

**Submission
No 72**

THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

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Hon Robyn Parker MLC
Committee Chair
General Purpose Standing Committee No.2
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Parker

Inquiry into the program of appliances for disabled people (PADP)

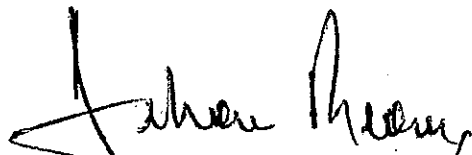
I refer to your letter of 24 July 2008 inviting a submission to the Inquiry into the Program of Appliances for Disabled People (PADP).

NSW Health is responsible for PADP and welcomes the opportunity to report on reforms in progress which are in response to the recommendations of a Review of PADP released in November 2007.

The attached NSW Health submission contains advice provided by the NSW Department of Health and Area Health Services. The submission addresses the Terms of Reference for the Inquiry and highlights NSW Health's commitment to equitably providing appropriate and timely aids and equipment to people with disabilities. The executive summary of the Review of PADP and the NSW Government response to the Review are also attached.

Should you have any queries or wish to discuss this submission further, the contact is Ms Cathrine Lynch, Director, Primary Health and Community Partnerships Branch, NSW Department of Health by telephoning (02) 9391 9919 or emailing CLYNC@doh.health.nsw.gov.au.

Yours sincerely



Professor Deborah Picone AM
Director-General

15/9/08

NSW Health Submission

To the

General Purpose Standing Committee No 2
Inquiry into the Program of Appliances for Disabled People (PADP)

September 2008

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GLOSSARY & ABBREVIATIONS

AEP	Aids and Equipment Program (Victoria)
AHS	Area Health Service (which includes the Children's Hospital at Westmead in the context of this submission)
AIDAS	Aids for Individuals living in DADHC Accommodation Services
ALS	Artificial Limb Service
CHVP	Children's Home Ventilation Program
CPAP	Continuous Positive Air Pressure machine
DADHC	Department of Ageing Disability and Home Care
DET	Department of Education and Training
ELP	Equipment Loan Pool
HOS	Home Oxygen Service
KPI	Key Performance Indicator
LTCSA	Lifetime Care and Support Authority
MASS	Medical Aids Subsidy Scheme (Queensland)
PADP	Program of Appliances for Disabled People
PADPIS	PADP Information System
VDQP	Ventilator Dependant Quadriplegia Program

INTRODUCTION

The NSW Government is committed to improving the quality of life and opportunities for employment and community participation of people with disabilities. The Program of Appliances for Disabled People (PADP) provides appropriate equipment, aids and appliances to assist eligible residents of NSW who have a life-long or long-term disability to live and participate in their community.

In 2005, the former Minister for Health, the Hon Morris Iemma MP, initiated a major review of PADP in response to significant issues with the quality and efficiency of the program.

The Review, conducted by PricewaterhouseCoopers, focused on three key issues:

- management and administration;
- target population and demand; and
- budgetary requirements and financial management.

The Review of PADP, which was completed in June 2006, recommended a number of major changes to improve the consistency, quality and efficiency of the program. The major recommendation of the Review of PADP was the consolidation of PADP lodgement centres to a single statewide service centre.

The Price WaterhouseCoopers Review report, and the Government's response to each of the 30 recommendations, were released in November 2007 and are available on the Department of Health's website www.health.nsw.gov.au.

In responding to the Review, the Government acknowledged that the recommendations provided a framework for implementing reforms for all NSW Health disability support programs that will create fairer and more efficient services for people with disabilities. The Government noted the significant inefficiencies and inconsistencies inherent in the program's administrative arrangements and decided to implement major reforms to improve the program's efficiency. This included full program centralisation, procurement strategies and information management initiatives, after which demand for PADP and other NSW Health disability support programs would be reviewed.

A new unit, EnableNSW, was established within Health Support Services in August 2007. The Unit was established in anticipation of the need for organisational change; to implement the supported recommendations of the Review; and to administer five NSW Health disability support programs, including PADP. These programs have a combined recurrent budget of \$42.5 million.

Extensive reforms to improve the quality, effectiveness and efficiency of all the EnableNSW programs are progressing. These programs are:

- PADP
- Home Respiratory Program including:
 - Home Oxygen Service (HOS)
 - Ventilator Dependant Quadriplegia Program (VDQP)
 - Children's Home Ventilation Program (CHVP)
- Artificial Limb Service (ALS)

Integration and consolidation of these NSW Health disability support programs into a single program with separate budget streams will achieve significant benefits by:

- Maximising opportunities to increase the efficiency of the program, allowing more of the available budgets to be directed to purchase of equipment for people with a disability.
- Providing people with a disability who often require assistance from more than one program with a single point of access to assistance, information and advice.
- Providing substantial procurement opportunities across the five programs.
- Consolidating expertise in equipment service delivery for people with a physical disability.

- Allowing sharing of administration and overhead expenditure such as management costs and information system development and maintenance.
- Allowing clinicians to spend time on their core clinical duties, rather than being unnecessarily involved in the administration of the programs.
- Supporting the development of consistent eligibility and access criteria.

As indicated in the Government's Response to the Review, implementation of reforms was to be conducted over an eighteen-month period. These reforms were to be implemented as part of Stage 1 of a NSW Government plan to reform and streamline equipment services for people with a disability. In stage 2, the Government indicated consideration would be given to further integration of other equipment services for people with physical disabilities, where appropriate.

Stage 1

The major reform is the consolidation of "back office" administrative and telephone based customer service functions currently carried out at 22 sites across NSW into a single statewide service. This single administration will be supported by a new information system with computer telephony interface, new business processes, improved procurement contracts and standard equipment prescription procedures.

Detailed planning undertaken since the release of the Review has identified the need for longer time frames to ensure that client services are not disrupted. Completion of Stage 1 is now due in early 2011.

Other reform achievements to-date include:

- 1800 number established in September 2007.
- A new website to be launched in September 2008.
- Establishment of a new advisory council to provide governance for EnableNSW programs. Expressions of interest for the council are currently being reviewed, with the first meeting scheduled for November 2008.
- Information system with computer telephony interface specified with Phase 1 implementation on track for March 2009.
- New prescription processes developed and piloted at four sites, due for completion in October 2008.
- Establishment of Specialised Equipment Set Up Program (SESUP) to support the safe, effective and timely discharge of people with spinal cord and brain injuries on 1 July 2008.
- Transition of the ALS on 1 July 2008 to Health Support Services.

The first PADP and HOS lodgement centre is due to be transitioned to the EnableNSW Service Centre in February 2009.

Stage 2:

Consideration of further integration of NSW Government equipment services for people with disabilities where appropriate. Stage 2 will commence on completion of Stage 1 reforms in early 2011.

It is important to note that clinical assessment services and equipment repairs and maintenance will continue to be carried out locally. Equipment loan pools which provide short term and interim equipment will continue to operate locally.

The NSW and Federal Governments have also increased their investment in supporting people across NSW living with long-term disabilities.

On 15 July 2008, the NSW Minister for Health and the Federal Minister for Ageing announced a one-off \$11 million funding package that will eliminate the current waiting list for disability aids and equipment. This joint investment - \$6 million from the NSW Government and \$5 million from the

Commonwealth Government - will deliver essential equipment such as wheelchairs, adjustable beds, communication devices, hoists and ventilators to about 5,000 people living with disabilities.

This one-off \$11 million funding boost for 2008/09 is on top of the NSW Government's \$25.6 million investment in the PADP program this year.

NSW Health will continue to work towards developing an integrated disability equipment program that facilitates easier and fairer access to equipment services for people with physical disabilities, in line with *Better Together, a new direction to make NSW Government services work better for people with a disability and their families 2007 – 2011*, *Stronger Together, a new direction for disability services in NSW 2006 – 2016* (DADHC) and the NSW Government's State Plan and State Health Plan.

The NSW State Health Plan identifies seven strategic directions for NSW Health in protecting, promoting, maintaining and improving the health of the people of NSW. *The NSW State Plan* sets out five key areas of government activity and includes priorities to promote Fairness and Opportunity for people with disabilities. Reforms to NSW Health disability equipment services support the strategic directions and priorities of the State Health Plan and the NSW State Plan by:

- Supporting community participation and employment of people with a disability through the provision of appropriate equipment and aids
- Assisting in the prevention of acute conditions by appropriate prescription of equipment and minimising delays in the supply of equipment
- Improving the quality of customer service and better information for clients and clinicians
- Supporting the continuing care of people with a disability living in the community
- Developing more cost effective procurement arrangements

This reform underway in the PADP program under EnableNSW also sits in the context of the following NSW Government endorsed documents:

Better Together, a new direction to make NSW Government services work better for people with a disability and their families 2007 – 2011 supports better coordination across government programs to promote participation in education, employment and community life.

Stronger Together, a new direction for disability services in NSW 2006 – 2016 (Department of Ageing Disability and Home Care), supports clear entry and exit points for people with disabilities based upon standard assessment processes.

TERMS OF REFERENCE

1. FUNDING FOR PRESENT AND PROJECTED PROGRAM DEMAND

PADP purchases the most cost effective and clinically appropriate self care, mobility and communication equipment for eligible NSW residents with a permanent or long term disability to enable them to live and participate in the community.

The NSW Government has supported PADP with substantial increases in the core PADP budget since 1999/2000 as well as regular non-recurrent enhancements to address waiting lists.

The PADP budget in 2008/09 is \$36.6 million which represents an increase of 245% since 1999/2000. This includes \$25.6 million core budget and a non-recurrent enhancement of \$11 million, announced on 15 July 2008 to address waiting lists. This enhancement comprises \$6 million which was provided by the NSW Government and \$5 million by the Australian Government. The recurrent budget has increased 141.6% since 1999/00. The PADP budget for the last 10 years is presented in Table 1.

Table 1: PADP funding allocations \$'000 (includes non-recurrent enhancements)

Year	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08 ¹	08/09
Funds	10,608	14,078	15,731	16,816	17,785	19,827	24,005	26,555	25,000	36,625

¹ The 2007/08 budget is lower than the 2006/07 budget because it did not include any non-recurrent enhancements.

1.1 Budget allocation and utilisation

In 2006/07, 80% of the budget was spent on the direct purchase of equipment for people with a disability. A break down of expenditure by equipment category is presented in Table 2.

Client assessment, equipment prescription, training and evaluation are clinical services which are provided by Area Health Services (AHS), the Department of Ageing Disability and Home Care (DADHC), Non-Government Organisations (NGO) and private service providers. These are not funded through PADP. The dollar value of this contribution to the Program has not been costed.

Funding for PADP is allocated to AHSs using a resource distribution formula (RDF) which takes into consideration the difference in the size and demographics of the AHS populations. This is used to ensure that each AHS receives a fair allocation of funding to meet their population's needs. Despite this, differences in the way that AHSs prioritise clients for funding, the efficiency of local operations and in the case of smaller centres, the impact of one or two very high cost applications, result in some variation in waiting time for equipment. For example, waiting lists in metropolitan Sydney range from \$0.7 million - \$1.7 million and waiting lists in the four rural AHSs from \$0.3 million - \$0.6 million. Waiting lists are further discussed in Section 2.

Budgets are currently spread across 22 PADP lodgement centres in eight AHSs and the Children's Hospital at Westmead. As outlined in the Government's Response to Recommendation 1 of the Review, consolidation of these budgets and the implementation of consistent prescription, referral and prioritisation processes will ensure that people will receive fair access to assistance for equipment regardless of where they live in NSW.

1.2 What the PADP budget buys

Over 14,000 people were assisted with aids and equipment in 2006/07. Each new applicant receives an average of three items of equipment.

Table 2: Equipment purchased by type and percentage of equipment expenditure in 2006/07

Equipment Group	Number Purchased	% equipment expenditure
Bathing	2,875	6%
Mobility	5,457	49%
Beds and chairs	2,832	9%
Continence	19,946	22%
Footwear	1,266	3%
Communication	1,241	2%
Other	3,481	4%
Nutrition	1,351	2%
Repairs and Maintenance	2,987	3%
Total	41,436	100%

1.3 Future demand

Future demand for the program is expected to increase due to a number of factors: the ageing of the population, the high prevalence of disability in older age groups, increasing survival rates of people with catastrophic injuries (and concomitant advances in life saving technology), the rising obesity rate and increasing community awareness. For example, the cost of a bariatric commode for a person who is obese costs \$489 compared with \$265 for a standard commode. *Note: Addressing obesity is a key priority for the NSW Government and NSW Health, as indicated in the State Plan and State Health Plan.*

Estimating the projected future demand is difficult. However, further work on demand projections will be undertaken following consolidation of the program and enhancements to data management.

1.4 NSW Government action to address demand and budgetary matters

Enhancement Funding	Joint State and Federal one-off funding enhancement of \$11.0 million to address waiting lists for equipment for people with a physical disability announced on 15 July 2008.
Improving equity of access to equipment support	Consolidation of the funds and the back office functions of PADP and other disability support programs through the development of the EnableNSW Service Centre. Development of standard equipment request and prescription processes Application of standard prioritisation processes will ensure that people with the same level of need, receive the same access to necessary equipment regardless of where they live in NSW.
Statewide Equipment Prescription Guidelines	New prescription processes have been developed and are being piloted at four sites across NSW. Preliminary results indicate that these new processes have significantly improved the quality of information provided by clinicians to support their

	<p>prescriptions.</p> <p>The next phase of the pilots will evaluate the effectiveness of the equipment prescription.</p> <p>Clinical committees will continue to review applications for inclusion which are novel, inadequately justified or very high cost.</p>
Addressing obesity	<p>Addressing overweight and obesity are key priorities for the NSW Government and NSW Health, as indicated in the State Plan and State Health Plan.</p> <p>NSW Health is leading a range of initiatives targeting young people and their families to improve nutrition and physical activity behaviours. NSW Health has also recently announced the rollout of medical and surgical services such as lap banding to address rates of obesity over the next four years.</p>
Processing of applications	<p>Preliminary results from the pilots of the new prescription processes and forms indicate that the number of applications returned to clinicians for more information has reduced from 50% of applications to 10%, reducing application decision making time.</p>
Use of communication and information technology	<p>A new information system has been scoped and specified and is targeted for Phase 1 implementation by March 2009.</p> <p>This system is expected to realise administrative efficiencies by 20%.</p> <p>The system will provide accurate information about waiting times, the monetary value of the waiting list, equipment wastage and efficiency, and will have further utility in supporting program planning and improvement.</p> <p>EnableNSW have already established new electronic financial management systems which are significantly reducing processing times. This system and supporting processes will be progressively applied to each lodgement centre, thereby establishing a consistent statewide service.</p>
New business processes	<p>EnableNSW has developed new business processes for the program in consultation with AHS staff. These new business processes, in conjunction with better use of information technology, are aimed at providing efficient, timely and consistent provision of aids and equipment.</p>
Statewide procurement of equipment	<p>EnableNSW is currently developing a strategic procurement program in order to standardise the purchase of all equipment with the goal of obtaining the most clinically appropriate products on the most cost effective manner.</p> <p>Centralised procurement functions will allow bulk purchase of equipment for the entire state, thereby gaining optimal unit prices for equipment and subsequently releasing more funds for equipment purchase.</p> <p>Procurement options to be used by EnableNSW include Preferred Suppliers Agreements, Tenders and Statewide Contracts.</p> <p>All procurement options are developed in close consultation with clinicians and take into account service delivery requirements such as delivery and servicing in rural and regional areas.</p>

2. IMPACT OF CLIENT WAITING LISTS ON OTHER HEALTH SECTORS

Timely supply of equipment enhances independent living, community care and community participation of people with disabilities. Equipment is often required to assist discharge from hospital or to prevent re-hospitalisation. Prescription of equipment occurs in both community and hospital settings.

2.1 Waiting lists for PADP

The combined waiting list for equipment at all PADP Lodgement Centres across NSW was \$7.45 million on 30 June 2008. A number of factors other than funding contribute to the waiting list including administrative delays, current procurement practices and delays caused by incorrect prescriptions.

The recent funding enhancement of \$11 million will eliminate the current waiting list for equipment provided through PADP.^a

Consolidation of administrative functions, streamlined and efficient procurement practices and strengthening of initial prescriptions is likely to assist in decreasing waiting lists by allowing a greater proportion of the budget to be spent on direct equipment purchases.

2.2 Impact on hospital discharge

Non-complex equipment

Most equipment to assist people to remain safely in the community following discharge from hospital is required for short-term or temporary conditions. Short-term loan equipment to meet these needs is available through hospital equipment loan pools (ELP). A list of typical equipment available through ELPs is attached at Appendix 1. Short term loans for people with non-permanent conditions comprise 60-90% of loans from ELPs.

Equipment loans for people with permanent conditions also occur through ELPs. Some ELPs and PADP lodgement centres have developed a system so that equipment available through ELP is immediately loaned and then given to the client permanently.

The important role ELPs play in equipment provision is recognised by NSW Health.

The Government strongly supported Recommendation 28 of the Review that ELPs be co-ordinated across AHSs to increase the availability of loan equipment regardless of the funding source.

EnableNSW is working toward co-ordinated ELPs that interface with PADP in all AHSs. An example of this occurs in Hunter New England Area Health Service which operates a network of ELPs co-ordinated on an Area wide basis that interface with PADP.

As indicated in the Government response to the Review, operating a single statewide service will provide the opportunity for improved relationships between AHS ELPs and the statewide PADP which will result in improved services for clients with short and long-term equipment needs.

Specialised equipment

PADP lodgement centre coordinators have advised that, where a person is in hospital and equipment is not available through an ELP, the application is usually prioritised for PADP funding.

Under the current arrangements it is likely that when a person is in hospital and discharge is delayed for lack of equipment, hospital administrators approach lodgement centres directly to resolve the situation and ensure timely discharge.

^a Note a proportion (approximately 10%) of this \$11 million is targeted at other disability support equipment, managed by Enable but not included in the PADP program, such as the Home Respiratory Program.

EnableNSW is working with hospital management to give priority to people in hospital who could be discharged if able to access equipment, when the required equipment is not available through an ELP.

Patients with complex Acquired Brain and Spinal Cord Injuries

Informal advice from clinicians indicates that accessible accommodation and appropriate community care is required prior to discharge of patients with acquired brain and spinal cord injuries and that prescription and receipt of equipment does not slow the discharge.

Equipment valued at \$5,000 – \$45,000 is required for the discharge of these patients from hospital.

Locating loan equipment or funding for permanent equipment to facilitate discharge for clients with newly acquired injuries is time consuming and has significantly impacted local PADP offices that have been required to provide these funds in short time frames.

The Specialised Equipment Set-Up Program (SESUP) commenced on 1 July 2008 as a direct result of Recommendation 10 of the PADP Review that the existing Spinal Set-Up Fund be enhanced.

The SESUP provides timely access to the essential equipment required to facilitate discharge to a community setting for patients with a catastrophic injury or illness such as spinal cord injury or acquired brain injury.

The SESUP budget for 2008/09 is \$1.8 million. As at 3 September 2008, 26 patients had been accepted onto the program with 148 items of equipment valued at \$355,255 being provided to facilitate discharge.

2.3 Hospital admissions due to equipment issues

Equipment that prevents pressure sores has a significant impact on other health sectors due to the high cost of managing pressure sores. A study in NSW that looked at causes of readmission for spinal cord injury clients found that whilst pressure sores accounted for 6.6% of all readmissions they contributed a disproportionate number of bed days, 27.9%, with an average length of stay of 65 days. (Middleton et al 2004). The majority of PADP lodgement centres prioritise pressure care equipment so there is no waiting period.

There is some evidence however, that under prescription or incorrect prescription of pressure care equipment may occur, resulting in clients developing pressure sores. (Yap et al)

The PADP Review highlighted the need to increase support for clinicians to improve and review prescriptions. As outlined in the Government's Response to Recommendations 15 of the Review, additional support will be provided for clinicians prescribing equipment through the development of new Statewide Equipment Advisor roles.

EnableNSW has employed expert Statewide Equipment Advisors to support clinicians with complex and difficult prescriptions.

The Common Equipment Prescriber Guidelines Project which commenced in early 2007, produced standard processes and documentation for equipment prescription and evaluation across the state. The new prescription processes, which were developed in collaboration with the Lifetime Care and Support Authority (LTSCA) and expert clinicians, are currently being piloted at a metropolitan and a rural/regional PADP lodgement centre, SESUP and LTSCA. The pilots are expected to be completed by October 2008 after which they will be progressively implemented across NSW.

Copies of the pilot documents can be found at Appendix 2. Equipment Specific Guides for Prescribers to be produced in the future will further assist in improving prescriptions.

2.4 Impacts on clinicians

The Review of PADP highlighted that waiting lists vary significantly between lodgement centres and can result in uneven purchasing options for equipment during a financial year. Service providers report that the timing of purchases impacts on their ability to plan and provide clinical services.

The time taken between initial prescription and delivery increases when there are long waiting lists and can result in the need for reassessment and re-prescription because the client's needs could have changed since the application for equipment was lodged causing duplication in work for already busy clinicians. Complex seating and mobility aids are most affected due to the need to fit and customise the equipment to ensure maximum function and safety.

Suppliers have also reported that re-prescription impacts profit margins when re-measuring and fitting is required.

To address this issue EnableNSW is planning a Pre-approval Pilot for complex seating and mobility equipment in early 2009. Under the pilot, clinicians will submit equipment requests without equipment trials and measurements. Approval will be given for an item and the prescription, trials, measurements and fitting will only be completed when funds are available. This process is of greatest benefit when replacement equipment is required and is estimated it may reduce clinical assessment times by 50%.

2.5 Other equipment schemes

Equipment services for the majority of people with disabilities are provided by PADP. Other schemes also supply disability equipment in NSW which have an impact on the health sector. These are summarised in Table 3.

Table 3: Other Equipment Service schemes operating in NSW

Scheme	Description	Governance
ELP	Equipment Loan Pools (ELP) run by Area Health Services and located in hospitals and Community Health Centres.	State
LTCSA	Lifetime Care and Support Scheme (LTCSA) developed by the Motor Accidents Authority (MAA) provides reasonable and necessary equipment for people who are catastrophically injured in motor vehicle accidents in NSW.	State (Insurance)
DET	The NSW Department of Education and Training provides equipment to assist students with curriculum access.	State
AIDAS	(AIDAS) operated by the NSW Department of Ageing Disability and Home Care (DADHC) provides equipment for people living in DADHC funded and operated group homes.	State
RAP	Australian Government Department of Veterans Affairs Rehabilitation Appliances Program (RAP) provides equipment for veterans and their spouses.	Commonwealth
EACH	Australian Government Department Extended Aged Care at Home (EACH) provides equipment to allow people to remain in the community in place of Aged Care Facility placement.	Commonwealth
Charities	i.e. Variety Club, BrainWave, service clubs.	Private

3. EFFECTS OF CENTRALISING PADP LODGEMENT CENTRES AND THE METHODS FOR CALCULATING AND IMPLEMENTING FINANCIAL SAVINGS FROM EFFICIENCY RECOMMENDATIONS

3.1 Rationale for centralisation

As outlined in Recommendation 1 of the Government's Response to the Review, lodgement centre rationalisation will be phased in with minimal disruption to clients. This process commenced with the transfer of central administrative functions managed by the NSW Department of Health to *Health Support Services* on 6 August 2007.

The program is changing to ensure that:

- It is fair to everyone, no matter where they live
- More is spent on equipment and less on administration
- Better information is available to consumers and clients
- A high standard of customer service is provided to all clients

The back office functions of PADP and other disability equipment programs operated by NSW Health are being consolidated to a single statewide service centre. Clinical services, used for assessment, prescription, fitting and training around equipment are not affected and remain with local services. ELPs will also continue to be provided locally, as will repairs and maintenance where ever practicable.

Home oxygen and respiratory equipment services (HOS) which provide home oxygen, ventilators and CPAP machines are co-managed by PADP at 18 offices across NSW, with only three separate HOS offices. The back office functions of HOS are also being consolidated into a single statewide service. This will provide greater opportunity to improve the efficiency of administration across NSW Health disability support programs as well as ensuring consistent access to assistance and a single point of access for people with a disability who often require assistance from both programs. HOS is further discussed in Sections 3.9 and 3.10.

3.2 Prioritising equipment supply

The Review highlighted issues of concern regarding the different prioritisation tools and processes used across individual lodgement centres.

In response to the issues raised in the Review, EnableNSW will apply one prioritisation tool to all applications. AHS staff and consumers will continue to participate in the prioritisation of equipment applications and consideration of unusual or novel applications. Rather than operating on a geographical area basis, committees will consider applications by equipment group allowing clinical expertise to be used most appropriately.

Maintenance of this interface between the program and direct clinical staff is essential in ensuring that the program is able to meet its goals and objectives. It allows referring prescribers to develop a full understanding of the program and the consequences to the program of incorrect prescription or the prescription of discretionary items. It also assists in raising the skill level of clinicians by providing them with the opportunity to participate in a high level equipment prescription reviews with other clinicians.

3.3 Improvements in fairness

Administration of the service on a statewide basis through consolidation of PADP funds, standard application processes and one business process was recommended by the Review of PADP and is essential to improving equity in the program.

EnableNSW will apply one set of financial eligibility criteria, clinical criteria and prioritisation process to ensure that people with disabilities and equivalent clinical need receive the same level of assistance regardless of where they live in NSW.

Committees to consider complex applications will operate on the basis of clinical expertise in categories of equipment rather than a geographic basis.

3.4 Improved information and technology

A new web enabled information system, Enable IT, is on track for phase 1 implementation in March 2009. This web enabled Customer Relationship Management system will capture and maintain a permanent record of information for all EnableNSW clients.

This information will be readily available, as appropriate, to people involved with EnableNSW such as customer service officers, prescribers, clinical advisors, clients, administration staff and management.

Access to information will be differentiated depending on the type of user. For example a client will have access to the status of their own application while a customer service officer will have access to all the essential information about the client they are assisting.

An asset management system to track and maintain all high cost equipment on loan to clients is integral to the effectiveness and efficiency of the program.

The information system will provide:

- Tracking of EnableNSW client status and history information (including self service)
- Screen "Pop" of information to the customer service operator when a client identifier is keyed in by the client on the phone to speed up processing and avoid the client having to repeat information
- Automated status and reminders generated to clients and clinicians by letter, SMS and email
- Tracking of EnableNSW bar-coded equipment by client and equipment pool location
- Alerts for significant events requiring attention such as equipment depreciation, tracking and repairs and maintenance information
- Tracking and analysis of consumables
- A significant decrease in data duplication and integration with the Oracle Financial information system used by NSW Health to create invoices and purchases, and receive notification of client receipts and supplier payments
- Visibility of financial status of each program and consolidated program
- Waiting list generation based on a set of predefined rules
- Management reports based on a set of predetermined key performance indicators (KPI)

3.5 Efficiency gains

The reduction in time spent duplicating data entry and on record keeping and administration will free customer service staff to spend more time on client contact and enable a greater proportion of funds to be directed to purchasing aids and equipment.

The new information system (Enable IT) has been scoped and specified and is targeted for Phase 1 implementation by March 2009. This system is expected to improve administrative efficiency by

20%. The calculation of this is based on the reduction in staff time resulting from automation of many tasks which are currently manual such as generation of standard correspondence, streamlining of workflow associated with approval of applications, development of an electronic client record eliminating the need for referral to paper files and elimination of duplicate data entry. It is noted that necessary quality improvements such as improved communication with clients about their applications will partly offset this efficiency gain.

3.6 Improved customer service

The Review highlighted that people with disabilities should have timely access to appropriate information about the program or their PADP application.

In response, a series of strategies will be implemented to best meet the needs of PADP clients. These include:

- EnableNSW will be open for standard business hours and a trial of extended hours into the early evening is planned to ensure that customers receive timely advice.
- Customer service staff will complete a Certificate III or IV in Customer Contact training which will be tailored to ensure that staff have a high level of knowledge and skills in working with people with a physical disability.
- Customer service teams will have an overall understanding of the service but will focus on specific areas of the program to ensure that they have appropriate content knowledge and can address client queries.
- The organisational design ensures that senior staff are available to assist with difficult calls and enquires. Customer service staff will also have direct access to clinical advisors to assist them with their queries about applications.
- An appeals committee which will include people with a disability and expert clinicians will be established and people making applications or receiving assistance through the program will be provided with information about how they can appeal a decision or make a complaint.

3.7 Improved equipment outcomes

The PADP Review raised concerns about equipment wastage due to inappropriate equipment prescriptions as a result of inexperience and/or a lack of adequate clinical supervision.

The NSW Government undertook to provide additional support for clinicians prescribing equipment through the development of new Statewide Equipment Advisor roles. These specialist advisors will develop guidelines, prepare training and education programs, and provide high-level advice to clinicians regarding the prescription of disability aids and equipment. Statewide occupational therapy equipment advisors have already been recruited and a statewide continence advisor will be employed in the near future.

In addition EnableNSW is well progressed in a pilot of equipment prescription processes that ensure prescriptions are carried out by appropriately qualified and experienced clinical staff, with clearly defined goals, justification and appropriate trials to ensure a good client outcome. These are discussed in Section 2.3.

Outcomes demonstrating achievement of client goals, safety and ongoing use of equipment will be routinely collected by EnableNSW using the new information system.

Following consolidation of the current 22 PADP offices to a single statewide service centre, clients and clinicians across the state will be able to access information about applications via telephone, the web, e-mail or mail. Trained customer service staff will be available for increased hours to respond to enquiries.

3.8 Regional and rural access

The timely and seamless provision of equipment to people living in rural and remote areas is a key objective of the reforms to PADP and HOS. This applies to all people with equipment needs whether they require simple equipment for a short period of time through their equipment loan pool (ELP) or complex equipment on extended loan through PADP or HOS.

As with PADP and HOS, there is currently a wide range of practice and quality of service associated with ELPs. Some clinicians working in rural and remote areas have limited access to ELPs with non-complex off the shelf equipment. Most rural clinicians also have difficulty accessing complex equipment for trial with clients under current arrangements.

Under the new arrangements, ELPs will be strengthened and will directly interface with PADP and HOS. This includes providing assistance to AHSs in procuring and holding a range of more complex equipment such as electric wheelchairs, seating and communication devices. Consideration is currently being given to the potential role of equipment suppliers in achieving this objective.

Area Health Services are being encouraged to develop a more efficient and integrated ELP service using the model used by Hunter New England AHS in order to facilitate a direct interface with the new Statewide Service Centre.

Modifications to recycled PADP equipment is often the most efficient and cost effective alternative for the timely supply of equipment for people with a disability. PADP equipment for recycling will be held in regional hubs in AHSs to facilitate direct access by clinicians for trials and reallocation.

Equipment returned in good working order will be refurbished and listed on a statewide recycling webpage to facilitate its re-allocation to suitable clients with equipment needs.

3.9 PADP and the Home Oxygen Service (HOS)

The majority of PADP and HOS offices are co-managed by the same staff with similar administrative processes to support the supply of necessary equipment.

There are 22 PADP lodgement centres of which 18 also manage HOS. HOS provides home respiratory equipment including ventilators, CPAP machines and oxygen concentrators. There are three offices which provide separate home oxygen services.

As with PADP, clinicians assess clients and prescribe the necessary equipment required. These equipment requests are referred to the local lodgement centre and after verifying eligibility and reviewing the prescription, the request is either placed on a wait list, or in the case of oxygen, an order is placed immediately.

The administrative processes, referral pathways and key issues for HOS are similar to PADP and the key reforms recommended under the review of PADP are also being applied to HOS.

3.10 Supply of urgent and life sustaining equipment

Some equipment such as oxygen concentrators must be supplied without waiting time. Currently, this supply is mainly managed through the co-located PADP and HOS offices in AHSs. This

includes referrals from clinicians on behalf of clients who are often geographically distant from the HOS office. Referral and communication between the clinician and PADP and HOS offices currently occurs mainly by telephone, fax and email.

The referral processes used by the EnableNSW Service Centre will support the immediate supply of equipment where this is life sustaining, as well as situations where emergency repair and/or maintenance is required. These processes are currently under development and will be pilot tested prior to full implementation. Communication between the clinical referrer or clients and the statewide service centre will be enhanced with the web enabled information system which will feature alerts and automatic generation of advice letters and emails: Communication will continue to be available by telephone, fax, email and mail.

The service centre will be staffed to ensure access during business hours. Emergency repairs and maintenance will be built into contracts with suppliers. (This is currently the case for equipment funded by the statewide service centre such as ventilators.)

Where there is an immediate risk to the person due to equipment break down, such as with ventilators, clients are normally supplied with a backup for emergency use.

3.11 Measurement of benefits

Health Support Services is accountable to the Director-General, NSW Health for the delivery of efficient and effective equipment services for people with a physical disability.

The performance of EnableNSW will be reported across a range of key performance indicators on an annual basis.

All identified savings resulting from the implementation of reforms will be directed towards the purchase of equipment for people with disabilities.

Reform strategies include:

Initiative	Strategies for Improvement
Increase in direct spending on the purchase of equipment through increased efficiency	<p>Centralisation and integration of PADP along with HOS, ALS, VDQP and CHVP will provide opportunities for streamlining of administrative processes, shared administrative overheads, reduced staffing costs and enhanced purchasing power.</p> <p>The EnableNSW information system will feature a computer telephony interface and will record client information, interface with financial and procurement systems, have built in asset management capability, and the capacity for both standard and ad hoc management reports including waiting list management.</p>
Decreased unit cost for high volume purchases	<p>Consolidation of procurement will enable a single statewide buy over a twelve month period and ensure substantially greater purchasing power than any one centre can currently achieve. For example, pricing recently obtained for bulk procurement of Stainless steel shower commodes would realise a saving of \$70 per shower commode.</p> <p>Statewide contracts will be developed realising budget certainty for the procurement of equipment. Suppliers will be able to plan because they will have greater degree of certainty in the volume of equipment to be purchased over a twelve month period.</p>
Waiting times and value of the waiting list	<p>An increased proportion of the budget will be spent on the direct purchase of aids and equipment through improved efficiency</p> <p>Enhanced purchasing power through the use of statewide contracts</p>

	<p>and consolidated bulk purchasing</p> <p>A higher standard of equipment prescription will allow the program to assist more people within the available budget.</p>
Decreased wastage of equipment - Reallocation of equipment	<p>A statewide equipment recycling webpage will be established to allow the program and clinicians to identify equipment returned in good working order which may be suitable for trial or allocation to an individual client.</p>
Improved quality and consistency of prescriptions	<p>New prescription processes which guide clinicians through appropriate prescription processes and documentation are being piloted and will then be implemented statewide.</p> <p>Minimum standards of prescriber qualifications and level of experience will be implemented matched to authority to prescribe particular items.</p> <p>Better support is being provided to prescribers through the introduction of statewide equipment advisors and the ongoing development of prescriber guidelines.</p> <p>Specialist review panels including expert clinicians and consumer representation will review novel or poorly justified equipment prescriptions.</p>
Equipment tracking	<p>The new information system will include an asset management system which will track high cost equipment.</p> <p>Clients will be contacted on a regular basis, to identify whether the equipment is being used and is still required.</p>
Increased consistency	<p>Financial and clinical eligibility criteria will be clarified and documented.</p> <p>The statewide application forms and prescription processes currently under pilot will be progressively implemented across NSW.</p> <p>Processing of applications will be streamlined using the new information system.</p>
Customer service	<p>The EnableNSW Service Centre will trial extended hours of operation into the early evening.</p> <p>Clients and clinicians will be able to make enquiries by telephone, email, fax or mail.</p> <p>Clients and clinicians will be able to check the status of applications themselves through the web enabled information system.</p> <p>All EnableNSW staff will be required to complete Certificate III level training in customer service which has been tailored for staff working with people with a disability.</p> <p>Standard client information covering general information, eligibility and access, appeals and complaints, equipment use and safety, rights and responsibilities will be developed and available in a range of formats including hard copy and on the internet.</p>
Improved support for staff	<p>Staff will be provided with training about the program policies and protocols.</p> <p>The EnableNSW Service Centre has a tiered governance structure which allows challenging or unusual enquiries to be escalated to progressively more senior and skilled staff.</p> <p>The program will have committees including expert clinicians and consumer representatives which will review unusual or complex applications.</p>

4. APPROPRIATENESS AND EQUITY OF ELIGIBILITY REQUIREMENTS

Under the NSW State Health Plan the Government has committed to providing equitable access to quality healthcare for people with comparable need, whilst reducing the gap in health between the most and least disadvantaged in our community.

Available evidence suggests that certain groups may experience disadvantage that contributes to poorer health outcomes. The Report of the NSW Chief Health Officer 2006 highlights the factors which are associated with poorer health outcomes including income, socioeconomic status, employment status and educational attainment. The available evidence indicates that people with a disability experience additional disadvantage in relation to these factors compared with the general population.

For example, the NSW State Plan indicates that the unemployment rates for people with a disability was 9.0% compared with 6.0% for people without a disability while the labour force participation rate for people with a disability was 51% compared with 74% for people without a disability.

Data from the 2006 Census on the incomes of people in NSW with a disability indicates that the gross incomes of people with a disability and households containing a person with a disability are much lower than the average household income in NSW.

In determining appropriate fees and eligibility criteria for access to equipment, consideration needs to be given to clients' clinical needs, their financial circumstances and the impact that fees and eligibility criteria would have on accessibility to support. In addition, fees and financial eligibility criteria should:

1. Be clear and easy to understand
2. Be consistent across all disability equipment programs
3. Be administratively simple to implement

Current fees and eligibility criteria are subject to review. A mechanism for ensuring broad stakeholder input to the review of fees policy is the development a discussion paper which would be released for public consultation in mid 2009 to assist with this review.

Changes in Australian Government Centrelink assistance criteria mean that people on higher incomes may be prioritised ahead of people on lower incomes. The criteria may also have unintended consequences for children of low income families who are prioritised for assistance alongside children from high income families.

The current criteria have also proved difficult to administer consistently and mechanisms for obtaining financial co-payments from applicants are inefficient.

4.1 Financial eligibility

The financial eligibility requirements for people over 16 accessing PADP consist of four income bands as shown below. Children have universal access.

Table 4: PADP financial eligibility bands

Income	
Band 1	In receipt of a Centrelink pension or Health Care Card
Band 2	Taxable Income up to \$26,759 (single), \$45,490 (couple)
Band 3	Taxable Income \$26,760- \$39,941 (single), \$45,491- \$67,899 (couple)
Band 4	Taxable Income above \$39,941 (single), \$67,899 (couple)

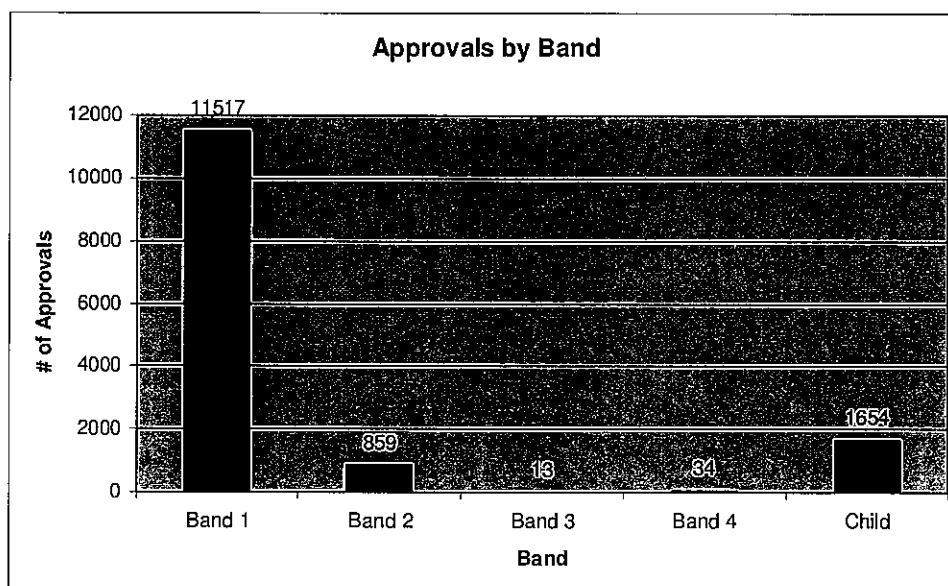
Note: Bands 3 and 4 are eligible for high cost items only, Band 4 contributes 20% of cost, and income for all bands is adjusted by \$1,500 per dependent.

The financial eligibility criteria for adults have remained unchanged since 2001. Most adults receiving equipment from PADP are in Band 1. This is unsurprising as according to ABS data the majority of people with disabilities have incomes which place them in Band 1 or 2. It may be that those on higher incomes are discouraged from applying due to the potential waiting periods for equipment and their ability to self fund equipment.

4.2 Universal access for children

Children currently have universal access to PADP. This means that a child's family income is not considered in determining their eligibility for assistance or the child's priority of access to assistance. This can have unintended negative consequences particularly because, families on low incomes waiting for assistance with consumable products such as continence pads for their child, are prioritised alongside families with higher incomes. While the family waits for assistance, they have to self fund the purchase of continence pads. The effects are less significant for equipment which can often be loaned by ELPs while the child is waiting for supply through PADP. This is an issue that will be examined as part of the review.

Table 5: Approvals by band 2006/07



4.3 Mobility allowance

The Mobility Allowance provides assistance to people with disabilities who are involved in qualifying activities such as job seeking or any combination of paid employment, voluntary work, vocational training and independent living/life skills training, and who cannot use public transport permanently or for an extended period without substantial assistance.

The Mobility Allowance provides holders with access to Band 1 regardless of the person's income. This means that people on higher incomes may be prioritised ahead of people on low incomes. The PADP Review recommended removal of the Mobility Allowance as a criteria for access to Band 1. This recommendation will be further considered in the review of the financial eligibility criteria.

4.4 Effects of the use of Centrelink pension status to determine eligibility

Pension card holders have automatic access to Band 1 under the PADP financial eligibility criteria. Changes in Australian Government policy regarding eligibility for the Aged or Disability pension also mean that people on higher incomes may be prioritised ahead of people on low incomes. For example, a single person with no dependant children may earn up to \$39,507 per annum and depending on their assets are still be eligible for a part payment. This allows them access to Band 1 alongside full pensioners on an income of \$14,217 and ahead of a younger single person on a lower working income.

An adjustment in income bands to take account of CPI increases will be made as an interim measure while the current eligibility criteria are being reviewed by December 2009 for implementation on 1 January 2010.

In accordance with the NSW Government Response to the PADP Review, the financial eligibility criteria have been referred to the Interdepartmental Standing Committee on Disability to ensure that any changes to eligibility criteria are fair and do not result in undue hardship and are consistent with other Government programs.

4.5 Co-payments

A co-payment of \$100 is required from each PADP recipient in each calendar year that aids or equipment are received. Adults with an income that places them in Band 4 are required to pay 20% of the cost of their equipment.

Co-payments may be waived in cases of severe financial hardship.

The PADP Review recommended significant changes be implemented in relation to co-payments (Recommendations 19 and 24). The Government response indicated that further work would be undertaken to ensure that co-payments are reasonable, consistent with other similar government programs and do not impose financial hardship on an individual or family. The Government also agreed to consider the cumulative effect of co-payments across Government agencies. This has been referred to the Inter-Departmental Standing Committee on Disability for their consideration.

4.6 Clinical priority

PADP policy requires that clinical need and expected benefit is used in addition to income eligibility criteria in determining priority. Development of a statewide clinical priority procedure has not been possible due to varying clinical prescription and application practices. Recommendation 13 of the PADP Review states that a single application and prescription form be developed for the State.

In response to this recommendation NSW Health along with the Lifetime Care and Support Authority is leading work to develop guidelines for prescribers to optimise the quality and safety of disability equipment prescription through the provision of a skilled and competent clinical workforce.

Professional bodies representing allied health workers, nurses and doctors and relevant Government Departments including DADHC, Department of Education and Training, Department of Veterans Affairs, and others have been included in the planning and development of these initiatives.

As part of this work, standard equipment prescription processes have been developed and are currently being piloted. These processes which will support consistent prioritisation of equipment requests are discussed in Section 2.3.




In addition, administering PADP on a statewide basis will allow development and application of a single clinical prioritisation process, ensuring that people with equivalent clinical need receive equivalent assistance in the same time frame.

4.7 NSW PADP funding policy

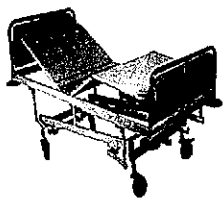

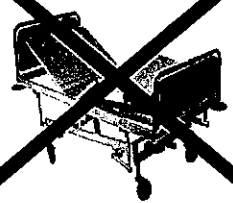
In NSW the PADP policy provides full funding (less \$100 co-payment) for the basic, clinically appropriate, cost effective equipment for the majority of items. Systems in other Australian States subsidise the cost of equipment.

Table 6: Equipment funding by State

Example 1: Power Wheelchair costing \$13,500

State	NSW – 99%	Victoria – 44%	Queensland – 38%
% of wheelchair funded by State Governments			
State Government Contribution	\$13,400	Up to \$6,000	Up to \$5,100
Cost to person with a disability	\$100	\$7,500	\$8,400

Example 2: Height adjustable hospital style bed – average cost \$3,000

State	NSW – 97%	Victoria – 61%	Queensland – 0%
% of bed funded by State Governments			
State Government contribution	\$2,900	\$2,000	\$0
Cost to person with a disability	\$100	\$1,000	\$3,000

4.8 Standardising supply

Although NSW PADP policy provides full funding for the majority of equipment, it also allows lodgement centres to develop practices to distribute funds when demand out strips supply. In addition, there is considerable variation in the interpretation of the PADP equipment list.

Establishing a single statewide service centre under one administration will ensure consistent interpretation and application of policy.

EnableNSW will consult with clinicians and consumer stakeholder groups and will seek advice from the EnableNSW Advisory Council in developing policies and guidelines about the supply of equipment for people with a disability. The EnableNSW Advisory Council will meet quarterly from November 2008.

5. FUTURE DEPARTMENTAL RESPONSIBILITY FOR THE PADP

The Government supported the PADP Review Recommendation 8 that the Department of Health retain responsibility for the operation of PADP, and that Department of Ageing Disability and Home Care (DADHC) contribute to the development of policy through an appropriate governance mechanism.

The EnableNSW Advisory Council (ENAC) will report to the Director-General, NSW Health through the Chief Executive, Health Support Services. The EnableNSW Advisory Council (ENAC) will facilitate the involvement of key stakeholders including clinicians and consumers of EnableNSW in the development of strategic policies, plans and initiatives to optimise the provision of the five NSW Health disability support services, including PADP within its budget. DADHC has senior representation on ENAC.

The key interface for PADP is with clinicians who prescribe equipment and aids. All prescribers for PADP are clinicians and the vast majority of these are employed by NSW Health.

It is crucial that the program has a strong and constructive relationship with prescribers in order to ensure appropriate prescriptions are made. The most effective way to sustain this is by retaining the program within NSW Health which has responsibility for clinical services and clinical practice.

DADHC has made a recurrent contribution of \$2.0 million to PADP which is now part of the recurrent PADP budget. DADHC has also made a number of non-recurrent contributions to PADP in recent years totalling \$5 million.

Following consolidation and completion of reforms to PADP and subject to approval, integration of other NSW Government disability equipment services will be considered.

6. OTHER MATTERS

6.1 Equipment loan pools (ELP)

As discussed in Section 2.2, a seamless interface between ELPs and PADP is required to ensure that people with disabilities have timely access to equipment on a short-term and long term basis. Centralisation of the administrative functions of PADP does not involve ELP's which will continue to operate locally.

EnableNSW is seeking to enhance the relationship between ELP and PADP to ensure:

- Availability of equipment in rural and remote areas is improved
- Discharge from acute facilities occurs within expected timeframes and without unnecessary risk to the patient or carers
- Palliative patients who wish to be at home can be safely and respectfully cared for in this environment
- Safe provision of community health care and prevention of admission to hospital
- Equipment is available locally and equitably
- Equipment is available for trial
- Transfer of funds to allow recipients of short term loan equipment to keep it for long term use if necessary
- Clinical time spent replacing short term loan equipment with identical permanent PADP equipment is minimised.

The PADP review recommended that ELP's be co-ordinated across AHSs to ensure the best use of available equipment regardless of funding source.

EnableNSW is working toward co-ordinated ELPs that interface with PADP in all AHSs. An example of this occurs in Hunter New England Area Health Service which operates a network of ELPs co-ordinated on an Area wide basis that interface with PADP.

Appendix 1

1. Equipment typically held in Equipment Pools

- a. Shower chairs
- b. Shower stools
- c. Bathboards
- d. Over-toilet aids
- e. Toilet raisers and surrounds
- f. Bedside commodes
- g. Utility chairs
- h. Pressure cushions
- i. Chair blocks
- j. Bedsticks
- k. Monkey bars
- l. Bedrails
- m. Pick up frames
- n. Wheeled walkers
- o. Wheelchairs
- p. Shower commodes
- q. Portable ramps
- r. Electric hoists
- s. Traymobiles
- t. Hospital beds – dependent on storage/OH&S issue

Appendix 2

See PDF attachment
Pilot Equipment Request, Acquittal, Evaluation and Instruction Forms

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