

Submission
No 34

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

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Inquiry into the New South Wales Program of Appliances for Disabled People (PADP).

Date: September 2, 2008

From:

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To:

The Director

General Purpose Standing Committee No. 2

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

Thank you for giving me the opportunity to make this submission to the Inquiry into the NSW Program of Appliances Disabled People.

Background:

I am a physical therapist working with clients and therapists throughout NSW - providing clinical education and training relating to the provision of mobility devices.

Submission:

A great deal of the funding allocated to the PADP is spent on evaluation processes and administration. Oft times, a client is evaluated by a community therapist only to be referred to a "specialist". A client then waits for a specialist that is not familiar with their case. Additional evaluations are also done if there is a long delay between evaluation and approval to order the equipment. In some cases, this means a client is evaluated 3 times before receiving the important piece of equipment. It is common for a client to be waiting 12-18 months for delivery of the much needed equipment. It is well established in the research that this delay in equipment delivery puts a heavy burden on the medical system - as there is a higher risk of pressure sores, increased cost of care-tenders and escalated evaluation costs.

Additionally, the mandatory 3 system trials and quotes is too large of a burden and often is not appropriate/necessary. In some cases, because of the custom needs of the client, there is only one truly appropriate model. The length and number of trials should be the professional judgement of

clinician/prescriber/supplier. If shorter trial or less than 3 trials are performed, reasons why should be documented.

A potential solution is to establish a higher level of expertise amongst the prescribing therapists. This will reduce evaluation costs, lengthy waiting lists, inappropriate trials and delays in equipment delivery. Training programs should be introduced to create a base level of competency. It will also create more uniformity in equipment delivery across the state.

Suppliers of this equipment are also valuable resources for both the client and the therapist. They do not just offer technical product knowledge and maintenance. Supplier often will assist the therapist in translation of his/her assessment findings into equipment parameters and product prescription. They should be considered an invaluable part of the evaluation process

Again, thank you for providing the opportunity to make a submission to the Inquiry into the NSW PADP; I trust that these issues above will be given serious consideration and that the inquiry results in a positive outcome.

Best regards

Amy Bjornson, PT, ATP

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