



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

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Executive summary

The disability sector in Australia is undergoing a major reform, with the introduction of the National Disability Insurance Scheme (NDIS) nationwide. The roll-out of the NDIS in the CESPHN region commenced 1 July 2017.

The NDIS is based on the principle of person-centred care, in which people with a disability are at the centre of decisions which relate to their life.

With the roll-out of this national reform, significant issues have been raised by CESPHN's key stakeholders. As in any large-scale reform, transitional concerns emerge. CESPHN members have become aware of key issues that impact individuals who; are now NDIS participants; are now NDIS participants but whose plans do not adequately cover their needs; who are yet to transition, and who have functional impairment but who will not be eligible for the NDIS.

To facilitate a greater understanding, CESPHN requisitioned a survey of health providers and community organisations to help understand its role in improving health support for people with lived experience of disability and their carers in the NDIS context. Below is a summary of concerns raised.

- **The NDIS process:**
 - was identified as being slow, with people and families waiting for meetings, with plans being inconsistent and inadequate, and funding allocations not matched to need
 - often not taking into consideration the unique needs of priority communities.
- **Education:**
 - for health and mental health providers and NDIA staff was identified as key to ensure a seamless experience for participants
 - for health professionals on functional assessments, report writing, and the supporting documentation required.
- **Service providers:**
 - noted the difficulties with registering as a service provider, and the audit process and third-party accreditation
 - noted thin markets with some service provision, causing long wait times
 - noted that assistive technology in particular has lengthy wait times, with the process at times being inconsistent and insufficient, and lacks a clear escalation process.
- **Communication:**
 - was identified as being key with the need to be able to communicate with the NDIA directly, and to have a delegated NDIA representative available to discuss a participant plan if necessary.
 - should be improved so that GPs are informed by the NDIA when a plan is either approved or rejected
 - between NDIS providers and the GP was also considered necessary to allow GPs to have input into a participant's plan

- **The Council of Australian Government (COAG) agreement:**
 - had been identified a number of times, noting that all systems need to be aware of their obligations and responsibilities, to ensure the scheme success

There is potential to provide further support to primary care providers interacting with the NDIS. These opportunities include:

1. stronger engagement with primary care providers to support the implementation of the NDIS in the CESP HN region
2. continuing to work collaboratively with the National Disability Insurance Agency to support primary health providers
3. further education to enable health providers to adequately support people on their NDIS journey enhancing workforce development to improve skills of the primary health workforce
4. enhancing workforce development to improve skills of the primary health workforce

Background and introduction

Nearly 1 in 5 Australians (18.6% of the total population) have a disability. This group of 4.6 million Australians face significant barriers, including insufficient disability support, substantial infrastructure obstacles, low community expectations, and a sense of disempowerment resulting from the constant challenges they face. Together these barriers lead to significantly lower participation rates of people with disability in all aspects of society, including in education and the workforce, even though they can and want to contribute to our society. (Bagshaw, 2017 CESP HN Impact Needs and Planning Project – Final Report and Business Plan, p. P13)

The central basis of the design of the NDIS aims to address these issues through the development of individualised plans unique to each person, to enable them to lead a normal life and to contribute socially and economically, just as do people without disabilities. However, the NDIS does not cover all needs – people with lived experience of disability are certain to require support not directly funded by the NDIS, including support from the health and mental health systems.

The Productivity Commission determined that the NDIS should be rolled out in 10 years. The decision of the NSW Government to roll out in three has put an enormous strain on all service systems, including the health and mental health systems.

The roll-out of the NDIS reform in the CESP HN catchment is complex and multifaceted. The scope of the PHN role is much greater than was originally anticipated. At Clinical and Community Councils, and at the Disability Network, there have been many discussions regarding implementation issues.

The EIS Board (Central and Eastern Sydney PHN Board) requested a CESP HN NDIS survey of GPs, allied health professionals and community to gauge the impact of the implementation of the NDIS on the emotional and mental health and wellbeing of people with disability and their carers. This report summarises the key findings and identifies possible implications for service delivery in the CESP HN region in regard to the roll-out of the NDIS.

Survey objectives

The objective of this survey was to identify key issues about the implementation and to identify Central and Eastern Sydney PHN members' education needs. Education for the health and mental health systems is key to the successful implementation of the NDIS initiative to ensure we meet our obligations responsibilities as identified in:

- [Mainstream Interface – Operational Guidelines Version 1](#)
- [Mainstream Interface – Operational Guidelines Version 2](#) – (draft)
- [Council of Australian Government \(COAG\) Agreement Applied Principles and Tables of Support \(APTOS\)](#)

The results of this survey will inform our needs assessment, identify implementation issues experienced by primary health care staff relating to the roll-out of the NDIS and identify workforce training opportunities.

Survey method and analysis

The electronic survey was sent out for a period of three weeks to primary health providers in the Central and Eastern Sydney PHN region. To encourage participation, a communications strategy was developed, which included two follow up reminders. A total of 171 health professionals responded to the survey. The survey data was collected and downloaded into Microsoft Excel for analysis. Routine data checks were undertaken to ensure the integrity of the data. Responses for each question were analysed and cross-tabulations were undertaken for some questions to elicit greater insight into the experiences of primary health care professionals and the roll-out of the NDIS in the CESP HN region. A large amount of qualitative data was collected, and content analysis was used to identify key themes.

Some survey items were not relevant to all respondents, so the option of not applicable was also provided. As a result, not, all responses to each individual question will round to the total number of participants who participated in the survey. (n therefore varies for each question).

Results

Who took part?

As seen in Figure 1, 171 health professionals responded to the survey; and of these 80 respondents were allied health professionals, 43 were general practitioners, 16 were LHD and Network staff, 9 were practice nurses, 9 were community workforce, 4 were practice managers, and 10 were other.

Figure 1: Occupational status of survey respondents

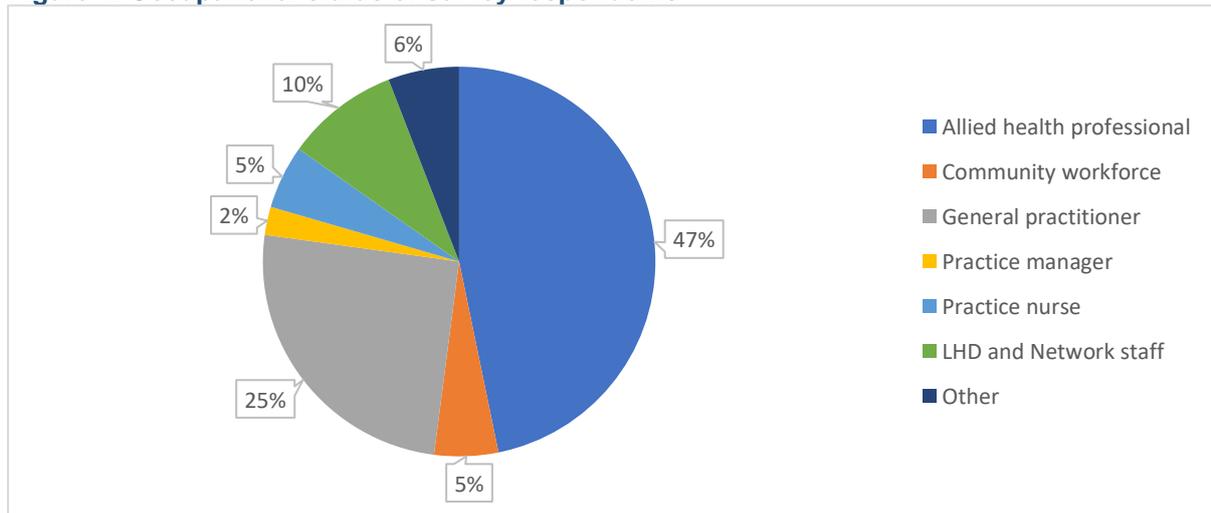
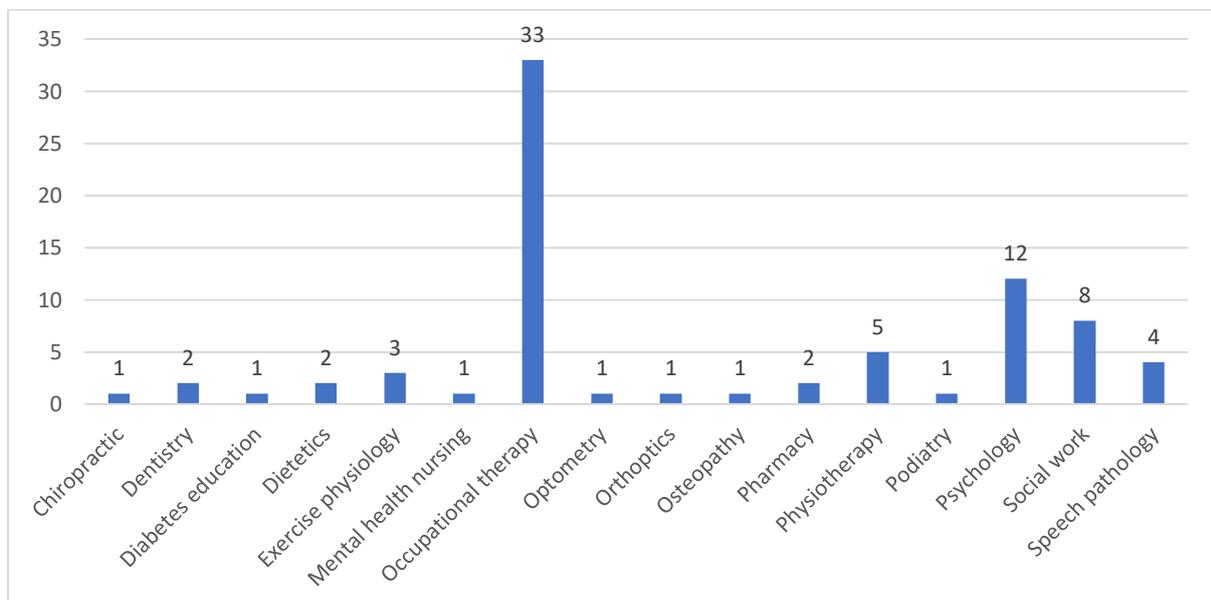


Figure 2 presents data on allied health disciplines (n= 78). Occupational therapy was the most common occupational group of those who responded to the survey, followed by psychology and social work.

Figure 2: Occupation within allied health disciplines

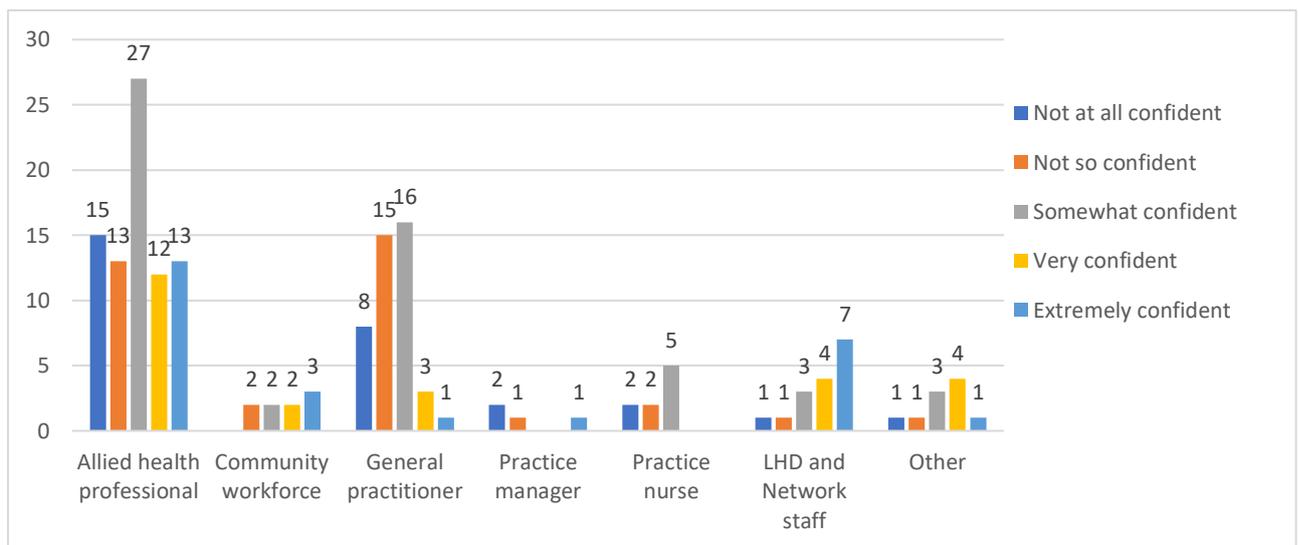


The experience of using NDIS

Confidence levels in supporting patients/clients access the NDIS to become an NDIS participant

As shown in Figure 3 of respondents (n=171), 63% were either somewhat confident/very confident/extremely confident in helping patients/clients access the NDIS to become an NDIS participant.

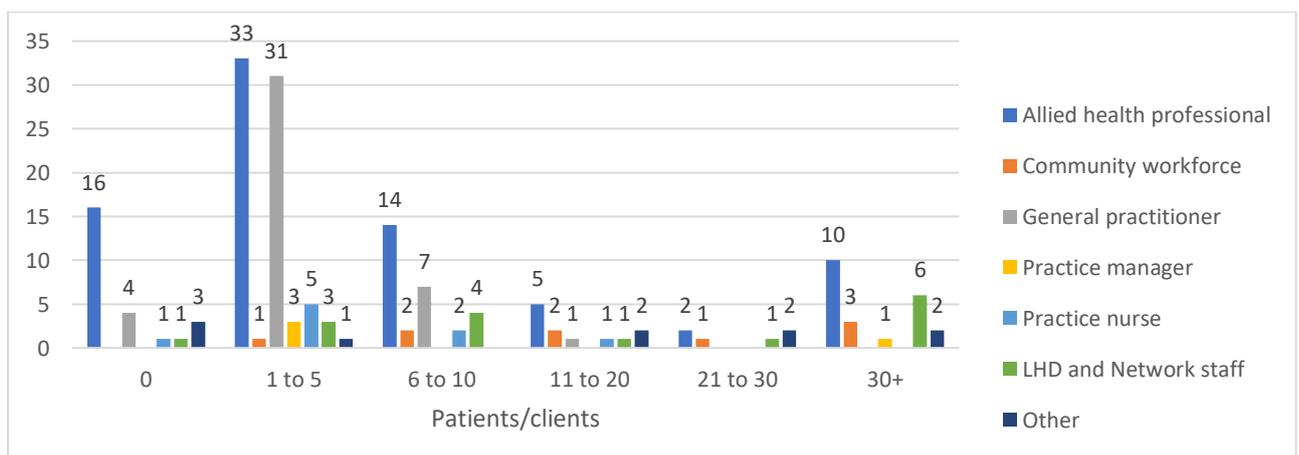
Figure 3: Confidence in supporting patients/clients access the NDIS to become an NDIS participant



Experience in assisting patients/clients to access the NDIS to become an NDIS participant

As shown in Figure 4 of respondents (n=171) 77% have had experience with the NDIS with 10 or fewer patients/clients.

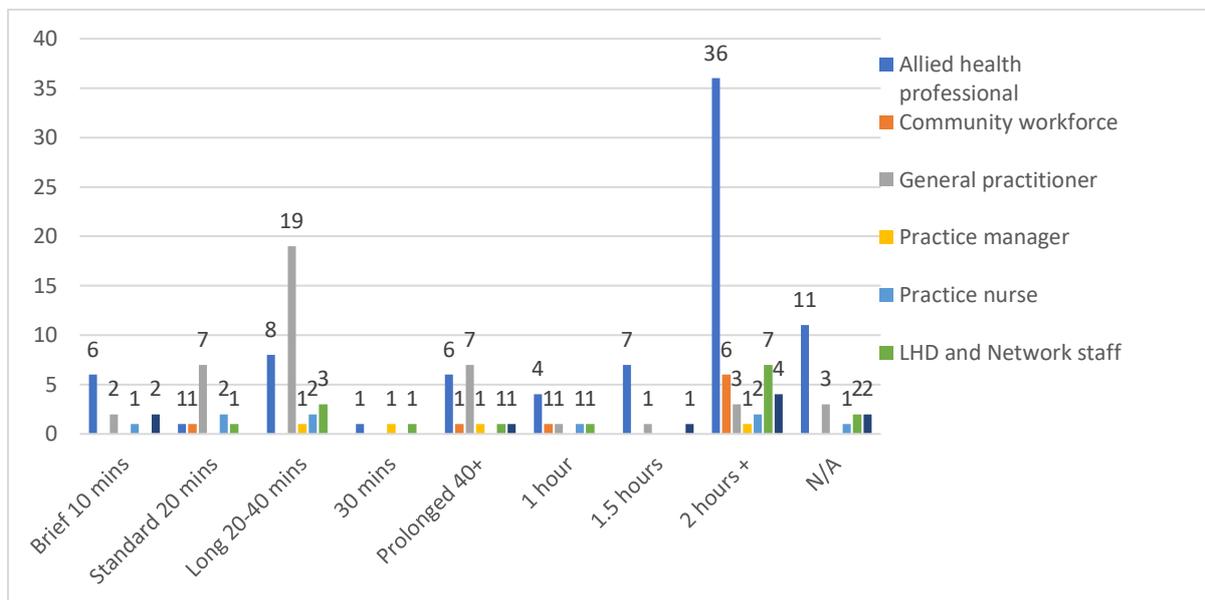
Figure 4: Patients/clients assisted to access the NDIS



Time spent or allocated to assist patients/clients access the NDIS to become an NDIS participant

Of respondents (n=171), 35% spent or allocated an average of more than 2 hours to assist patients/clients access the NDIS to become an NDIS participant, with 19% spending or allocating a long consult of 20-40 minutes and 10% spending or allocating a prolonged 40min + visit.

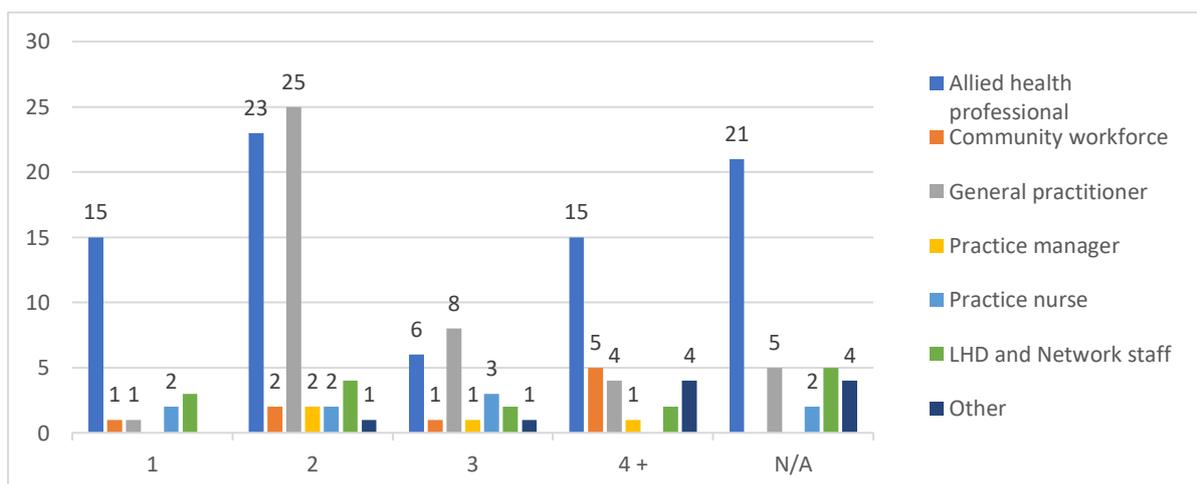
Figure 5: Time spent or allocated to assist patients/clients access the NDIS to become an NDIS participant



Visits required to support patients/clients gain initial access to the NDIS

Of respondents (n=171), about 35% spent or allocated an average of two visits to assist patients/clients access the NDIS to become an NDIS participant, with 18% spending or allocating four plus visits, 13% spending or allocating three visits and 13% spending or allocating one visit.

Figure 6: Average visits required to support patients/clients gain access to the NDIS to become an NDIS participant



Registered service providers

Of the respondents who found the question applicable (n=152), 35% are registered NDIS service providers, 56% are not service providers and 9% intend to be. See Table 1.

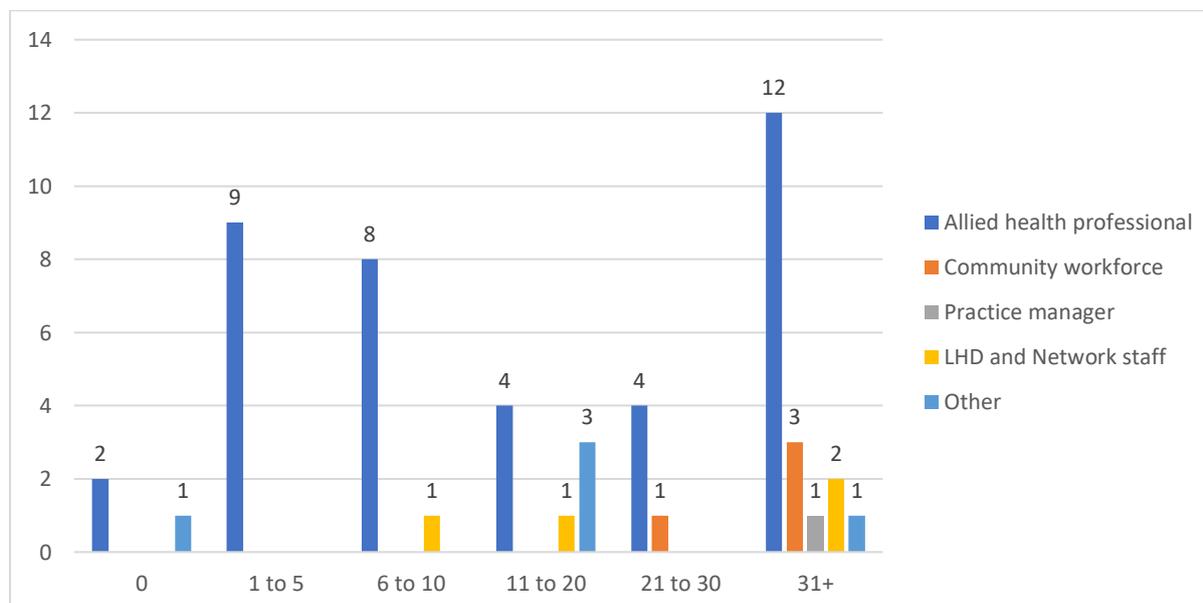
Table 1: Registered service providers by profession

	n =	Yes	Intend to be	No
Allied health professional	76	53%	13%	34%
Community workforce	8	50%	0%	50%
General practitioner	36	0%	6%	94%
Practice manager	4	25%	0%	75%
Practice nurse	5	0%	20%	80%
LHD and Network staff	14	21%	7%	71%
Other	9	56%	0%	44%
Total	152	35%	9%	56%

NDIS participants supported by providing NDIS services, by occupation

Of the respondents (n=53), 36% are currently supporting 31 or more participants by providing NDIS services, with 17% currently supporting 1-5 participants and 17% currently supporting 6-10 participants. See Figure 7 below.

Figure 7: NDIS participants supported by providing NDIS services, by occupation



Billing patients under a Medicare item number

Of the respondents who found the question applicable (n=39), nine people (23%) said that they don't use Medicare item numbers. Thirty (77%) currently use Medicare item numbers, including:

- 23 (Level B – standard < 20 mins)
- 36 (Level C – long, between 20 and 40 mins)
- 44 (Level D – prolonged > 40 mins)
- 721 (GP management plan)
- 723 (Team care arrangement) *and* (Mental health treatment plans)

A comment was made that they use 'whatever is most appropriate for the consultation, [as] there is no Medicare number suitable for the NDIS'.

Satisfaction with using NDIS

There was substantial dissatisfaction with aspects of the NDIS. The proportion who were very dissatisfied/dissatisfied was:

- 114/145 (78%) in relation to people getting access to the NDIS
- 69/91 (76%) in relation to accessing early childhood early intervention
- 82/116 (71%) with the process of completing functional assessments for the access request form
- 105/127 (82%) with the planner expertise / capability of the planner
- 102/136 (75%) with the adequacy of service provision
- 101/149 (68%) with the eligibility process for the NDIS
- 100/135 (74%) with the adequacy of the NDIS participants plan
- 62/75 (83%) with the appropriateness of accommodation for NDIS recipients
- 58/71 (82%) with the hospital discharge process for NDIS recipients
- 93/111 (84%) with the adequacy of support for carers under the NDIS
- 119/135 (88%) with the NDIS process for approval
- 78/93 (84%) with the provision of assistive technology in a participant's NDIS plan.

Seventy-five respondents provided comments, mainly with respect to:

- the process, adequacy and quality of the plan
- the consistency of creating a person-centred experience
- issues of function versus diagnosis
- the qualifications/education of staff at NDIA and the local area coordinator (St Vincent de Paul)
- the slowness of the NDIS process
- access for people with Mental Health issues and the complexity of psychosocial disability
- service provider registration and (what about) providing service for free
- communication with/from the NDIA and local area coordinator staff
- education for health professionals
- assistive technology – the wait times, the approval process, the appropriateness and consistency
- difficulties in accessing accommodation for clients waiting on a plan
- the lack of access for some people using palliative care
- the review and appeals process
- early childhood early intervention – the wait times, the approval process, eligibility, appropriateness and consistency
- specialist disability accommodation
- carers

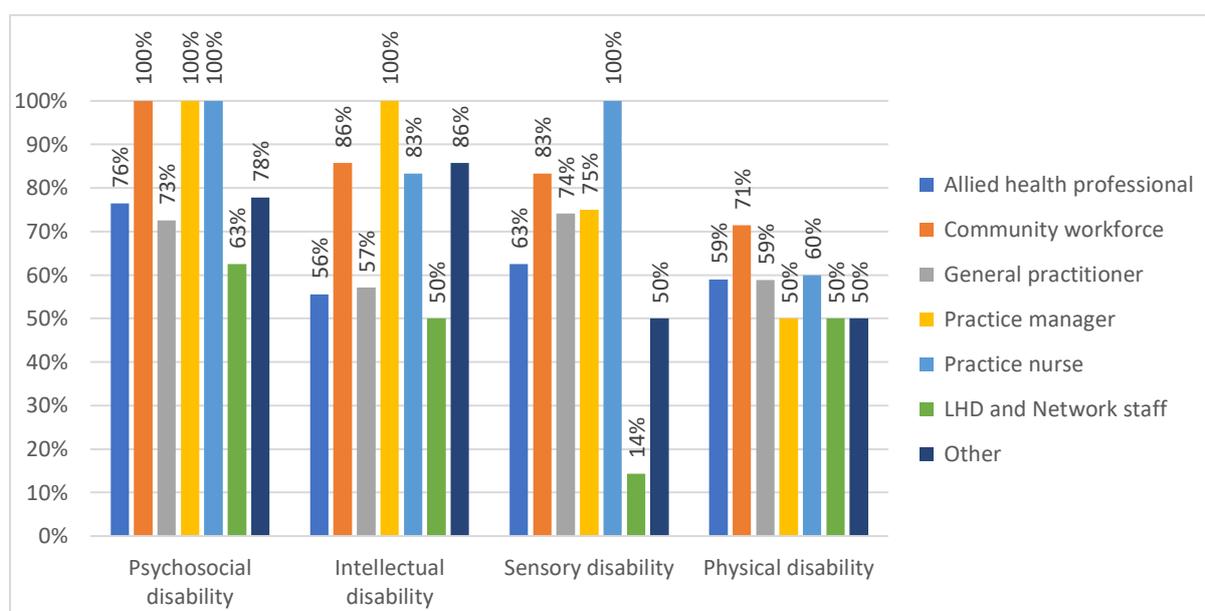
- advocacy
- clarity of operational guidelines for clinicians.

Satisfaction with the way patients/clients have accessed the NDIS and receive NDIS supports and services, by type of disability

There was substantial dissatisfaction with the way patients/clients have accessed the NDIS and receive NDIS supports and services aspects of the NDIS. The proportion who were very dissatisfied/dissatisfied was:

- 94/122 (77%) for those with patients/clients with psychosocial disability
- 78/127 (62%) for those with patients/clients with intellectual disability
- 60/93 (65%) for those with patients/clients with sensory disability
- 74/127 (58%) for those with patients/clients with physical disability.

Figure 8: Level of dissatisfaction for those with patients/clients receiving NDIS supports



Forty-two respondents provided comments, mainly with respect to:

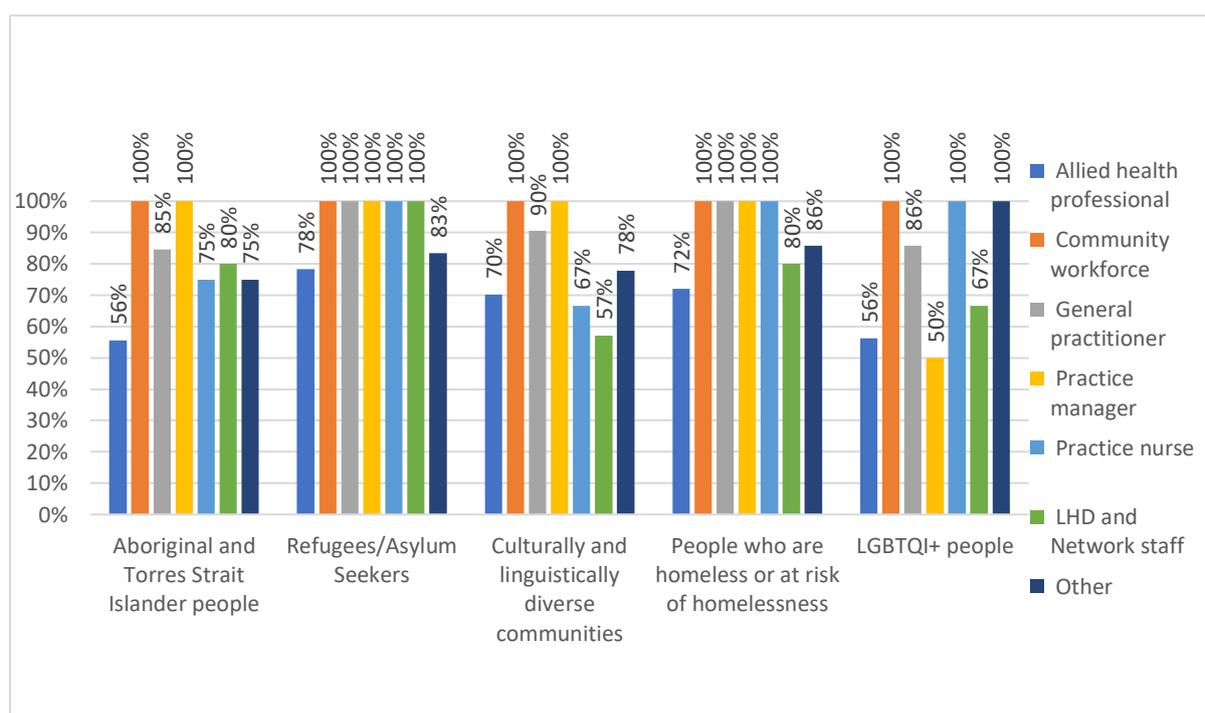
- home modifications for assistive technology
- issues around the plan regarding approval, delays, eligibility, adequacy and funding allocation
- delays in service provision
- clarity of the process
- issues around function versus diagnosis
- expertise in mental health, psychosocial disability and intellectual disability
- pathways for Aboriginal and Torres Strait Islander peoples
- pathways for culturally and linguistically diverse (CALD) communities
- lack of clarity in guidelines for report writing.

Satisfaction with the way patients/clients have accessed the NDIS and receive NDIS supports and services, by population group

There was substantial dissatisfaction with the way patients/clients accessed the NDIS and received NDIS supports and services, as can be seen in Figure 9. The proportion who were very dissatisfied/dissatisfied was:

- 46/64 (72%) for those with Aboriginal and Torres Strait Islander patients/clients
- 44/50 (88%) for those with refugee and asylum seeker clients
- 77/99 (78%) for those with clients from CALD communities
- 57/66 (86%) for those with patients/clients who are homeless or at risk of homelessness
- 33/44 (75%) for those with LGBTQI patients/clients.

Figure 9: Level of dissatisfaction for patients/clients, by community



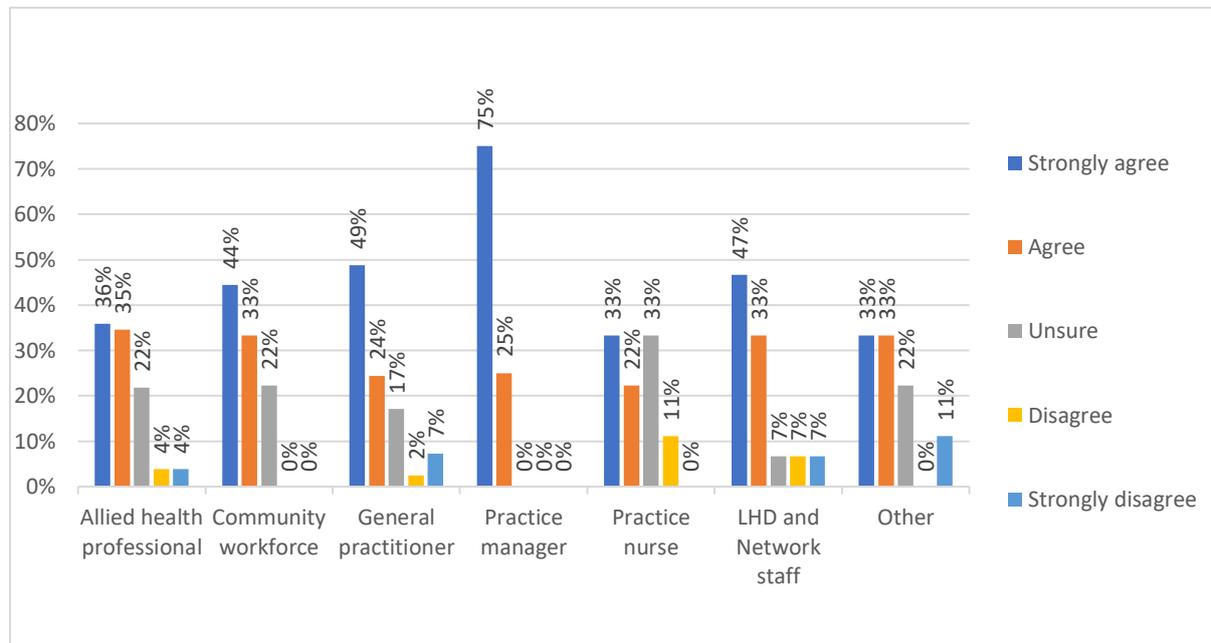
Eight respondents provided comments, mainly with respect to:

- pathways for Aboriginal and Torres Strait Islander peoples
- pathways for CALD communities
- accessibility to the NDIS for the Homeless
- accessing supporting documentation.

Impact of the NDIS process on the mental health and wellbeing of people with lived experience of disability and their families and carers

Of respondents (n=165), 72% agreed 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 they are supporting.

Figure 10: Agreement with statement regarding stressful impact



* Excluding N/A (4%)

Forty-four respondents provided comments. Here is a sample.

- 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.
- Confusion and uncertainty breed distress and a lack of coordination across service and healthcare providers is a barrier to better health outcomes.
- 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.
- 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.
- Many of my clients have been greatly distressed by the NDIS process. One told me his wife was having a nervous breakdown.
- 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.
- 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.

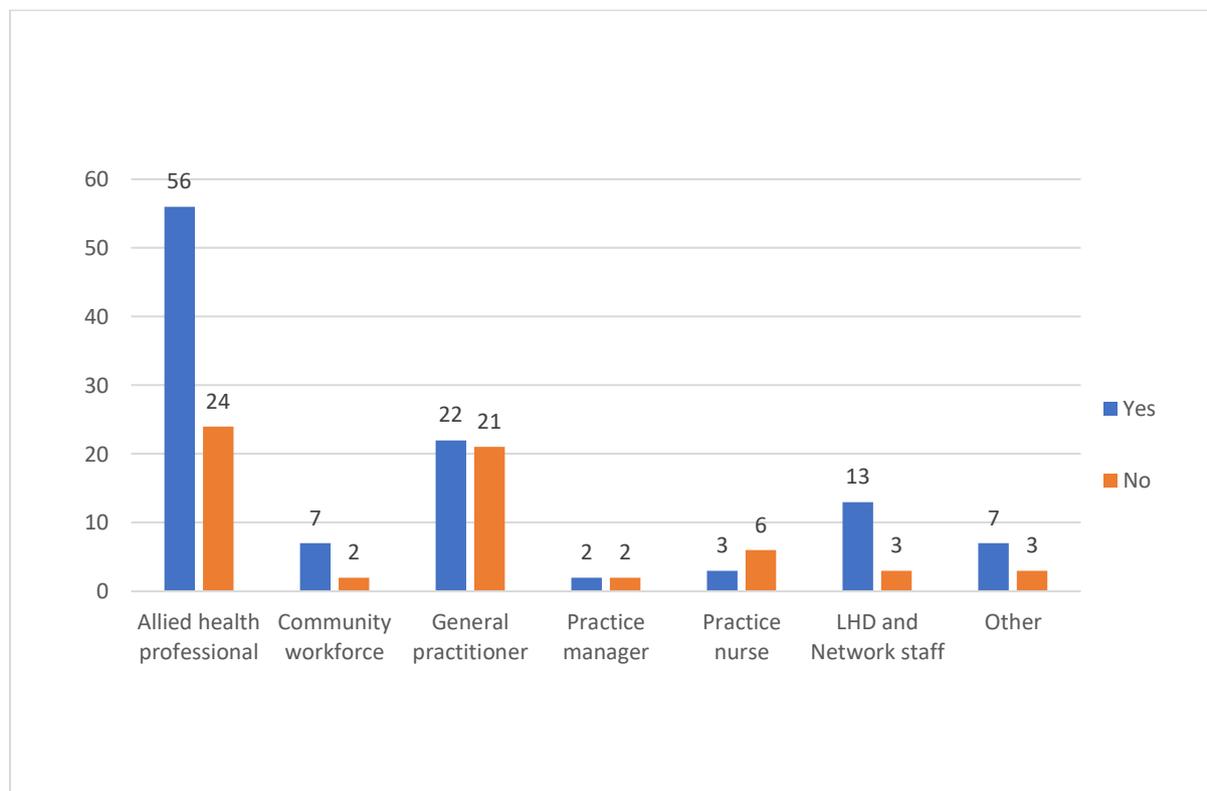
Education and support for providers

Participation in NDIS education activities to date

64% percent of respondents have participated in NDIS activities. See Figure 11 (n=171).

Note: n=number of respondents

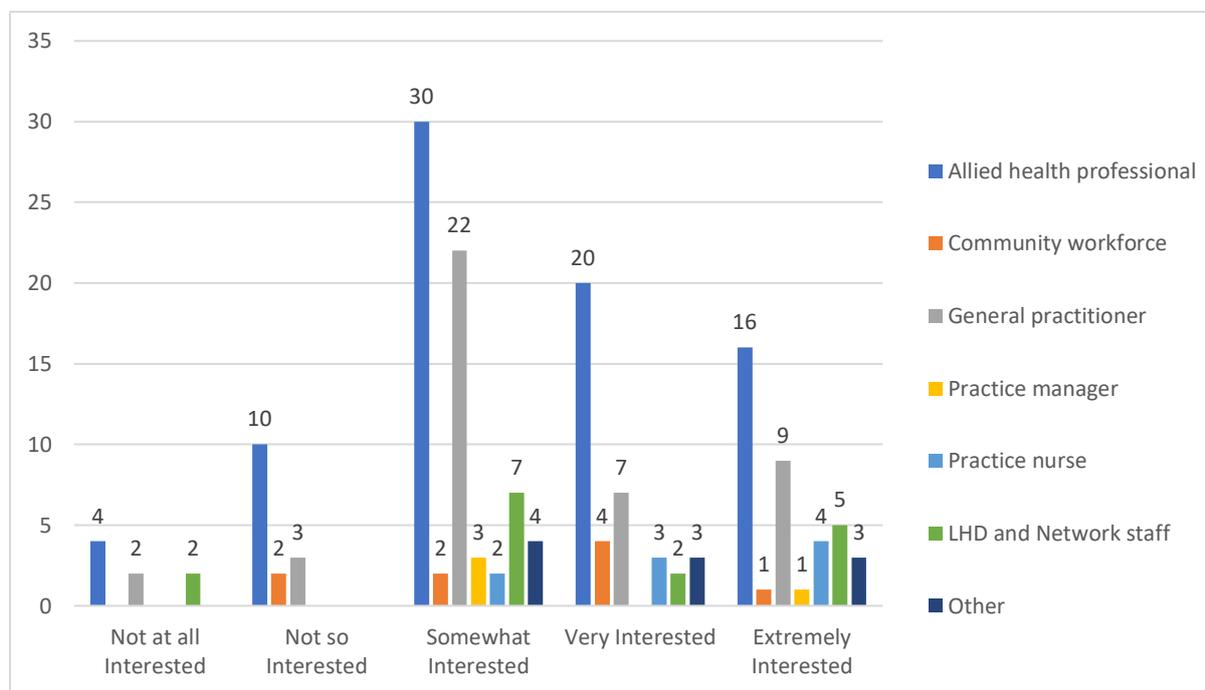
Figure 11: Participation in NDIS education activities, by professional group



Interest in participating in further NDIS/disability education activities

There is a high level of interest in attending further education events, as seen in Figure 12 (n=171).
 Note: n=number of respondents

Figure 12: How would you rate your interest in participating in further NDIS/disability education activities?

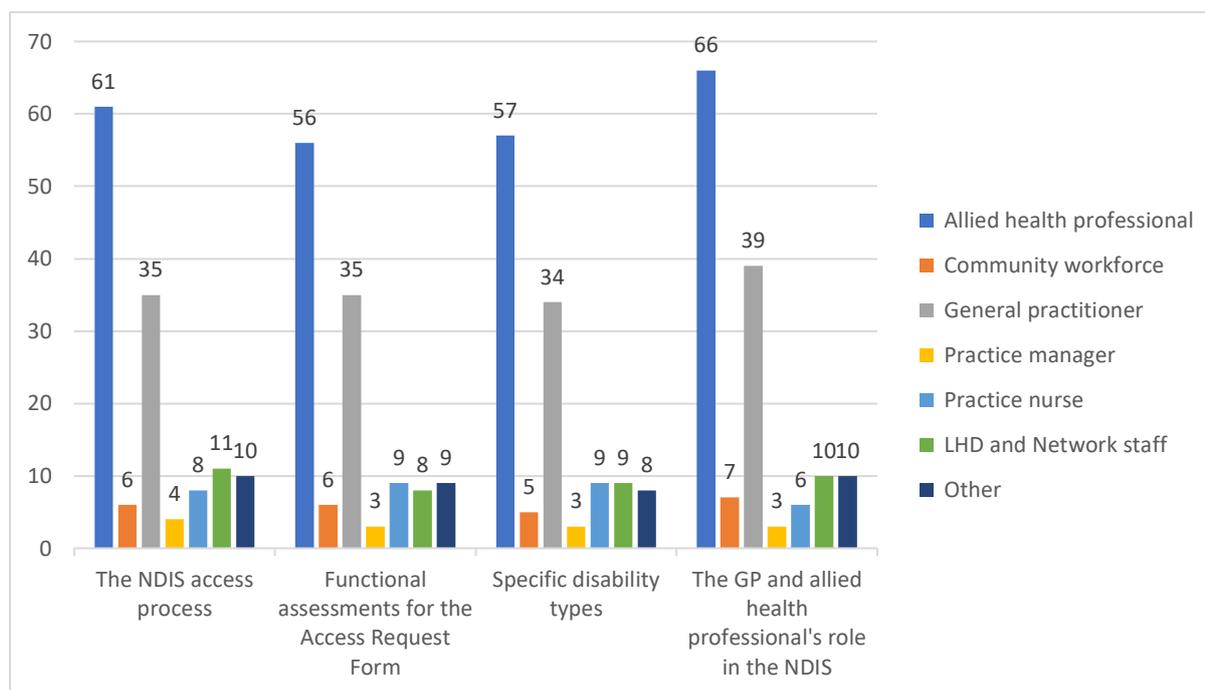


Respondents showed the following levels of interest in particular activities:

- 79% in education regarding the NDIS access process
- 74% in education regarding the functional assessments for the access requests form
- 74% in education regarding the specific disability types
- 83% in the GP and Allied Health Professional's role in the NDIS

This data is analysed by occupation in Figure 13 (n=171).

Figure 13: Interest in future education activities by occupation



Other topics of interest include:

- assistive technology
 - form completion
 - process
 - report writing guidelines
 - advice/updates
 - home modifications
- equipment funding
- how to register as a service provider
- working with service providers
- the role of allied health and disability
- preparing for a planning meeting and goal setting
- how to support an application, 12 months later in a review
- appeals process
- MBS numbers under Medicare
- mental health
 - assessing and treating psychosocial disability
 - advocacy for safe skilled service mental health i.e. appropriate line items in capacity building
 - market stewardship for service providers in mental health
 - sessions that guide psychologists through the process of becoming a provider
 - referral pathways for comorbidity (mental health/substance use/drug and alcohol/brain injury)
- the roles of the local area coordinator and the planner
- FAQs and provider Q&A
- counselling skills
- specialist disability accommodation and supported independent living

- report templates for NDIS access
- how to prepare for the audit process
- understanding of 'reasonable and necessary'
- spinal cord injury + care requirements
- social supports and the NDIS (e.g. housing/benevolent society)
- early childhood early intervention
- motor neuron disease.

The preferences for learning (n=171) are as follows.

Table 2: Preferences for learning

Preference for learning	% of respondents interested/very interested/extremely interested
Recourse fact sheets	85%
Small group learning	79%
Guest expert/peer learning	78%
Online learning modules	77%
Face to face two-hour education sessions	74%
Webinars	70%
CESPHN helpline	63%
Practice visits	59%
Podcasts	53%

The NDIS roll-out

70% of respondents were very dissatisfied/dissatisfied with the roll-out – see Figure 14 (n=141). Figure 15 (n=99) provides the dissatisfaction level by occupation.

Figure 14: Satisfaction or dissatisfaction with the roll-out

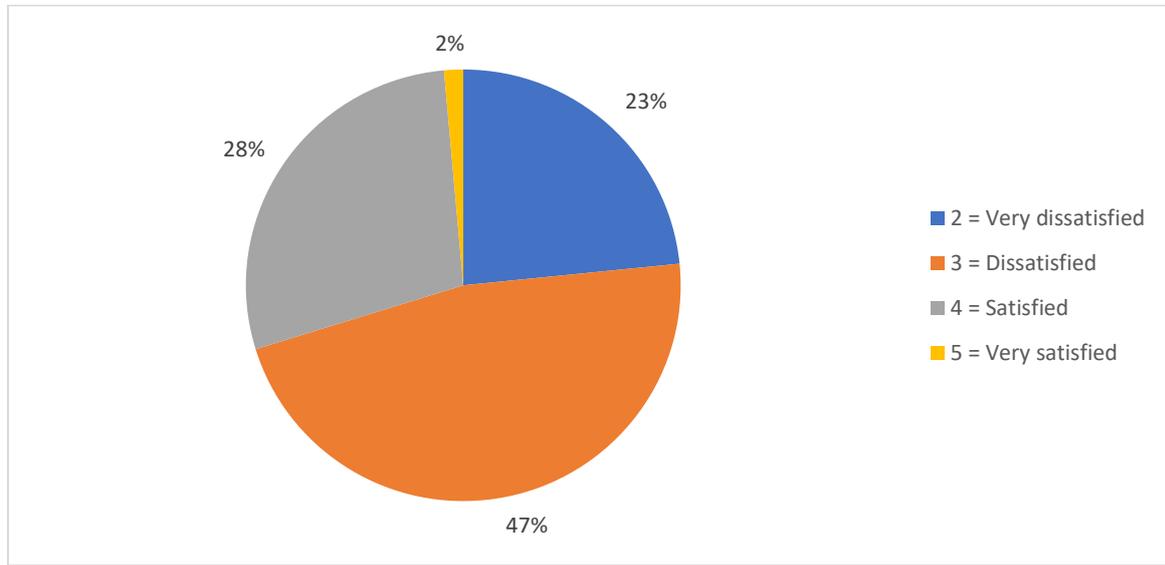
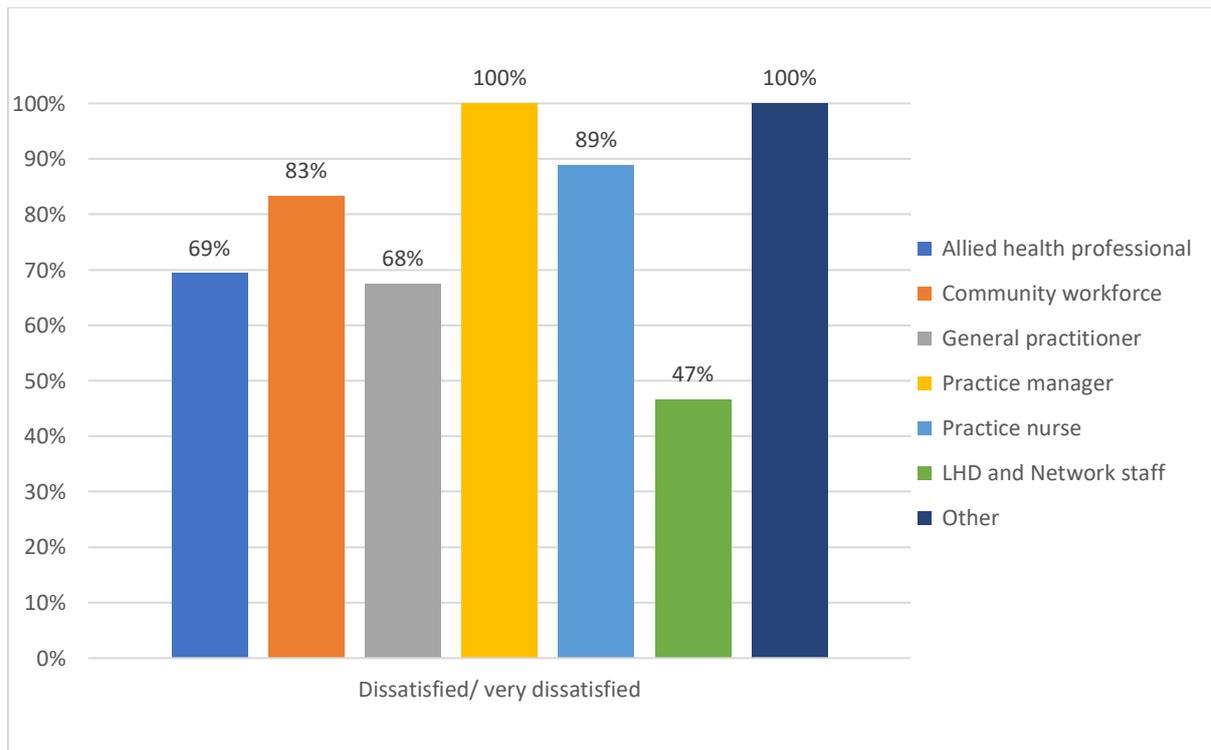


Figure 15: Dissatisfaction level by occupation



How can we better support health providers?

127 respondents provided comments. Here is a sample.

- 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.
- Small group sessions for those that need a better understanding of the system and hope to integrate the services to help outpatients.
- 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).
- Have someone who can assist the clients/family's/carers to access the NDIS.
- Possibly a service to check applications before they are submitted to highlight areas that might result in applications being declined.
- 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.
- Ongoing collaboration between GPs and allied health professionals to ensure the successful roll-out of the NDIS to those people who NEED it.
- Help GP familiarise the local services that are available in the area.
- Having joint sessions with allied health professionals and GPs so we can better work together for our patients.

Continued development and implementation of CESPHNs Disability Education Program targeted at health professionals is key to ensure scheme success. The program will continue focus on improving health professionals understanding of the 'whole of life' aspects of disability and the role of the NDIS and consider the specific needs of priority communities.

Discussion and implications

The results from the Central and Eastern Sydney PHN NDIS survey identified a wide range of issues among health providers and community organisations. The response rate of the survey was pleasing and demonstrates that health providers have strong interest in the NDIS.

Common themes that emerged include:

- The NDIS process:
 - was identified as being slow with people and families waiting for meetings, and plans being inconsistent, with funding allocations not matched to need
 - with number of palliative care patients not being deemed eligible for an NDIS package
 - with clarity needed around the review and appeals process
 - with concerns regarding hospital discharge and the difficulties with getting Specialist Disability Accommodation and Supported Independent Living and appropriate support.
 - with the need for more support for Carers, with carers not being advised of all, of the necessary reports required, leading to inadequate plans, wasted time and further costs.
 - requiring greater knowledge of advocacy organisations
 - offers particular difficulties with early childhood early intervention, with long wait times for appointments, planning meetings and therapies, and inconsistency with plans and eligibility
 - needs to take into consideration the unique needs of priority communities
- Education on NDIS, disability, health and mental health:
 - for health and mental health providers and NDIA staff was identified as key to ensure a seamless experience for participants
 - for health professionals on functional assessments, report writing, and the supporting documentation required.
- Service providers noted difficulties:
 - with registering as a service provider, the audit process, third party accreditation and how some disciplines such as exercise physiology are not included in the price guide
 - with navigating the tool kit
 - with education regarding clarity of billing
 - with thin markets in some areas, causing long wait times
 - with negotiating and finalising service level agreements
 - with assistive technology such as lengthy wait times, with the process at times being inconsistent and insufficient, and lacking a clear escalation process
 - with home modifications
- Communication:
 - was identified as being key with the need to be able to communicate with the NDIA directly, and to have a delegated NDIA representative available to discuss a participant plan if necessary.

- should be improved so that GPs are informed by the NDIA when a plan is either approved or rejected
- between NDIS providers and the GP was also considered necessary to allow GPs to have input into a participant's plan
- The COAG agreement:
 - had been identified a number of times, noting that all systems need to be aware of their obligations and responsibilities, to ensure the scheme success.

The respondents also reported their anguish regarding the level of disability, health and mental health education/skill and knowledge that NDIA staff had in relation to allowing access and building and reviewing a plan.

Many respondents commented also how involvement with the NDIS has had a stressful impact on the mental health and wellbeing of people with lived experience of disability and their families and carers, with the process being confusing, time consuming, arduous, and frustrating to say the least – this demonstrates the need for specialised support for people with lived experience their families and carers relating to the NDIS process.

The findings indicate a high level of dissatisfaction with various aspects of the NDIS process. The results are not surprising given the complex and diverse nature of the NDIS, and the speed of which this national disability reform has been launched.

There is potential to provide further support to primary care providers interacting with the NDIS. These opportunities include:

1. stronger engagement with primary care providers to support the implementation of the NDIS in the CESP HN region
2. continuing to work collaboratively with the National Disability Insurance Agency to support primary health providers
3. further education to enable health providers to adequately support people on their NDIS journey
4. enhancing workforce development to improve skills of the primary health workforce.
5. a more targeted communication strategy

It should be noted that the National Disability Insurance Agency rigorously monitors participant outcomes and has a culture of continuous improvement – with an ongoing effort to improve systems, services and processes as outlined in the NDIA Corporate Plan 2018 – 2022.

To ensure scheme success, a focus on collaborating with the NDIA and mainstream services is required to assist the scheme achieve its intended objectives and ensure the best possible outcome for participants and their families.

CESPHN would welcome further collaboration with the NDIA to support the roll-out of the NDIS in the CESP HN region and the active support of primary health providers.

Acknowledgements

We'd like to thank all those who took the trouble to respond to the survey. We'd also like to thank Jessica Sorrasson for the formation of the survey platform and Chris Cheung for data management and graphic production.

Central and Eastern Sydney PHN

National Disability Insurance Scheme (NDIS) Survey Questions

October 2018

1. What is your occupation?

- Are you billing your patients NDIS related visits under a Medicare item number?
- What MBS Item Numbers do you use?
- Type of Practice/Workplace
- Is your practice a multidisciplinary practice?

2. What is the postcode of your principle practice or workplace?

3. How confident are you in supporting your patients/clients ACCESS the NDIS to become an NDIS participant?

4. Approximately how many patients/clients have you assisted to ACCESS the NDIS to become an NDIS participant?

5. On average how much time have you allocated to assist your patients/clients ACCESS the NDIS to become an NDIS participant?

6. How many visits on average have been required for you to support your patients/clients gain ACCESS to the NDIS to become an NDIS participant?

7. Are you a registered NDIS service provider?

- Approximately how many NDIS participants do you support by providing NDIS services?

8. Thinking about your experience of the NDIS, in supporting your patients/clients. How satisfied are you with the following aspects of the process?

1. Getting access to NDIS
2. Accessing Early Childhood Early Intervention
3. Completing Functional Assessments for the Access Request Form
4. Planner Expertise - Capability of Planner
5. Adequacy of Service Provision
6. Eligibility for the NDIS
7. The adequacy of the NDIS participants plan
8. The appropriateness of accommodation
9. Hospital Discharge Process

10. Adequate Support for Carers
11. NDIS Process for approval
12. The provision of assistive technology

Would you like to comment further on section 8?

9. How satisfied are you with the way your patients/clients have accessed the NDIS and receive NDIS supports and services, for people with:

1. Psychosocial Disability
2. Intellectual Disability
3. Sensory Disability (e.g. sight, hearing)
4. Physical Disability

Would you like to comment further on section 9?

10. How satisfied are you with the way your patients/clients have accessed the NDIS and receive NDIS supports and services, for people from the following groups:

1. Aboriginal and Torres Strait Islander people
2. Refugees/Asylum Seekers
3. Culturally and linguistically diverse communities
4. People who are homeless or at risk of homelessness
5. LGBTQI+ people

Would you like to comment further on section 10?

11. Are there other issues that you have experienced with regard to the implementation of NDIS?

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 on section 12?

13. Have you participated in any NDIS education activities to date?

14. How would you rate your interest in participating in further NDIS/Disability education activities?

15. How would you rate your level of interest in the following education topics:

1. The NDIS access process
2. Functional Assessments for the Access Request Form
3. Specific Disability Types
4. The GP and Allied Health Professional's role in the NDIS

16. Are there any further NDIS/disability education topics you would be interested in?

17. Please rate your preference for learning:

1. As part of a small group learning program (approx. 12 people)
2. Face to face two-hour education sessions (larger sessions)
3. Webinars
4. Guest experts/peer learning
5. Online learning modules
6. Practice visits
7. Podcasts
8. Helpline
9. Resources fact sheets

18. Speaking as a health professional how would you assess the overall roll out of the NDIS in the Central and Eastern Sydney PHN region?

Would you like to comment further on section 18?

19. Please suggest any other ways CESPHE can better support Health Providers within the Central and Eastern Sydney PHN region, in the NDIS Process: