

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

Organisation: Disability Council of NSW
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The Director
Ms Beverly Duffy
GPSC2 Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

RE: Inquiry into the Program of Appliances for Disabled People (PADP).

Dear Ms Duffy

Thank you for the opportunity to contribute to the review of the Program of Appliances for Disabled People (PADP).

About the Disability Council of NSW

The Disability Council of NSW was established under the terms of Section 16 of the Community Welfare Act 1987 to advise Government in NSW on issues affecting people with disability and their families. We also give advice to the Australian Government on the effect of policy on people with disability living in NSW.

Council members are appointed by the NSW Governor on the recommendation of the Minister for Disability Services. Members are selected on the basis of their experience of disability and their understanding of issues, their knowledge of service delivery and their ability to reflect and advise on government policy. The majority of Council members are people with disability.

General observations

Our Council would like to thank the NSW Legislative Council's General Purpose Standing Committee 2 (GPSC2) for providing us with the opportunity to critique the program. We submit our response in order of terms of reference raised.

1. Adequacy of funding for present and projected program demand

We note the observation in the PricewaterhouseCoopers (PWC) review of PADP that there has been a "steady increase in the budgets [for PADP] allocated to each of the AHSs over time." According to PWC the total allocation by NSW Health in 1999/2000

was \$10,628,000. By 2005/2006, according to the same source, the total allocation had risen to \$24,005,000.

That "steady increase" is welcome. We note, however, that the peak advocacy body in NSW for people with physical disability, the Physical Disability Council of NSW Inc. (PDCN), called for the allocation to PADP to be increased to \$37.5 Million in 2007/2008. The NSW Council of Social Service (NCOSS) has also called for the allocation to rise to \$37.5 Million.

We note with some satisfaction, therefore, the 'one off' payment of \$11 million that was injected into the program in 2007. We understand that the total allocation to PADP in the current financial year is approximately \$36,600,000. We appreciate this year's additional allocation. It will go some considerable way to removing clients from waiting lists. That too is welcome.

The Council is strongly of the view, however, that a consensus of opinion has developed around the recurrent funding levels proposed by PDCN and NCOSS. We recognise that the 'one off' additional expenditure will help to purge waiting lists. There is strong evidence, however, from non-government advocacy organisations, from NGO disability service providers, from latent demand, population trends and research that a compelling case exists to transform the 'one off' addition into recurrent allocation in the years to come. We commend such a view to members of the standing Committee and would propose, therefore, that this year's allocation of approximately \$36.5 Million be used as the base budget figure for future expenditure.

Additionally, we are of the strong opinion that there is a need for state wide collection of statistics on current use as well as unmet and projected need of equipment, particularly given that people with disability are living longer and there is an ageing population.

Further to this point, the Australian Institute of Health and Welfare (2006) *Disability and disability services in Australia* report states that

"Equipment services in Australia are somewhat fragmented, being provided by a mosaic of services, generally through the health or veteran's systems or the non-government sector. No national data on these various programs are compiled. Some indication of the importance of equipment is provided by the population data in tables 2.8 and 2.9 (p35)."

Table 2.8 of the report illustrates Aids and Equipment used – total of 2,556,000 people with disability in Australia use aids and equipment – while Table 2.9 breaks this into age groups.

As indicated by the quote above, there is no national data collection that clearly states the current use, need and future need for equipment for people with disability. The Disability Council believes it is imperative for NSW Health to collect, collate and publish the statistics required to assess whether or not the program is meeting supply and demand as well as preparing for future financial resources.

Similarly, a database that clearly captures the equipment and aids that have been returned and pooled by service users of the program would significantly reduce

wastage costs and potentially waiting periods. Our Council believes that such a database (that encapsulates all the equipment and aids that have been returned and pooled) combined with the streamlined and transparent applications process, will result in a much higher customer satisfaction rating for PADP.

To maximise the direct allocation of PADP funds to equipment provision, moreover, we believe that the infrastructure of the program needs to be centralised, streamlined and made consistent across the state. In that regard, the Disability Council of NSW welcomed the responses of NSW Health to the PWC review. We applaud the establishment of Enable NSW and believe its strategy is essentially sound and capable of promoting, implementing and delivering a long-overdue reform agenda for PADP.

2. Impact of client waiting lists on other health sectors

The impact of unnecessarily long waiting periods can and does have emotional and health related ramifications for a person with disability. Long waiting times for equipment that is essential for the applicant to function on a daily basis can result in the person with disability requiring avoidable acute rehabilitation, pain medication and or therapy.

We understand that any human services system has procedures and protocols that are necessary to ensure proper assessment of need and appropriate provision of (in this case) equipment. We believe, however, that PADP in the past has been characterised by levels of inconsistency in the administration and provision of equipment. This has resulted in what others have justifiably described as a 'post code lottery'. Where the system works well it does indeed work well. But there have been and are unreasonable and unacceptable delays in some areas. The delays have been and can be found at the assessment stage (waiting for an OT or a specialist appointment), in decision-making and in providing the equipment.

Our Council is aware of cases where the applicants have waited between 12 and 24 months for a wheelchair, bed or other high-cost item to be purchased and delivered. In such cases, applicants have been or are at risk of being admitted to acute rehabilitation as a consequence of not having the appropriate equipment for an extended period of time. Acute rehabilitation can cost approximately \$1000 per day. The costs of avoidable admissions to hospital setting can and do amount to the equivalent or more of the equipment for which the applicant may be waiting.

An additional example is with service users waiting lengthy periods for a manual hoist. The cost of a manual hoist is approximately \$1200. This is significantly less than the cost of two home care staff that is required to manually transfer a person with a physical disability. This does not include the OH&S liability if a staff member were to injure themselves. Council is therefore of the strong opinion that early intervention is imperative and will subsequently decrease the burden on other health sectors.

Council is aware of cases where people with disability have, as a result of lengthy waiting periods for their equipment and aids, have had to move into inappropriate housing accommodations. This includes being accommodated in nursing homes as a consequence of an injury or family breakdown. We believe there is also a risk of

avoidable pressure being placed on local medical centres and General Practices because of ill-health that arises from equipment delays.

Council believes there may be opportunities to include devices which enhance an individual's participation in the community and everyday life. This may include a communication device, or a transit wheelchair, which enables an individual to access the community, without which, they would be excluded from due to fatigue concerns.

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

We welcome the proposal to centralise PADP administration, procurement and management through Enable NSW. We believe that efficiency savings and the economies of scale resulting from a unified administration will benefit clients and maximise the amount of budget allocation spent directly on equipment.

The Disability Council of NSW would want to be reassured, however, that centralising PADP lodgement centres does not further isolate people with disability living in rural and remote regions of NSW.

We understand that the reform agenda of Enable NSW is intended to result in centralisation of those components of the PADP system that would benefit from central co-ordination. We have been assured by Enable NSW that delivery and servicing of equipment will remain a local function. This is essential. It is imperative that people with disability in rural and regional NSW do not find themselves in the predicament of needing to negotiate with city based bureaucracy for adequate aids and equipment.

4. Appropriateness and equity of eligibility requirements

The Disability Council of NSW believes that access to equipment services must be fair, equitable and based on the needs of individuals. Priority must be given to people in greatest need and the eligibility criteria should be structured in such a way as to ensure that people on fixed and lower incomes are not disadvantaged within the assessment processes.

Our Council is of the belief that historically the operation of PADP's eligibility criteria has not been consistent across the State, lacks equity and transparency from region to region and, therefore, subject of justifiable concern and complaint by clients. We are aware (as has also been acknowledged in PWC report) of situations where people with disability in one region have been on a waiting list for a piece of equipment for over 18 months while in another region the same equipment has been declined entirely.

We have been impressed by the commitment of the senior management of Enable NSW to ensure equity and consistency as fundamental principals of the reformed PADP. We will watch with interest to see the effects of that commitment 'on the ground'.

Additionally, we feel strongly that one person's application for aids and equipment should not be compared to the level of need and urgency against other applicants. We

are therefore, of the strong opinion that once an application meets the eligibility criteria it must be considered on its own merits, managed immediately and independently of 'relative worth' judgements and on a case by case basis.

As part of a renewed commitment to State-wide consistency and equity we suggest that applications that have been declined in the last 2 years be audited. This would allow Enable NSW to understand past practice, identify inconsistencies and develop quality benchmarks for decision-making.

Although the eligibility criteria are public it can be very difficult for individuals to find out about PADP, its eligibility criteria and application processes. Information must be made more readily available, easy to find and accessible to all. PADP information must become fully accessible in a number of formats including via a W3C compliant website, audio, Braille, large print as well as in a variety of community languages.

Moreover, our Council is of the understanding that the consumer \$100 co-contribution payment towards equipment is going to be abolished. We welcome this decision as we strongly believe that the administrative fees associated with monitoring and enforcing the co-contribution payment is costly and counter productive. We would like to ensure that in abolishing the co-contribution payment that all financial savings on administration is returned to the program.

5. Future departmental responsibility for the PADP

We see no compelling case for altering the departmental responsibility for PADP at this time or in the near future. Indeed, we have been impressed by the commitment shown and effectiveness demonstrated by Enable NSW to date. We believe that Enable NSW is best placed to carry forward the reform agenda for PADP and allied equipment programs.

Council strongly proposes that all Enable NSW business plans reflect clear PADP objectives, strategies and performance measures. These should demonstrate whether or not the demand and needs are being met, turn over times is achieved and the person with a disability is satisfied with the service delivery.

Business plans should also include strategies and performance measures to achieve areas of the PADP which were not achieved in the previous financial year.

Moreover, there needs to be a transparent review process where each declined application receives an independent review of their request against clear criteria for issue of equipment.

The Disability Council of NSW would like to ensure that the following responsibilities are reflected in NSW Health's future key performance areas.

- Identifying, monitoring and reporting on key performance indicators;
- Collation of a national database on the need, use and projected need of aids and equipment taking into consideration the ageing population, people with disability living longer and lastly the program being marketed attracting new applicants;

- Addressing and rectifying rural issues;
- Procurement and best price of aids and equipment ;
- Establishing clear entry and exit points into the program ;
- Continuous improvement through annual audits;
- Researching newer technology for aids and equipment;
- Marketing the product ensuring that it is inclusive and fully accessible – made available in a number of formats such as Braille, large print, audio as well as in a variety of community languages;
- Consultation with CALD and Indigenous sectors to determine ways where the program ensures equity of access to these communities;
- Networking with other organisations responsible for the provision of equipment to assess their application processes to enhance streamlining and prompt provision of equipment.
- Improving customer service focus - staff to be trained in certified customer service courses which would include a component on disability awareness training.

6. Any other related matter.

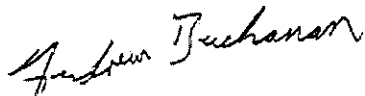
Our Council would like to stress the significance of preventative action and early intervention. As mentioned in our responses above, the emotional and physical ramifications as well as the costs associated with remedial action, is far more costly. This includes not only on a financial level but on one's health, than it is to address the need for aids and equipment immediately.

Lastly, our Council is aware of what can be described as an epidemic of shortages of doctors/occupational therapists/specialist in rural and regional NSW and this must be addressed by NSW Health. The point has been made to us with some force that the problems of PADP (in the past) have been exacerbated by chronic shortages of qualified staff in some rural communities.

In summary, our Council is keen to see the PADP reform agenda finalised. We are hopeful that Enable NSW is the correct organisation structure with the staff and commitment to deliver meaningful change and improvement through a reformed, centralised system providing consistent and equitable service across the State. The base budget should be stabilised at today's levels and the pattern and scale of need monitored periodically so as to calibrate future allocations with foreseeable growth trends linked to increasing incidence of disability and an ageing population

Should you require any clarification or wish to discuss any of the above comments in further detail, please contact Dougie Herd, Executive Officer, on phone number: (02) 9211 2866.

Yours sincerely,



Andrew Buchanan
Chairperson
Disability Council of NSW