

**Submission
No 25**

THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

Organisation: CNC Dysphagia Clinic

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

1. Adequacy of funding for present and projected program demand

There are a number of factors that are influencing the increase in demand for PADP services. Children with a disability are now living longer than before, due to improved nutrition and medical and allied health care. An increase in orthopaedic interventions has also led to a higher turnover of equipment for positioning.

Inadequacy of funding within the current system is one of our largest concerns. Each year's budget appears to run out early within the new financial year. An example of this is a child at Allowah Children's hospital who has been on a waiting list since the previous December, who is still not eligible for equipment within the current financial year.

- Families we see in clinic regularly report long waiting lists for needed equipment.
- Families in some country areas have been on waiting lists for many years for essential equipment such as wheelchairs and sleeping systems.

2. Impact of client waiting lists on other health sectors

Currently a quote for equipment is only valid for 30 days to 3 months. As clients are often waiting longer than this to receive equipment, there is a need for therapists to resubmit paperwork again. Families have also reported in clinic that by the time that a wheelchair has been reviewed (over a year later) it no longer matches the child's changing needs and the process needs to start again. Due to the problems with the system, therapists tend to leave applications until they are absolutely urgent. Equipment that used to take only a month to process now has a waiting list of 8 months. (PADP should be able to provide the inquiry with accurate estimates of waiting lists)

PADP applications involve therapists in lengthy report writing and paperwork. This is a time consuming process and impacts on the amount of therapy time available to clients. It is our perceptions that while early intervention teams retain an emphasis on therapy, therapists dealing with clients of school age or adult, tends to spend the majority of their time on equipment review and applications. Over time this has reduced therapists experience in therapy and contributes to the loss of therapists to other positions due to low work satisfaction.

3. Effects of centralising PADP Lodgement centres and the methods for calculating and implementing financial savings from efficiency recommendations

We are in support of the notion of centralising PADP services. However we believe that it is important for the service to run by therapists or health professionals, who are able to bring a depth of medical knowledge to the service in comparison to a generic management administration service. We particularly believe that any equipment

review panel should be staffed by people with appropriate therapy or nursing experience.

A suggestion for increasing savings and efficiency would be the use of a second hand pool of equipment where equipment can be updated/ adapted and reused by new clients. Currently all equipment is returned by the families to PADP and the impression is that it is not reused. We believe the majority of families would be willing to accept second hand equipment if it meant a reduced waiting time. All equipment could be coded to assist with this process.

Secondly, the chairs provided by seating companies appear to have changed over time. Equipment that used to last 5 years is now only lasting 18 months to 2 years. Chairs quoted on and provided, do not allow for adequate growth – particularly leg length. This is an increase in expense and also a decrease in efficiency as clients need to return to waiting lists early to update equipment.

There is also a need to look at the impact of recent changes to the Therapeutic Goods Act (TGA) where whatever changes are made by therapists they are responsible for from a medico-legal point of view. Therapists are now reluctant to make small alterations to equipment. This also places more demand on the system.

4. Appropriateness and equity of eligibility requirements

One of the biggest problems with the current system appears to be that access to services appears to be inequitable. Waiting lists appear to vary depending on where clients live. A more equitable system would be for access to be based on size of population and ability to pay. The fact that the current system is not means tested can lead to further inequities. Clients from lower socio-economic areas appear to be facing longer waiting lists. There is also the perception that families with more resources or more persistency may be provided with equipment faster than those who do not challenge the system. Prioritisation of equipment provision should be according to child's/ clients needs rather than region, parents or other reasons.

Families have also reported in clinic that by the time that a wheelchair has been reviewed (over a year later) it no longer matches the child's changing needs and the process needs to start again. Due to the problems with the system therapists tend to leave applications until they are absolutely urgent.

Another aspect that is confusing is the application requirements of each PADP office. For example, at present some just require a report from therapist/doctor for equipment while other PADP offices require specific paperwork and forms to be completed.

5. Future departmental responsibility for the PADP

We believe that PADP, and PADP funding, should be made independent from both Health Services and DADHC. This would increase the fairness of access for independent organisations that provide therapy to clients such as Northcott and the Spastic Centre. It would also further separate the need for therapy from the provision of equipment. Thirdly it would provide PADP with an independent budget.

Another alternative to the current model would be the Victorian system where Health and Disability/Community Services are under the one department. This would reduce competition for resources between the two sectors and aid communication.

6. Any other related matter

Delays in the accessing of equipment are unacceptable for a number of reasons.

1. Clients (and their carers) without access to wheelchair accessible vehicles and car seats, remain socially isolated from the community. Carers that don't have access to appropriate bath aides or lifting equipment are at risk for back injuries. Protective equipment such as padding, gates and house modification reduce the number of injuries for clients. Equipment can enable clients to remain in their own home environment for a longer time, rather than needing hospitalisation or to attend another residential facility.
2. Other complications due to delays in equipment for clients include increased contractures, scoliosis, fractures, further deformities, pressure areas, and osteoporosis (standing frames).
3. Most importantly of all delays in getting appropriate seating equipment place clients with dysphagia at increased risk of aspiration of their food and saliva and increased respiratory compromise, due to poor or inadequate positioning.

In conclusion, we feel that the current PADP system is under resourced, inequitable, and is not meeting the need for clients to receive equipment in an appropriate and therapeutic period of time.

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