8 January 2016

Research Director
Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane Qld 4000

RE: Inquiry into a suitable model for the implementation of the National Injury Insurance Scheme

Thank you for extending us the opportunity to submit to the Inquiry into a suitable model for implementation of the National Injury Insurance Scheme.

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal level.

The College is pleased to see the Labor Government is consulting with stakeholders to develop the National Injury Insurance Scheme (NIIS) as confirmed in its response to the Queensland Regional Committee’s State Election Position Statement.

In that position statement the College referred to the Victorian Transport Accident Commission as a recommended model for providing much needed trauma services, funded by an extra levy on the third party insurance component of car registrations.

While this stakeholder engagement process is looking for comments on areas specific to funding and sustainability of the system, RACS will be restricting its response to the following areas:

- Concerns regarding implementation of the scheme
- Review of entitlements of the scheme
- Short deadline for seeking submissions.

The College’s main concern is the implementation of the scheme and we look forward to the Government actively involving RACS Fellows in that process. Ongoing involvement in the Scheme’s implementation will ensure coverage issues not initially considered.

In reviewing the Agreed Minimum Benchmarks perhaps more consideration should be given as to whether those covered are assessed according to the Injury Severity Score, which accounts for the unforeseeable circumstances that can occur as a result of Motor Vehicle Accidents (MVA).
Injury Severity Score (ISS) is an internationally-standardised approach to describing the overall severity of injury for each patient. It combines the severity of the three most significantly injured body parts. It enables comparison between populations of injured patients, and provides a standard inclusion criterion for trauma registries.

Implementation of the benchmarks should also employ a review process that includes a stakeholder reference group to resolve clinical issues and ensure the best treatment and outcome for patients. This group would include membership of specialists based on the benchmark references, e.g. Neuro, Trauma and Orthopaedic surgeons.

Data for reporting as per the Agreed Minimum Benchmarks document could perhaps come through the Australian Trauma Registry, currently seeking funding through the Commonwealth.

The Australian Trauma Registry collates data from 27 designated trauma centres across Australia, and published its inaugural report in 2014, containing data from 2010 to 2012. The Registry includes information on trauma cases arising from a variety of mechanisms including transport, falls, fire, suffocation and drowning. The report found that 20,435 patients with an Injury Severity Score greater than 12 (patients with a severe and often lifelong injury) were admitted and treated over three years. Transport was the major mechanism of injury (52 per cent) and the median unadjusted length of stay in intensive care units was four days, although there were varied outcomes depending on where patients were treated.

The Registry could be linked to existing trauma, cost, and ambulance data registries, and can offer uniquely clinically relevant information as well as linked outcomes beyond mortality, which existing datasets may not. The Registry has gone beyond the feasibility stage, already has a good track record with broad acceptance, and has contracts in place with the 27 trauma centres.

There are also a number of questions that arise in need of consideration when implementing the scheme including:

- ensuring that entitlements (either lump sum or consistent payments) are appropriate to consider prevention of further harm;

Experience often shows that a quick payout looks attractive to the individual initially but the funds and access to medical help soon dry up.

Trauma patients should be guided to consider a whole of life approach to their support.

Others issues include:

- guidelines for ‘reasonable and necessary’ treatment and care;
- impacts on clinical practice;
- who completes assessments of eligible injuries (specialist, medical panel or legal panel);
- medical assessment reviews and timeframes for completion 1 year, 3 years;
- Interim vs Lifetime participants – relevant time frames and reasons why interim participation is needed;
- choice of practitioner across public and private sectors and inclusion of public hospital treatment and treatment in private facilities.
RACS Fellows have more to offer with regards to implementation, assessment and care delivery to the patients who come under the benchmarks set for such a scheme. Without specialist panel guidance to navigate these patients’ journey through such a life time support system, its goals of improved patient care, quality of life and independence will not be achieved.

RACS would also like to highlight that the timeframe request for completion of this submission is problematic, and would recommend that seeking submissions over the Christmas/New Year period is not an effective way to engage stakeholder input. RACS look forward to further information regarding the public hearings on the scheme in February.

On behalf of RACS, we thank you for extending us with the opportunity to provide comment on this important area of public policy.

Yours Sincerely,

Owen Ung
Chair, Queensland State Committee

Richard Lewandowski
Chair, Queensland Trauma Committee