

Brain Injury Rehabilitation Service

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23rd February 2021

Feedback on Independent Assessments

Our service context is a specialist inpatient brain injury rehabilitation unit where the majority of our patients have a newly acquired disability following a recently sustained severe illness or injury. Almost universally, all patients who come through our unit will have significant, permanent disability and reduction in living capacity necessitating support to live in the community. If not covered by other forms of compensation (icare, workers comp), these patients will rely on access to the NDIS for the supports they require. Access Request Forms are being submitted whilst these people are still in hospital because they will require their supports to be in place in order to be able to be discharged from hospital and return to the community. **To prevent delays in hospital discharge and detrimental long lengths of stay in hospital, it is necessary that the process for these patients to access the NDIS and have Plans in place is efficient and responsive to their immediate needs.** Our experience to date is that NDIS participants with newly acquired brain impairment are experiencing significant delays in hospital discharge – almost entirely due to the slowness and inefficiencies of NDIS processes.

Things to consider about this population of people in the context they are in whilst in hospital:

- The patients are generally confused with significant cognitive impairments and do not have the capacity to engage with assessors and planners independently.
- The disability is new and foreign to them so that they have a poor understanding of what their needs will be beyond hospital
- The persons' responsible for our patients are experiencing grief and loss and are also dealing with a condition they have little knowledge and experience with. They thus have very limited capacity to be able to independently engage with assessors and planners and identify what the needs of their loved one will be beyond hospital
- In the brain Injury unit, the patients have a team of very experienced and specialised health professionals looking after them and who have a very good understanding of brain injury, its consequences and the needs of people with brain injury beyond hospital.
- This team of health professionals is in a position to provide detailed individualised information on the functional status, capacity and needs of the patients when preparing for transition back to the community. These needs have been determined over a lengthy hospital stay rather than as part of a few hours of assessment.

Considering these issues, we find it difficult to comprehend how an independent assessor is in a better position than the patient's hospital team of health professionals to assess the patients' needs and make recommendations regarding their supports on discharge - particularly if that assessor does not have a

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strong background or expertise in brain injury. Inevitably, the assessor is going to rely on the information and reports provided to them by the treating team as they will not have the opportunity to carry out comprehensive assessments to the same extent as the treating team.

Our current practice has been to provide reports at the time of the Planning Meeting once access has been approved. We could easily provide these reports at the time of submission of the ARF. Decisions on access should be able to be made from the information provided without having to carry out an independent assessment. We have concerns that independent assessments in our context will introduce another step in the process of accessing the NDIS, duplicate the work of the treating team and result in further unnecessary delay to hospital discharge.

We feel the context of people in hospital with newly acquired severe disability has not been well considered when introducing the concept of independent assessments. This require further consideration to avoid duplication and discharge delays.

Thank you for the opportunity to provide feedback on the proposal.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Gurka', with a long horizontal stroke extending to the right.

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