

4 February 2021

Queensland Productivity Commission
PO Box 12112 George Street
BRISBANE QLD 4003

Dear Commissioner

Re: Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland

Thank you for the opportunity to provide feedback on the submission draft report into Queensland Productivity Commission's Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland.

The feedback from the Australian Physiotherapy Association (Queensland Branch) is following.

Please do not hesitate to contact Belinda Spencer at belinda.spencer@australian.phsyio or 07 3199 9602, in the first instance, if you have any further questions.

Kind regards



Ben Weeks
Queensland Branch President
Australian Physiotherapy Association

Participant Outcomes – Finding 2-3

Participants are sometimes slow to activate plans as they have difficulty finding Service Providers that have capacity. I know of many families who have sat on waitlists for months following receiving their plans. It was be good to educate NDIS Plan Makers of this so that families are aware to link in with services as soon as possible, even to sit on waitlists, rather than wait until they receive their plan.

Improving participant outcomes – Finding 4, Recommendation 1-5

- Education and support are required for participants both with accessing the scheme and navigating the scheme once accessing funding pertaining to their goals. There may be some benefit to targeting populations with significant CB and Core needs for extra support.
- Independent Assessment – this is a significant concern both for Service Providers and for Participants. Concerns generally regarding their effectiveness at providing an accurate, comprehensive reflection of the complexities over time of many people with disability. Further concerns for QLD's rural and remote population as to the viability of Independent assessments
- Providers could be utilised more during the planning process. Encouraging participants to have an advocate present in planning meetings. It is so important for children and people with disabilities that they have an advocate who knows them well and I think that the Independent Assessments will really miss the mark here.
- Provision of training to planners around goal setting and what services they can access for those goal areas.
- Requires workforce development to ensure a robust, high quality workforce
- LAC education of providers and service available. Allowing LAC's to suggest providers in the area.
- Improving the ease of access and navigation to list of available providers.
- The NDIA goals are too broad and vague to be able to measure against. Either upskill planner to set specific, measurable and meaningful goals or get GP's or service providers to develop goals with the participant.

Supply side issues – Draft Findings 5-8

- Increased difficulties for participants to access CB supports outside of educational hours or facilities.
- Workforce development is imperative. Could the NDIA or the commission provide more workforce professional development or could it put out a tender to an organisation to develop disability specific content or support providers in their inhouse professional development through grants.
- Agency-managed participants, particularly in the ECEI space, are at a significant disadvantage when it comes to market access. The NDIS Quality & Safeguarding Commission audit & registration process has led to a number of ECEI providers not renewing their Registration due to the time and cost involved. When we consider that the agency-managed participants are generally the most vulnerable (those that do not have the means to self and plan manage), it is a real shame that these participants have less choice than plan-managed and self-managed participants.

Improving Market Co-ord – Draft Recommendation 6-15

- Provide incentive for Multi disc services.
- Positive to explore the role of Allied health assistants

Price Regulation – Draft Finding 9-11, Recommendation 16-20

- I would support deregulation of pricing and the shift to move plan managed out of price regulation if possible.
- More regular reviews and consultation with providers to set reasonable price caps to reduce financial burden on providers to support NDIS participants.

NDIS in Rural and Remote areas – Finding 15, Recommendation 27-29

- Innovation required for service delivery – perhaps incentives to develop fly in fly out service providers, or funding to support short stays in communities.
- Increased benefit for rural and remote participants to be plan or self-managed to improve access to providers.
- Continued support of telehealth in between face-to-face support opportunities
- Incentivise multi D service delivery

ATSI people and the NDIS – Finding 16-17, Recommendation 30-32

- Incentives to develop workforce and provide workforce support, education and development
- There would be a benefit for private providers to be able to access cultural training so that they can set up culturally appropriate programs for ATSI people and culturally appropriate ways to reach out and link in with these communities.