

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

**Organisation:** Spinal Pressure Care Clinic  
Prince of Wales Hospital  
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**Prince of Wales Hospital (SESIAHS) – SPCC intervention:**  
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12<sup>th</sup> September 2008

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### **Inquiry into the Program of Appliances for Disabled People (PADP)**

Dear Sir / Madam,

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

I am the director of the Spinal Pressure Care Clinic (SPCC) at Prince of Wales Hospital, Randwick. Our clinic is responsible for providing a service to clients with a spinal cord injury, with chronic Grade 1-4 pressure ulcers. Our clinic provides a multidisciplinary service to approximately 1/3 of the state of NSW. Covering such a large geographical area means that our PADP applications for high cost equipment items are submitted to a significant number of PADP lodgement centres throughout NSW. Our clinic manages more than 30 patients concurrently, many requiring new and / or replacement equipment to facilitate the healing and / or repair of their chronic pressure ulcer/s.

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

This year, an injection of additional government funds into PADP was required to clear lengthy waiting lists for PADP equipment.

From our perspective, it is important that we meet the increasing demands of an aging disabled population, where epidemiological and health delivery effects have meant that our SCI patients in the community are living longer and developing pressure sores as not only their bodies age and deteriorate, but so do their carers and equipment.

The long waiting lists and / or inability to fund high cost equipment such as pressure care mattresses and cushions, electric wheelchairs and shower commode chairs exposes our SPCC clients to an unacceptable level of health care provision and puts them at risk of further skin breakdown, infection and (in some cases) premature death.

(See Appendix 1 for PADP equipment prescription profile June 03 – March 05 for SPCC)

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

We are concerned that the existing time to prescription of PADP equipment jeopardises patient health and outcomes. Patients often have equipment problems leading to pressure sores and it is counterproductive for someone to remain in the community on inadequate equipment and deteriorating before their scheduled surgery can commence. The clinic is predicated on providing acute service PRIOR to hospitalisation to support and prevent deterioration prior to admission and reduce length of stay. Patients cannot wait between 17 and 23 months for a pressure protecting alternating air-cell mattress (our PADP wait time statistics – see below) the long PADP wait times clearly prevent us doing our job. This has meant that we have had to fund an equipment loan pool which is always running short. Charitable donations have been necessary to allow equipment pools to be restocked.

The average cost of a hospital admission is \$750 per day (for complex admissions) and the average length of stay for our SPCC clients is 55 days. This means that the overall average cost of a hospital admission for a spinal client with a chronic pressure ulcer is \$41 250. Based on data collection from SPCC Clients June 03 – March 05 (Appendix 1), the average PADP cost per patient was \$11, 564. This amount does significantly differ (inflation adjusted) from the “cost of disability figures” stated in Section 2 part 5.8 of the latest PADP Policy:

“The cost of disability figures are based on the results of the cost of disability study undertaken by the Commonwealth Department of Family and Community Services in 1999. They are consistent with the Australian Quadriplegic Association median cost estimate of \$7,494 for all adults and \$8,783 for people in employment”.

Although PADP and Hospital funding are managed under separate portfolios, the financial impact on our health sectors, from long PADP equipment waiting lists, is considerable.

Additionally, clients with long hospital admissions (from chronic pressure ulcers) create significant bed management issues for both acute and rehabilitation hospitals. This is more evident in winter months when hospital beds are a premium. The flow on effect to the health care sector, of this situation, is not only financial; it impacts on Community resources by increasing community healthcare worker (CHW) workloads, demanding more on "carer" resources and increasing Accident and Emergency admissions.

3. Effects of centralising PADP Lodgement Centres and the methods for recommendations

Centralising PADP lodgement centres (and removing them from major Acute Hospitals) carries the risk of depersonalising Client ↔ Health professional / PADP Officer relationships. Clients often develop a professional relationship with their local PADP Officer; and the PADP Officer is often acutely aware of the needs of the clients in their "catchment" area.

4. Appropriateness and equity of eligibility requirements

Eligibility for "Band 1" clients is clear – all clients over the age of 16 and hold a Centrelink pension card or Healthcare card are eligible for PADP.

"Band 2" and "Band 3" clients have an additional \$5,000 p.a added to their (preceding year) taxable income to cover the "cost of a disability". This criteria is in direct contradiction to Section 2 part 5.8 of the PADP policy where the average annual cost of a disability is between \$7, 494 - \$8, 783. Additionally, these figures have been calculated from 1999 research results and do not consider inflation levels.

"Band 3" and "Band 4" clients earning equal or greater than \$39,941 (single) or \$67,899 (couple) are only eligible for high cost items and are subject to paying 20% of total equipment costs once equipment approval is granted. Additionally, it is the taxable income from the previous year that this eligibility criteria is calculated.

Consider an SPCC client earning in excess of \$39,941 p.a. who then develops a chronic pressure area and is hospitalised and / or "off work" for 6 – 12 months, earning no more than the disability pension. Following the healing / repair of his / her pressure ulcer, this client may require an alternating pressure care mattress (\$15,000), an electric wheelchair (\$16,000), a new wheelchair cushion (\$1,000), and a shower commode chair (\$4,000) – total cost \$36,000. Under the Band 4 eligibility criteria, this client would be expected to pay \$7, 200 towards his / her equipment (after earning approximately \$14,500 p.a. on the disability pension) before being considered "safe" to return to the community. This could potentially financially cripple this client if he agreed to the equipment being ordered and paid the \$7,200, OR, if the client could not pay the 20% and the equipment was not ordered, the client would be considered unsafe for discharge. In this instance the client may be admitted to an institutionalised care facility (eg Nursing Home) for long term care, or may choose to return home on unsafe / inadequate equipment, experience further or new skin breakdown and need to be re-hospitalised for another 6 – 12 months. Additionally, these Band

4 clients are generally prioritised quite low (i.e. that they are only funded after all Band 1-3 applications have been funded), resulting in these clients essentially having no access to PADP (as they are often told to self purchase as funding will never be sufficient to fund the Band 1-3 applications).

There is a "cost –shifting" process going on as many nursing home clients are "ineligible" for PADP equipment however many Nursing Homes do not have sufficient funding to purchase equipment esp. High level pressure mattresses. Thus these clients are supported by hospital ELP stock (for up to 2+ years)

Although the PADP Eligibility Criteria considers dependents in its (preceding year) financial calculations, it does not consider Mortgage / rental costs, car repayments, household utility expenses etc

There is also concern in regard to recovery of costs by PADP when a previously eligible client for high cost equipment receives a financial payout from a Compulsory Third Party (CTP) or Workers Compensation Claim. The client's responsibility would be to inform PADP of the payout and repay the equipment costs. This does not always occur, and PADP are potentially losing significant amounts of funds which could be used on other PADP eligible clients.

5. Future departmental responsibility for the PADP

In direct relation to the Prince of Wales Hospital Spinal Pressure Care Team, we would be interested in how PADP plan to manage the of reallocation equipment and subsequently communicate equipment availability to us.

6. Other related matters

Other suggestions that we believe would enhance our ability to provide appropriate and timely equipment to our clients, include:

Ability to apply for funding for equipment before the final piece of equipment is prescribed. For example, if an SPCC client was on bedrest for many months with a chronic pressure ulcer, and we determined they would require an electric wheelchair once their pressure ulcer healed, (however the final prescription could not be completed until the client was able to sit up again), if we could apply for a "generic" electric wheelchair, stating an approximate cost of \$15,000 at the start of the bed rest period, the PADP approval may be granted by the time the client was ready to return to sitting. This could reduce pressure on PADP to prescribe urgent equipment, allow PADP to budget better for upcoming costs and reduce hospital stays and / or carer costs whilst awaiting approval and delivery of equipment. This may also reduce "double prescriptions" by the therapist (once when the equipment is applied for and once when it is being ordered (some times up to 12+ months after the original prescription and PADP application was completed)). Also PADP guidelines state that it is to support clients living in the community and thus client's are not

considered eligible until they have been discharged for at least one month. Thus clients are often delayed in their discharge from acute hospital facilities as these clients are not seen as a priority.

- Modifying the PADP policy to allow prescription and maintenance of 2 X wheelchairs (1 X electric wheelchair and 1 X manual wheelchair). Many of our chronically injured clients do require a manual and electric wheelchair. Due to the nature of pressure ulcers, despite being healed / repaired, there is always a great risk of pressure ulcer recurrence. For this reason, we often recommend that our clients utilise an electric wheelchair for the majority of their mobility (to reduce skin shearing), however, we understand that a manual wheelchair may also be required if the client is still able to drive a car and / or they need to attend places that are too small to fit an electric wheelchair.
- Some equipment is not considered for approval by PADP due to the belief that the equipment is considered a "treatment" item. Some examples of these pieces of equipment include:
  - i. Pressure care mattresses
  - ii. Second Skin Splints
  - iii. Environmental control units

In this team's opinion, all equipment prescription items should be considered individually for the specific needs of the client. Providing PADP are satisfied that the client's needs will be met with the prescribed piece of equipment and that the overall cost of health care will be reasonably reduced with the prescribed equipment, the item should be placed on the PADP waiting list for approval.

- When PADP equipment is sent for repair (e.g. a roho cushion) a loan cushion should be available through PADP to enable the client to maintain their function within their community. Additionally, if a piece of equipment is deemed irreparable (and the functional or health status of the client has not changed), PADP should develop a policy that the equipment item is automatically replaced, without the therapist needing to present a new application and be placed on the long PADP waiting list.
- A PADP equipment pool would also reduce hospital stays in the SPCC client group. Loaning a patient a pressure care mattress or shower commode chair until his / her own equipment is approved and ordered. Or, by the time the client's own equipment is ordered, he / she may no longer require such a high level piece of equipment, only requiring a lesser care level of equipment. This could reduce high cost items being unnecessarily prescribed by therapists.
- Many PADP high cost committees meet bi-monthly. If the committee require more information on an equipment application, it is not reviewed again for a further 2 months. This significantly increases the waiting time for equipment approval. If committee meetings could be convened on a more regular basis, for such application reviews, the waiting times may be significantly reduced.

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.

Yours sincerely,

Bonne Lee on behalf of the Spinal Pressure Care Clinic  
Prince of Wales Hospital

Report authored by Bonne Lee (SPCC Director), Jenny Nicholls (SPCC OT), Danielle Collins (POWH Seating Services), Claire Blewett (SPCC)

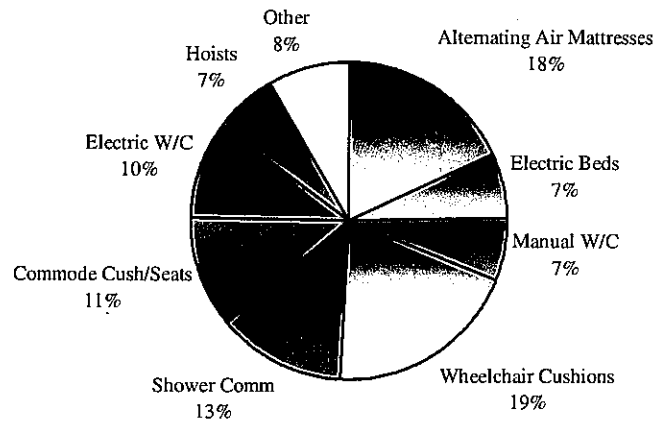
Appendix:

Prince of Wales Hospital  
Occupational Therapy Department  
Rehab Services

**SPCC Clients June 03 – March 05**

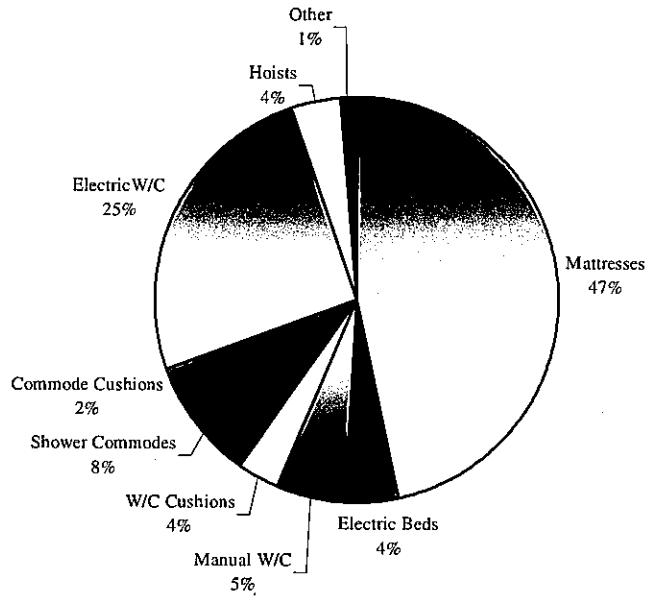
1	Total Number Pts attending SPCC	47
2	Total Number Pts requiring PADP Equipment Application	21 (45%)
3	Total PADP Cost Spent	\$80,521
4	Total PADP Cost Pending	\$162,340.50
5	Total PADP Application Costs	\$242,861.50
6	Average PADP Cost per Pt	\$11,564
7		

**PADP Equipment Prescribed**

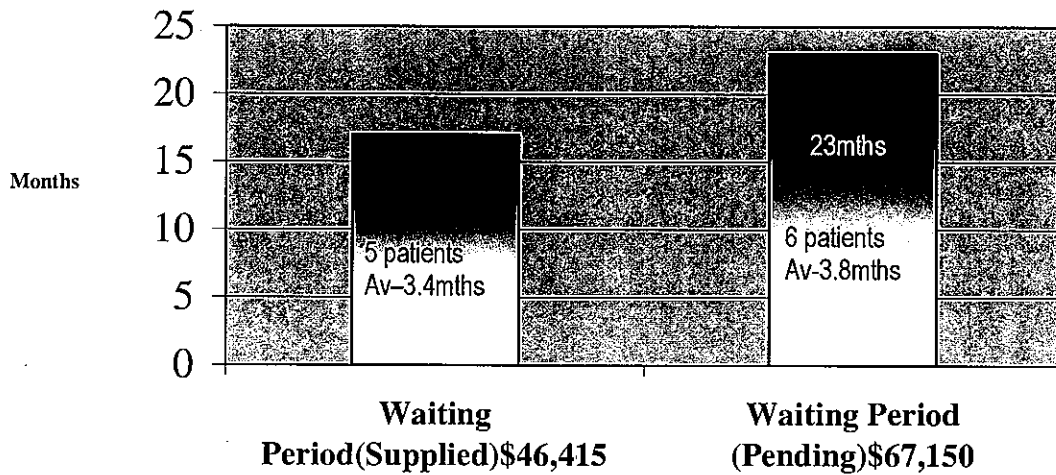




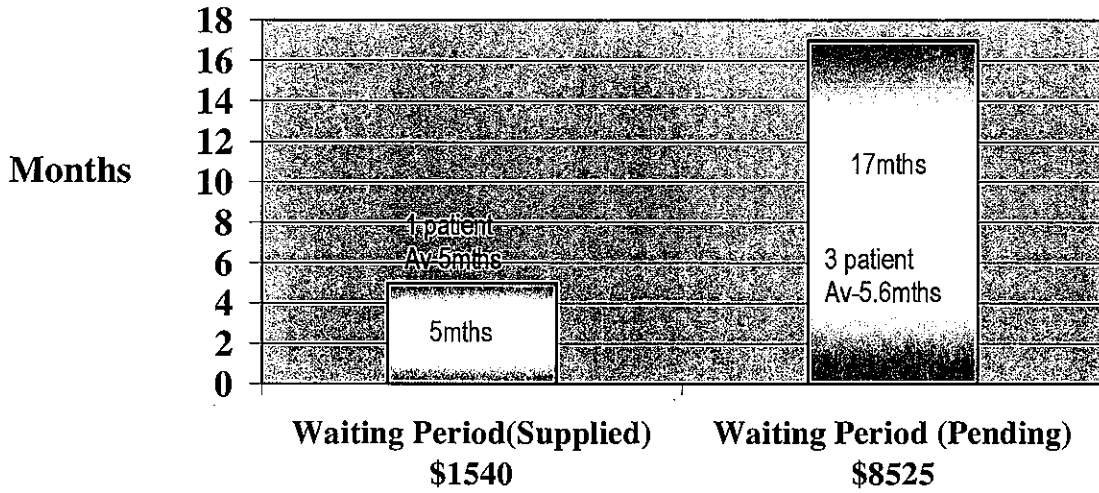
**PADP Equipment Prescribed -Cost**



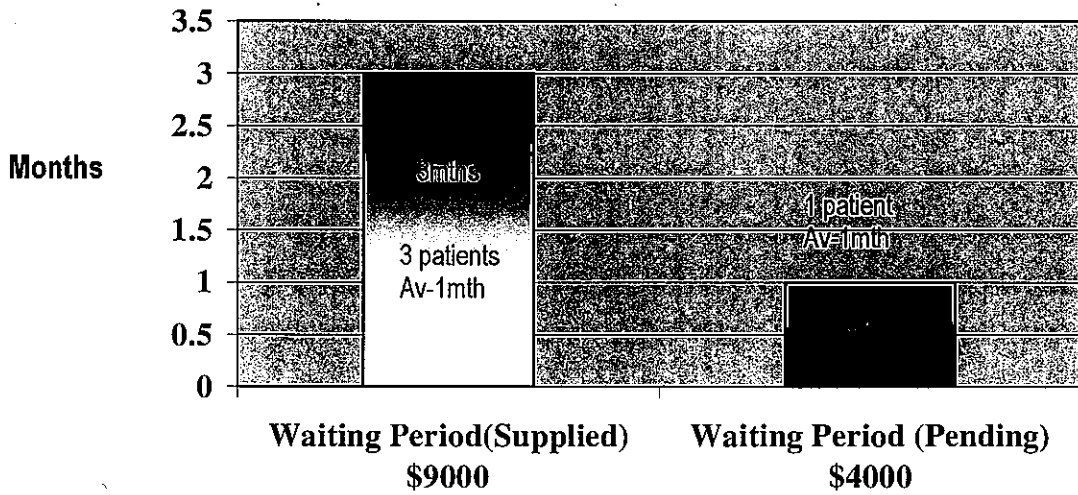
**9 Waiting Time For PADP Equipment Prescribed - Mattresses**



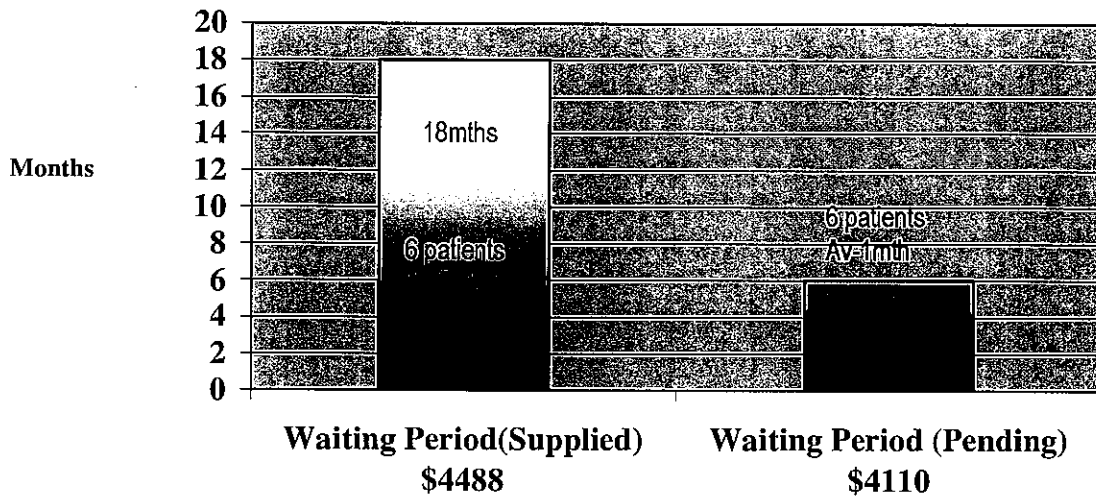
**10 Waiting Time For PADP Equipment Prescribed – Electric Beds**



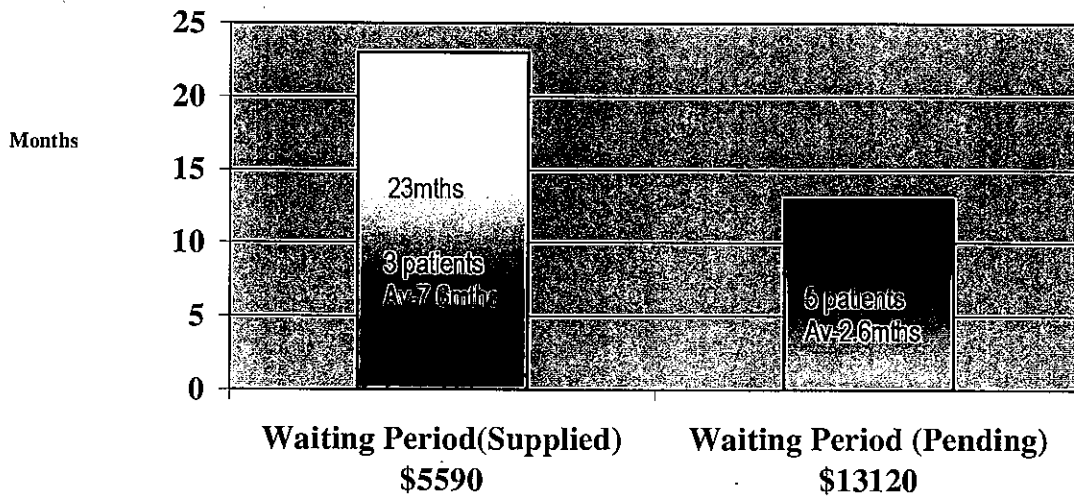
11 Waiting Time For PADP Equipment Prescribed – Manual Wheelchairs



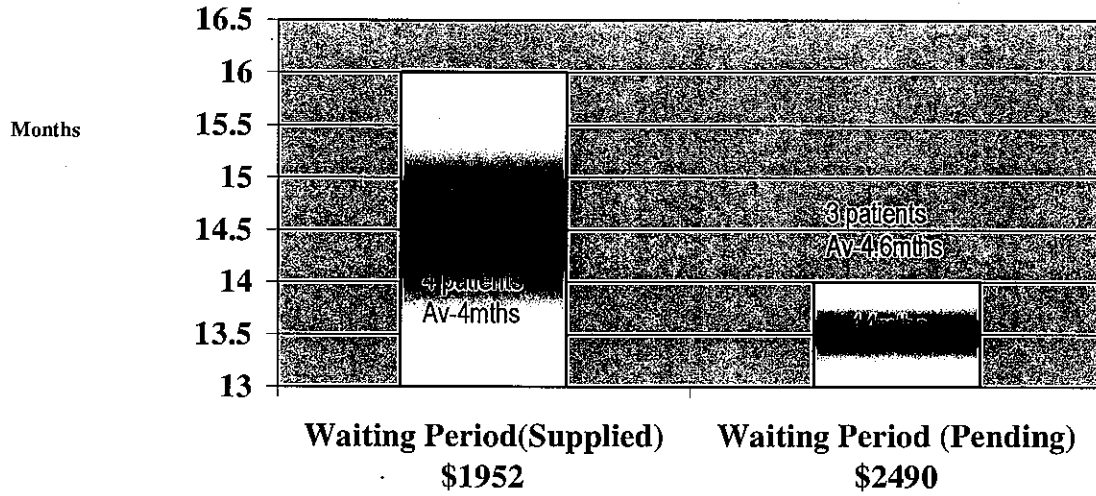
12 Waiting Time For PADP Equipment Prescribed – Wheelchair Cushions



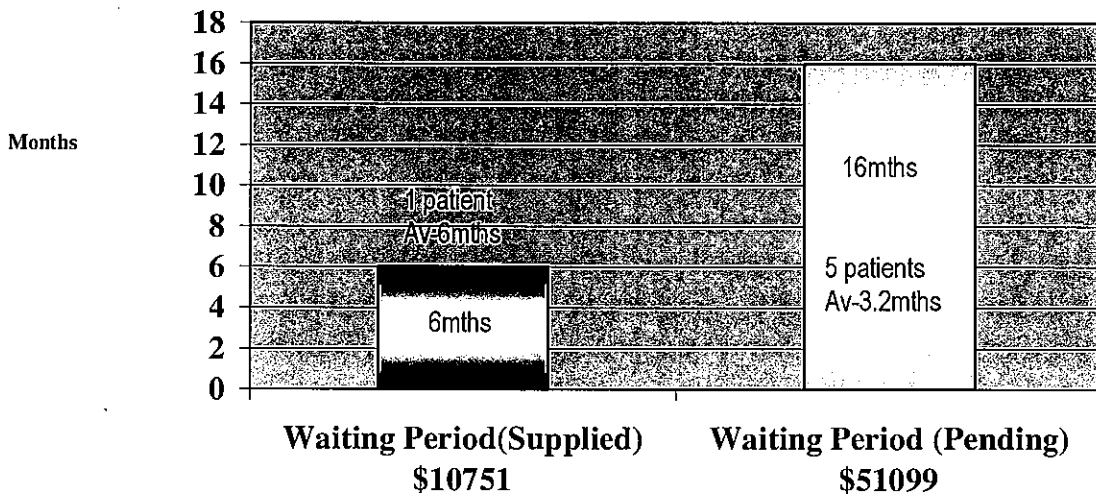
13 Waiting Time For PADP Equipment Prescribed – Shower Commode Chairs



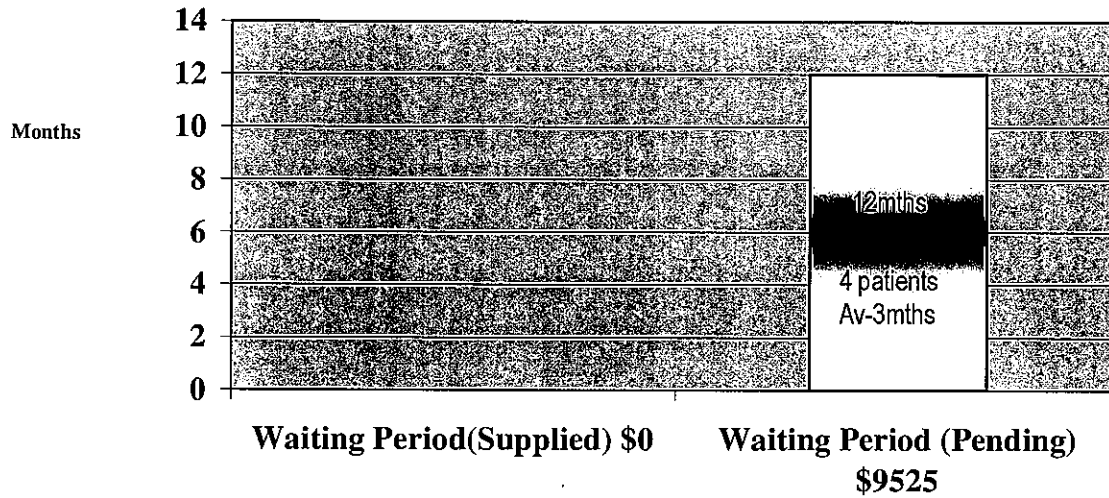
**14. Waiting Time For PADP Equipment Prescribed – Commode Cushions / Seats**



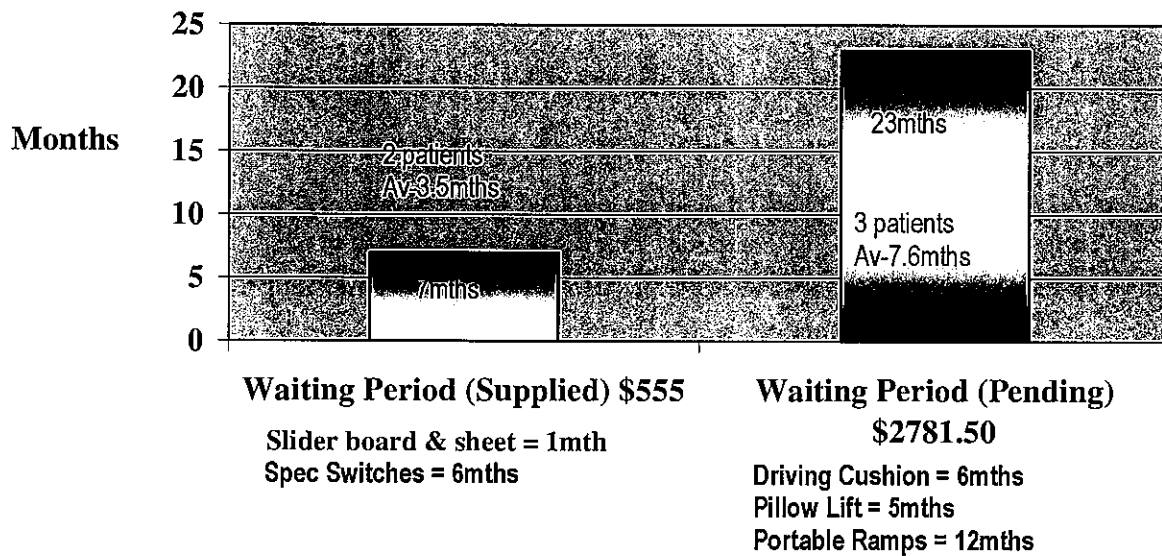
**15. Waiting Time For PADP Equipment Prescribed – Electric Wheelchairs**



**16. Waiting Time For PADP Equipment Prescribed – Hoists & Slings**



**17. Waiting Time For PADP Equipment Prescribed - Other**



Compiled by – Jenny Nicholls & Michelle Hanrahan  
Occupational Therapy Dept POWH  
16<sup>th</sup> March 2005

For Dr Bonne Lee  
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