Submission
No 22

THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

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COUNTRY WOMEN'S ASSOCIATION OF NEW SOUTH WALES

SUBMISSION TO THE INQUIRY INTO THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

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

We thank the Chair of the Legislative Council's General Purpose Standing Committee No. 2 for the opportunity to express our views on this matter.

1. Funding for the present has proved most inadequate and a lot more funding will have to be put into future programs. The cost of all equipment, appliances, nappies, pressure garments etc. is going up (not down) all the time and, with the improved health care available, people are living longer, so there will be a much greater demand on the system than ever before. $23 million statewide was given to PADP for equipment, aids and appliances and in July 2008 another $11 million was injected into the program. Statewide this is not a large amount. The Hunter area tries to allocate its share of funding to be spent on a monthly basis.

2. The impact of client waiting lists on other health sectors is great. Six months to a year is too long for a disabled person to have to wait. Clients are affected because they do not have the equipment or aids and so are not able to work or contribute to their fullest within society. The cost is there, just in a different department. In some instances, people are occupying beds simply because they cannot get the necessary piece of equipment which will allow them to function effectively. This, of course, impacts on the hospital system un-necessarily.

As mentioned in Robyn Parker's Latest Blog, without these appliances, people living with a disability face a poor quality of life, daily discomfort and pain, social isolation and mobility health issues.

This denial/delay will have a deleterious effect on the client, apart from the outward symptoms – pressure sores, spine, feet and hand deformities etc. – from using old/ill fitting/outgrown (for children) appliances, the inward feeling - that of helplessness, hopelessness, people don't care about me attitude - will be hard to treat.

3. At the moment – prior to centralisation – the Hunter PADP works most efficiently, and was recently assessed as "the most highly functioning unit in the state". The occupational therapists request and receive monetary assistance from local Variety, Leap Frog Ability, and local Service Clubs – Rotary and Lions. The occupational therapists know their clients personally and are on the local assessment committee.

Once centralised PADP lodgement centres cover the whole state – and possibly the Hunter PADP will be included in this centralisation scheme in the next 2/3 years, then the efficiency in the Hunter will drop dramatically – with no personal contact with the assessment board and no contact with local charities. This, no doubt, will result in long waiting times for requested items.

Centralisation of the whole state will mean just a long, long waiting list and clients from all over the state will have to wait their turn on a much larger centralised "needs list". The centralised assessment team will meet monthly to discuss/assess the needs detailed by the occupational therapists etc. from regional areas. Whereas the regional assessment teams met fortnightly and had the advantage of knowing the staff, clients and area, with centralisation the occupational therapists' comments on regional clients will have to be re-assessed, prioritised, possibly deferred, delayed by assessors who have to be more concerned about keeping within the budget than understanding the needs of regional clients.

This is a duplication of work – the regional occupational therapists have already assessed/approved the requests and this certainly could be considered a waste of money and resources.

4. Occupational therapists etc. would never consider submitting requests for assistance with equipment etc. which were not appropriate and which did not meet eligibility requirements.

5/6. This committee has heard of a (country) regional PADP which, in an effort to lower costs, changed nappy suppliers. The new nappies have proved to be of inferior quality, forcing the mothers to use many more than previously, making the mothers run out of credit with PADP. They then have to top up supplies with their own purchases. Surely, a false economy.

A member of the Social Issues Committee is a parent of a disabled person and is a cancer survivor. She feels very strongly, as do all members of this committee, about crossing the fine line between disabled and ill people, and we ask that, as the PADP dollar can only be stretched so far, its funding be solely restricted to <u>Disabled People.</u>

Joy Potts (Mrs.)
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2nd September 2008