

From: [redacted]
To: [consultation](#)
Subject: Public Consultation Submission
Date: [redacted]

Online Submission Form



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Consultation feedback

In the current landscape are there aspects of the WC or CTP schemes that should be extended to the other scheme to optimise WR service provision?

1. It would be beneficial to have some services available in both WC & CTP markets where we are able to use a person-centred approach to deliver a quality service to our clients. For example, more health-related opportunities to assist our clients and not being fixed on a code to deliver our services. We are best placed to decide on what the individual needs by way of WR care.

Do we have the breadth of WR services, interventions and supports required for optimal recovery and RTW outcomes for injured people in NSW?

2. We could improve the breadth of service offerings in the psychosocial space. Again, at times, the WR framework does not allow for us to look at programs to benefit the individual given we are limited in what we could do, for example if we wanted to deliver programs specific to our business and/or look at innovation like partnering with a recruiting firm as an example, it is difficult to do this given we need to be bound to a code to deliver services. It is also important to look at claim referral from DOI to DOR to ensure early intervention remains key. Sometimes we receive referrals where there is a significant delay, and we know early intervention works. This is more so in the CTP space, however, also important to call out in WC as well. An approach to consider may be to operate like providers in the Disability Employment Services space, whereby providers have the flexibility to be innovative and deliver services however they please, however a robust performance framework analyses the success of their approach.

What would be the best approach to building capability in WR service provision?

3. Building capability approach works best in collaboration with all key stakeholders to determine the best way forward. It is important for WR providers to have a say in how these services are to be delivered, and review and provide feedback as needed. WR providers are on the ground delivering services and can offer up so much knowledge and input to this process. Also, it is imperative that fees be revised up so that talent from the sector are not lost to other markets such as the NDIS who have higher fees and therefore the ability to pay higher wages.

How do we support WR service

Support through promotion of innovation, and services and consultation if required, working

provision to achieve optimal outcomes?: collaboratively and engaging with each other more frequently.

How do we promote best practice and continued innovation in WR service provision in NSW?: The best way to promote best practices and innovation is allowing the providers an opportunity to consult with the required people to discuss a solution and have the support of the regulator. Best practise is done well when the basics are covered so it is important to ensure all WR providers are aware of these expectations. Earlier referrals to WR, through mandating or incentivising the agents would improve RTW outcomes and scheme liabilities.

How do we most effectively measure outcomes associated with WR?: 5. The measurement of outcomes is done well with RTW rates average cost and duration. To tighten this process, it would be good to implement a system where WR providers are not self-reporting their own data and there is a consistent measurement of success. Also, when looking at more complex claims/Psych claims/ size of employer etc. there needs to be consideration of this when looking at scoring.

How can we drive value – as articulated in the SIRA Health Outcomes Framework - for WR in NSW personal injury schemes?: 6. To look at driving value, it will be good to consider the ease of access to rehab by injured workers e.g., ability for workers to self-nominate a rehab provider based on early claim interactions, perhaps at lodgement and possible selection of culturally appropriate services e.g., indigenous programs where ATSI identified. It is important to consider Compulsory rehab involvement/assessment for psychological injury claims given long durations, costs and risk rating claims bases on their complexity.

What elements does a policy framework need to drive quality, innovation and outcomes in WR in NSW?: 7. Elements to drive a framework is looking at non-rehab holistic services e.g., health coaching, that drive claim outcomes. Opening opportunities for wellness programs, and WR ability to partner with other organisations.

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Catalogue no. SIRA 08056
State Insurance Regulatory Authority
Motor Accidents Insurance Regulation,
Level 25, 580 George Street, Sydney NSW 2000
General phone enquiries 1300 137 131 or
Claims Advisory Service 1300 656 919

Website <https://www.sira.nsw.gov.au>

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