

Submission  
No 56

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

**Organisation:** Spinal Injury Practitioner Group NSW  
**Name:** Ms Alyssa Rogan  
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## **Inquiry into the Program of Appliances for Disabled People (PADP)**

To whom it may concern,

The following issues have been raised, in relation to PADP/Enable NSW, by the **Spinal Injury Practitioner Group**. This is a group of Occupational Therapists who work in Public Health, Non government organisations and private sectors to assist people with spinal cord injuries to optimise their functional abilities and return to their previous life roles. Their experience working with people with spinal injuries crosses Acute, Rehabilitation and Community settings.

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

The fact that \$11 million was required to neutralise the waiting lists for PADP equipment indicates that previous funding levels were inadequate. Concern is raised as to whether there has been an adequate increase in funding to match the expanded user group.

There has been poor provision under PADP to provide urgent essential equipment for spinal injured patients. Therapists cite an example where a pregnant women, with a spinal injury, did not receive an essential and urgent upgrading of her mobility equipment, to a power wheelchair, until her child was 6 months old.

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

Delays in provision of scripted equipment result in the equipment either

- no longer being appropriate for the recipient or
- the costing is out of date.

Valuable therapist time is spent doubling up on work load to re-script equipment. There is a risk that this check is not completed and inappropriate equipment is then funded and supplied. This has safety and costing implications. If an Occupational Therapist is mindful of the delays in provision of equipment and chose to script for anticipated equipment they would have difficulty clinically justifying it given the subscribers current presentation.

Not having access to funding support for equipment can have an impact on the demand on health services. People with spinal injuries who are required to fund their own equipment may not be able to afford to maintain their equipment to safe standards. This can result in:

- compromising shoulder integrity through using heavy, old wheelchairs, completing numerous unnecessary transfers on/off bathroom equipment, completing transfers on/off equipment at poor heights. Once the shoulder is injured, people who would be manual wheelchair users may need to upgrade to powered mobility and require additional carer hours for transfers.
- poor pressure care e.g. deteriorated pressure cushions, commode seats or mattress, or lack of same.
- carer services withdrawing there services due to manual handling or safety concerns.

All of these issues could result in people with spinal injuries requiring immediate and institutionalised health care with lengthy bed stays. These costs could often be avoided through provision of appropriate equipment.

Patients with complex pressure areas and management require hospital stays of months up to years. Middleton et al (2004) state that pressure areas account for 6.6% of total readmissions and these admissions account for 27.9% of re-hospitalisation bed days. The average length of stay for re-admission with a pressure area is 65.9 days. Patients often have increased pressure

care equipment needs and are unable to be discharged from hospital without higher level pressure care equipment. Delay in equipment provision obviously increases hospital bed stays.

Therapists cite an example of a patient who while waiting for a scripted commode chose to weld his old commode back together himself. Again this has safety concerns.

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

The effect of centralisation may remove the personal element for recipients wishing to advocate for themselves or health professionals advocating on their behalf. A lack of personal contact may result in recipients being disempowered to make an impact or have their needs heard for both repairs and replacement.

An advantage of centralisation may be an improvement in equity of services as therapists cite examples of significant differences in wait lists for high cost equipment even in metropolitan Sydney.

### **4. Appropriateness and equity of eligibility requirements.**

The current EnableNSW system does not have prescription guidelines for provision of equipment for newly injured patients with a spinal injury or ventilator dependent tetraplegia. This may result in inequitable equipment provision and a lack of clarity for recipients and therapists. A therapist will only prescribe clinically appropriate equipment for a patient

however, although you can easily justify a lightweight titanium wheelchair for most wheelchair users, is the additional \$1000 per wheelchair justifiable within the context of EnableNSW funding provision? Clinically justifiable equipment for discharge from hospital may not be compatible with clinically justifiable equipment for quality of life. Therefore a risk of inequity amongst prescriber practise exists dependant on their frame of reference.

A positive impact of EnableNSW may be the improvement in equity for both provision of equipment and also the maintenance of this equipment. Therapists' cite examples of some PADP centres organising cheap repairs which in the long term disadvantage the recipient whose equipment continues to break down or does not run optimally due to this cost cutting.

Also the assessment of a newly spinal injured persons Category of eligibility is based on their previous year's taxable income. This does not take into account that they are no longer earning a wage, and may not have a capacity to earn a wage for many years. Under PADP guidelines if this person was previously earning over \$39,941 (or as a family over \$67,899) a year they are still required to pay 20% of the costs of their equipment – all without having any current income. These costs are bourn within an environment of the person having also been likely to have to pay considerable costs to modify their home environment, sell/purchase/modify a car, cover costs of family/carer being available during a hospital admission and cover additional assistive equipment costs not funded by PADP.

##### **5. Future departmental responsibility for the PADP.**

The OT Spinal Injury Practitioners Group would like to know how EnableNSW plan to manage, monitor and communicate re-allocation equipment.

**6. Any other related matter.**

There is no facility within the current EnableNSW system to provide short term loan/rental of equipment. This service would assist patients to have access to essential equipment while their own equipment is being repaired or if they urgently require equipment due to changed function.

PADP does not consider quality of life issues for people with spinal injuries. Equipment provision is generally based on basic essential needs such as mobility and pressure care. It does not consider the needs of a person with a high level quadriplegia to be able to control aspects of their environment such as lighting, heat, television. It does not consider the need for a second pressure cushion for use in a car, a second cushion cover for times when the cushion is soiled and requires washing, or even an alternate wheelchair cushion for 2 different seating systems.

Occupational Therapist would like EnableNSW to consider the anticipated future equipment needs for recipients and script for these anticipated functional outcomes. For example an older person with a low level spinal injury may be able to use a manual wheelchair within the hospital environment at the time of their injury however in a more demanding environment, and as they age a power wheelchair may have been a more appropriate first choice.

We would also like EnableNSW to consider the needs of spinal injured patients who live in nursing homes. The SESUP fund has had a practise of ensuring the provision of custom seating/mobility and a commode if a patient is being discharged to a nursing home environment. In our experience nursing homes do not have money to supply high level pressure care mattress and only supply a low risk mattress. If the patient or their family is unable to purchase their own pressure care mattress then the patient's pressure care is often at risk. Also there is no provision for replacement of the seating/mobility system and commode once this equipment has

aged and requires updating. This patient population group is not a priority as their care and equipment needs are understood to be being met by the nursing home.

This report was prepared on behalf of the Spinal Practitioners Group NSW.

A handwritten signature in black ink, appearing to read 'Alyssa Rogan', with a horizontal line extending to the right.

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