

Submission  
No 27

## **THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)**

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**Submission to the Inquiry into the Program of Appliances for Disabled People**

Thank you for the opportunity to provide a submission to the inquiry into the NSW Program of Appliances for Disabled People.

**History**

Southern Prosthetics and Orthotics has been manufacturing artificial limbs and orthotic devices for the past 30 years. We have clinics at Port Kembla Hospital in the Illawarra as well as Governor Philip Hospital at Penrith, and the hospital rehabilitation centres at Bathurst and Orange. We supply artificial limbs predominantly from funding from the NSW Artificial Limb Service and orthotics predominantly funded by PADP. We service the full gamut of the population from paediatric through to geriatric.

In regards to the terms of reference:

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

Our PADP clients have often been put on lengthy waiting lists, in some cases one or even two years due to the lack of funding. This waiting time varies between Area Health Services and various stages of the financial year.

When clients come to our clinics, their needs are usually immediate ie. Orthotics worn or outgrown or necessary post trauma, surgery etc. Such waiting lists for provision puts these clients at risk of using dangerous obsolete equipment or, even worse, no equipment at all.

A flow-on from the delay in approval for the supply of orthotics and orthopaedic devices is the delay in payment for our services and provision.

We have experienced delayed payment of up to seven months from the submission of accounts. This makes for an untenable cash flow situation for a small business.

The demands on PADP will increase with the mushrooming aged population and subsequent increase of illnesses such as diabetes, stroke, and peripheral vascular disease.

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

As I previously stated, when clients attend our orthotic clinics the need for supply of the appropriate device is immediate and critical. Rehabilitation is a team effort of various disciplines; Surgeons, Rehabilitation Specialist, Prosthetist/Orthotist, Physiotherapists, Occupational Therapists, Social Workers and so on. The impact of delay in PADP provision has a profound effect on the ability of the entire team to provide necessary service.

Two clear examples of this are as follows:

- i) An amputee is provided with prosthesis by the NSW ALS in a timely manner. This amputee, due to co-morbidities such as stroke, requires a caliper for the contra lateral limb. The delay in provision for the said caliper by PADP renders the provision of the prosthesis useless. Such prosthetic provision proves to be an expensive and wasted exercise.
- ii) A paediatric client with spasticity is given Botox injections by a medical specialist. This is immediately followed by serial plaster casting to reduce the degree of spastic deformity. Directly after the serial casting period approximately 6 weeks a definitive orthosis needs to be provided by an Orthotist (such as Southern Prosthetics) to maintain the corrected angle of the limb. Here, if there is no immediate approval by PADP for this orthosis, the entire process is a very expensive waste of time. There are many other scenarios where lack of timely approval affects the rehabilitation process.

## **3. Effects of centralizing PADP Lodgment Centres and the methods for calculating and implementing financial savings from efficiency recommendations**

There has historically been an inconsistency and inequity between approval times through different area health departments of PADP. Centralizing the processing would, hopefully, generate a more timely and consistent process.

There are, however, concerns that rural areas, due to the limited amount of timely access to resources could be disadvantaged.

There is also a concern that centralizing of PADP with an amalgamation of funding/provision bodies such as Enable NSW, could possibly create a pooling of resource funding and thus a depletion of budget of any of these previously separately budgeted organisations.

It is also difficult calculate the cost of providing relatively low price items such as orthotics, orthopaedic footwear and so forth, in comparison to non provision and subsequent hospitalization, surgery and degeneration of condition. One would assume that an ounce of orthotic intervention is worth pounds of public hospitalization cure.

**4. Appropriateness and equity of eligibility requirements**

Persons applying to PADP for funding for orthopaedic appliances are not doing so as a matter of want, rather as a matter of need. These appliances allow quality of life as well as reduction of possible further disability which in itself incurs an increasing cost to the community. These individuals should therefore not have to meet economic criteria in regard to eligibility but rather be entitled through medical diagnosis and prescription to eligible need.

**5. Future departmental responsibility for the PADP**

Provision for people with disabilities is an integral right in any modern community. The result of non provision or delayed provision to the community can be enormous. It would therefore, be the responsibility of any department to control costing of community care, repetitive surgical procedures, and protracted therapy by providing timely and efficient provision of comparatively inexpensive orthopaedic devices.

**6. Any other related matter**

Southern Prosthetic & Orthotics, as an independent supplier of orthopaedic appliances to PADP, has experienced extreme difficulties in continuing this supply due to pecuniary and bureaucratic reasons. Without our dedication and devotion to the welfare of our clients this service could have discontinued a long time ago. To take PADP into the future and provide a workable program I would strongly recommend the following initiatives be implemented

- 1) To provide pre-approval to PADP prescription.
- 2) To minimalise waiting lists for provision of orthopaedic appliances.
- 3) To expedite payment for services provided.

I thank you for allowing me this opportunity to provide a submission on this matter.

Sincerely



Peter Spooner-Hart CPO-AOPA, ISPO  
Managing Director