Submission
No 37

THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

Organisation: Australian Association of Occupational Therapists NSW

Name: Ms Jane Bringolf

Position: Acting Executive Director

Date received: 3/09/2008

OT AUSTRALIA NSW
Australian Association of Occupational Therapists NSW

Legislative Council General Purpose Standing Committee No 2

Inquiry into PADP

Response by OT Australia NSW

Australian Association of Occupational Therapists – NSW

3 September 2008

20/8 Avenue of the Americas
Newington, NSW 2127
Phone: 02 9648 3225
Fax: 02 9737 0023
exec@otnsw.com.au
www.otnsw.com.au

OT Australia NSW commends the enquiry into the PADP scheme as this is a very vexed area of practice for occupational therapists, not to mention the well being of clients and patients.

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

There is a significant lack of funding across the state. It not only impacts on clients, families and care workers, it cost-shifts to other areas of the budget, such as, family carers staying at home and not contributing to the economy and their superannuation savings, and experiencing reduced quality of life which then impacts on their own health status. In addition, clients cannot exercise greater independence and, in some cases, not become part of social and economic life either. Assistive technology is not sought by choice. Most people would prefer to be in a situation where they do not need it. If it was easier to access it would not increase the number of people in need. No-one wants it by choice. Key issues are:

- Distribution and management of funds is inequitable – some areas have appropriate wait times of six weeks, others have more than two years. However, it is not known if some eligible clients in some areas are told not to bother with PADP because the likelihood of receiving equipment is minimal.

- Some areas have waiting lists for over $1m worth of equipment and this seems to have been exacerbated by Area Health Services having poor financial control over PADP funds. It appears that in some areas, the funds are not quarantined.

- At the end of the last financial year DADHC did not provide one-off funding as in previous years to clear some of the waiting lists, consequently the list has been extended into this financial year.

The lack of adequate funding for PADP is the root cause of many of the other inefficiencies experienced by the scheme. Scarcity of funding has spawned time consuming bureaucratic processes to protect budgets and spread available resources as thinly as possible. The three main consequences leading to poor client outcomes and extending wait times are:

- Excessive waiting times for clients
- Seeking alternatives and juggling priority lists is inefficient
- Prescribing to equipment availability instead of client need

2. Waiting time for clients impacts on other areas of the health service.

Given that people need enabling equipment at the time they are assessed, the question arises as to what they are expected to do while they are waiting for the prescribed products to arrive. Whilst it is possible that some may have the resources to purchase, or for family to provide as Christmas presents, this

should be ascertained by means other than by forcing people to wait. The key points about the impact of waiting times are:

- More therapist visits to the client: delays mean that therapists need to make repeat visits to clients in the meantime.

- New clients wait longer: extra time given to clients on the waiting list means less time for new clients.

- Reassessment needed when funds become available: clients conditions change during the wait and further assessment is required to ensure appropriate application of assistive technology.

- Waiting can have a deleterious effect on function, health and safety: clients may end up in hospital care due to an accident or illness caused by lack of effective assistive technology.

- Families and carers at greater risk: the costs in time, money and health to both family and paid carers can be greater.

- Some personal care services may be refused if the requisite equipment is not supplied.

Clients often need to wait long periods to access therapy services for equipment prescription and application to PADP. Sometimes the wait for a therapist to assess and prescribe can be two years. Therefore, when waiting for a new item of equipment it can be three years from identification of need to delivery of the item. This results in all applications being urgent.

Waiting times also place a strain on the relationship between community therapists, other health professionals, parents and teachers. Therapists are often blamed for not having the appropriate equipment even though an application has been made to PADP.

Children are particularly at risk. Waits of over twelve months for replacement wheelchairs is unacceptable. Some children are unable to attend school once they have outgrown their wheelchair because it becomes intolerable to travel or sit for any length of time. Of course, there is no other equipment at the school they can use. Similarly, adults are at risk when their wheelchair is inappropriate. It means they cannot access day programs or respite because they need constant re-positioning and this is too risky for paid carers. Some parents have given up work to care for their family member while waiting for PADP to supply the equipment. This is not economically viable for the family or for the community.

3. Seeking alternatives and juggling priority lists is inefficient

- While waiting for equipment, therapists spend valuable time tracking down temporary loans, arranging maintenance of existing equipment

waiting for replacement, and patching together and modifying any other possible solution for clients.

- Quotes for items are valid mostly for only three months. After this time new quotes are needed from suppliers. This is duplication of effort and the risk of a price increase (which can affect the waiting time again if the money is not available).

- High cost items require therapists to trial two or more products. Whilst this is good practice and demonstrates equity of supplier selection, it is an inefficient use of therapist time as well as that of suppliers.

- Reassessment might mean another wait: if the needs of the client have changed significantly the original prescription will be inappropriate and a new prescription might mean a return to the waiting list.

- If, eventually PAPD does not fund the equipment, therapists are required to write more applications to other agencies which generates a significant paper trail of documents "proving" a situation.

- Clients and therapists are not informed of where the application sits on the waiting list after they are informed of the priority and anticipated delay in funding. Communication occurs when the equipment is ordered, which is when another assessment might be needed to see if it is still appropriate.

- Monthly deadlines cause therapists to rush assessment processes in an attempt to minimise the waiting time. This may not allow for thorough trial and exploration of alternatives.

Attending to clients when they are first referred allows for earlier and usually more cost effective solutions to be applied. The longer people wait, the worse their condition may become, the more visits a therapist has to make and the more likely other health and care services will be needed, or needed at a higher level. The flow on effect to families can mean that they are required to spend more time in a caring role, which can have a deleterious effect on their health and capacity to remain in the workforce.

It would be useful to analyse the costs of inefficiency against the costs of supplying the equipment promptly. Such studies are being undertaken in Europe and preliminary findings show an economic benefit of supplying earlier rather than later (for example, work by Renzo Andrich, E.M. Agree, and P. Lansley).

4. Prescribing to equipment availability rather than need

Long waits for equipment compromises the original prescription because clients' conditions will have changed, usually for the worst. Given the long wait, clients are inclined to accept the inappropriate item in a "it's better than

nothing" scenario, or they undergo another assessment and risk being put back on the waiting list again.

- Allocation of ex-stock equipment occurs more quickly, but this can result in recommending items that are not best matched to client needs. Selecting from the available ex-stock items may avoid waiting lists, but it is not in the best interests of the client and compromises best practice guidelines. Some equipment is old and not easy to operate.

- A 'standard items' list may be financially sound, but the equipment should be prescribed to the person, not the other way around. It is rare that a person with significant disabilities will "fit" the list and items not listed will be required. The waiting list issues is not solved in this situation.

- Suitable equipment is often determined by the availability of the supplier in rural areas. Supplier availability in some regional areas is limited to monthly visits and can take 3-4 months to occur. If a second quote or trial is required this extends the waiting time significantly.

5. Effect of centralising lodgement centres

- We are concerned that centralising the lodgement centres will result in longer waiting lists. The key issues are:

- Our experience with the merging of two areas has increased demands and wait times because the communication process from the receipt of the application to the delivery of the equipment has been eroded.

- We anticipate that it may be difficult to access ex-stock items and there will be an impact of the efficient re-use and re-issue of items. This means less recycling of items.

- In the case of a wheelchair breakdown, for example, a temporary wheelchair can often be provided so that the client can at least continue most of their daily activities. A local store means that the therapist can view and measure the wheelchair and swap parts if needed.

- We are concerned that the distance between the client and therapist and the lodgement centre will impact negatively with the chance of equipment being returned and then re-issued. The cost of transport could be a barrier.

- Good communication between therapists and local lodgement centres allowed for better understanding of client needs and awareness of ex-stock availability.

- Clients with complex needs and their carers my struggle with a call-centre model where staff are not familiar with their specialised equipment. Therapists may need to be more involved in helping them negotiate a centralised system.

- Centralising the system means therapists, families and clients lose the rapport built up with information sharing, common knowledge of client history.

- All new equipment must be engraved. Currently this is done by the local lodgement centre. If the central centre is to do this, it means all equipment has to go there first before it can be delivered by the supplier to the client.

6. Maintenance and repairs

Funding for maintenance and repairs is essential because disabled equipment further disables the client. In some areas there is no provision for service and repairs and in other areas it is carried out well. Specifically:

- Some areas outsource repairs to a third party which introduces yet another person to the 'system' and another person with whom the family and the therapist has to interact. PADP should have technicians on staff.

- The issue of spare parts for imported equipment can cause significant delays in repairs. This also raises the issue of whether it is cost effective to by cheap goods overseas that do not last as long and do not need constant repair and maintenance. A six week wait for a part is intolerable for a wheelchair user. If cheap imported goods are purchased in bulk, spare parts should also be purchased in bulk too.

- Children in particular often gain access to charity funds to purchase equipment but they do not provide ongoing maintenance and repairs. In some cases families choose to wait for PADP funds. Some areas agree to take ownership of privately funded equipment to allow repairs and this is sensible because PADP does not have to provide the initial funds.

7. Committees to allocate funds

The efficiency of this committee model is questionable and needs review. It is time consuming and is based on a premise that the members of the committee will be able to judge, second hand, the adequacy of the prescription as well as the urgency and priority of the claims. If funding was not an issue, this committee, and the resources it consumes, would not be needed. Peer support in equipment prescription, however, might be needed in some cases.

- If an application is determined by the committee to be inadequate, it is sent back to the prescribing therapist for more information. In some cases the prescribing therapist has 'closed the case' while waiting for funding, but regardless, this adds more time to the waiting list.

- Committee decisions are based on written information submitted by the treating occupational therapist. The quality of this submission may determine the success or otherwise of the submission, and/or indicate the level of urgency of the situation.

- Some lodgement centres impose cut off dates for submission of applications, which can be up to ten days prior to the committee meeting. This places significant pressure on the therapist, family and supplier.

- There is no provision for emergency funding. This is essential for clients who arrive from interstate, refugees and for those who have lost equipment through fire, theft or accident.

8. Other issues

Several regions have spent a great deal of time trialling a developing PADP formats that clinicians can use to guide their clinical reasoning and the requirements specified by PADP bodies. We wonder if the new format will re-invent the wheel or utilise the knowledge and experience that already exists. The Hunter and Illawarra areas refer specifically.

Another issue looming is the rise in the number of people with dementia, memory loss and cognitive impairment. The criteria do not allow purchase of over the counter products, which form the majority of products required to compensate for memory loss. Some clients purchase themselves, or family purchase for them, but for those where this is not an option there is no help available to purchase such products. This is the issue of some technology being designated as 'assistive' and some not.

There are many readily available products not designated as 'assistive' technology that could help a person function more independently at home. However, unless they are assigned the label of "being especially for a person with a disability" they are not available on the scheme. Cognitive impairment is a disability.

All technology is assistive – some products are very assistive but not available through the scheme.

9. Recommendations

- Repairs of equipment to be carried out by adequately trained PADP employed technicians.

- An enquiry hot-line for therapists across the state to call that is staffed full time by PADP representatives.

- A local engraving process for new equipment so that it can be delivered expedite to the client by the supplier.

- That the universal eligibility model of the Department of Veterans Affairs be seriously considered. This will reduce so many of the existing problems it might prove to be more cost-effective.

We trust you find these comments helpful in your review process.

Jane Bringolf
Acting Executive Director
On behalf of
OT Australia NSW

3 September 2008