



**Continenence Nurses Society Australia Inc (CoNSA)**

Including:

Continenence Nurses Society Australia, New South Wales and Australian Capital Territory Branch Inc

Continenence Nurses Society Australia, Queensland Branch Inc

Continenence Nurses Society Australia, Victorian and Tasmania Branch

Continenence Nurses Society Australia, South Australian, Northern Territory and Western Australian Branch Inc

consasec@gmail.com

www.consa.org.au

PO Box 3207, Murrumbeena, VIC, 3163

20 August 2017

To Hon. Christian Porter MP  
Minister for Social Services and Disability Services  
christian.porter.mp@aph.gov.au

To Hon. Jane Prentice MP  
Assistance Minister for Social Services and Disability Services  
jane.prentice.mp@aph.gov.au

Dear Mr Porter/Ms Prentice,

**Re: Continenence Assessments via National Disability Insurance Scheme (NDIS) –  
Continenence Assessment rebate for NDIS recipients**

The Continenence Nurses Society Australia (CoNSA) writes to express our major concerns regarding the provision of and reimbursement rates for continence assessments provided to NDIS participants. CoNSA is the peak national professional body for registered nurses employed within the specialist area of continence nursing practice, otherwise referred to as Nurse Continenence Specialists (NCSs) throughout Australia.

This letter aims to:

- Provide the National Disability Insurance Agency (NDIA) with a clear description of the role and benefits of NCSs as providers of continence assessments in the context of the *National Disability Insurance Agency Outcomes Framework for Assistive Technology & Consumables* which has been developed to assist NDIS participants to achieve their individual continence goals; and
- Articulate the strong position of CoNSA, as the advocate for all Australian NCSs, in seeking a price review and inclusion of NCSs as registered nurses in the Therapeutic Supports Registration Group

Within Victoria, there has been extensive lobbying and awareness raising by many Victorian continence services that have rolled into the NDIS by the North Eastern Melbourne Area (NEMA) Readiness Group in 2016/17. The NDIA has responded by creating a new support item line in the 2017/18 price guide - *Community Nursing Care 15\_051\_0114\_1\_3 Continenence aids: assessment, recommendation, and training delivered by a nurse* priced at \$95.77/hour. The issues we have

with this are: (i) within this registration group the item can be claimed by a registered nurse but also a welfare officer to provide this service and (ii) the rate of reimbursement.

Welfare officers do not have any nursing qualification or post graduate education in the field of continence assessment or management. The welfare officer's role is to assist individuals, families and groups with social, emotional and financial difficulties. For that reason, we contest their inclusion as a legitimate provider of continence services to NDIS participants. CoNSA are of the view that it is critical that continence aid assessments are only conducted by appropriately skilled and qualified NCSs, rather than welfare officers.

A NCS is a registered nurse with post graduate qualifications and experience in continence assessment, management and development of therapeutic plans for participants/clients with complex bladder and bowel issues. Please see attached the draft *CoNSA Practice Standards for NCSs* to give an insight into the high level of practice required and provided by a NCS.

A continence assessment and the development of a continence therapeutic plan includes:

- Obtaining a participant's comprehensive medical and surgical history as it relates to their bladder and bowel function
- Undertaking and ordering appropriate diagnostic tests
- Undertaking appropriate physical examinations

A continence therapeutic plan is developed by the NCS with the participant to optimise their bladder and/or bowel function and maximise his/her independence in activities of daily living and productive activities including paid work, study, volunteering and childhood play.

A NCS has the knowledge and expertise to be able to provide clinical justification for continence aids and consumables following a continence assessment. A welfare officer does not have this training or skill set.

The NDIA has advised CoNSA that the rates of reimbursement for a continence assessment is based on the Transport Accident Commission's (TAC's) reimbursement rates for nursing assessment. In addition, NDIA have also advised CoNSA that the rate of reimbursement for allied health professionals is too based on the TAC's reimbursement rates. There appears to be inconsistency and a negative bias towards nurses as allied health professionals appear to be reimbursed at a higher rate than the TAC rates whilst nurses are being reimbursed at a lower rate. For example:

<b>Nursing Services</b>	<b>Occupational Therapist</b>	<b>Physiotherapist</b>
<b>TAC 17/18:</b> Specialist Assessment by a Nurse NS670 = <b>\$96.54/hr</b>	<b>TAC 17/18:</b> Prolonged Consultation (45-60min) D606 = <b>\$92.93/hr</b>	<b>TAC 17/18</b> Standard Consultation EXP001 = <b>\$93.38/hr</b>
<b>NDIS July 2017:</b> Community Nursing Care Continence aids: assessment, recommendation and training delivered by a nurse 15_051_0114_1_3 = <b>\$95.77</b>	<b>NDIS July 2016:</b> Occupational Therapist consultation education report, travel for home inspection and organising equipment 15_048_0128_1_3 = <b>\$175.57/hr</b>	<b>NDIS July 2016:</b> Physiotherapy = consultation education report, travel for home inspection and organising equipment 15_048_0128_1_3 = <b>\$175.57/hr</b>

The allocation of time, in hours, for a continence assessment through the NDIS requires negotiation with the participant's planner up front, when the provider is approached and before the participant is met. A standard allocation of 3-4 hours is generally made for a continence assessment and review of the participant's progress. Therapeutic intervention is limited or prohibitive because of no further funding being accessible. The NDIS does not cover travel expenses, which is a barrier to service provision and allocation of specialist nursing staff time within fiscal considerations.

Where the TAC is involved, once an approval for a continence assessment is obtained for a client, there is no time limit placed on the hours required to provide a continence assessment. Provision is also made for the time it takes to write up a report following an assessment and includes payment for any associated travel expenses to attend the assessment.

Conversely, in some circumstances continence aids may be provided through the NDIS for some individual participants without the requirement for a continence assessment.

Wagg et al's (2014) systematic review, evidence synthesis and expert consensus on international continence care found that nurse-led community-based model of continence care appeared to be associated with clinical and cost effective care for clients with bladder and bowel incontinence. It follows that having a NCS involved with a NDIS participant, the participant will be better placed to have their continence issues assessed, diagnosed, and a range of suitable and cost effective aids selected to achieve the clients goals in accordance with their allocated funding.

Deloitte Access Economics report on '*The economic impact of incontinence in Australia*' in 2011 found the total health system cost of incontinence was projected to be \$271 million by 2010 and \$450 million by 2020. This estimate was based on a health inflation rate of 3.4% per annum and the projected population growth rates between 2010 and 2020.

The NDIA rules and arrangements that apply to Assistive Technology (Support Category 2.05) state that this category includes all aids or equipment supports that assist participants to live independently or assist a carer to support the participant. It also includes related assessment, set up and training support items.

The NCS who conducts continence assessments and develops continence therapeutic plans should, therefore, fall in to the existing registered nurse category **included** within the *Therapeutic Supports registration group - Support item 15\_048\_0128\_1\_3 Individual assessment, therapy and or training* (includes assistive technology).

In order for the government to get the most efficient outcomes for continence aids provision within the NDIS funding streams, CoNSA considers all continence assessment must be conducted by a NCS and funded under the following model:

#### **Individual assessment, therapy and/or training**

Individual assessment takes into consideration any therapy and/or training (which includes assistive technology) *15\_048\_0128\_1\_3 Assessment, therapy, training, fitting* and any approved *travel* to deliver support (currently funded at \$175.57/hr).

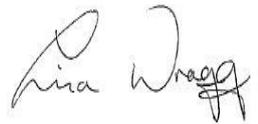
CoNSA strongly request that the NDIS rate for nursing assessment is immediately reviewed and realigned to parallel the rebate that is applicable to occupational therapy and physiotherapy rebate for NDIS outlined in the above table to equal fee for service at \$175.57 per hour. CoNSA acknowledge this support item is the best option to realistically reflect the real cost of the specialist skills and knowledge of the NCS reflective of the outcome of a continence assessment.

We openly welcome the opportunity to arrange a mutually agreeable time to meet with you and your department to ascertain your position in relation to matters herewith. We can be contacted on Tel: 0434 935 814 or Email: [janiethompson@optusnet.com.au](mailto:janiethompson@optusnet.com.au)

Yours sincerely



JANIE THOMPSON  
President, CoNSA National



LISA WRAGG  
President, CoNSA Vic/Tas Branch  
ANMF Special Interest Group

Copy: NDIA CEO, David Bowen, GPO Box 700, Canberra, ACT, 2601  
NDIA COO, Grant Tidswell, GPO Box 700, Canberra, ACT, 2601  
NDIA, Deputy CEO – Governance and Stakeholder Relations, Margaret McKinnon, GPO Box 700, Canberra, ACT, 2601  
NDIA Deputy CEO – Participants and Planning, Stephanie Gunn, GPO Box 700, Canberra, ACT, 2601  
NDIA Deputy CEO – Markets and Supports, Vicki Rundle, GPO Box 700, Canberra, ACT, 2601  
Commonwealth Chief Nursing and Midwifery Officer, Debra Thoms, [CNMO@health.gov.au](mailto:CNMO@health.gov.au)  
Mr Martin Foley, Victorian Minister for Housing, Disability and Ageing, Mental Health and Equality, Creative Industries, [martin.foley@parliament.vic.gov.au](mailto:martin.foley@parliament.vic.gov.au)  
Ms Lee Thomas, Federal Secretary – ANMF, [anmfcanberra@anmf.org.au](mailto:anmfcanberra@anmf.org.au)  
Ms Lisa Fitzpatrick, Victorian Branch Secretary – ANMF, [anmfmelbourne@anmf.org.au](mailto:anmfmelbourne@anmf.org.au)

References:

- Wagg, A., Newman, D.K., Leichsenring, K and van Houten, P. (2014) 'Developing an Internationally-Applicable Service Specification for Continence Care: Systematic Review, Evidence Synthesis and Expert Consensus.' PLOS ONE August 2014, 9(8):1-11
- Deloitte Access Economics (2011) The economic impact of incontinence in Australia. Continence Foundation of Australia