

Rawhiti Health Centre

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Dear Mr Goddard,

Having just finished reading your review of Physiotherapy Services and ACC Funding, I wish to comment on some aspects which I found need clarification.

The general tone of the report would suggest that ACC has done a great job over the years in rehabilitation of New Zealander's back from injury and you can find very little fault with their organisation.

I am a senior physiotherapist of thirty years experience and have witness first hand the degradation of the Woodhouse Report recommendations for a rehab system which was the envy of the world.

Like most of the public, who have not had a serious injury, you seem to have a mistaken belief that ACC would bend over backwards to get you back on your feet. In fact in my years of experience I have never heard of one patient say a nice word about their treatment by ACC. This also comes from personal experience with trying to get earnings, related compensation when off work. Where did ACC get the idea that someone on the average wage could somehow survive on 80% of that? Why are they able to manipulate earning figures so they get to pay out on the lowest possible amount? The "Working" people of New Zealand are totally shafted if they get injured in 2007.

Sir, ACC have supplied you with the costings of physiotherapy services, could they also supply what they take from workers and what they intend to do with their seven billion dollar surplus?

I find in my rural practice people involved in heavy physical work; including self employed farmers, don't seek treatment until they can no longer move around. They generally leave shoulder and back injury until they can no longer sleep or physically move the injured body area. A self employed sheep, beef or deer farmer knows that 80% of next to nothing will not compensate having to employ help. The injury these guys have comes way outside ACC simple uncomplicated profiles who I suggest would be only useful for someone who sat in Wellington compiling them.

The length ACC has gone to deny funding has never ceased to amaze me. The latest trend over the past couple of years is the “degenerate disease disorder.” As you may be aware, as you get older your body joints show signs of wear and tear and when you reach forty years and above these signs become obvious on X-rays. Now ACC has found another loop hole, in denying a further group of patients rehab and particularly elective surgery and ongoing earnings compensation, by reviewing anyone who has “pre existing degenerative changes.” This means that someone who has worked hard over a number of years, basically anyone down here, over 50 years old, will be classified as having a “pre-existing condition” and will be denied compensation, especially for elective surgery. This means patients going on public hospital waiting lists and being delayed for months. This current loop hole disadvantages a whole new group of New Zealanders who should be getting help from this system. It would appear to me that if you live in a rural area and are self employed and don't have private medical insurance and loss of earnings insurance you are basically shafted. Is ACC's policy to force hard working New Zealanders into these private schemes? This further disadvantages people at the bottom of the heap who cannot afford to pay for private schemes.

With a growing number of my patients, who have long standing injuries, ACC can now find other ways of removing “the tail” from their books. This removal of responsibility from ACC to Sickness Beneficiaries gives a bonus to ACC employees but I wonder do they ever consider the effect that this has on these people and families?

ACC has recently removed funding from a paraplegic patient of mine who they were desperate to move from their books. Fraud unit investigation -nothing to stand in court, then removal of wheel chairs, home help and earning related compensation- \$65 a week (yes, read it again! \$65!) The little independence that this 38 year old had has now gone and he can't even get into town to sell necklaces he makes and sells on the street to tourists (sound third world?). Do you think an ACC client officer on \$70,000 a year is losing sleep over this guy? As a physio I have treated him and he uses my gym at no cost to ACC but without his chair he can no longer get to rehab.

Sir, as a non EPN provider of thirty years experience I find it ironic that a new graduate can start a practice down the road without any gym/ examination classes or rehab facilities and get double of what I get for ACC treatments – this is exactly what has happened in my small town. This effectively means I cannot surcharge and make my business non profitable. To make ends meet I have to work 12 hours a day and do all administration work at home – none of which comes into ACC provider details. Also on Saturdays for the past 20 years I have been first response at local sports fields. I may also add that all physios in South Canterbury are EPN and I am yet to see one of them giving up their Saturdays to volunteer around the community fields. I fail to see how physios can offer any rehab to their patients without full gym rehab facilities and supervised exercise classes. The ongoing physical well being of small communities depend on the good will and services of their local physios. Incidentally my charge for use of the gym is \$20 a month to the general public and there is no charge of ACC patients and kids.

My reasons for not becoming an EPN physiotherapy are simple. Why would I spend hours of my precious spare time, of which is limited, and \$20,000 jumping through hoops to end up like my colleague Mr Chris La Pine who after 12 months of approval for an EPN contract is still waiting. As with Mr La Pine I am considered an outlier having been subjected to continual harassment over the years by ACC, so my logical conclusion is the same prejudice ACC have to Mr La Pine would also apply to me. This effectively means the end of my businesses viability.

The way ACC Fraud Unit conducts their business has parallels with Nazi commanders, in fact the first investigator, 12 years ago, was an ex South African Policeman who intimidated patients and tried to put words in patients mouths. My latest dealing with the Fraud Investigation Unit was with my paraplegic patient. Basically the investigator wanted me to spy on my patient and say what they wanted to hear about him. As with Ms Mole of the ACC Fraud Office, "guilty until proven innocent."

In your report ACC seem to have convinced you that they have softly softly approach to their investigations. In the number of dealings I have had, with my patients who ACC want to remove from "the tail", they will stop at nothing to get a result.

The investigation that a group of senior physiotherapists have been under for the past 10 years would also seem to suggest that if you speak out or are seen to be outside their profiles you will be harassed until they get what they want – no matter what the explanation.

Sir, as you have suggested in your review, ACC's "use of quantitative analysis and quantitative measures of performance" were unsophisticated." I would suggest that "lies and manipulated" would best describe the way I view their use of analysis. Much of their best practice evidence comes from the USA, including occupational health guidelines, much of which doesn't apply to New Zealand. For example, how many sheep shearers do they have in America?

The analysis that was collected for the treatment profile certainly didn't come from heartland Geraldine – a significant number of my patients need additional treatment due to the nature of their physical work and inadequate earning compensation when taking time off. In your report you have suggested that some of us senior physiotherapists may not be up to "best practice." In my situation I have 75% of my patient's travel 50kms, past the doors of endorsed providers without any travel reimbursement, to have treatment from me, many who have had treatment by the EPN Providers and were not satisfied with the results. Who is giving "best practice"? I would suggest that these patients have been let down by someone?

Sir, I would suggest that there is no partnership between ACC, providers, and patients and that any change to ACC management of injuries will result in further disadvantages to patients. If, as you have found in your review, there has been no significant improvement in outcomes with the lower socio economic groups not getting improved access, and ACC paying out more for physiotherapist services, it seems a no brainer, put all physiotherapists on a fair payment level, allow surcharges and let us get on with our jobs.

I have placed my purpose built practice on the market as I cannot stand the continual harassment. I believe the profession needs us "senior" physiotherapists more that we really need it. I will be setting up a 100% private clinic going against all my beliefs, that rehabilitation care in New Zealand is a right whether you have money or not. So I guess ACC have won another battle and removed another bottom line.

Many thanks for taking the time to listen/read my thoughts.

Yours,

Christopher William Nelson