

Dear NDIA,

I'm writing this submission as a user of various assistive technology (AT) and keen advocate of the NDIS. My name is Carl and I live in Melbourne where we unfortunately do not have access to the NDIS as yet. I've been very excited watching the scheme be rolled out and refined over time. However, I do have some concerns with the latest discussion paper regarding AT, and this is what my submission will cover.

"Choice and control" are the hallmarks of the NDIS, as you are well aware. Placing control of funding, and thus choice on what that funding is spent on is an amazingly powerful concept, and one which is very new for me as a consumer and purchaser of AT. Victoria has claimed to offer similar virtues in their disability funding regarding AT, yet there have been many recent tenders that limit this choice and control and are likely to reduce the chances of me using my preferred supplier and accessing my preferred AT solutions in the future.

The tender for wheelchair maintenance as an example has had a very negative impact on me personally. I can no longer have my wheelchair manufacturer repair my wheelchair, and need to rely on the preferred company chosen by a 3rd party (in this case the Victorian Statewide Equipment Program – SWEP). In my experience, this company has been well below par, not knowing anything about my wheelchair, and constantly providing shoddy repairs due to lack of knowledge and skills. As a result of this, my wheelchair has had to be repaired by my manufacturer, but as this is against SWEP rules the expense has been out of my own pocket. Receiving the disability support pension, this extra cost is hard for me, and one that I do not believe I should have to endure.

Luckily though, prior to the recent tenders I was able to choose (along with my OT) the brand and model of AT I purchase with Victorian government funding. The managed procurement model proposed in your Discussion Paper will narrow my choice to a specific set of AT chosen by bureaucrats or committees as a 'sufficient' selection, a set which may not provide me with the options I require. My shower chair/commode chair is extremely customised, and had to be made as a one-off. This would not fit in with the managed procurement model proposed in your submission. I feel that this would go against the hallmark of the NDIS, again, "choice and control". Yes, I may be able to choose from some AT, but if none of it suits me, why must I go through laborious processes and have special consideration given to me? This would just provide roadblocks and produce inefficiencies.

I studied a Bachelor of Business (Honours), so I believe that I have a relatively good grasp on economic theory. The notion of tenders and the reduction of options may indeed provide short-term savings for the NDIS, but over time these costs will blow out, as suppliers themselves will become complacent. The free market will not be able to function. I understand that the insurance model of the NDIS hopes to make it a system that can expand

and contract over time, depending on the changing needs of the population. It was promoted as a system that is responsive to consumer needs, limiting choice through managed procurement will not do this.

The fact that I'm writing this submission indicates that I'm passionate about disability rights and the NDIS. This means that I may be able to go the extra mile to navigate around the managed procurement and limited choice of AT that will one day be available to me under your proposal. Other people with disabilities who may be less prepared and resourceful than myself may not. They may not know how to navigate the system, and may select the piece of AT that is offered to them first, not knowing there may be other options buried in the bureaucracy. Again, this does not represent "choice and control" or real long-term economic efficiencies - and is ultimately going to result in poorer outcomes for people like myself and higher costs for the NDIS.

I urge you to reconsider and refine your desired approach towards AT and the NDIS. A free market with free choice, aided by able OTs and empowered consumers will keep AT prices low and outcomes high. It will also increase the quality due to competition and continuous improvement. Managed procurement and panel selection of AT will not provide "choice and control" for people with disabilities. The suggestion that it will is paternalistic and patronising, something people with disabilities have had enough of.

Yours sincerely,

Carl Thompson