THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

Organisation:

The Spastic Centre of NSW

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INQUIRY INTO THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

General Purpose Standing Committee No.2 Legislative Council NSW Parliament

Submission by

The Spastic Centre of NSW 3rd September 2008



Overview:

People with disabilities require a range of equipment to assist them to participate within their local communities. Children and adults who have a disability are confronted with numerous barriers to achieving their life goals. Access to generic and specialist customised equipment enables these people to go to school, work and relate with their family, friends and the broader community.

Access to equipment such as mobility (wheelchairs, walking frames), communication devices and other assistive equipment products are an essential requirement to allow a person to integrate and participate in their communities. Access to this equipment is a necessity, and as such the NSW Government has a community responsibility to ensure access.

The Program of Appliances for Disabled People (PADP) is the NSW Government's major funded source of adaptive and assistive equipment.

The Spastic Centre was established in 1945 by parents of a child with cerebral palsy. Today, The Spastic Centre provides services to over 3,700 adults and children living with cerebral palsy in NSW. The centre has a staff of 850 providing services from 70 locations throughout NSW.

Many of the services provided by The Spastic Centre focus on specialised equipment (seating and mobility) and technology (assistive and augmentative communication). This includes prescription and subsequent support of clients once they have received their equipment. Typically, children and adults with cerebral palsy require equipment to assist with aspects of daily living from personal care, mobility to communication. Reliance on equipment is permanent and life long. To that end, The Spastic Centre views funding bodies such as PADP as a vital partner in delivering services to people with cerebral palsy.

Terms of Reference

1. Adequacy of funding for present and projected program demand.

Since the establishment of PADP it has become apparent that the program has never kept pace with its existing demand and as such the program has evolved and reacted to an environment of "scarcity of resources". This is demonstrated through the development of inconsistent application and assessment procedures between PADP lodgement centres and lengthy waiting lists for equipment (see Appendix 1 – Case Studies).

The administrative process is implemented by PADP and the unpredictable waiting periods for funding approval highlight a system that is unable to respond to existing demand and is even less able to be proactive in assessing and responding to future demand.



The Spastic Centre anticipates the demand for equipment through PADP will increase in volume into the future. This will be influenced by a number of factors.

- There is an increase in the incidence of children (congenital) and adults (acquired) surviving with a higher severity of disability
- The prevalence of people with disabilities is increasing as their lifespan increases along with the general population with better care systems.
- The increasing, ageing population of NSW will require access to equipment to assist them to live within their community.
- Increased community expectation to access current technology and equipment that allows integration and participation. For example a younger generation of children with severe physical disabilities will expect access to specialised mobility and communication equipment to participate in the curriculum at school and communicate with their peers. Adults from previous generations did not have the same expectations or access to this equipment. Children with disabilities will expect the same level of access to technology as their able bodied peers.

The Spastic Centre is the largest employer of allied health professionals (Occupational Therapists, Speech Pathologists and Physiotherapists) outside the government departments of DADHC and Health. Our staff provide services to over 3,700 people with cerebral palsy and similar disabilities.

Over the last 4 years The Spastic Centre has maintained an equipment register to track the equipment for children with disabilities. The register record :-

- type of equipment prescribed
- cost of equipment
- length of time waiting for approval
- who funds the product

Over the years, whilst there has been some 'one off' enhancement funds, the figures do identify a program that is significantly underfunded and reliant on the investment of funds from non government charitable organisations (e.g. The Spastic Centre, Variety Club, Rotary, Lions, The St George Foundation, Clubs NSW etc.).

Table No. 1 PADP Applications	Financial Year	Application Submitted	Approved % in financial year	PADP \$000	PADP Approved %	Other \$000	Other Approved %	Still Awaiting approval \$000	%
	2004/05	\$2.00 mil	71.7	1,047	52.3	387	18.9	566	28.3
	2006/07	\$2.71 mil	53.9	748	27.6	712	26.3	1,252	46.1
	2007/08	\$2.32mil	37.7	451	19.4	413	17.6	1,461	62.3



Table No. 1 figures relate to the equipment prescriptions undertaken by The Spastic Centre staff only for children 0 – 18 and adults with CP. There is a concerning trend with the reduction of approvals within the respective financial years from 71.7% (2004/05) to just 37.7% (2007/08) and a proportional increase in funds from 'other sources' (e.g. The Spastic Centre, Variety, Service Clubs etc.) over the same period.

For example, The Spastic Centre conducts a specific fundraising event each year to provide equipment for children. Each year The Spastic Centre contributes between \$180,000 and \$250,000 to fund outstanding PADP applications. This funding could be utilised for the provision of therapy services if not allocated to subsidise the funding shortfall in PADP.

2. Impact of client waiting lists on other health sectors.

The inadequate funding allocated to the PADP program has a significant impact on health and non-government services and the quality of life experienced by people with a disability.

The obvious impact is the inability of children and adults to participate in their daily lives, inclusive of school, employment and social interaction. For example, if a child's motorised chair fails they are not able to move independently between school classes and interact with friends.

The impact of waiting for appropriate equipment can also be regularly seen within the spinal units of Area Health Services where old or ill fitting seating systems are used. Pressure areas can result in several months of costly hospital care and jeopardise a person's employment / education.

The direct impact for The Spastic Centre services is the requirement to undertake onerous prescription and equipment applications that consume staff time. In addition, lengthy delays in funding approvals will often result in the reassessment of the equipment, especially for children who grow and adults experiencing change and/ or deterioration in their conditions.

The application, approval and reassessment process contribute significantly to the cost and waiting lists experienced by service organisations and clients.

It is expected that the establishment of ENABLE NSW will streamline the assessment and application process. An additional benefit would be the establishment of a 'pre approval' process, especially for high cost customised equipment. A 'pre-approval' process would significantly reduce the waiting time for people with disabilities.



3. Effects of Centralising Lodgement Centres and the methods for calculating and implementing financial savings from efficiency recommendations.

The Spastic Centre has 70 sites throughout NSW and as a result is in a unique position to comment on the inconsistencies between and within PADP lodgement areas.

The Spastic Centre has allied health staff operating within all Area Health Services and PADP lodgement centres throughout NSW. The Spastic Centre across NSW submit, on average, 2 to 3 PADP applications each day.

This experience has allowed the following observations:-

- Inconsistency between health areas in relation to application, report and quotation requirements e.g. some lodgement centres require three quotes whereas some may be happy with one.
- Inconsistency between lodgement centres in the same health area.
- Lengthy waiting times for approval and funding resulting in rework by therapists for reassessment, prescription and applications.
- Discrepancies in information requirements by lodgement centres.
- Substitution of brands for a cheaper option without proper assessment of the client's needs or consultation with family or prescription therapist.
- Lack of availability and priority given to essential equipment such as speech generating devices for communication or sleep positioning systems.
- Request for full assessment by an Occupational Therapist when replacing exactly the same piece of equipment e.g. Sling although the client's physical status has not changed.
- Some lodgement centres will only partially fund an equipment prescription which results in the client's equipment and technology needs not being met and thus restricting their ability to fully participate in the community.
- Inefficiencies in program administration in relation to forecasting demand, managing approvals across the budget year.
- Some lodgement centres do not appear to be separated from service delivery. An example of this is the Bathurst Seating clinic.



As mentioned earlier it is understandable that inconsistencies and variations occur throughout NSW as the PADP scheme is chronically underfunded. The staff of PADP attempt to provide the best possible service within the available resources.

It is anticipated that with the establishment of ENABLE, many of the procedural and administration inconsistencies will be addressed. The Spastic Centre applauds this decision, especially in relation to the centralised approval of high cost, customised mobility and communication equipment.

Discussions have commenced between senior management of The Spastic Centre and ENABLE to identify strategies to streamline prescription, application and funding approval processes. If viable, these changes could significantly reduce assessment and waiting times.

Whilst the implementation of recommendations of the Price Waterhouse Coopers review (June 2006) will result in some financial savings and efficiencies it alone will not be sufficient to address the current and future funding shortfall.

The Spastic Centre in conversation with a partner of Price Waterhouse Cooper's has identified a current PADP funding shortfall of approximately \$12 million per annum.

4. Appropriateness and equity of Eligibility Requirements

NDS Australia convened a meeting (29th August 2008) which was facilitated by KPMG. The meeting comprised of representation from peak disability agencies throughout the various states and representatives from FACSIA. Strong support was articulated for the introduction of a national equipment program with uniform eligibility, equity and access. The forum also debated the benefits of an 'entitlement' scheme along the current parameters of Medicare with mechanisms for accountability and equipment review.

The Spastic Centre would strongly support an 'entitlement' program once eligibility has been met by the person with the disability.

5. Future Departmental Responsibility for PADP

The PADP scheme was established in the early 1980's. During that time NSW Dept of Health held prime responsibility for the provision of disability services. Hence the administration of the PADP Scheme fell to the local health services as there was no designated disability department. This early responsibility for PADP has resulted in the current system of local lodgement centres with inconsistent operational and assessment procedures.



It was not until the late 1980's when a specific disability department was established with the Ageing and Disability Department (ADD) and more recently with the Department of Ageing Disability and Home Care (DADHC).

If asked "which is the most appropriate NSW department for an equipment program for people with disabilities?" The answer would be DADHC.

The reasons for this include:-

- a) DADHC has a greater awareness of the care, community support and equipment needs for children and adults with disabilities.
- b) DADHC has stronger links and relationships with government and non government disability service providers and advocacy groups.
- c) The majority of people with disabilities would not relate directly with a health service in their daily lives but have greater links with a disability service.
- d) DADHC would have a greater commitment to community integration and participation for people with disabilities.

If PADP was to be administered by DADHC it would require adequate funding and infrastructure to be transferred across from the NSW Health budget.

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Rob White

Chief Executive Officer

3rd September 2008



APPENDIX 1 – CASE STUDIES

Response to Inquiry to PADP – General Purpose Standing Committee No.2 – 3/9/08