

Submission  
No 50

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

**Name:** Mr Don Howe

**Date received:** 3/09/2008

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I am a 66 year old male married haematology patient living in Dubbo. I am in receipt of a Centrelink Aged Pension.

I have regular leg lymphoedema problems and have attempted to access PADP funding to attempt to alleviate the high costs of stocking aids. I have only just abandoned my attempt to access the scheme because of total frustration with the bureaucracy involved. I am therefore incited to make this submission regarding the difficulties involved.

**Approval system** The expensive appliances need to be ordered first by the medical institution. The likely retail cost is not clear to the patient at the outset. A PADP approval can only be given when the goods have arrived and the cost liability incurred. If approval is not forthcoming the patient is then liable for the full cost which he would have probably not entertained if he knew he would have to finance himself in the first place.

As a result of this procedure potential clients are declining to obtain expensive appliances for their chronic conditions. This must put further financial pressure on the Health system at a later stage of the patient's chronic disease.

I am unable to understand why a PADP approval in principle cannot be made at the time before ordering.

**Time delays** I first attended our Occupational Therapist in July and because of this bureaucratic to and fro of paperwork, the complete set of appliances have still not been ordered 6 weeks later. I have decided to order the balance of the appliances direct on my own account. I would imagine that further damage has occurred to my vein valves as a result of the unacceptable delay and in the future this may put further cost pressure on the Health System.

**Trunk Skins** Part of my problem is swelling in the groin area which I understand is resultant from a clot on the iliac vein. The Occupational Therapist prescribed trunk skins as a good therapy for this condition.

PADP refused to consider these. I noted from PADP policy that their funding was patient orientated. I appealed in writing with PADP Head Office regarding the funding for the trunk skins which was again refused on the grounds that skins were made for sports injuries. I agree with that statement but I cannot see that they should not be funded for alternative uses which I understand are proven. I get the impression the PADP bureaucracy is querying the advice of a professional who has had success with a product.

I understand PADP would be prepared to fund a custom made trunk which has to be sourced overseas. These cost 5 times more than the skins and take three months to arrive. In this case my condition would have worsened from the wait and again is liable to place a much greater further cost pressure on the Health System.

**Not patient orientated** Quite frankly I find the PADP system hard to understand and feel it is definitely not patient orientated and certainly does not appear to be working for the benefit of the total Health System in attempting to reduce ongoing chronic health liabilities and thus the liability of further cost pressures to the system because of chronic medical conditions.