the NDIS as yet, so difficult to complete this section.
- I would like to learn more, are there information sessions that I can attend.
- An extremely slow process with families waiting months just to be contacted for initial interview.
- Documentation for diagnosis is often difficult if this occurred a long time prior to NDIS application- there has been long time delays and costs to pt /carer involved if referrals have to be made for diagnoses to be clarified or confirmed.
- NDIS planners are not contactable directly by AHP or participants, LAC only contact participants, some LAC are misinformed.
- We have a real gap of supported accommodation for those with complex needs in the inner city, we need many more permanent models such as common ground that support comorbid clients.
- It takes so long to link clients to Partners in Recovery and promote the application process we are still waiting for plans to be completed after 4 months of liaison and phone calls etc.
- Very long waits for ECEI for young children. Our ECEI are unable to give us an estimate of waiting list and we have had patients wait for up to 12 months, with no access to services for children with global developmental delay and autism.
- Case by case, some clients have had a great run with applying, planning, intervention. However, others have not been so lucky, and their situations are no different.
- Clear NDIS Operational Guidelines for clinicians have been extremely unclear. The result is unacceptable delays in reasonable and necessary decision-making whilst clinicians being asked repeatedly for documentation that the NDIS require.
- It is impossible to find info on line on how to get assistance for people, who have no support, to apply for the NDIS.
- Despite many complaints about the NDIS I am a big fan and am impressed with how well the first year has gone.

## Q 9: Further comments regarding aspects of the NDIS from health providers in supporting patients/clients with psychosocial disability, intellectual disability, sensory disability, physical disability

- Providing one on one treatment is satisfactory however supporting our clients with AT or home modifications is close to impossible.
- I have been involved in application and approval, haven't actually received anything yet- still waiting.
- Physical disability aids are often now provided at less than half the money available under ADAC (I can think of two in this situation) despite repeated reviews
- We have plenty of clients with short or long-term disabilities but cannot connect
- Physical disability, provision of "things" is much easier, than with emotional/functional needs more difficult autism 54 she needs outside support but is frightened and suspicious
- Most of the families I work with have received an appropriate package at this point (their first package)
- As above, a long and extensive process that generally sees our clients going elsewhere at the recommendation of a planner, despite our hard work doing the paperwork.
- I have had pts have OT assessments and the OT's have taken the money allocated in their budget and not given any help with wheel chairs or access
- The more vulnerable have an increased difficult time accessing the Scheme and receiving funding for what they need.
- I find that those with a mental, intellectual and psychosocial disability have it the hardest to have their needs met by the NDIS
- Better access to NDIS for Exercise Physiology and Functional programs
- Mental health is very challenging
- At least 3/4 of our clients with psychosocial disabilities are initially declined, if not for the NSW Health escalation process a very small number of clients would have access to the NDIS
- Participants are needing more support with implementing their plan. Support coordination is not readily funded, but there are a number of people who require increased assistance that LAC's are unable to provide.
- People with intellectual disability who previously received services by ADHC are doing ok. The new participants are not getting what they need, and it takes such a long time to get a response.
- I have found that patients also find it hard to access the NDIS
- My experience has been with ECEI age group only
- Some of my patients have adequate support but many are missing out on funding and services
- One out of four applications have been rejected.
- Please standardise the visual criteria for registration. for example, if it is a requirement, include that individuals must be legally blind to get registered otherwise the current system instils false hope and wastes mine and the patients time.
- Many clients who we have worked with for years have been denied our service as the planner did not make provision for transport - this affects access to all other services including medical.
- Planners and coordinators have no real knowledge of mental health. Participants with severe diagnosis have been denied plans due to the perceptions of the planners.
- The whole NDIS is a complicated process and very frustrating for myself and patient
- I don't feel that the NDIS understands the complex end of disability. The NDIS works better for those who have milder to moderate needs, but the same principle isn't always applicable to those in the complex end of the disability spectrum
- Access success seems very variable. All mine have been for mental health/psychosocial/intellectual disability. Intellectual has been easier. Very difficult for mental health
- All of my client are on waiting list. None of them has accessed NDIS and NDIS support services yet. Some of them has received approved letter but waiting for planning meeting and fund.
- Too much Bureaucracy
- We have helped them access further funding and that has been very satisfying; however, the initial period of clients not being eligible was not fair.

- Psychosocial disability needs a lot of work - planners who understand this area would be a step in the right direction, but the whole pathway should be reviewed for this cohort and for ATSI/CALD communities.
- Again, there is no consistency across clients with similar needs
- All the clients and carers seem to be very confused about how the NDIS works and what they are able to get within their plans.
- The issue is that care is quickly approved but any equipment is not.
- Very slow. They ask STUPID questions, like 'please explain why this wheelchair needs wheels'.
- Clients are requiring proving the implications of their disability which are far too obvious and should not require so much evidence.
- My patients who have accessed the NDIS have intellectual disability or psychosocial disability/shared housing
- Equipment approval is slow, and criteria and policies are not clear either
- Already existing group housing and already functioning support systems have not been affected. They have in fact received more support through NDIS
- Sensory processing challenges as a standalone diagnosis should be funded. It is debilitating but does not score funds unless a part of ASD
- Poor understanding by NDIS staff about needs of participants
- As mentioned I have had limited involvement with the NDIS at this stage, however I would like more information about accessing supports for people who have experienced complex trauma as well as parents requiring in Home care.
- The patients I have assisted to access the NDIS have had to wait many months to be allocated a provider and have not been able to access community services in the meantime in several cases.
- Often a discrepancy between actual diagnosis and reality of day to day ability/ situational reactions of the pt- this is difficult to assess and communicate within the application framework
- I am still waiting for clients to access services after 4 months
- Dissatisfaction is from lengthy time frames for decision-making and unclear guidelines regarding report writing and funding guidelines.

**Q 10: Further comments regarding aspects of the NDIS from health providers in supporting patients/clients from the following groups: Aboriginal and Torres Strait Islander people, refugees/asylum seekers/ culturally and linguistically diverse communities, people who are homeless or are at risk of homelessness, LGBTQI**

- Due to the difficulties with accessing reliable information about our clients these populations are simply not seen.
- What about PTSD? What about traumatised post operatively?
- Have to know how to use the system
- Our homeless cohort have been unsuccessful in applying to the NDIS due to not having an address.
- A lot of clients do not know the phone number for access to an interpreter and it is difficult to find this information on the website.
- I have yet to refer any of my aboriginal or Torres strait island patients.
- Our assessments have helped homeless people find accommodation. Initially not satisfied with their ineligibility, however extremely satisfied our assessments and reports helped achieve the right outcome
- Although I have had limited contact with NDIS at this stage, I am concerned that these marginalised groups will not be able to articulate and advocate for their specific needs.
- Families from CALD backgrounds find the system especially difficult to navigate, and have difficulty advocating for their child, having to rely on LACs with no understanding of autism or intellectual disability.

## Q 11: Other issues experienced with regard to the implementation of the NDIS

- Being paid for functional assessments
- Patients expectations being too high
- Patients ability to advocate for themselves
- Patients ability to operate their funds
- Total disparate distribution of funds to clients with similar issues
- Lack of training of LACs
- It takes too long to get plans updated or approved
- Very poor communication. No follow-up. No contact person and no contact details being provided to discuss issues or report complaints at a specific office.
- The NDIS Planners appear to have very little health/disability experience and are not able to talk to me at a level of equal understanding
- Large time frames between NDIS plans while getting further approval means a large break in provision of services
- Lack of transparency with managed plans - where we write reports for funding for physio - but it is "lumped in with other clinical expenses" & plan manager then allocates additional funding (from the physio request) to other service areas. If request is for funding for physio services & is granted - this funding should be pigeon holed for that purpose
- Audit process
- long waiting list, fees, private assessment fees high
- How to advise people where they can apply to receive NDIS access
- Smart resourceful people can get more than they need, marginalised less well informed get stuffed around
- Communication between NDIS provider and GP has been poor and GP involvement in care of clients with disability seems to be at best under-utilised and at worst completely disregarded
- Some families have not been given adequate information regarding their right to self-manage if they so choose. The wait is hard and stressful with some families slipping through the crack in the July 1 changeover.  
I have chosen not to register as a provider as the paperwork is onerous and the new auditing fees etc. astronomical for a small practice. I only see self-managed clients.
- EP not being recognised as straight forward as other AHP's. It's ridiculous how we are not recognised as an integral part of health restoration but an alternative therapy.
- No two offices do anything in the same way. There needs to be a blanket guideline that is used and implemented across all offices with exceptions being assessed as they come.  
I often get an answer, follow it through & then my paperwork goes elsewhere & I am told its declined, only to find out a year later it was approved and paid to another provider.
- The educations sessions need more AT... again, everyone does it differently.
- I have found the process too difficult re paperwork, so I refer them to Partners In Recovery to get case managed so they can get onto the NDIS
- The COAG agreement is not followed, clinical services aren't funded, push back to other jurisdictions like health services seems to be one of the only consistent practices NDIA undertake.
- Not enough funding for what they really need. It is usually not enough funding to even maintain the support that they have had to maintain their stability
- Poor access to Exercise Physiology
- Having to write reports in short period of time for reviews, need to give adequate notice that a review is happening. Presently only given a few days or week to gather reports for a review or assessment.
- Participants who are self-managing, who are buying unnecessary equipment or using their funding in ways which do not align with their goals from my clinical impressions. But there is nothing that I can do about this as we are not providing the unnecessary services
- Self-managed participants who are unwilling to share their NDIS goals with our service to ensure that we are providing reasonable and necessary services under their funding plans. These participants have been told that they are not required to share anything from their plans with providers...I understand their right not to provide information about the funding amounts, but the goals are very important to be shared.
- Escalation process for assistive technology.

- Lack of service providers once a plan is approved.
- ECEI in this are a still waitlists clients with no indication of when they will be seen
- There has been rapid change in the ECEI space
- The lack of expertise of the planner from Uniting seems to be of detriment to our cohort of clients, in term of rapport building and plan building
- Poor support of the COAG agreement by NDIS, especially given the push for allied health and nursing to be funded by Health despite clear documentation in the COAG agreement that it for NDIS to provide this support in the case where someone's disability maintenance activities requires this type of intervention.
- Payments of invoices are usually 1-2 + months late.
- Communication and knowing who to contact/accessing someone to talk to when there is a question
- Difficulty accessing information via NDIA
- Long waiting times for parents of special needs children - before even talking to anyone about a plan
- "thin market" i.e. therapy services have long waiting lists even when parents receive NDIS funding (partly due to ADHC services being discontinued)
- Difficulty in locating a team rather than individual therapists to provide early intervention
- Access for people in custodial and forensic mental health settings
- Lack of transparency in all aspects of the NDIS decision-making processes
- Lack of accommodation options
- Choice and control being available for service providers rather than participants. That is service provider choosing not to provide service to people with complex needs and participants having no choice and no control
- It seems that the people assessing the claims have limited medical knowledge and don't always offer my patients the care and funding that they require
- Funding cuts and service provision cut backs a year post approval
- Variation in patient criteria for Registration is my main frustration. It appears to depend on the assessor rather than on firm criteria
- Whilst we are a transport provider for people with a disability we have been denied the ability to charge participants plan with their transport costs as we have been denied access to several of the service types.
- Use of non-clinical language
- Training of staff - LACs
- Palliative care patients are being rejected by NDIS and MAC so are suffering without supports and we have to try and find loopholes to get around the system which creates hours of work
- The length of response and the process are far too long
- The information is confusing and time consuming to access. Changing service agreements also is time consuming.  
Accreditation for Behaviour Support is very expensive and time consuming for sole practitioners
- The Planners or the NDIA processes, don't seem to appreciate the role Physios can play in keeping participants independent and out of the hospital system. As a physio practice with access to a large hydro pool, we have seen the benefits hydro (& exercise-based rehab) can play. We have been contacted by quite a few people NDIS participants that don't have sufficient funding allocated to be able to utilise our services on a regular basis or at all.
- Skill and knowledge levels of staff (both LACS and planners) in regard to psychosocial disability. Also, inconsistency with application results.
- It was a challenge to get my head around everything in the NDIS. The Plans and decision-making structures seem arbitrary at times, although my client group are benefiting from the NDIS (I now others are not)
- Lack of consideration re: participants' sexual and reproductive health, sexuality and relationships.
- The grey area between what is health funded, what is NDIS funded and what is education funded.
- At times there has been conflicting information regarding access, and also differences between who is deemed eligible and who is not.
- Discrepancies with core funding and capacity building funding inhibits access to required services.

- Wound care for people who are bed bound and referred with a pressure injury have been denied funding by NDIS even though they are not able to access alternate services for home wound care.
- Accessing concurrent services for OT and Physio - NDIA website doesn't allow this to occur.
- It's a joke all about money for adviser not to get on the scheme
- There are inexplicable and dramatic variations in the size and type of packages for people with similar functional disability. Also, regarding Q5 - for an NGO the amount of time taken to prepare an NDIS application is around 24-28 hours with multiple visits. This is unfunded, and we are getting a 60% rejection rate.
- New NDIS requirements as of 2019 that require me to obtain third part verification. I work 2 days per week and won't be able to afford to do this, so clients will need to change providers unless this change or there is a way they can access services without me being a provider.
- Poor understanding from planners/support workers about the purpose of NDIS, availability or not of money for treatment (especially psychology sessions). Support workers talk all about NDIS as it's the only means for funding of services for mental health and then patients get very upset if rejected. Also, poor understanding from case workers of how to help complex clients implement their plans
- Inability to speak to anyone who can make a decision, find documents and identify that the process is flawed
- Payment from agencies like xxx care are terrible
- As a GP I have limited time to learn about new systems. I learn through the experience of the people that I care for. Their experiences have often been far from ideal.
- Carers not being advised of all the necessary reports required, leading to inadequate plans, wasted time and further costs. Carers end up paying for numerous expensive reports.
- Website impossible to navigate. Implementation far too slow
- Constant shifting of responsibility to other mainstream agencies or DSP who are not equipped to manage. This results in massive gaps in the system. Lots of discussion about what the NDIS "won't" do, and what mainstream agencies "can't" do which rarely results in a solution for the PWD stuck in the middle. Major issues in health experienced with PWD who require RN care in the supported independent living (SIL) to manage diabetes for e.g. They may not be able to self-manage diabetes due to disability, NDIS see this as the responsibility of the DSP however Disability Support Providers refuse to take on this responsibility.
- There is no implementation once the plan has been approved. Minimal support and understanding of the CALD community and ATSI community. Lack of connection and effort in engaging these communities.
- Honestly, there are too many to list. I am exhausted by it all.
- Bureaucracy
- The NDIA managed system is abominable and is problem after problem. we are now de-registering after continued shambles and changes with the consideration of tiered pricing structure and now the Audit, Certification's and validation scheme under the Quality Safeguards makes the entire registration process untenable when the time, cost and effort for practitioners to support 30 NDIA managed clients far outweighs the benefit and they have the option to be self-managed or use a plan management partner instead.
- There is much confusion about provision of low risk equipment. even calling it all "assistive Technology" confuses people. There is a lot of misinformation about how we should be billing for this and processes are extremely unclear. Even when you call the help centre, you get a different response from each person you speak to. **OVERALL THERE IS AN INCREDIBLE LACK OF CONSISTENCY IN ALL ASPECTS OF NDIS.**
- Not enough focus or understanding on childhood mental health. E.g. a child with ODD and anxiety and phobias is unlikely to 'get better' and will have ongoing greater problems as an adult if not treated. Yet this client was declined. The Psychologist and I then reapplied/appealed and were declined again. So disappointing.
- Poor consistency re: reports/requirements
- Very difficult process to become a provider
- I am concerned about our ability to continue to provide services under NDIS if we are required to undergo auditing which will be too costly for a business as small as ours
- Lack of consistency; extremely long wait times for services and plans (i.e. 9 months for a baby with an identified disability); poor education of planners; conflict of interest for planners who also provide EI services; general lack of real choice and control for clients

- The NDIS have created report criteria to determine if our reports meet funding none of these criteria is disseminated to clinicians.
- Long waiting times for funding to be received by families. Changing ECEI providers has confused families and service providers.
- Portal not straight forward and has lots of glitches
- Phone help desk never knows the answer or answers incorrectly
- Contacting someone who knows what they're talking about or is helpful is next to impossible
- Cost of audit is too cumbersome for a small business
- Choice and control can result in other problems I.e. obesity (lead to other health problems)
- The plan does not seem to reflect the planning meeting. Does not seem to be tailored to individual
- The time it took to become registered and the different ways therapy can be paid for (i.e. self-managed, NDIA, plan managed etc.) makes processing of claims challenging.
- Inconsistent knowledge of procedures for AT applications.
- Knowing who to contact to follow up on issues
- Receiving communication from NDIS in regard to applications submitted
- Forms to be used to request equipment
- Assistive technology report formats are unclear, repetitive and difficult to use
- Planners are unable to explain the reasoning for reasonable and necessary decisions and do not provide the reason on writing. They will not speak to the health professional about the reasoning.
- No time frame targets for communications makes it very difficult for health professionals to plan their work load as they never know when they will get a response on approvals etc. Other authorities do this very well e.g. Lifetime Care and support authority, Enable NSW have excellent communication in comparison.
- The NDIS provider application process was tedious and complicated
- Acceptance of eligible claims. Eligibility
- I had one case of a 13 y/o boy in early 2018 with a Brain tumour. A glioblastoma-very aggressive. He had surgery and 6 months of chemotherapy. He was left with L sided weakness, expressive language and other functional disruptions and had months of OT, Physio post op and hospital schooling. His survival rate is poor to moderate, but he was in remission approx. 8 months post op when we applied to NDIS. His claim was rejected but it was not until 6 months later that the mother advised me that the claim had been rejected.  
This mother was separated from her husband (Domestic Violence), and she had three other school aged children. This boy needed educational support, based on Early Education evidence to support assistance at school. He had lost much of his language, but not all his comprehension thanks goodness. He needed a wheelchair and physio and OT as well as assistive educational technology. Mother was doing ALL the caring including assisting with showering dressing etc.! I was APPALLED that this application was declined without an explanation being sent to myself and the GP concerned.  
I explained that we could appeal as I believed that we had very reasonable grounds to do so but the mother and son failed to attend the follow-up appointment I made.  
This is a very sad example of the system being flawed.  
I believe that if this child survives, he will have numerous social/psychosocial disadvantages that may have been avoidable if his application to NDIS had been accepted.
- Feedback to the Practice (myself and the GP) advising that a claim has been rejected
- Advice on the appeal process. It needs to be sent to US, as well as the family/applicant.
- Inequalities with allocation of funds. Seems to depend on the discretion of the case worker or the quality of the support letter or the knowledge of the parent. Needs a better way to calculate client needs. Paperwork and documentation can be overly time consuming. iPads should be funded when they are communication devices. Too many clients have denied this basic form of communication. It's like taking away their tongue.
- Difficulty with NDIA approving assistive technology despite recommended professional advice and within AT budget for participants
- Timeliness to accessing services
- Understanding of the process/ease of use by the patient
- Slow response from NDIS enquiry hotline
- The NDIS portal is not user friendly
- Trying to register is very complicated, I have spent hours trying to sort it out

- Although we are aware what type of services are required by the patients, it was difficult to allocate the local service providers
- Increasing work load for practitioners
- The time taken for participants to even be granted their access interview can take 6- 18 months, frustrated participant's families have to persist in ringing up and even go to the NDIS office and protest by sitting in and refusing to leave until they are given an access interview. Seems like only in Sept every year there is a sudden push to admit participants into the scheme the rest of the year is a slower access into the NDIS. NDIS LAC and Planners as well as some Fund managers are misinformed about eligibility criteria and even services are eligible. There are Fund managers who are paying for family holidays and home cleaning services that are not directly for the care of a young child with disability, while direct services for a child with disability in other families are rejected. NDIS staff are misinformed and inconsistent information is given to families- families can be told different things depending on who they happen to have not he phone when they ring NDIS. Many NDIS staff are unaware of disability and related conditions, not able to understand content of medical reports. I have found that by educating parents on how the NDIS should work and empowering them to advocate strongly for their child's needs, they have been able to access satisfactory levels of funding support – all my clients are self-managed participants. The ignorance of some NDIS staff about disability has been stressful on the phone for families with children with disabilities, the misinformation given by LAC and NDIS staff – telling families that they have to be NDIA managed or that self-managing is too hard, limiting families the right to choose their own service providers, the wait for access to planning meetings, the refusal of LAC to accept or document information that families ahem prepared in advanced for their meeting, wrong information or lack of information on their plans has led to insufficient funding or incorrect allocation of funding into categories has led to children not being able to access funding for therapy. Any issues with the initial plan made, requires a review which essentially never takes place as it's a 9-12 month wait for a review.
- Trying to register
- My clients are overwhelmed with the process and require a lot of skills in self-advocacy.
- SDA and SIL (Specialist Disability Accommodation and Supported Independent Living)
- Lack of skilled mental health services. prohibitive price points to hire skilled staff for safe practice
- Challenges facing carers in administering the NDIS plans and lack of support or acknowledgement for carers in this role.

#### Common themes include:

- Functional Assessments
  - Funding
  - Functional assessments/report writing
  - Time to undertake

'There are inexplicable and dramatic variations in the size and type of packages for people with similar functional disability'

- Advocacy for patients
- Process
- Plan/Process
  - Approval
  - Time delays
  - Eligibility
  - Adequacy
  - Funding allocation
  - Transparency
  - Clarity regarding billing

'for an NGO the amount of time taken to prepare an NDIS application is around 24-28 hours with multiple visits. This is unfunded, and we are getting a 60% rejection rate'

- People with disability being given enough information education regarding the right to self-manage a plan
- Service Provider
  - Registration process
  - Clarity around billing
  - Where Allied Health fits within service provision
  - Lack of service provision/thin market
- Communication/follow-up - with/from the NDIA and St Vincent de Paul – Local Area Coordinator staff
- GPs to be followed up advising that claim has been rejected
- Consistency of messaging
- Qualifications/education of
  - NDIA staff
  - St Vincent de Paul – Local Area Coordinator staff
- For NDIA staff to understand
  - the health and Mental Health Systems
  - the role of the allied health professional
- Third Party Verification
- Audit Process
- Education for GPs, allied health, practice nurses/managers, community workforce, health professionals etc.
- Communication between NDIS Providers and GP

'Communication between NDIS provider and GP has been poor and GP involvement in care of clients with disability seems to be at best under-utilised and at worst completely disregarded'

- Assistive Technology
  - Appropriate
  - Lengthy wait times
  - Consistency
  - Approval
  - Escalation process
- Mental health
  - Access for people in custodial and forensic mental health settings
  - Expertise of NDIA staff
  - Childhood Mental health
- Allied Health disciplines for example Exercise Physiology being a recognised in the Health and Wellbeing category and registration groups of the NDIS Toolkit

'EP not being recognised as straight forward as other AHP's. It's ridiculous how we are not recognised as an integral part of health restoration but an alternative therapy'

- The importance of a plan to be shared with service providers (as not required to share)
- Early Childhood Early Intervention
  - Long wait times
    - For appointment
    - Planning meeting
    - Therapies
  - Consistency
  - Eligibility
  - Process
  - Adequacy
- Council of Australian Government (COAG) Agreement
  - Abiding by
  - Understanding of all systems responsibility
  - What is funded by NDIS and what is funded by Health

'The COAG agreement is not followed, clinical services aren't funded, push back to other jurisdictions like health services seems to be one of the only consistent practices NDIA undertake'

'Poor support of the COAG agreement by NDIS, especially given the push for allied health and nursing to be funded by Health despite clear documentation in the COAG agreement that it for NDIS to provide this support in the case where someone's disability maintenance activities requires this type of intervention'

'Wound care for people who are bed bound and referred with a pressure injury have been denied funding by NDIS even though they are not able to access alternate services for home wound care'.

'Planners are unable to explain the reasoning for reasonable and necessary decisions and do not provide the reason on writing. They will not speak to the health professional about the reasoning'.

- Accommodation
  - Lack of accommodation supports/options
- Service Level Agreements
  - Time consuming
- Transport funding

'Whilst we are a transport provider for people with a disability we have been denied the ability to charge participants plan with their transport costs as we have been denied access to several of the service types'

- Palliative care patients

'Palliative care patients are being rejected by NDIS and MAC so are suffering without supports and we have to try and find loopholes to get around the system which creates hours of work'. –

- Acceptance of eligible claims. Eligibility

'I had one case of a 13 y/o boy in early 2018 with a brain tumour. A glioblastoma-very aggressive. He had surgery and 6 months of chemotherapy -

He was left with L-sided weakness, expressive language and other functional disruptions and had months of OT, Physio post op and hospital schooling. His survival rate is poor to moderate, but he was in remission approx. 8 months post op when we applied to NDIS. His claim was rejected but it was not until 6 months later that the mother advised me that the claim had been rejected.

This mother was separated from her husband (Domestic Violence), and she had three other school aged children. This boy needed educational support, based on Early Education evidence to support assistance at school. He had lost much of his language, but not all his comprehension thanks goodness. He needed a wheelchair and physio and OT as well as assistive educational technology. Mother was doing ALL the caring including assisting with showering dressing etc.! I was APPALLED that this application was declined without an explanation being sent to myself and the GP concerned.

I explained that we could Appeal as I believed that we had very reasonable grounds to do so but the mother and son failed to attend the follow-up appointment I made. This is a very sad example of the system being flawed.

I believe that if this child survives, he will have numerous social/psychosocial disadvantages that may have been avoidable if his application to NDIS had been accepted'

- Carers

'Carers not being advised of all the necessary reports required, leading to inadequate plans, wasted time and further costs. Carers end up paying for numerous expensive reports'

Challenges facing carers in administering the NDIS plans and lack of support or acknowledgement for carers in this role'

- Pathways for Aboriginal and Torres Strait Islander people and Cultural and Linguistic communities

'There is no implementation once the plan has been approved. Minimal support and understanding of the CALD community and ATSI community. Lack of connection and effort in engaging these communities'

'The time taken for participants to even be granted their access interview can take 6- 18 months, frustrated participant's families have to persist in ringing up and even go to the NDIS office and protest by sitting in and refusing to leave until they are given an access interview. Seems like only in Sept every year there is a sudden push to admit participants into the scheme the rest of the year is a slower access into the NDIS. NDIS LAC and Planners as well as some Fund managers are misinformed about eligibility criteria and even services are eligible. There are Fund managers who are paying for family holidays and home cleaning services that are not directly for the care of a young child with disability, while direct services for a child with disability in other families are rejected. NDIS staff are misinformed and inconsistent information is given to families- families can be told different things depending on who they happen to have not he phone when they ring NDIS. Many NDIS staff are unaware of disability and related conditions, not able to understand content of medical reports. I have found that by educating parents on how the NDIS should work and empowering them to advocate strongly for their child's needs, they have been able to access satisfactory levels of funding support – all my clients are self-managed participants. The ignorance of some NDIS staff about disability has been stressful on the phone for families with children with disabilities, the misinformation given by LAC and NDIS staff – telling families that they have to be NDIA managed or that self-managing is too hard, limiting families the right to choose their own service providers, the wait for access to planning meetings, the refusal of LAC to accept or document information that families ahem prepared in advanced for their meeting, wrong information or lack of information on their plans has led to insufficient funding or incorrect allocation of funding into categories has led to children not being able to access funding for therapy. Any issues with the initial plan made, requires a review which essentially never takes place as it's a 9-12 month wait for a review'

**Q 12: Do you think that involvement with the NDIS process has had a stressful impact on the mental Health and wellbeing of people with lived experience of disability and their families and carers you are supporting – would you like to comment further?**

- Absolutely!!! I have had one client admit his severely disabled son into hospital because he was not coping with the stress and the inability of the NDIS to action the request for home modifications (accessible bathroom) for him to shower his son.
- It's the last thing they are wanting to be thinking about when they are dealing with difficult diagnoses (especially if new onset)
- Length of time taken to process applications, uncertainty created by this place's stresses on families
- I've had colleagues with patients who had to be hospitalised (elevated risk of suicide) after their plan was rejected.
- Confusion and uncertainty breed distress and a lack of coordination across service and healthcare providers is a barrier to better health outcomes.
- Some clients have complained about excess administration to access services
- They get sent backwards and forwards & have to hassle for paperwork that is not entirely relevant to what we are doing.
- I have a disabled pt in a wheelchair and he said that the NDIS is the worst thing that has ever happened to him
- The patients I have spoken to that are on the NDIS have said it has been a very arduous and stressful process
- I am aware of patients being hospitalised into mental health acute wards because of the stress involved in applying to the NDIS.
- Especially to the parents of a disabled child. They usually feel that they constantly have to fight and advocate for their child. The pressure for parents and carers has instead become much worse.
- Parents are enjoying the fact that children are able to access services the need for reviews and cutting of support after a review is very stressful.

- The confusion the process of applying for funding and worry about "needing to use all their funding before the review" is creating stress on mental health and wellbeing, including the reviews for equipment
- Patients are made to wait too long. If not successful, they often revisit the trauma that they have experienced in the past
- Once declined many carers do not know how to challenge the decision.
- Participants have reported difficulty with understanding the process, understanding their plan, difficulty accessing information through the website and sometimes a lack of understanding from NDIS staff of their disability.
- People eligible for NDIS have a moderate to severe disability but the system is set up to support people with a mild to moderate disability (i.e. with self-capacity to navigate an insurance scheme)-
- Many of my patients find the process extremely stressful and several of them struggle to complete the paperwork without support from a health professional, friend or relative with higher levels of education and linguistic skills
- The stress of the application process and rejection has been significant for these palliative care patients
- The access process is the major area I have experienced problems
- Clients; their support families and care support workers struggle with the length of time it takes to get approval for the initial first funding and then the process to get Plans reviewed for either reallocation or additional extra funds.
- A difficult process for some people as access applications can be deficit based.
- The application process is very stressful, rejection of an application even more so, and the nine to 15 months wait for resolution of an appeal places an impossible burden on a person with a psychosocial disability.
- Clients are struggling to navigate the system and make sense of what's expected - many when declined not wanting to appeal as have heard bad things from others regarding the process.
- It is stressful for parents, family and child. long waiting without therapy.
- New systems take time to become familiar. Also, the requirement to predict needs ahead of time is unrealistic and problematic. Having funding available for one service when it is needed for another but cannot be transferred is particularly frustrating.
- Cost of reports. The number of assessments required. The number of appointments. The difficulty understanding the process. The important issues missed by the planners.
- Overall the NDIS has improved their access to services required for their particular situation.
- The uncertainty around when people will be contacted and the change of ECEI providers for families is stressful and has created anxiety for many parents who are waiting lengthy periods for funding.
- Some people report a positive experience and others dreadful
- Many of my clients have been greatly distressed by the NDIS process. One told me his wife was having a nervous breakdown.
- Yes, many clients have reported exacerbation in their mental health symptoms and stress as a result of the NDIS.
- Some families/carers feel aggrieved by the outcomes (or lack of supports) provided by the NDIS funding structure. Some have expressed feeling underwhelmed and unduly stressed by less supports with the NDIS, than before its roll-out.
- The need for assistance is huge, when no answer is provided, nor a time frame is laid out, this is very stressful
- Families/patients too busy with their problems, advising us is the last thing on their minds and they often believe that we have already been advised that they have been denied NDIS
- Every funding process is stressful. Most people are grateful for The NDIS and what it offers but find dealing with an Insurance agency challenging.
- Clients have shown stress related to the demands of adhering to and understanding their NDIS packages and experienced judgemental attitudes of service coordinators.
- Yes, it gives them access to funding in order to get help, but the process and regulations are too stressful.
- Application process is daunting and then often needed to clarify and reclarify entries as well as waiting for the outcome of the application can be time consuming.
- The ignorance of some NDIS staff about disability has been stressful on the phone for families with children with disabilities, the misinformation given by LAC and NDIS staff.

- I have been involved with those with public guardians, so the individual has not had to go through assessment process.
- Waiting times are long and it requires a lot of advocacy from professionals who have to provide time from a 'good will' pro bono approach.
- When first plans are inadequate it has created a great amount of anxiety waiting for internal reviews.
- All change is stressful, even when the final outcome is a much better package. Everyone's stress and complaining will settle down.

**Q 13: Please give details of NDIS education activities you have participated in**

- PHN run
- I have participated in numerous sessions with very little outcomes achieved. As too one on one sessions.
- There is often a lot of political responses - "Yes Niki, we are trying very hard. It's a new service which you have to keep in mind".
- Online education thru NDIS
- Forums, workshops
- CESPHN
- Online module
- PHN
- NDIS sessions provided by ECIA and Australian Physiotherapy Association
- APS Seminar
- PHN education
- reading information available, upskilling at practice SGL
- An introduction to NDIS and webinars on the new Framework.
- At the Ashfield office. All on how to navigate NDIS.
- Webinars, workshops
- CESPHN and GP crew educational events.
- Online and ESSA courses
- PHN at St George- the NDIS workers had no experience of what it was like for GPs and psychologists to try and assist clients
- Multiple forums, NDIS newsletter, Industry submissions, Industry networking
- Small group learning within our practice attended by NDIA representative as well as LHD information nights
- Online webinar relating to report writing considerations
- Reading the NDIS provider information toolkit documents
- Face to face sessions run through NDIS at local health district, also webinars jointly run through NDIS and ENABLE NSW, Self-directed training via NDIS website
- Attended local forums by NDIA and health delivered forums
- Learning about ARF's, psychosocial disabilities and how to complete the escalation process
- Emails with fact sheets, in-services
- Plan Implementation
- workshops, seminars, monthly meetings with NDIA Director
- CESPHN educational events x2, KICKSTART
- CESPHN
- St Vincent De Paul information sessions
- Presentations regarding Health/NDIS Interface; client journey and data reporting requirements for NSW Health
- Local forums and meetings with NDIS staff. Accessing NDIS website and other written material.
- A session by an access checker was very useful. General information sessions by NDIA staff are not useful as they are never able to answer difficult questions.
- OT provider forum run by NDIS in Illawarra, ISLHD forums with NDIS
- CESPHN information sessions for physical disabilities and early childhood interventions
- Within my department and health network
- CESPHN- initial course prior to NDIS being implemented
- Hospital in-service
- 2 lectures by Guide Dogs staff members; also, on line support and mentoring
- Seminars, webinars, face to face discussions with planners and LAC's.

- CESPHN prior to launch NDIS in PHN
- Early Intervention Lecture, NDIS Psychosocial Disability
- PHN early intervention in childhood
- Many workshops and training provided by both the NDIS and the PHN
- Community health Centre
- Local disability network talks from NDIA staff
- MHCC
- PHN
- Portal Updates
- ECEI planning processes
- Various training regarding support coordination and access for people with psychosocial disability.
- Introduction for new providers and support coordination
- Multiple - Transition Support, PHN, MHCC, DSC to name a few.
- NDIS general education and NDIS for people with mental health disorders
- Session through PHN
- CESPHN info night on NDIS for mental health and psychosocial disability
- Online, read the guidelines
- Bankstown sports club
- Free training for workers supporting families who are beginning the NDIS journey on 14/05/2018
- Free Training for workers supporting Families who are beginning the NDIS Journey
- At Ashfield
- NDIS Kickstarter workshop
- Understand NDIS
- Through the PHN
- NDIS and CESPHN run training which is critical and must continue.
- Care in the Community and PHN CPDs
- Sector forums and conferences
- PHN CPD events
- Information evening run by the PHN
- Multiple, over the past 3 years leading up to the roll-out. Generally poor and inconsistent information given
- MND Association
- NDIS events, Expos, 1:1 session, workshops (community and NDIS run) etc.
- Informational meetings and direct questions presented to NDIS
- Forums
- Support groups within the profession
- information sessions
- NSW Health NDIS in-services x 2
- Providers seminars
- Allied health modules
- Webinar, meetings, updates
- Provider forums
- Individual provider sessions were booked but cancelled by NDIS
- AT forum was booked but also cancelled by NDIS
- Online webinar
- Forums. About three of them. Got different information at each of them as to what was required of me. Gave up going.
- Online and face to face workshops
- Online information
- CESPHN NDIS educations for; understanding the NDIS, psychosocial disability, intellectual disability, carers.
- NDIS practice standard
- NDIS for GP/PN. NDIS for AHS
- NDIS information sessions. NDIS working groups
- Workshops and forums
- Division run education
- The session I attended was good, however too broad for my specific area of work.
- CESPHN information session on early childhood intervention and one other

- Workshops organised by NDS
- Speaking to other health professionals
- My Choice Matters - NDIS Education for GPs, AHPs and Service Providers (Ashfield) - 16 August 2017 (CESPHN)
- Private NDIS education for our practice
- Consultation with a private NDIS plan manager
- NDIS workshops
- Information sessions
- SESAHS Education- Introduction to the NDIS
- initial NIDS access information nights,
- CES PHN education sessions x 2
- Psychosocial
- EnableNSW, discussions with NDIS transition manager at RNSH
- NDIS workshops, PHN workshops, DCS workshops, hours of online reading
- NDIS and organisation/ lead agency training
- Seminars run by disability providers like Afford and Sunnyfield.
- Pre-planning workshops and internal LHD training

**Q 16: What NDIS/disability education topics you would be interested in?**

- I am requested weekly to give up my time to participate in numerous surveys and education sessions with the NDIS.
- I will not be giving any more of my time to this inadequate service which does not allow me to achieve the necessary outcomes for my clients.
- I am completely disillusioned by how much NDIS planners and service providers are making without achieving what is necessary for the basic needs of our clients.
- What do I say the second time round, in a review?
- AT form completion/processes
- Assistive Technology
- Preparing for planning meetings
- MBS claims
- How to register
- This is a heavily focused on getting people access to the NDIS. The greater challenge is helping clients achieve goals within the NDIS process. Of particular note is slow and lengthy approvals for equipment (AT) and home modifications.
- Equipment funding, and the specific role of the LAC and Planners - who does what?
- Writing Assistive technology reports for NDIS
- Assistive Technology Process and clearer guidelines for report writing.
- the role of allied health and disability
- FAQ and Provider Q&A
- Education activities are difficult as the system is clearly failing and the NDIA keeps changing the rules in an attempt to stop complete market failure.
- The appeal process
- Counselling skills
- Accessibility needs to be changed
- How to work with Disability Support Providers and NDIS Funded Allied health Professionals.
- MND
- Specialist Disability Accommodation and SIL reporting
- Report templates for NDIS access requirements
- How to set up for the audit
- Home modifications
- Assistive technology applications and procedures
- Common understanding in reasonable and necessary criteria
- Spinal cord injury + care requirements, social supports and the NDIS (e.g. housing/benevolent society), Early Childhood Early intervention
- Assistive technology advice/updates
- I would like more specific information related to Child and Family Health
- How to actually register and be involved more
- How to allocate local allied health services and how to compare the services they provide

- Assessing and Treating Psychosocial Disability
- I am aware of how the NDIS should work, but it's the NDIS staff and LAC form NGOs that seems to not fully understand how NDIS should work.
- Referral pathways for comorbidity (MH/ substance use/DA/brain injury)
- Sessions that actually guide psychologists through the process of becoming a provider.
- Planning/goal setting
- SDA and SIL
- Working with service providers
- Market stewardship for service providers in mental health
- Advocacy for safe skilled service mental health i.e. appropriate line items in capacity building

**Q 18: Speaking as a health professional how you would assess the overall roll-out of the NDIS in the Central and Eastern Sydney PHN region-Comments:**

- There is absolutely no consistency with the roll-out. No one appears to know what is fact or fiction which makes it completely ineffective for a private practitioner.
- Not enough education available online
- Lot of patients not happy, help
- Some folk have done well, but the ones that are wanting to dominate the day
- Education sessions tend to be difficult to attend, not always local, usually weekdays which means time (and money) away from work place. Helpline is useless - different answer every time I ring
- Confusion
- Although the process has been lengthy and frustrating for families- in the main families are happy with the final outcome.
- There has been very minimal information provided to practices on how to actually enrol their patients. They are relying on staff to out of hours go to education sessions on how to do this, rather than providing support in the workplace
- All of the patients that I can think off have either been rejected or didn't get enough funding to even maintain the help that they were getting.
- The intent to provide education has been great, but with any new system the system is changing and there is so much to cover...
- Process takes too long and people either have to remain in hospital to await services or be discharged without, putting them at higher risk
- It will take 10-15 years to polish the processes.
- My patients really should be able to access it for their osteopathic treatment.
- Many people are missing out on services and there has been gaps in service provision during the hand over.
- Dissatisfied with the NDIS process and the role of the GP-too time consuming. Not dissatisfied with the support provided by CESP HN.
- As above registration needs to be standardised. also, the process requires too many reports.
- Too confusing for both participants and for providers - one family I know has two adult children, one has a great plan and is moving ahead well, the other has lost services and it is costing the family a lot of money to supplement the services.
- Once a plan is in place it has been very helpful to my clients, it's the access process which can become a nightmare, especially as services are not available in many areas without NDIS
- Very slow roll-out from the NDIS.
- There should have been more planning and better systems in place before the NDIS commenced.
- We are in South Eastern region.
- God help us all. We could do with more love and less paperwork.
- Length of time to roll out participants, poor planning, poor understanding of processes at a community level.
- Inequitable, no consistency, access and approval for children is taking too long. better systems and safeguards are needed.
- Most of my clients have been upset and distressed by their experience.
- More resources need to be available for accessible accommodation for PWD and their families
- Early intervention pathway continues to remain a difficult service to access and negotiate

- Very slow to uptake and provide services esp. in early childhood
- I don't feel there has been enough information sent to health professionals on how to register and be involved.
- Interactions with support workers have been difficult sometimes; concerns about how information in progress reports is stored and used by third parties.
- The process has increased work load, changed the expectations of clients, which in turn affects the value of service I can offer.
- Handful of clients has had very stressful experiences, often due to service providers in large organisations overcharging for writing notes and usual documentation clinical notes writing.
- Partners in Recovery services are a great loss to the community - their narrow remit for facilitating access to the NDIS is taking experienced practitioners away from preventing social isolation in clients.
- 12 month waits for children to access ECEI completely defeats the point of having early intervention.
- It has been challenging for many families with too few services available and minimal support. Very time consuming for health professionals in assisting people just to access the NDIS and the language is too complex for many people

**Q 19: Please suggest other ways CESPHN can better support Health Providers in the NDIS process**

- More training
- In-service
- More seminars/podcast/webinars
- Lobby with Occupational Therapy Australia to increase consistency and efficiency in practice with the NDIS.
- Provide a complaints service to escalate issues with the local NDIS branches.
- Online EDUCATION
- Advocating for training for LACs and planners
- Help GPs help patients
- Small group sessions for those that need a better understanding of the system and hope to integrate the services to help outpatients
- Help us understand this new audit process
- Specialist advisers would be useful - e.g. a dedicated allied health adviser on a helpline who understands the difference between an OT a physio and an exercise physiologist and who is across issues faced by allied health pros working in NDIS
- Education, guideline, support
- A super brief outline of the what, how, when, who in email or mail out to help GPs (must be very succinct and give clear points on how to do it)
- Educational programs
- Have a more centralised process, rather than dealing with separate organisations
- Help with questions around eligibility
- Do your research on EP, the cost effectiveness and the SCIENTIFIC BASED role of exercise and long-term exercise
- A consistent message among all offices.
- More access to better OT's to help people with physical disabilities have access to wheel chairs, transport and home renovations. Case manage complex pts
- More educational events
- By making education sessions easier to attend, or even arranging for practice visits to explain the process
- GP's particularly require increased training, better tools and supports as they are often first point of call for patients seeking to apply. In my experience, just completing the ARF or sending a health summary is not sufficient to support a patient to apply to the NDIS, meaning potentially eligible patients are not accessing the Scheme because of the support they receive from GPs initially and I don't think this is the fault of GP's, it's the arduous nature of applying to the NDIS.
- Improved access to specialist services.
- I think CESPHN has done a lot. I am just not happy with the NDIS process. I am disappointed about how it has been rolled out. It is decided on by people who don't actually know the client very well at all. More of a bureaucratic mess really.

- Change category for Exercise Physiology to same as Physio
- I have no idea
- There is unclear areas of responsibility for health vs Disability Allied health. For example, Speech therapy are not able to swallowing assessment under NDIS as it is deemed a "health Issue". Liaising with health service for end of life services. We have had some health services refuse attendance at case conference as we are not employees of Health, even though we are the community providers to the client.
- More info sheets, more information available online
- Participants and families have been confused about the pathway from registration/acceptance/planning/services. There's conflicting information on the process. Planners request different amounts of information before the plans are created, some only take parent feedback, some require long reports - it's all so varied
- Further education
- Providing information on services who will support families in this process
- More information
- Viv Kish is a great local resource
- Have someone who can assist the clients/family's/carers to access the NDIS
- Improve waiting times overall (from waiting to get ARF, to how long it takes to be reviewed, to having a planning meeting, to having the plan made, to getting services on board). Also have a better system for reviewing ARF as many clients are being wrongly declined
- More education, becoming an NDIS provider.
- The GP HealthPathways process should be shared with all PHNs. Provision of Social Workers in the Community to support patients with complex presentations would be helpful as GPs tend to give too much medical jargon which then is used to exclude patients.
- More information about who is eligible and how to help support them in their applications
- Better correspondence by mail
- BY providing resources
- Seminar or webinar
- Assist the agencies pay invoices faster.
- Give my patients access to it for my services.
- When being contacted by the NDIS informing us that our residents where eligible there was no explanation of exactly what this was which made it difficult to explain to clients and their families. As there is no direct contact number it was always difficult to contact someone and ask questions.
- Arrange webinars etc.
- Sharing information resources
- Demonstrate a few common case studies with real clients.
- More communications and links.
- support with the burden of paperwork and liaising with NDIS staff
- I think it's difficult for people outside NDIS to understand the workings of a dysfunctional organisation.
- Perhaps a template focusing specifically on psychosocial disability
- Education
- Shorter reports, more concise, standardise visual impairment criteria for registration
- Advocate with the NDIA, provide some one on one support to help people through the process, particularly those who are ready to renegotiate their plans.
- Consultation w NDIS staff
- By identifying referral pathways
- Perhaps have liaison GP worker to assist with care plans/mental health plans
- Information about appeals and reviews; information about documentation of interventions
- Regular educational session
- Practice visits
- Increase education of GP's around supporting documentation
- Include the experiences of people with disability in any education activities
- Surgery is a big topic. Making sure clients have enough or the right information to help them with their post-surgery needs.
- If there is a way for people to easily ask questions regarding NDIS process, and then having the answers distributed, or passed onto the Transition Support Project so that people can learn from each other.
- Specific advice on how to escalate a plan review.

- Many primary health workers do not understand what is required by the NDIA in an application and tend to write health reports rather than functional disability reports. Many health professionals, like the potential NDIS participants with psychosocial disability, are reluctant to state that the disability is permanent which remains a major stumbling block.
- More direct support
- Possibly a service to check applications before they are submitted to highlight areas that might result in applications being declined
- Having someone local to contact would be really helpful.
- Education sessions, advocating for online access request form - e.g. a healthlink form direct from clinical software
- Better screening for eligibility
- Get xxx care reprimanded for not paying professionals due to lack of staff. Some agencies pay within 72 hours
- Less waiting periods, get ECEI services quickly. more supported playgroups and services available in local area.
- Help with guiding providers thoroughly on how to walk their clients through the whole process from referring to ECEI providers to accessing GP medical rebate and Centrelink support to accessing therapies to mitigating the anxiety and stress the parents experience in the process.
- Keep going.
- I think the GP role has been covered fairly well. The allied health roles appear to be more challenging. It takes time and experience to gain familiarity.
- Provide specialist support for/bring together health Providers working in specific areas of health e.g. neurological conditions, diabetes etc., to improve the care pathway for participants, enabling service gaps to be identified & possibly addressed/reduced.
- Help for application and case management.
- Review accessibility help GPs draw up plans with education to be able to better guide the patient.
- Linking PWD with primary health network who are familiar with the NDIS and know how to operate within in, to support PWD to access the scheme and implement their plans.
- The meeting times with the local area coordinators is during work hours and can be difficult to attend. The PHN can continue listen to individual experiences of practitioner, but also work closer with the allied health professional bodies to work more on a strategic level.
- Networking forums, advocacy to NDIA for SDA for people with psychosocial disability
- More CPD events
- Practice visits or small group learning groups to discuss the NDIS process would be invaluable.
- Can we speak to a real person please?
- Despite the above roll-out issues, with fine tuning, it will resolve over time.
- No idea. I feel it's at the NDIA level. I am also concerned that if we have a change of government the system will be overhauled, and we will have to jump through a whole new set of hoops again. It all causes us as business owners and clinicians a lot of stress.
- The way information on important changes to funding is communicated. Often times, clients, clinicians and other relevant support workers are not aware of the same changes
- Make it easier for us to register as NDIS providers
- Continue with meetings, feedback to NDIS
- Report templates. Transparency from the NDIS about how funding is decided.
- Do not require professionals who are already covered by professional standards to spend time and a substantial amount of money to do audits. I know of several providers, us included, who are considering de-registering to avoid such an investment in time and money. Those I know who have completed it have said that it is a complete waste of time and could be templated for the most part.
- Webinars
- Provide direct link to planners
- Get early answers re eligibility before discharge
- I am not sure how to answer this question as I don't know what capacity CESP HN has in providing support.
- Up to date information
- Advocate for planners to have clinical backgrounds

- Provide clients with less hoops to jump through to access allied health funding and equipment.
- Advocate to authorities about NDIS issues as the NDIS themselves take no notice from direct contact by allied health professionals
- Ongoing support and education
- Ongoing advocacy and responding to participant identified problems/issues
- Ongoing collaboration between GPs and allied health professionals to ensure the successful roll-out of the NDIS to those people who NEED it
- Via education as above and helpline support
- Provide funding assistance for people applying to get on the scheme to help the initial planning process. I have provided many unpaid hours but cannot sustain this.
- I think that CESPHN has done very good job on the whole.  
The problem lies in the way the system relies on the Insurance Model.  
It does not deal with "real life" very well.
- Improved transparency
- Having joint sessions with allied health professionals and GPs so we can better work together for our patients
- Ensure that NDIS planners are all trained the same way and equipped with the same rating system. They need to be taught how to support clients and parents to accurately represent needs.
- More education/support and updates
- More options for timing of education activities
- It would be helpful if Education could be provided in the workplace so it's more tailored to specific programs.
- Updates on the roll-out and what GPs need to be aware of - in small quantities
- Training for NDIS providers
- Please contact me to try to arrange education on getting registered and involved in NDIS.
- Help GP familiarise the local services that are available in the area
- Training on Writing Progress Reports
- More education
- Not forcing us to spend any more money on auditing and registration.
- Clear guidelines re expectations of health involvement in applications
- Educate service providers about ethical provision of services.
- NDIS coordinators for complex needs / advocacy supports for same
- Improve registration process
- Workshops for actual completion of provider applications i.e. application completed in session with guidance.
- Assistance in understanding the process particularly in the area of paediatrics and autism spectrum/developmental delays
- Adoption of adult learning principles to facilitate understanding and acceptance of a social model of disability.
- quick fact sheets + list of organisations who can assist people applying for NDIS
- Keeping up to date w AAT decisions and impact on NDIA access policy. proactive advocacy for better psychosocial service providers
- Resource material
- More learning sessions
- More information updates and education sessions