Australian Physiotherapy Association
Submission

On the road to a better CTP scheme: Options for reforming Green Slip insurance in NSW

Submission by the Australian Physiotherapy Association

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to respond to the consultation on options for reforming Green Slip insurance in NSW.

Access to safe, high quality physiotherapy for all people in New South Wales (NSW) who need it will assist to optimise the health and wellbeing of individuals, families, communities, and the state as a whole. The Australian Physiotherapy Association (APA) recognises that achieving this access at an affordable price while achieving fiscal sustainability for the health system is a major challenge.

We believe that people with the same level of disability should receive equal support. It should not matter whether someone is injured in a road accident, at work, in the community, through assault or medical accident.

We support Option 3 – Move to a hybrid no-fault, defined benefits scheme with common law benefits retained in parallel. This option is more equitable than the current scheme.

Despite our support for Option 3, this option needs to be refined. Children must have common law rights that are equivalent to adults. Assessment of Whole Person Impairment (WIP) for adults needs to have an increased focus on assessing future work capacity; and the emergence of impairment and disability related to the basis of the initial claim for support needs to be covered within the scheme.

The revised scheme needs to facilitate a choice to have periodic payments, rather than a lump sum.

We are concerned that the revised scheme should be affordable to premium-payers. Affordability and sustainability rely, in part, on judicious allocation of funds. There are a range of cases where assertive use of structured physiotherapy interventions will be a key to this allocation. This focus on allocation needs to include encouragement of early and durable return to work for injured parties in the labourforce. Affordability and sustainability will also depend, in part, on excellent mechanisms to ensure clinical coordination of team-based care where this is the preferred mode on intervention. This requires that a clinician be the case-manager.

Fair and reasonable costs of care must be funded – either within the system, or by allowing co-payments. Transaction costs must be minimised. These requirements underpin the achievement of good health outcomes for injured parties through the participation of skilled clinicians.

Because of the interdependencies with other insurance schemes, the revised Green slip scheme must be devised with a whole-of-health-system perspective.

The scheme also needs to be administered using a contemporary ‘modern regulation’ model informed by other schemes which have taken this approach.

1 Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to respond to the consultation on options for reforming Green Slip insurance in NSW.

Access to safe, high quality physiotherapy for all people in New South Wales (NSW) who need it will assist to optimise the health and wellbeing of individuals, families, communities, and the state as a whole.

The Australian Physiotherapy Association (APA) recognises that achieving this access at an affordable price is a major challenge.[1] We also recognise that it is important for insurance schemes to remain fiscally sustainable while playing their role in achieving access to physiotherapy (amongst the necessary range of services) for people within their schemes.

We believe that people with the same level of disability should receive equal support. It should not matter whether someone is injured in a road accident, at work, in the community, through assault or medical accident.

The existing fault-based motor vehicle insurance arrangements in NSW do not meet injured road users' care and support needs and this is because:

- legal costs to determine fault can be substantial;
- the adversarial process may delay early intervention which may hamper effective recovery and health outcomes;
- the level of compensation could be insufficient, particularly in meeting a person's lifetime care needs; and
- often families do not have the skills to manage a lump sum payment over the injured person's lifetime.

2 We support a move to a hybrid no-fault, defined benefits scheme with common law benefits retained in parallel

The NSW Government's Consultation Paper, *On the road to a better CTP scheme Options for reforming Green Slip insurance in NSW*, puts forward a number of options for the design of the scheme.

We support Option 3 – Move to a hybrid no-fault, defined benefits scheme with common law benefits retained in parallel.

2.1 This option is more equitable

The requirement to prove fault in the NSW Compulsory Third Party (CTP) scheme for road users, leaves a group of Australians without effective access to health services and to adequate compensation for their injuries.

Motor vehicle accidents happen for any number of reasons. If an accident is the driver's own fault, for instance a driver hits a kangaroo, the driver would not be covered under the current CTP scheme in NSW.

Many Australians travel interstate for work. Regional drivers may work over several states near their homes. Students often relocate to another state or territory for University study. In case of a motor vehicle accident, the injured road user's access to care and support will vary depending on the state or territory in which their injury took place.

In no-fault motor vehicle injury schemes, injuries to the driver are compensated by their vehicle's CTP insurance policy. In at-fault schemes, the driver's injuries are not covered by their vehicle's policy.

Victoria, Tasmania and the Northern Territory have no-fault CTP schemes which provide cover for all injuries from motor vehicle accidents regardless of who is responsible. These three jurisdictions offer lifetime care for those who suffer catastrophic injuries.[2] Option 3 brings NSW into line with these jurisdictions.

Severity of injury	Claimant not at fault	Claimant at fault	No fault model (Option 3)
(Relatively) Minor injuries	Able to claim <$5,000 lump sum payment	Able to claim <$5,000 lump sum payment	Able to claim <$5,000 lump sum payment
Serious (neither minor nor catastrophic) injuries	No access unless claimant can prove fault to claim >$5,000 lump sum payment	No access to >$5,000 lump sum payment	Able to claim >$5,000 lump sum payment
Catastrophic injuries	Able to access Lifetime Care and Support Scheme	Able to access Lifetime Care and Support Scheme	Able to access Lifetime Care and Support Scheme

We support scheme efficiency – the higher the proportion of scheme costs which goes directly to meeting the injured claimants' benefits, the more efficient the scheme. At present, much of the expenditure of at-fault schemes, as with NSW, goes towards administration, legal costs and insurer profit margins. We would support a compensable model that directs funds to the injured road user, including income replacement benefits, non-economic loss payments and reimbursements of treatment, medical and rehabilitation expenses.

Injury schemes that require the clamant to prove fault to access benefits combine high cost with uncertain and often inappropriate benefits. Injured road users in states that operate no-fault schemes have access to more predictable benefits. No-fault schemes lead to a fairer allocation of resources amongst all injured road users, regardless of the need to prove fault.

There can be long delays between injury and settlement in fault-based schemes, with money often going to fund legal costs during the long process of claim settlement. By comparison, no-fault schemes are more cost-effective and scheme costs go towards funding rehabilitation and facilitating return-to-work for injured road users.

2.2 Equity can be further improved by amending the thresholds for access to common law benefits

In NSW, injured road users can access common law damages for claims against at-fault drivers for pain and suffering. If an injured road user can establish a Whole Person Impairment (WPI) equal to or exceeding 10%, they can access benefits against at-fault drivers. Benefits are usually paid out as a lump sum payment for permanent impairment.

2.3 Children must have access to common law benefits equivalent to those of adults

A child with a WPI of more than 10 per cent, who can prove a driver was at fault, can claim common law damages for loss of future earning for five years after the accident, whereas a child with a WPI of more than 20% can claim loss of future earnings for the balance of their life.

This raises two problems:

a. A child with a WPI between 10 and 20% misses out on common law benefits for loss of future earnings that would occur more than five years after the accident (unlike an adult with the same WPI)
b. A child with a WPI of between 10 and 20% is likely to have a carer who would lose future earnings in order to increase their care giving capacity (and this loss of future earnings needs to be accounted for in order to ensure children are placed in a position equivalent to adults with the same WPI).

Access to common law benefits				
Severity of injury	**Current model[a]**		**APA preferred variation to Option 3[a]**	
	Adult	**Child**	**Adult**	**Child**
Less than 10% WPI	None	None	None	None
More than 10% WPI but less than 20% WPI	Pain and suffering Loss of future earnings	Loss of future earnings for five years after the accident	Non-economic loss[b] Loss of future earnings	Non-economic loss[b] Loss of future earnings (not limited to five years after the accident)
More than 20% WPI	Pain and suffering Loss of future earnings	Pain and suffering Loss of future earnings	Non-economic loss[b] Loss of future earnings	Non-economic loss[b] Loss of future earnings

[a] based on the claimant proving a driver was at fault
[b] benefits include loss of quality of life

Recommendation 1:

We recommend that Option 3 include access to common law benefits for loss of future earnings for children with a WPI between 10 and 20%, and that this not be restricted to loss of future earnings in the first five years after the accident.

Recommendation 2:

We recommend that consideration be given to the impact on future earnings for carers of children with a WPI between 10 and 20%, and that this not be restricted to loss of future earnings in the first five years after the accident.

2.3.1 Assessment of Whole Person Impairment for adults needs to have an increased focus on assessing future work capacity

We are strong supporters of contemporary return to work approaches.

We support the retention of common law benefits for injured road users assessed at or above 10% whole person impairment (WPI).

Case study

Ahmad and Sam work together in the building industry.

Ahmad works as a project manager, while Sam works as a bricklayer.

Driving to their regular touch football game, they are involved in a collision. Both sustain similar lower back injuries; and both are assessed as having 8% WPI.

Sam, as a result of his work experience and skills has substantially less future work capacity, given the physically demanding nature of his trade.

Both Ahmad and Sam are ineligible for common law benefits under the existing NSW CTP scheme.

However, the impact of the threshold is greater on Sam, and is inequitable compared to the impact on Ahmad.

This case study illustrates that, unless assessment of future work capacity occurs, rather than impairment alone, inequities will result.

Recommendation 3:

We recommend that Option 3 include a mechanism that would allow an injured road user who falls below the 10% WPI threshold and has no capacity for future work, given the options for return to work available to injured workers, access common law benefits.

2.3.2 Equity can be improved by allowing a mechanism for later identification of impairment and disability

In some cases, minor conditions may subsequently result in major disability. For instance, a knee fracture may heal but after five or ten years, a person may develop osteoarthritis that is a direct result of the initial car accident. The knee condition may in future impair walking, recreational activities and mobility in a work environment but the initial lump sum payment, based on the evident impairment, would have made no allowance for potential future disability.

In the case of an injured road user that cannot prove fault, access to benefits at the time of the accident is capped at a lump sum of up to $5,000. The injured road user cannot be compensated twice for injuries received in the same accident. At the same time, this lump sum is likely to prove inadequate if the minor condition develops in to a major disability later in life.

Without a mechanism that would allow for re-consideration of cases 'closed' after lump sum payment of $5,000, inequities between a person whose impairment and disability are evident at the time, and a person whose impairment and disability is evident later occurs.

Recommendation 4:

We recommend that Option 3 include a mechanism that allows for assessment of the impact pf impairment and disability after an initial lump sum payment is agreed.

2.4 The reform needs to facilitate a choice to have periodic payments

Often *defined* benefits, as with a lump sum payment, may mean *reduced* benefits over the course of a lifetime. This is especially so for people with minor conditions but major disability, as well as severely injured persons that cannot prove another driver was at fault and negligent drivers.

Research indicates that persons receiving lump sum payments generally had poorer health outcomes and worse return to work rates than persons receiving periodic payments.[3]

Weekly payments allow for a base payment of compensation, sufficient to fund the daily living costs and healthcare expenses of the injured road user. This system of payment enables injured road users to have an ongoing supply of funds for their care and support needs. As previously discussed, lifetime care and support is provided to catastrophically injured road users in NSW but injured road users with serious but non-catastrophic injuries might also require ongoing support payments. Jurisdictions with no-fault schemes provide a more carefully assessed range of benefits, as they seek to meet the care and support costs of injured people as they arise across the lifespan and in line with individual care needs. This provides financial security to scheme participants.

Recommendation 5:

We recommend that Option 3 include a mechanism that facilitates periodic payments as an alternative to lump sum payments, including an option for a mix of the two.

3 The insurance system in NSW should be affordable and sustainable

3.1 Premiums should be affordable

Green Slip prices in NSW are the highest in the country. In part, this is because benefits in NSW are comparatively more generous than benefits across other states and territories of Australia. Purchase of CTP insurance in jurisdictions that offer lower benefits will naturally be more affordable compared with NSW.

No-fault compensable schemes, such as those administered in Victoria, Tasmania and Northern Territory generally have lower premiums than those payable in NSW.

Recommendation 6:

We recommend that improvements to the design of the CTP scheme, rather than a reduction in benefits to end-users, be the focus of achieving affordability and sustainability of the scheme.

3.2 Affordability and sustainability rely on careful allocation of resources

Physiotherapy can be a cost-effective choice for injured road users and can lead to early recovery and better clinical outcomes.

A combination of physiotherapy interventions has been shown to be effective in producing functional and symptomatic improvement in people with chronic low back pain. This combination includes:

- manual therapy
- specific exercise training, and
- education focusing on the neurophysiology of pain.[4]

Intensive rehabilitation programs led by physiotherapists have shown to be as effective as spinal surgery in improving outcomes for people with chronic low back pain (LBP) and are associated with lower costs. Exercise therapy has also shown to be effective for people with sub-acute (6–12 weeks) and chronic (> 12 weeks) low back pain[5].

There is also evidence to support specifically water-based exercise therapy, which has been shown to be effective in treatment of rheumatic conditions and chronic low back pain, as it improves function, self-efficacy, joint mobility, strength and balance[6].

Arthritis Australia recently provided the House of Representatives Standing Committee on Health with another example. Arthritis Australia gave evidence that at least 10 per cent of joint replacements in Australia are avoidable.[7] In this example, Arthritis Australia estimated that a reduction in government expenditure of around $200 million per annum could be made by providing a multidisciplinary program for people with hip and knee osteoarthritis. Arthritis Australia also estimated this sort of program could be delivered for around $750 per person, compared to a joint replacement, which costs $25,000.

One study reported that physiotherapy management of female stress urinary incontinence (FSUI) cost $302.40, on average, while surgical management costs were between $4,668 and $6,124.[8]

Recommendation 7:

We recommend that the NSW CTP scheme should invest in clinical services that benefit the injured road user and that a no-fault model facilitates access to quality health care for all persons injured on NSW roads.

3.3 The proposed reform needs to encourage early and durable return to work

Under an at-fault CTP scheme, there is little incentive for injured road users to recover, as the continuous requirement to prove disability or incapacity perversely discourages early recovery,

since early recovery tends to equate to reduced payments over time. As a result, any delay in recovery may give rise to the possibility of a specific acute condition suffered by an injured road user developing to chronicity.

It is largely accepted that the longer a worker remains absent from work, the more likely they are to remain off work on a long-term or permanent basis.[9] This highlights the need for early intervention in provision of health care services, to ensure that injuries are treated early and to prevent acute conditions progressing to chronic conditions that prevent return to work. Early intervention for injured people improves health, social, financial, interpersonal and intrapersonal outcomes by promoting recovery and preventing long term disability and work loss.[10,11]

Without fulfilling work, people may not achieve their potential at the expense of themselves, their families and their communities, and work is of great importance to an individual's health and wellbeing.[12,13]

Persons injured in no-fault jurisdictions do not need to participate in a prolonged adversarial process to determine fault. This can facilitate prompt access to rehabilitation and support services. As return to work is related to early and assertive intervention, a no-fault CTP scheme would improve return to work rates amongst injured road users and reduce the indirect injury costs related to lost productivity, health service usage and reliance on Australia's social welfare system.

Recommendation 8:

We support a scheme that facilitates early access to health and support services for all injured road users, to encourage early return to work and achieve better health outcomes.

3.4 The proposed reform needs to facilitate team-based care with a clear case manager who is a clinician

Complex and chronic pain is a serious health issue in Australia, and one which is not uncommon as a result of road injury.

The *APA Position Statement on Pain Management* recognises that 1 in 5 Australians experience pain[14]. Further, chronic complex pain patients can often present with symptoms that are incongruent with biomedical expectations and physiological knowledge.[15]

Physiotherapists play a key role in preventing acute painful conditions from developing into chronic pain. Physiotherapists often work with the direct support of clinicians from other disciplines to treat pain and provide patients with the knowledge and skills necessary to self-manage their pain. Providing information and support to family and significant others, the workplace and other healthcare providers is also an important physiotherapy role.

We consider that an integrated approach of coordinated health services is required to improve care for all types of pain. This is because early intervention at the acute stage of pain development may reduce chronicity of pain, optimise recovery and encourage quicker return to work.

There are major patient benefits and cost-savings for the NSW CTP scheme to be achieved through multidisciplinary teams, which include physiotherapists, to treat many chronic conditions like musculoskeletal conditions, diabetes, osteoarthritis and chronic pain.

Recent research from the Services for Australian Rural and Remote Allied Health's (SARRAH) shows that Australians suffering from stroke, diabetes and osteoarthritis could avoid surgery or recover more quickly if they received treatment from multidisciplinary teams that include physiotherapy.[16]

In NSW a pilot project, the NSW Osteoarthritis Chronic Care Program (OACCP) offers a good example of how multidisciplinary teams can offer good health outcomes. This program was developed by the Agency for Clinical Innovation (ACI) Musculoskeletal Network.
The program will specifically target persons who have modifiable risk factors for OA progression, like obesity and poor muscle strength and control, and who would benefit from additional support of their self-management strategies.

The OACCP team will be led by a Musculoskeletal Coordinator. The coordinator at funded pilot sites will be a physiotherapist who has extensive experience in the provision of care to people with musculoskeletal conditions and who will act as collaborative leader of the multidisciplinary team.

The OACCP in NSW is now partnering with local health districts and Medicare Locals/Primary Health Networks to attempt the same models in primary care having physiotherapists as care coordinators teaching practice nurses and GPs how to identify these patients and putting them on the road to rehabilitation and recovery.[17]

Recommendation 9:

We recommend that the reformed NSW CTP scheme be designed to support early access to multi-disciplinary treatment services, which is especially important for optimal recovery of complex and chronic patients.

3.5 The fee structure for the revised scheme needs to promote cost-effectiveness

Injured road users should have their choice of safe, high quality health providers.

As CTP in NSW is privately underwritten, the respective insurance companies (AAMI, Allianz, CIC-Allianz, GIO, NRMA, QBE and Zurich) set their own industry fees for physiotherapists.

3.5.1 Fair and reasonable costs must be funded

Physiotherapists are required to charge prices established by the respective insurer. Co-payments are not allowed.

Poor remuneration for treatment services offered to CTP compensable patients is a disincentive for physiotherapists in NSW to treat injured road users. This drives many highly-trained physiotherapists away from the NSW CTP scheme and compromises the achievement of good health outcomes, as injured road users do not have access to the most appropriate and qualified health professional.

Stinting on the costs of quality care is a false economy. Physiotherapy fees for services in the NSW *Green Slip* scheme need reflect the full average cost of providing the care, and be at least equivalent to the national average of subsidies in similar schemes operating in other states (including any upward adjustment, should co-pays be disallowed).

A fair and reasonable fee structure, which focuses on early intervention and access to the most appropriate and qualified health professional is likely to save costs to the NSW CTP scheme in the short and long term, by encouraging injured road users to return to work earlier and to maximise function.

We are finalising a national costs benchmarking study which will provide an overview of the costs of providing a range of safe, high quality physiotherapy services.

Recommendation 10:

We recommend that the reformed NSW CTP scheme either allow for co-payments to be charged by health professionals providing services within the scheme; or meet the industry benchmark costs for the provision of safe, high quality services.

3.5.2 Transaction costs need to be minimised

Physiotherapists have to abide by the respective fee schedule that each insurer sets. This creates inequities because one insurer may offer far higher fees for service than another insurer.

It also requires physiotherapy practices to engage in a series of transactions that add to the costs of care.

Recommendation 11:

We recommend a single schedule of physiotherapy fees shared by all insurers in the New South Wales *Green Slip* scheme.

4 Reform of Green Slip insurance in New South Wales needs to occur within a whole-of-health-system framework

Inconsistencies in the design and administration of no-fault and fault-based motor vehicle accident schemes across Australia have led to unequal support for injured road users, dependent on arbitrary factors such as the state or territory in which the accident occurred and the severity of injury. The distinction between no-fault and at-fault motor vehicle injury schemes is of minimal consequence for minor injuries however the distinction is profound for those who suffer serious or catastrophic injuries. As a result, people with the same level of disability can receive varied levels of support across the various jurisdictions in Australia.

Although the NSW Compulsory Third Party (CTP) insurance scheme for people involved in motor vehicle accidents in NSW is an important component of ensuring that people receive the care they need. However, it is only one of a range of health insurance arrangements that exist to support the health of people living in NSW.

People in NSW can choose to take out private health insurance (PHI). The Medicare Benefits Schedule (MBS), the programs of the Department of Veterans Affairs, state-coordinated community health services and the compensable insurance schemes of WorkCover[18] also facilitate access to physiotherapy services. Australian states/territories, in conjunction with the Commonwealth Government, are rolling out the National Disability Insurance Scheme (NDIS),

which provides care and support for people with a significant and enduring disability. Importantly, states/territories and the Commonwealth Government have agreed to a federated National Injury Insurance Scheme (NIIS), the aim of which is to provide lifetime care and support for people who are catastrophically injured, including in motor vehicle accidents.

Case study

Michelle is a 35 year old single mother of two children. She works in retail and income protection insurance has proven to be too expensive to hold.

Michelle is injured in a single-vehicle accident in NSW. In the accident, Michelle sustained a whiplash injury. This injury is serious but not catastrophic. As she cannot prove the fault of another driver, Michelle has access to no-fault benefits of up to $5,000 lump sum.

After six weeks off work Michelle has expended her lump sum compensation on rehabilitative care (including her doctors and physiotherapist) and on household expenses, because she had little accrued leave available from her work.

Since the accident, Michelle has developed anxiety and has begun seeing a psychologist. Amongst other things, Michelle has begun to worry about the ongoing welfare of her children in circumstances where she has little income. Michelle's mental health issues have delayed her return to work and Michelle's psychologist estimates that it will likely take another 4 weeks before Michelle is ready to return to work.

At this point, Michelle can access Medicare-subsidised general practitioner care. To access her physiotherapist and psychologist, Michelle will have to pay out-of-pocket as she has also reached the cap of her private health cover.

To meet the NDIS disability rules, Michelle would need to have an impairment or condition that is likely to be permanent (lifelong) and that stops Michelle from doing everyday things by herself. Michelle, though seriously injured, does not meet these eligibility criteria.

As a result, Michelle requires that the various insurance schemes (SIRA, the MBS and her PHI, at least) are coordinated so that her chances of prompt return to work are maximised.

This complexity of the structures and responsibilities in health in Australia can create circumstances in which Australians 'miss out' on care they need or they experience a lack of continuity in that care. It can result in duplication and inefficiency, fragmentation and variation in the quality of care.

We recognise that the Commonwealth Government has embarked on a number of reviews of aspects of the health system, including a review of the MBS and other aspects of primary health care, and a review of PHI.

Despite this, we believe that more needs to be done.

Recommendation 12:

We recommend that a whole-of-health-system perspective be taken when proposing improvements to the NSW CTP scheme, so that Australians in need of physiotherapy services do not 'fall through the gap' between the elements that comprise the system as a whole.

5 The model of a best practice jurisdiction should be adopted

5.1 The Victorian Transport Accident Commission administers a cost-effective model with a strong focus on road safety

Analysis of the Victorian Transport Accident Commission (TAC) provides a useful template for the NSW Government to consider.

The TAC scheme in Victoria combines common law and no-fault benefits so that every injured road user is covered irrespective of fault.

Under the TAC, injured road users can access no-fault benefits for medical treatment and care, allied health services, income support, disability and rehabilitation services, travel costs, support with household tasks and childcare and aids and equipment. Compensation payments are usually paid as a lump sum and weekly payments are paid in cases of permanent impairment.

An independent review found that NSW's scheme is less efficient than similar schemes around Australia, with around half of each dollar of collected premium used to pay benefits to claimants over the last decade. By comparison in 2012, the public scheme in Victoria paid a significantly higher benefit in proportion to the premium at 80 per cent, than the NSW scheme, currently at around 60 per cent.

The CTP scheme in Victoria is publicly underwritten by the TAC. By remaining a public scheme, the TAC has been able to pursue a client-focussed strategy through a number of initiatives relating to health and road safety. In fact, the TAC has committed $100million per year to road safety improvements linked to the Victorian Government's ten-year Road Safety Strategy. TAC also runs a Community Road Safety Small Grants Program which offers grants of up to $25,000 for projects targeting local issues[19]. Victoria also has the lowest fatality record in the country of 4.3 fatalities each year[20].

Recommendation 13:

We recommend believe that the model of the Victorian Transport Accident Commission (TAC) be considered when the administration of the *Green Slip* scheme is revised.

5.2 The New Zealand Accident Compensation Corporation administers a good model with scheme costs that go towards claimant benefits

A key feature of New Zealand's Accident Compensation Corporation scheme is that the legislation, by providing national insurance, removes the ability of accident victims to sue for damages even in such cases where fault could be determined. The origins of this development include concerns over wasted legal effort, the difficulty of proving fault in accident claims, and the lack of support for victims of no-fault accidents.

In Australian motor injury schemes, it is estimated that around 15% to 20% of the overall cost of the scheme goes toward legal fees, compared to almost nil in New Zealand's ACC scheme.

New Zealand has maintained low administration and dispute costs, at around 10% to 11%, so that 89% to 90% of scheme costs go toward claimant benefits[21].

This means that people living in NSW have consistently paid higher premiums compared with injured road users in NZ. In addition to paying lower premiums, victims of motor accidents in NZ receive compensation much quicker since there is no requirement to engage lawyers to determine liability.

Similar to the TAC in Victoria, the ACC has a role to play in preventing injury and regularly provides safety information to the public.

Recommendation 14:

We recommend that New Zealand's Accident Compensation Corporation (ACC) model be considered when the *Green Slip* scheme is reformed.

6 Conclusion

We are committed to helping to improve NSW's CTP system and provide a fairer and more affordable scheme for injured road users. This submission reflects our willingness to collaborate with SIRA to support provision of safe and cost-effective access to high quality services.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 12,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website www.physiotherapy.asn.au.

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