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Assistive Technology Suppliers Australasia Inc

Submission in response to:

Consultation paper:

***Proposal for a National Disability
Insurance Scheme***

Quality and Safeguarding Framework

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Introduction

Assistive Technology Suppliers Australasia (ATSA) welcomes the opportunity to respond to this Consultation Paper: *Proposal for a National Disability Insurance Scheme Quality and Safeguarding Framework*.

ATSA is a national organisation representing assistive technology (AT or aids and equipment) suppliers, including manufacturers, importers, distributors, retailers and repairers. Our 95 members include businesses and not-for-profit organisations, and range from small family owned businesses to international organisations throughout Australia. It is estimated that, excluding AT for communication and sensory disabilities, approximately 80% of the AT in Australia passes through the hands of ATSA members.

A viable and competitive AT provider sector is pivotal to ensuring choice and flexibility for people with disability in Australia, and meeting their needs at the lowest possible costs.

According to the Queensland Competition Authority's 2014 report into AT pricing, the Australian AT market is highly evolved and very competitive with prices on average 24% lower than those in other countries when delivery to Australia is taken into account (QCA 2014, pg. 48, see [Final-Report-Medical-and-Disability-Aids-and-Equipment](#)). For more details on AT pricing issues see the ATSA Briefing Paper: [Assistive Technology Pricing: Is it fair and reasonable?](#)

Australians with disability have access to most of the world's leading AT products through a network of 350-400 specialist AT retailers. The extensive diversity of products is remarkable in a market of just 22 million people.

The AT industry is as much a services industry, as it is a goods-based industry. In Australia the cost of most of these services are factored into the retail price of AT rather than being charged separately, except for some post-sales activities such as maintenance and repairs. Services to the sector by AT suppliers include: research and development, innovation, sourcing new products, training allied health practitioners, standards testing and compliance, regulatory compliance with the Therapeutics Goods Administration, and providing free AT demonstration products to Independent Living Centres and other key facilities such as brain injury, spinal cord injury and rehabilitation units.

Services to individual AT users include pre-sales activities such as provision of information, advice, detailed assessment and development of specifications for an AT solution, quotes, holding extensive stock of a wide range of AT for display and trials, configuring and adjusting the device and in-home trialling. Post-sales services include delivery, set-up, adjustment, training, and ongoing support/advice, maintenance, repairs and spares. All of these services are undertaken to ensure a good fit between the person with a disability and their AT, and often require considerable specialised expertise and experience.

An active partnership between the person with the disability, their allied health practitioner(s) and their AT supplier(s) is essential to ensuring a good outcome for the individual.

Quality and Safeguards Framework – Irrelevant to Assistive Technology Provision?

The Consultation Paper appears to identify the key issues and central options of primary relevance to achieving the maximum levels of choice and control for people with disability, while at the same time ensuring that an adequate level of quality and safeguards are in place. As noted early in the Consultation Paper (pp. 3-4), with the move away from block-funded service delivery where the government is the purchaser of services and a shift to market-oriented individualised service provision and purchasing, a new nationally consistent single framework for quality and safeguards is needed for the NDIS.

The Consultation Paper states clearly and emphatically on page 4 that ‘Governments will no longer be purchasing specialist disability services’. However, the NDIA is currently proposing that AT will be the notable exception to this progressive, human-rights based and economically efficient new approach to specialist disability services.

The NDIA has proposed that instead of using the universally accepted NDIS framework of consumer choice and control and individualised purchasing in a competitive open-market arrangement, AT products and services will be purchased directly by the NDIA (or its contracted agent) in a block-funded centralised purchasing model (see [Assistive Technology Discussion Paper](#)). Poorly conceived financial modelling based on very incomplete data and analysis has generated the false impression that such an approach will effectively meet the needs of people with disability at a lower cost than an individualised purchasing model that supports choice and control (see [ATSA Response to the NDIA AT Discussion Paper](#) for more details).

Consequently, a separate set of requirements regarding quality and safeguards will have to be developed, implemented and enforced by the NDIA in relation to AT goods and services provision by a limited number of ‘NDIA preferred’ specialist AT retailers. Typically these quality measures and safeguards will become part of the centralised block-funded purchasing contracts entered into by the NDIA for AT products and services. For example, the usual protections provided to consumers under the very robust Australia’s *Competition and Consumer Act 2010* are unlikely to apply as NDIS Participants will neither purchase nor own their AT. There may be some minor exceptions such as some items directly purchased through mainstream retailers such as chemists and big retail chains that are low cost/mass produced/low-risk, and require little or no support and services from specialist AT retailers to ensure appropriateness, adjustment/assembly and safe use.

Requiring the separate additional development, implementation and enforcement of an alternate set of requirements for AT quality and safeguards significantly undermines the original intention to have a single national quality and safeguards framework. It also fails to deliver on the goals of minimising regulatory burdens on providers and increasing administrative efficiencies that are major aims of the framework as well as the NDIS legislation (see the last two dot points quoted from the Consultation Paper below).

The proposed centralised, rather than individualised, purchasing approach for AT would appear to contravene the principles that underpin the Quality and Safeguard framework (pg 4), which reflect the aims of the NDIS and related legislation:

- Choice and control. The NDIS should maximise opportunities for people with disability to make decisions about their supports.
- Risk-based and person-centred approach. Safeguards under the NDIS should relate to the actual level of risk faced by a person.
- Presumption of capacity. The NDIS should presume that all people with disability have the capacity to make decisions and exercise choice and control.
- National consistency. The quality and safeguarding framework should provide the same protection to people, regardless of where they live in Australia.
- Reducing/minimising regulation. The quality and safeguarding framework should create the least burden possible on individuals and providers of supports while still achieving the agreed quality and safeguarding aims of the framework.
- Administrative efficiency. A national quality and safeguarding system should be well organised.

The likely end result of the proposed centralised top-down purchasing arrangements by the NDIA for AT have been well established through the long history of their use throughout the disability sector for many years: (a) lack of choice and control for people with disability; (b) lack of flexibility and responsiveness to diverse and individual goals and needs; (c) lack of innovation; and (d) a focus on short term savings rather than long term outcomes. In other words – poor quality outcomes, and little capacity for NDIS participants to take control over their own lives, including taking reasonable risks. This would appear contrary to the spirit and intent of the NDIS, and also is contrary to the framework and options proposed in the Quality and Safeguards consultation paper.

If the current proposal to use centralised purchasing model for majority of AT for NDIS participants is reconsidered, and a higher quality, more efficient and flexible model for AT provision that is in line with the rest of the NDIS is adopted, the proposed Quality and Safeguards Framework would work well for AT provision. In relation to some of the key options proposed, the major issue regarding AT goods and services provision would be the utilisation of a hierarchical structure of quality and safeguards that are proportional to the risks involved.

For example, the four options outlined for Provider Registration (pg 32) could be simplified to a 2 or 3 tiered structure in which the level of risk was commensurate with the registration requirements for organisations, and competency requirements for individuals working within those organisations. Some AT goods and services are relatively simple and represent few risks, while other AT goods and services are more complex and require higher levels of professional knowledge and skills (both technical and interpersonal). Notably, risks arise from not only the AT goods and services provided, but also to the individual and their environment.

A comprehensive Options Paper: [National Credentialing and Accreditation for Assistive Technology Practitioners and Suppliers](#) (2013) detailing these issues in relation to AT was funded by the then Department of Families, Housing, Community Services and Indigenous Affairs, through the National Disability Insurance Scheme Practical Design Fund. Key findings from this work could readily be incorporated into a single national quality and safeguards framework for the NDIS).

In summary, the options paper on AT credentialing and accreditation recognises the need to credential individual AT practitioners at different levels of expertise depending on the levels of risk involved. It also recognises the need to provide accreditation to organisations and businesses that supply AT to individuals with a disability of all ages. Based on this work, we believe the Quality and Safeguards Framework for the NDIS should not pursue just a single option for:

- registration (Options 1-4 as described in the Consultation Paper);
- complaints handling (Options 1, 2, 3a & 3b)
- ensuring staff are safe to work with NDIS Participants (Options 1-4)
- safeguards for those managing their own plans (Options 1, 2a, 2b, 3a, 3b, 3c)

Instead, the range of options should be reworked substantially into a tiered structure to enable the requirements to be tailored to the different levels of risks in relation to the services and products being provided, as well as the risks in relation to the individual and their environment. This is commonly known as 'right touch regulation' in which the level of regulation is commensurate with the level of risk involved. The resulting matrix structure must be relatively simple and clear or it will be unworkable. Some ideas for how this might be done can be found in the previously mentioned options paper for AT accreditation and credentialing.

ATSA members must also abide by the ATSA Code of Practice (see www.atsa.org.au). This provides additional safeguards to NDIS Participants and others when purchasing AT from an ATSA member. We believe that NDIS Participants' choice of AT products and services, and who supplies these, should not be restricted beyond the fundamental NDIS requirement of being reasonable and necessary. However, to assist NDIA Participants to make well informed decisions about which AT suppliers (including both businesses and not-for-profits) can best meet their needs we would strongly encourage the NDIA to ensure that NDIA planners and NDIS Participants are aware of the ATSA Code of Practice and its role in relation to helping to ensure good quality and safe AT provision.