

## Program of Appliances for Disabled People (PADP) - NSW Health Policy

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**Summary** Conditions and arrangements for the provision of equipment, aids and appliances to assist eligible residents of NSW who have a disability of a permanent or indefinite nature to live and participate within the community.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Community Health Centres, Divisions of General Practice, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Hospitals

**Distributed to** Public Health System, Community Health Centres, Divisions of General Practice, Health Associations Unions, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

**CIRCULAR**

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**PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)  
NSW HEALTH POLICY**

**This circular and attachment supersedes all previous guidelines and circular 94/32.**

The NSW Department of Health is committed to working with special needs groups to ensure services are responsive to the needs of consumers. As a reflection of this commitment to meeting the needs of people with disabilities, a Program of Appliances for Disabled People (PADP) policy has been developed for NSW Health.

The role of PADP is to assist eligible residents of NSW who have a life-long or long-term disability to live and participate within their community by the provision of appropriate equipment, aids and appliances.

The Policy commenced on 1 January 2001. The policy sets out a framework for Health Services and includes guidelines to assist Health Services in providing appliances and equipment to people with disabilities of a permanent and indefinite nature. Key components of the policy include:

- consistent eligibility criteria;
- clarification of the responsibilities of Health Services and the NSW Department of Health, with Health Services being responsible for the funding and efficient and effective operation of the Program at the local level and the Department providing direction, allocating the PADP budgets on the basis of the Resource Distribution Formula, and ensuring accountability through the development of performance criteria;
- a Statewide PADP Committee with responsibility for reviewing and providing advice regarding changes to the items available under the program;
- development of performance indicators to measure and monitor the performance of Area PADP services;

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## Program of Appliances for Disabled People (PADP) Policy

- improved consultative mechanisms at the Health Service level through the establishment of local PADP Advisory Committees; and
- oxygen and oxygen-related items are not covered by PADP. These items are funded directly by Health Services.

Implementation of the PADP policy will ensure that Health Services develop a partnership with people with disabilities, and promote strong community participation in the operation of the program at the local level.

The contents of this Circular will be included in the NSW Department of Health's Fees Procedures Manual.

Michael Reid  
**Director-General**

## EXECUTIVE SUMMARY

The NSW Department of Health is committed to working with special needs groups to ensure services are responsive to the needs of consumers. As a reflection of this commitment to meeting the needs of people with disabilities, a Program of Appliances for Disabled People (PADP) policy for NSW Health has been developed.

The role of PADP is to assist eligible residents of NSW who have a life-long or long-term disability to live and participate within their community by the provision of appropriate equipment, aids and appliances.

The policy sets out a framework for Health Services and includes guidelines to assist Health Services in providing appliances and equipment to people with disabilities of a permanent or indefinite nature.

Implementation of the PADP policy will ensure that Health Services develop a partnership with people with disabilities, and promote strong community participation in the operation of the program at the local level. NSW Department of Health looks forward to working with people with disabilities in the ongoing development of the PADP program.

Key components of the policy include:

- consistent eligibility criteria;
- clarification of the responsibilities of Health Services and the NSW Department of Health, with Health Services being responsible for the funding and efficient and effective operation of the Program at the local level and the Department providing direction, allocating the PADP budgets on the basis of the Resource Distribution Formula, and ensuring accountability through the development of performance criteria;
- a Statewide PADP Committee with responsibility for reviewing and providing advice regarding changes to the items available under the program;
- development of performance indicators to measure and monitor the performance of Area PADP services;
- improved consultative mechanisms at the Health Service level through the establishment of local PADP Advisory Committees; and
- from 1 January 2001 and in accordance with the recommendations of the NSW PADP Advisory Committee oxygen will no longer be available under PADP. From this date Area Health Services will be responsible for the supply of oxygen and related items in accordance with the guidelines of the Thoracic Society of Australia.
- A review is to be undertaken to determine whether the current financial disadvantage test for the supply of oxygen under PADP should be retained or modified. In the meantime, the existing financial criteria for the supply of oxygen and related items which allow for the provision of oxygen to those who: (i) hold a Health Care Card; or (ii) whose financial circumstances are such that their situation equates with persons who hold a Health Care Card (as outlined in superseded circular 94/32) will be retained. (2000/104)

This policy document replaces all previously issued Departmental policy circulars relating to PADP.

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## **PART 1 WHAT IS PADP**

### **1.0 Introduction**

1.0 This policy provides direction for Area and other Health Services (Health Services) for the effective management of the Program of Appliances for Disabled People (PADP). The policy has been developed to assist Health Services to deliver a quality service that is consistent across New South Wales (NSW) and focuses on the needs of the target population. This policy may only be modified by the NSW Health Department (Director-General).

### **2.0 What is PADP**

2.1 PADP is designed to provide appropriate equipment, aids and appliances to assist eligible residents of NSW who have a disability of a permanent or indefinite nature to live and participate within their community. As a program designed for those who are financially disadvantaged people, access to PADP is means tested for adults while access for children with a disability is universal.

PADP is only required to meet the cost of the most economical clinically appropriate item (2004/53).

### **3.0 What are the objectives of PADP**

3.1 The objectives of PADP are to ensure:

- (a) improved access to appropriate equipment and appliances based on a person's needs;
- (b) improved quality of life for people with disabilities;
- (c) improved capacity to participate in family and community activities and prevention of premature and inappropriate entry to institutional care;
- (d) continuity of care;
- (e) effective management of existing resources;
- (f) timely and efficient service; and
- (g) improved consumer service.

### **4.0 Target population**

4.1 The target population for PADP is those individuals living in the community who:

- have a disability of permanent or indefinite nature (eg. a disability likely to last more than 12 month regardless of the cause of the disability) as defined under the Disability Services Act 1993;
- are a permanent resident of the Area Health Service;
- are resident in a group home operated by a non-government organisation on behalf of the Ageing and Disability Department, Department of Community Services or NSW Health;
- have not received compensation or damages in respect of the disability for which the aid has been prescribed;

- have been discharged from hospital for at least one month and are not eligible for the provision of equipment under a loan arrangement or on a permanent basis by a hospital or health service for the condition for which the equipment is required; and
- are not eligible to receive the requested appliance under any other program.

## **PART 2: WHO IS ELIGIBLE FOR PADP AND WHAT IS PROVIDED**

### **5.0 Eligibility Criteria**

5.1 Eligibility for PADP is based on five principles as follows:

- (a) people with disabilities have full rights of citizenship;
- (b) access to PADP is based on need;
- (c) assessment and provision of assistance is person-centred;
- (d) eligibility for PADP recognises the crucial distinction between medically defined impairment and socially constructed disability which results in additional costs to the individual to enable independent living within the community; and
- (e) assessment and provision of assistance recognises the importance of enhancing participation in family and community activities and preventing premature or inappropriate entry to institutional care.

5.2 All children under the age of 16 years within the target population are eligible for PADP regardless of parental or carer income, including children in foster care.

5.3 From 1 July 2000 until 30 June 2001 all people aged 16 years and above within the target population outlined in section 4.1 are eligible for PADP in accordance with the following financial criteria:

Band 1: All people aged 16 years and above holding a Centrelink pension or a Health Care Card are eligible for PADP.

Band 2: All people aged 16 years and above whose taxable income in the preceding financial year was less than or equal to \$26,759 (single) or \$45,490 (couple or family) are eligible. These figures include an allowance for an estimated \$5,000 per annum to cover the cost of a disability. A further \$1,500 per dependent person is to be added to the single and family income figures for applicants with dependents.

Band 3: All people aged 16 years and above whose taxable income in the preceding financial year was \$1 above the upper level in Band 2 and less than or equal to \$39,941 (single) and \$67,899 (couple or family) are eligible for high cost items only under PADP. These figures include an allowance for an estimated \$5,000 per annum to cover the cost of a disability. A further \$1,500 per dependent person is to be added to the single and family income figures for applicants with dependents.

Band 4: All people aged 16 years and above whose taxable income in the preceding financial year was above \$39,941 (single) and \$67,899 (couple or family) adjusted for dependents are eligible to apply for high cost items only.

5.4 Applicants in Bands 1-3 have priority over applicants within Band 4 except with approval of local Advisory Committees.

5.5 The definition of a high cost item for the purposes of paragraph 5.2 is outlined in section 8.

- 5.6 An applicant's income is to be verified by the production of a valid Australian Tax Office (ATO) Notice of Assessment for the preceding financial year. Discretion may be applied in instances where an ATO Notice of Assessment is not available, for example, for some 16 year olds who have yet to be assessed and for newly arrived migrants.
- 5.7 The income bands for people aged 16 years and over are based on the mean income of residents in the 10 postcode areas with the lowest incomes in NSW (Band 2) and the mean income for all NSW residents (Band 3) as recorded by the Australian Tax Office for the 1997/98 financial year. 1997/98 is the most recent year for which this data is available from the Australian Tax Office.
- 5.8 The cost of disability figures are based on the results of the Cost of Disability Study undertaken by the Commonwealth Department of Family and Community Services in 1999. They are consistent with the Australian Quadriplegic Association median cost estimate of \$7,494 for all adults and \$8,783 for people in employment.
- 5.9 These financial eligibility criteria will be revised annually, with Area Health Services being advised of any change by way of circular.

## **6.0 Aids and equipment supplied under PADP and ownership**

- 6.1 The List of PADP Items is reviewed by a sub committee of the NSW PADP Advisory Committee, convened by the NSW Department of Health, for the ongoing review and development of the PADP. As part of the review process, equipment items are categorised and items were assessed against several criteria. Expert advice relating to specific equipment categories is sought from individuals and organisations, as required, as part of the review process. Items to be included in the PADP Equipment List must satisfy four major criteria:
- Items must address the equipment needs of people with disabilities in the target group of the Disability Services Act (DSA);
  - Items must support and/or enhance participation in and/or independence in the community and quality of life;
  - Items must primarily promote long term functioning in the community, rather than provide treatment for acute and chronic care episodes and
  - Items on the list cannot be sourced from another funded program. (2004/53)

Discretion and decision-making responsibilities regarding equipment requests remain with Area Health Service Chief Executive Officers, who may seek advice from PADP Advisory Committees for decisions regarding the provision of specific items and quantities to be supplied where the request falls outside or exceeds those contained in the PADP Equipment List. Consumers may access Area Health Service complaints and appeals procedures as desired.

- 6.2 Items approved to be provided under PADP are listed in Appendix 1. The PADP Equipment list generally excludes the provision of equipment that can be funded from other sources. Table 1 summarises other known services, sources and funded equipment programs operating in NSW (2004/53). The list indicates conditions of supply for various PADP items. Oxygen is a prescription item and is not to be provided under PADP. Area Health Services are separately funded for the provision of this item in

accordance with Circular 2000/104. The list is intended for use as a guide to the types of aids and appliances that are available under the PADP. It is not a definitive list of individual items, but includes broad categories of equipment provided under the PADP. Specific items are mentioned only to clarify their inclusion or exclusion and the quantities in which they are provided per month or year (2004/53).

- 6.3 Health Services have the delegated authority to prioritise the list of available PADP items according to local demand and budgetary constraints. If an item is requested which is not on the list and a case could be made for its inclusion as a PADP item, either as an improvement or an approved new item, the local PADP Advisory Committee may approve its provision. The deletion of items from the list may only be approved by the NSW Health Department.
- 6.4 The quantities attached to items are to be used as a guide. Health Services may use their discretion in providing additional quantities in needy cases, dependent on the availability of funds and the level of demand. When funds are not available to provide sufficient items on an ongoing nature, the Health Services should assist the client by providing a proportion of their requirements.
- 6.5 Appliances issued through PADP remain the property of the Health Services. Clients should be asked to return appliances issued through PADP should they no longer be required.
- 6.6 Individual items made for a client with a disability are often unsuitable for use by another person, and personal items such as surgical shoes, mammary prostheses and wigs are regarded as not returnable items. Returnable items include wheelchairs, shower chairs, and chairs.
- 6.7 PADP does not provide artificial limbs. These are provided through the NSW Artificial Limbs Service managed by the Calvary Hospital.
- 6.8 Those people receiving assistance through the Commonwealth Continence Aids Assistance Scheme (CAAS) should only receive assistance under PADP where their allocation under CAAS has been expended. In NSW, CAAS is administered by PQ Lifestyles.

## **7.0 Provision of low cost items**

- 7.1 Items costing less than \$100 are not generally provided under PADP except in cases of demonstrated severe financial hardship. People requesting low cost items who have not demonstrated severe financial hardship should be directed to the appropriate retail outlet.
- 7.2 If a person requires multiple items costing less than \$100 either simultaneously or in the same financial year, then assistance is available under PADP. PADP applicants may be provided with a package of aids or appliances that may include one or more low-cost items at any time within the same financial year. Area Health Services are reminded that a co-payment of \$100 is required from all clients for each financial year that they access PADP (2004/53).

## **8.0 Provision of high cost items to clients in Bands 3 and 4**

8.1 For the purpose of providing high cost items to PADP clients in Bands 3 and 4, a high cost item is any item costing in excess of \$800.

## **9.0 High cost items – Area Health Service benchmarks**

9.1 Minimum expenditure benchmarks have been established for Area Health Services for high cost items. For the purposes of these benchmarks, a high cost item is one costing in excess of \$800 and includes items like electric wheelchairs.

## **10.0 Co-payments**

10.1 Co-payments may only be charged in the following circumstances and at the specified levels.

10.2 First, people requiring one item costing less than \$100 in a financial year who demonstrate severe hardship can be asked to make a co-payment toward the cost of purchasing this item.

10.3 Secondly, with the exception of those recipients in Band 4, all other individual PADP recipients (both adults and children) are to be charged a single co-payment of \$100. A PADP recipient may only be charged one co-payment of \$100 in any given financial year. This applies to those people requiring multiple items costing less than \$100 either simultaneously or in the same financial year.

10.4 Thirdly, those people in Band 4 who are eligible to receive assistance for high cost items are to be charged 20% of the retail cost of the most appropriate basic item to meet their personal care and mobility needs, as determined by the prescriber.

10.5 Finally, where a person wishes to upgrade the item as determined by the prescriber (e.g for recreational or other purposes) they are required to meet the additional cost of that item. PADP is only required to meet the cost of the most appropriate basic item to meet a person's personal care, mobility needs and increase their independence.

10.6 Revenue raised from the sources outlined in paragraphs 10.2 to 10.5 and the agreed administration fee under the Department of Veteran's Affairs Rehabilitation Appliance Program outlined in paragraph 12.2 is to be applied to the purchase of PADP equipment in excess of the currently approved budget. PADP coordinators will need to work closely with the local finance officer responsible for advising them monthly on the level of revenue raised and available for expenditure on PADP equipment.

## **11.0 Replacements and repairs**

11.1 Replacement items are issued under the same conditions as apply to the initial issue of equipment. Replacement appliances may be issued when:

- appliances have worn out by natural use and are no longer useable;
- it is more economical to arrange for the issue of a new aid than to arrange for repairs; and
- a client's condition has altered to the point where the use of a replacement aid is required.

- 11.2 Assistance is provided through PADP to meet the cost of regular servicing, maintenance and reasonable repairs to PADP supplied items. No prescription is necessary for servicing, maintenance and repairs. Arrangements for the servicing, maintenance and repair of an item are to be made by the PADP lodgement centre.
- 11.3 PADP may also assist with the cost of repairing an item supplied by another organisation. Where PADP bears the cost of repairs and parts to a wheelchair or other high cost item supplied by another organisation and the item is no longer required by the client, the client should be asked to return the item to PADP for recycling and use by another applicant.
- 11.4 PADP recipients are required to contact their lodgement centre for approval for any regular servicing and maintenance for any repairs to equipment before any such repairs are undertaken. This does not apply in emergency situations where, for example, it is necessary to repair an electric wheelchair that has broken down outside PADP working hours in order to restore mobility.

## **12.0 Veterans**

- 12.1 Health Services have particular responsibilities to Veterans through the formal arrangement between the NSW Department of Health and the Commonwealth Department of Veterans' Affairs (DVA). DVA supplies eligible veterans and war widow(er)s with aids and appliances under the Rehabilitation Appliance Program (RAP) through the PADP network.
- 12.2 PADP coordinators should have the delegated authority for the supply of appliances to DVA clients. The DVA Handbook contains more information and procedures relating to DVA clients and should be referred to for this purpose. The main features of the formal arrangement between the two Departments are:
- (a) PADP lodgement centres are responsible for the provision of aids and appliances to veterans in a timely and effective manner;
  - (b) DVA is responsible for meeting the cost of all aids and appliances supplied to veterans and cost of freight;
  - (c) an agreed administration fee for each occasion of service, based on the cost of the item supplied, will be reimbursed to the appropriate PADP lodgement centre by DVA;
- 12.3 Items that are part of the RAP Schedule of Items, but remain the supply responsibility of DVA include oxygen and associated equipment, medical alarm and alert systems, and items that require installation and home modifications.

## **13.0 Retrospectivity**

- 13.0 PADP does not operate with any retrospective effect. This policy also applies to the repair of items issued under the Program.

## **14.0 Applications**

- 14.1 Prescriptions for the issue of appliances under PADP should be written by authorised prescribers on the prescriber's stationary. Prescriptions should include:
- name, address, phone number and specialty of the practitioner referring the applicant;
  - the name, private residential address and phone number of the client for whom the equipment is prescribed;
  - a description of the person's disability and details of the item requested (i.e size, type) and its cost;
  - summary information on how the item will improve the applicant's capacity to live independently and contribute to their overall physical and psychological functioning. Where relevant, this information should include the impact on other family members (e.g the benefits of an electronic voice prosthesis to the psycho-social development of an applicant's children);
  - details of previous or pending PADP applications;
  - whether the applicant is an inpatient of any hospital, the name and address of the hospital, and, if appropriate, a brief statement that the equipment is being prescribed in connection with the applicant's discharge from hospital;
  - except in the case of children and health care card holders, the applicant's income band and a copy of their ATO Income Assessment for the preceding financial year; and
  - the assessment includes information about the equipment which the person currently uses, owns or has access to, and its suitability and usefulness.
- 14.2 Applications should not be approved until the full details of the item are available. Follow-up or subsequent prescriptions may be provided by a general practitioner or an appropriate allied health professional.
- 14.3 Prescriptions may only be accepted from an authorised prescriber listed in Appendix 2 and in accordance with prescriber and assessment requirements detailed in the equipment list at Appendix 1. In limited circumstances (e.g rural areas) where the appropriate medical specialist is not available, clients may attend the local Health Service and obtain a prescription for the necessary equipment.
- 14.4 Eligible clients must not be discouraged from seeking an assessment or submitting an application, even in circumstances where resources are not available to meet the request.

## **15.0 Ineligible clients**

- 15.1 People may not receive assistance for the same equipment from different programs. In addition, the following people are ineligible to receive assistance under PADP.
- Outpatients

- 15.2 Outpatients who are provided with equipment by their treating hospital are ineligible for assistance under PADP for those pieces of equipment.
- 15.3 In considering applications from hospital outpatients, eligibility should be decided on whether the equipment requested relates to an acute medical condition for which outpatient treatment is being received. If this is the case, the hospital providing treatment is responsible for providing the associated appliance.
- 15.4 Where an application for equipment relates to a life long (stabilised) disability that is being routinely monitored (rather than treated) by a hospital, then the client's application should be given consideration under PADP.

#### Clients with Far Advanced Progressive Disease

- 15.5 Hospitals are required to provide certain items required for short term use (approximately 3 months). This includes people with cancer, HIV/AIDS, end stage respiratory disease, cardiac and liver disease. Long term requirements for aids and appliances may be met by PADP if the client meets the eligibility criteria in Section 1.3 Target Population.

#### On-going Expensive Immunosuppressive Drug Therapy and Total Parenteral Nutrition (TPN)

- 15.6 The cost of the provision of Immunosuppressive drugs and TPN is to be borne by the patient's local Health Service in accordance with Circular 90/40.

#### Community Nursing Assistance

- 15.7 People receiving items from a community nurse are ineligible for assistance under PADP for those pieces of equipment.

#### Health Funds

- 15.8 People who hold private health insurance and are able to make a claim for the requested appliance through their Health Fund are ineligible for assistance.

#### Compensable Clients

- 15.9 Those applicants who have received compensation or damages in respect of the disability for which the aid has been prescribed are ineligible for assistance under PADP except in the following circumstances.

- 15.10 Third Party and Workers' Compensation recipients who were involved in an accident before 1 July 1987 are required to sign an undertaking (as part of their application for PADP) that on settlement of their claim they will reimburse PADP for the costs of any equipment supplied under PADP as well as the costs of any repairs to the equipment. The name of the recipient's solicitor should be obtained and a check made periodically to ascertain whether damages have been awarded. The recipient should be billed for the equipment prior to settlement.
- 15.11 On settlement and the payment of the equipment bill, the equipment becomes the property and responsibility of the recipient. Monies refunded in this way are to be credited to PADP and used to purchase equipment.
- 15.12 Work related accidents that have occurred after 1 July 1987 are handled under Workcover. PADP Coordinators are required to check with the applicant's registered Workcover insurer to determine if they are responsible for liability for the provision of equipment relating to the particular disability. PADP should only accept the application where the insurer clearly indicates it will not supply the prescribed equipment.
- 15.13 Applicant's who have experienced a motor vehicle accident may be eligible to receive equipment from one of the 13 insurers registered under the Motor Accident Act. PADP Coordinators should seek information from the applicant's solicitor or the insurer to determine the level of coverage provided. Where coverage exists, items should not be supplied or should only be supplied on the condition that full costs will be reimbursed to PADP as soon as possible.
- 15.14 In exceptional circumstances where there is demonstrated hardship (eg. an applicant in necessitous circumstances who receives compensation such as Sports Injury Compensation which may be inadequate to cover all medical and other costs), discretion may be used to waive part or full repayment to PADP.
- 15.15 In exceptional circumstances where an applicant has received a compensation payment, some years have elapsed since receipt of the payment, and the applicant is able to demonstrate hardship, discretion may be used to provide assistance under PADP. In these circumstances hardship is to be measured by way of the applicant's income not their assets.

Residents of Department of Community Services Facilities for People with Developmental Disabilities.

- 15.16 The Department of Community Services (DoCS) has responsibility to fund the provision of aids and equipment for people with disabilities who:
- (a) were originally part of the former Community Living Program (CLP), or
  - (b) who are residents or have been residents in residential facilities (eg. ex fifth schedule hospitals) operated by the DoCS.
- 15.17 Equipment for these services may be provided through the local PADP lodgement centre provided that DoCS funds the purchase of the equipment.

15.18 Applicants with disabilities receiving assistance from DoCS (including accommodation support) that do not fall into the above categories are eligible to receive equipment through PADP.

Residents in Hostels and Nursing Homes:

15.19 In accordance with the Commonwealth Aged Care Act 1997, Residential Aged Care Facilities (i.e nursing homes and hostels) are responsible for meeting certain equipment needs of their residents. Residents of these facilities may only be supplied with aids and appliances through PADP where the required item is not included in Schedule 1 of the Quality of Care Principles 1997 under the Aged Care Act 1997. A copy of this Schedule is contained in Appendix 3.

## **PART 3 ROLES AND RESPONSIBILITIES**

### **16.0 NSW Health Department**

- 16.1 The focus of the NSW Department of Health is on policy development, monitoring and evaluation while Area Health Services are responsible for funding, service planning, development and delivery of health services to their communities.
- 16.2 The Department is responsible for the development of performance indicators, including benchmarks, and monitoring the performance of PADP services in Area Health Services.

### **17.0 NSW PADP Advisory Committee**

- 17.1 The NSW PADP Advisory Committee was first convened in February 1999. The aim of the Committee is to assist in the ongoing review and development of PADP drawing on the recommendations of the *NSW Equipment Study: Review of the Program of Appliances for Disabled People* (1998).
- 17.2 The roles and responsibilities of the Committee are to:
- (a) assist NSW Health and the Ageing and Disability Department to develop and monitor and report on implementation of the PADP Strategic Plan;
  - (b) review information on demand, waiting time and participation in the Program by key target groups and advise on trends;
  - (c) review and periodically advise on the need to update policies in relation to eligibility, user charges and co-payment;
  - (d) review aids and equipment supplied under PADP and propose new items that have demonstrated potential to improve independence and outcomes and reduce reliance on specialist disability services;
  - (e) advise on procurement and purchasing systems and strategies;
  - (f) monitor consumer and stakeholder feedback on the operations of the Program;
  - (g) propose and review the findings of research on PADP and the role of aids and equipment in minimising the impact of disability; and
  - (h) report to the Director-General regarding PADP on an annual basis.
- 17.3 The Committee is chaired by the Deputy Director-General, Policy (or delegate) and meets on a quarterly basis.
- 17.4 The Committee includes broad representation from both government and non-government organisations, as well as peak clinical groups involved in the provision of services to and the care of people with disabilities in NSW. Membership of the Committee comprises representatives from the following groups:

- Australian Quadriplegic Association
- Disability Council of NSW
- Northcott Society
- Ageing and Disability Department;
- Spastic Centre of NSW
- Paraplegic and Quadriplegic Association of NSW
- Australian Association of Occupational Therapists
- Home Care Service of NSW

- DeafBlind Association
- ACROD NSW
- Contenance Foundation of Australia in NSW Inc
- Council on the Ageing
- Department of Community Services
- Muscular Dystrophy Association
- Physical Disability Council of NSW
- People with Disabilities (NSW) Inc
- Australian Physiotherapy Association of NSW
- The Multiple Sclerosis Society of NSW
- Post Polio Network (NSW) Inc
- Thoracic Society of Australia & NZ, (NSW)
- Chief Executive Officer of an Area Health Service
- Policy Analyst, NSW Health Department
- Two PADP Coordinators (1 metropolitan, 1 rural)

## **18.0 Area Health Services, the Children's Hospital at Westmead and Corrections Health Service**

18.1 In accordance with the Health Services Act 1998, Area Health Services are responsible for the management and delivery of health services to populations within designated geographical areas. These statutory requirements place clear responsibilities on Health Services to pay particular attention to the needs of identified priority population groups, including people with disabilities. In this context, Health Services, including the Children's Hospital at Westmead and the Corrections Health Service, have a responsibility to:

- consult with people with disabilities and their carers;
- provide and fund services which reflect identified local needs;
- ensure PADP is accessible to people with disabilities and their carers, advocates and guardians;
- provide appropriate training and support to PADP service providers.

18.2 Health Services are also responsible for the dissemination of relevant information to PADP lodgement centres and ensuring coordinators have access to appropriate clinical advice.

18.3 The community and groups representing people with disabilities and older people attach great significance to PADP in terms of the quality of life and independence clients enjoy after receiving equipment through PADP. It is important that Health Services recognise the importance of PADP in the care continuum. PADP services should develop appropriate linkages with other community based health services, aged care and rehabilitation services, non-government organisations, general practitioners and the private health sector.

Effective linkages with discharge planners are a priority to ensure a seamless service for consumers. Improved relationships with general practitioners may be achieved through developing linkages with the Divisions of General Practice.

- 18.4 It is the responsibility of the Health Services to ensure that each client eligible for assistance through PADP receives a comprehensive assessment. No eligible client should be discouraged from seeking an assessment or submitting an application even in circumstances where no resources are available to meet demand. All requests for assistance from PADP, as well as details of formal applications lodged are to be recorded irrespective of whether they originate from eligible or ineligible applicants.

## **19.0 Health Service PADP Advisory Committee**

- 19.1 All Health Services are required to establish a PADP Advisory Committee to oversee the functioning of PADP. Those Health Services with large populations and several lodgement centres may choose to have more than one PADP Advisory Committee.
- 19.2 Each PADP Advisory Committee is a multidisciplinary group involved in the provision of health care services in the Health Service and must include representatives of people with disabilities who are PADP consumers. The position should be advertised in the local press and applicants interviewed to ensure appropriate and effective representation of people with disabilities or their advocates and guardians. Any payment of consumers for their participation on a local PADP Advisory Committee should be in accordance with the current Premier's Memorandum on remuneration of board and committee members.
- 19.3 The PADP Advisory Committee is responsible to the Health Service's Chief Executive Officer for planning, funds management, prioritisation of applicants on the basis of need and implementation of system improvements. This includes the annual assessment of funding requirements by equipment type in consultation with principal local service providers such as the Home Care Service of NSW, the DoCS Area office and non-government organisations providing personal care services to the PADP target population.
- 19.4 The PADP Advisory Committee is also responsible for providing professional assistance to the lodgement centre coordinator. This may include assistance with prioritising applications based on relative need to ensure the most appropriate use of available resources.
- 19.5 All applications for high cost items exceeding \$800, borderline or difficult applications should be referred to the local PADP Advisory Committee for a decision. PADP Coordinators should have delegation for the supply of ongoing items and approval of applications for basic aids to daily living, including some high cost items, commodes, shower chairs and so on.

19.6 In urgent cases, it may not be possible to arrange a formal meeting of the Advisory Committee to make a decision. In such cases, the Chief Executive Officer or his/her delegate may authorise immediate assistance.

## **20.0 PADP Lodgement Centres locations and operating hours**

20.1 PADP lodgement centres are to be staffed with an officer during business hours from Monday to Friday.

20.2 The locations, contact details and postcode listings for PADP lodgement centres are provided at Appendix 4.

## **21.0 Changes in a client's residential address**

21.1 When a client changes their place of residence to an area serviced by another PADP lodgement centre, the PADP item(s) should be transferred to the care of the new lodgement centre, regardless of whether the new lodgement centre is located in the same Health Service. Each Health Service should ensure that there are appropriate procedures and communication links to maximise consumer convenience when a change of lodgement centre occurs.

21.2 Consumers should not be disadvantaged by moving to an area serviced by a different lodgement centre than the one they formerly used. This applies equally to consumers who have applied for but have yet to receive assistance under PADP. All endeavours should be made by the new lodgement centre to ensure that the applicant is not disadvantaged as a result of their move to another area.

## **22.0 Dissemination of Information about PADP**

22.1 Each Health Service is responsible for disseminating information on PADP to their local communities. This includes peak organisations, non-Government organisations and community groups.

## **23.0 Consumer Guide**

23.1 A Consumer Guide is being developed which includes standard information on eligibility for PADP, the range of equipment available, the lodgement of applications, mutual responsibilities and expectations, and steps for complaints and appeals.

23.2 The consumer guide is a statewide guide and should not be altered by Health Services or lodgement centres. Information on contacts and additional services provided for PADP recipients by individual Health Services should be printed separately and inserted in the consumer guide upon distribution.

## **24.0 Meeting the needs of people from non-English speaking backgrounds and Aboriginal people**

- 24.1 The delivery of public services in NSW is guided by the Charter of Principles for a Culturally Diverse Society. Providers of PADP should be aware of the cultural groups and ethnic mix within the area they service. They should also be aware of the barriers that impede access to services by people from non-English speaking background and Aboriginal and Torres Strait Islander people to these services. This is particularly important in rural areas of NSW where communities may be small and isolated from other community support structures.
- 24.2 PADP lodgement centres should adopt a pro-active and collaborative approach to the delivery of services to multicultural and Aboriginal communities. Appropriate statistics on the extent to which services provided are being utilised by these target groups should also be retained and used to guide the development of future strategies designed to improve access for these groups.
- 24.3 Area Coordinators of Multicultural Health, Aboriginal Health Coordinators and Aboriginal Medical Services may be of assistance in the development of appropriate strategies designed to improve access to PADP. Contact details for Area Coordinators of Multicultural Health, and Aboriginal Health Coordinators are provided at Appendix 5.

## **25.0 PADP Information System**

- 25.1 The PADP Information System was introduced into all PADP lodgement centres in July 1999 for the day-to-day administration of PADP. From 1 July 2000, all requests for assistance from PADP as well as formal applications from people who are both eligible and ineligible for assistance are to be recorded in the PADP Information System. Orders, equipment supplied and consumer records are also to be recorded in this system.
- 25.2 The PADP Information System provides a information database for individual applicants including the name, gender, age, address, Health Service of residence, postcode, telephone, referral source and disability type of each applicant. It provides a database on aids and equipment requested and issued to applicants, their source and cost.
- 25.3 The PADP Information System is also a financial management system, adjusting the recorded current budget to reflect committed expenditure at the time an order is placed, and adjusting the budget to reflect actual expenditure when an invoice is received and processed. The monitoring of expenditure by specific item provides quantitative information to enable more effective tendering for equipment.

25.4 The PADP Information System has the capacity to match equipment demand with disability type and provides data for reporting on demand, activity and expenditure by PADP Centre, postcode or Health Service, individual client or client type, equipment and supply type, and calendar period.

25.5 The PADP Information System is used to manage the Department of Veterans Affairs' Rehabilitation Appliances Program (RAP) and Equipment Loan Pools (ELP).

## **26.0 Statement of mutual responsibilities and expectations**

26.1 Clients of PADP can expect:

- to be given a clear explanation from the service provider in a way they can understand their assessed equipment needs and the terms and conditions of its provision;
- to receive considerate, respectful and quality service without discrimination and based on assessed needs;
- to be given adequate education and instruction in the use and maintenance of the equipment provided in order to achieve their optimal level of independence and safety;
- confidentiality of their records and every consideration of their privacy;
- to be treated with dignity and respect on an equitable basis;
- access to a grievance process about the terms and conditions of equipment provision by PADP; and
- to be able to comment on and complain about any aspect of the service which causes them concern, have fair investigation of complaints and receive a satisfactory resolution without fear of retribution.

26.2 Clients of PADP have the responsibility to:

- inform themselves of the terms and conditions of the provision of assistance from PADP and abide by them if they accept that assistance;
- accept that the available item of equipment to meet their assessed needs may be recycled rather than new;
- accept the consequences of refusing to accept equipment prescribed to meet their clinical needs;
- properly care for the item received and notify the PADP lodgement centre if repairs or maintenance are needed;
- if repairs are needed resulting from wilful neglect or damage contribute toward their cost;

- return equipment to PADP in a clean state when it is no longer required;
- notify the PADP lodgement centre of a change of address or residential status;
- notify the PADP lodgement centre of any change to financial circumstances which may affect eligibility for assistance from PADP or alter their status in relation to the making of a co-payment;
- respect the human worth and dignity of the service providers; and
- reimburse PADP for the cost of any equipment and any repairs on settlement of any compensation claim relating to the disability for which items were issued.

**26.3 PADP service providers have the responsibility to:**

- provide a clear explanation in a way the client can understand their assessed equipment needs and the terms and conditions of that provision of assistance by PADP;
- provide a considerate, respectful and quality service without discrimination and based on assessed needs;
- provide a high standard of care by maintaining up-to-date professional knowledge and demonstrating a commitment to quality improvement of the service;
- provide adequate education and instruction in the use and maintenance of the equipment provided in order for the client to achieve their optimal level of independence and safety;
- inform applicants that PADP maintains a priority system and whether their application has been placed on a priority list;
- provide information on request about client access to the grievance process regarding the terms and conditions of assistance;
- respect the confidentiality of client records and the client's right to privacy and to be treated with dignity at all times;
- be accountable for the allocation of resources to PADP; and
- respect the client's right to comment on and complain about any aspect of the service which causes them concern, and to investigate any complaints and provide a satisfactory resolution without any form of retribution against the client or their representatives.
- place equipment applications on priority lists in accordance with PADP policy and determine priorities within constraints of limited available resources.

**27.0 Comments and complaint handling**

27.1 Health Services are responsible for the establishment of a formal mechanism for the review of decisions made in respect of PADP applications. This mechanism should be

accessible for those consumers who wish to comment on, feel they have not been given due consideration, or where a change of circumstances warrants a review of a decision made in relation to a person's eligibility or equipment to be provided under PADP.

- 27.2 An appeals mechanism is a reflection of the devolved responsibility with Health Services being the final arbitrator in determining the eligibility and provision of services under PADP.
- 27.3 When a person has a complaint about any aspect of the PADP service, efforts should be made to resolve the issue at the appropriate line management level. In the first instance, the PADP Coordinator and their manager should attempt to resolve the matter. Where this is not possible or the person is not satisfied with the outcome, the matter should be referred to the local PADP Advisory Committee for consideration. The PADP Advisory Committee may refer a complaint to the Health Service Chief Executive Officer for a decision.
- 27.4 Each Health Service has a complaints manager. Should a person be dissatisfied with the decision of the PADP Advisory Committee and the reasons for the decision, a complaint may then be lodged with the Health Service's complaints manager or the Chief Executive Officer of the Health Service (if they have not previously been involved with the matter).
- 27.5 Complaints may also be made to the Health Care Complaints' Commission on ph (02) 9219 7444 or toll free 1800 43159.

## **PART 4 ENSURING EQUITY IN THE PROVISION OF PADP**

### **28.0 Prioritising applications and assessing relative need**

28.1 In order to ensure equity across PADP, it is important that there is a uniform approach to the management of priority for service by Health Services and their PADP lodgement centres. Accordingly the following approach is to be applied by all Health Services and lodgement centres:

- allocation of equipment is to be based on priority of need;
- separate priority lists are to be established by each lodgement centre for each broad aid category;
- priority lists in order of date of application are restricted to clients requesting items of relatively low urgency such as TENS machines, lymphodema garments, voice prostheses;
- the priority system will establish timeframes for the provision of items requested by broad aid category; and
- applicants placed on a priority list are to be advised about the priority system.

28.2 Each Health Service and local PADP Advisory Committees should establish budgets for broad aid categories, where appropriate. This will assist in managing applications for certain types of equipment (e.g. TENS machines, orthopaedic shoes, voice prostheses, surgical stockings) that may be continually assessed as a relatively low priority and will ensure the provision of a spread of equipment to meet the needs of people with a range of differing disabilities. The budget position of PADP including year to date and projected expenditure for each category of equipment should be monitored by the Health Service and local PADP Advisory Committee in order to determine whether budget levels for broad aid categories should be modified to reflect demand for assistance.

28.3 The following of set of principles are to be used when assessing relative need and prioritising applications for assistance:

- (a) The assessment process is to be needs based.
- (b) The assessment process is to be person centred.
- (c) The assessment process will recognise the importance of providing services to maintain a person within their own family and community.
- (d) The assessment process will recognise the importance of assessing the child's needs within the context of their family, or alternate care arrangements.
- (e) The assessment process will recognise the complexity of assessment of child disability (particularly prior to age 5).

- (f) The assessment process will recognise the need to reassess and replace or update equipment as a child grows or a person's needs change.
- (g) The assessment process will recognise the need to occasionally replace and make reasonable repairs to equipment provided to an individual.

28.4 All applications are to be prioritised. Prioritisation should be determined by whether an applicant's continuing care and support arrangements and participation in the community are likely to be jeopardised. Further prioritisation criteria would be the threat of institutionalisation should PADP assistance not be provided.

## **PART 5 STATEWIDE PADP SERVICES AND EQUIPMENT LOAN POOLS**

### **29.0 The Children's Hospital at Westmead**

- 29.1 The Children's Hospital at Westmead is not formally part of a Health Service and receives a separate PADP budget allocation that is used for children that have been treated at the Hospital and are eligible for PADP.
- 29.2 The PADP service at the Children's Hospital at Westmead provides initial post discharge support for children that are discharged home and require PADP type items. After the initial post discharge period (a minimum of one month), the ongoing PADP support of the child is transferred to the relevant PADP lodgement centre according to the child's place of residence

### **30.0 John Hunter Hospital**

- 30.1 The John Hunter Hospital is part of the Hunter Area Health Service. Children requiring assistance are referred to the appropriate PADP lodgement centre.

### **31.0 Sydney Children's Hospital**

- 31.1 The Sydney Children's Hospital is part of the South Eastern Sydney Area Health Service. Children requiring assistance are referred to the appropriate PADP lodgement centre.

### **32.0 Spinal Injury Units**

- 32.1 A separate budget is allocated to the Spinal Injury Units of Royal North Shore Hospital, Prince of Wales and Prince Henry Hospitals to provide a tertiary statewide service for the set up costs of clients with spinal injury. This allocation does not include ongoing costs.
- 32.2 When a person with a spinal cord injury is discharged home and they meet the PADP eligibility criteria, the PADP lodgement centre that the client will then use is to be notified of the equipment provided to the person to enable the lodgement centre to plan for repairs and replacement of the equipment.

### **33.0 Corrections Health Service**

- 33.1 The Corrections Health Service (CHS) is responsible for the health care of prisoners in NSW. The CHS receives a separate PADP budget for prisoners who have a disability of a permanent or indefinite nature. On release from prison, the recipient will need to apply to their local Health Service for continuing assistance from PADP.

#### **34.0 Equipment loan schemes - general**

- 34.1 There are a number of loan schemes which operate to provide equipment to clients who need them. With the exception of PADP, most schemes operate to provide short term loans for persons with a temporary disability, or for people with long term disabilities waiting for permanent equipment.
- 34.2 Organisations such as the NSW Paraplegic and Quadriplegic Association, the Australian Quadriplegic Association and the Multiple Sclerosis Society occasionally have items for loan. These organisations will from time to time to time advertise in their publications that equipment is available for loan or purchase. The demand for items from these organisations is great.
- 34.3 Most public hospitals operate equipment loan pools for short term loan for the benefit of inpatients and non inpatients.
- 34.4 Information on equipment loan pools is provided in Appendix 6.

#### **35.0 Equipment Loan Pools – Children**

- 35.1 The following Equipment Loan Pools (ELP) are the principle providers of loan equipment to children with disabilities in NSW. The Sydney Children's Hospital, the Children's Hospital at Westmead, John Hunter Hospital, the Northcott Society, and The Spastic Centre of NSW. The Muscular Dystrophy Association purchases equipment for long term loan to children with muscular dystrophy.
- 35.2 Items provided through an ELP are for short to medium loan. Whether a child has an item on loan from an ELP is not to influence the consideration of the child's request for PADP. A child's name is not be removed from a priority list if they have received an item through an ELP.
- 35.3 Where an item approved for PADP is currently on loan from an ELP and the child is eligible for PADP, the ELP should be reimbursed the full replacement cost of the item from PADP rather than a new item being supplied to the child. This does not apply where an item supplied by an ELP does not fully meet the needs of the child.
- 35.4 Section 11 on replacement and repairs applies to items supplied to children under PADP in accordance with paragraph 35.3.

APPENDIX 1 (2004/53)

**Table 1: Other Known Sources/Services And Funded Programs Providing Aids And Appliances To People With Disabilities Living In NSW**

Program	Aids/appliances provided	Description
Australian Hearing Service	Auditory aids	An Australian Government program providing hearing assessment, hearing aid fitting and hearing rehabilitation to children and young adults up to the age of 21, as well as people in receipt of a Centrelink pension, most veterans and war widows. For information regarding regional centres, telephone 13 17 97.
CRS Australia (Commonwealth Rehabilitation Service)	Supportive aids and appliances as required on a case by case basis.	The CRS provides vocational rehabilitation to people between 16 and 65 years of age that have sustained injury, have a disability or a health condition. For further information regarding CRS and regional offices, telephone 1800 624 824.
Community Options	Case management, goods & equipment to assist or maintain independence	Community Options services have the primary purpose of ensuring that high need members of the HACC target group whose needs cannot be adequately addressed through the existing service system are provided with appropriate, flexible and coordinated support and assistance through comprehensive case management and brokerage-supported service delivery. Services include the provision of goods and equipment as required to assist with the provision of service or to assist the client to cope with a disability condition and/or maintain independence. Community Options services are funded by the HACC Program.
Continence Aids Assistance Scheme (CAAS)	Continence aids and related items	An Australian Government scheme assisting people of working age (16 - 65 yrs). CAAS provides funding for continence aids each financial year. Consumers are encouraged to utilise CAAS funding in conjunction with PADP. CAAS is administered in NSW by PQ Lifestyles, telephone 1300 366 455.
Home Modifications & Maintenance Scheme	Bathroom modifications, ramps & rails.	Assistance with essential home repairs, maintenance and modification, such as installing safety ramps, support rails in the bathroom, widening doorways, changing light globes and fixing door locks, installation of supplied tracking for ceiling hoists installation of supplied environmental control aids, etc. The Seniors Information Service can provide contact details, telephone 13 12 44
Motor Neurone Disease Assoc of NSW	Equipment for people with MND	The Motor Neurone Disease Association of NSW at Concord Repatriation General Hospital, Hospital Road Concord 2139. Telephone 9743 5872 for information on access to equipment.
National Diabetic Services Scheme	Syringe items and diagnostic agents.	Under this program, the Australian Government subsidises the supply of insulin syringes and diagnostic agents to persons with diabetes. The program is administered on behalf of the Australian Government by Diabetes Australia. The NSW Customer Care Line may be accessed on 1300 136 588. Members of Diabetes Australia can access a wide range of products, including blood glucose monitors, with information, guidance and training in their use.
NSW Artificial Limb Service (NSW ALS)	Artificial limbs	The NSW ALS provides artificial limbs to residents of NSW who hold a Medicare Card and have a limb deficiency. NSW ALS does not provide breast prostheses or wigs. Contact: NSW ALS, Calvary Hospital 9553 3032.
Pharmaceutical Benefits Scheme (PBS)	Some continence aids such as enemas	The PBS is administered by the Australian Government and provides access to necessary and cost effective medicines. People in receipt of Centrelink pensions, allowances and the Health Care Card are eligible to receive pharmaceutical medicines at a lower, flat rate per prescription.

## Program of Appliances for Disabled People (PADP) Policy

Program	Aid/appliance provided	Description
Rehabilitation Appliances Program (RAP)	The RAP provides a wide range of aids and appliances	The RAP is administered by the Australian Government Department of Veterans' Affairs (DVA) and provides aids and appliances to eligible veterans and war widow(er)s. Veterans should contact the Department of Veterans' Affairs RAP Helpline on telephone 1300 550 458.
NSW Health Spinal Injury/ Rehabilitation Services	Initial home equipment establishment for clients being discharged home from Spinal Units.	Special Spinal Units funded by NSW Health at Royal North Shore Hospital and Prince of Wales Hospital provide a statewide service in the care and rehabilitation of people who have suffered spinal injury or impairment. A separate budget is allocated to each of these units to assist with the set-up costs of clients for their discharge home from either unit. Subject to the client's eligibility for PADP, the PADP Lodgement Centre in the client's area of residence is responsible for the ongoing service, repair, maintenance and replacement of the equipment provided, as well as for the provision of additional items as required.
Technical Aid to the Disabled (TAD) NSW	Custom designed aids/computers.	TAD is a registered charity and is partially funded by the Department of Ageing, Disability and Home Care to design and construct supportive aids, where commercial equipment is not appropriate, utilising the skills of volunteers, health care and engineering professionals. TAD also provides information and computer training to people with disabilities. Telephone (02) 9808 2022. Website: <a href="http://www.technicalaid.org.au">www.technicalaid.org.au</a> .
NSW Department of Education and Training (DET).	Assistive devices to assist participation in education and training.	Support technology and equipment provided through the State Support Technology and Equipment Program (SSTEP) is loaned to a school to support the educational program of a student or students. The equipment is transferred to other students when no longer required at the school. Further information is available from District Disability Programs Consultants or other Senior Education Officer, Support Technology: Telephone NSW DET 02 9244 5093.
Department of Family and Community Services Workplace Modifications Scheme	Workplace modifications and some equipment.	The FACS Workplace Modifications Scheme assists people with disabilities to participate in the workforce by funding workplace modifications and providing some equipment items. Telephone: 1800 814 838 or visit the Australian Government FACS website on <a href="http://www.facs.gov.au/disability/ood/workmods/htm">www.facs.gov.au/disability/ood/workmods/htm</a>
Residential aged care program	A range of equipment for residents of residential aged care facilities	The PADP policy (Section 15.19) refers to Residential Aged Care Facilities' responsibilities to meeting certain equipment needs of their residents. A copy of the Schedule is attached to the PADP Policy in Appendix 3 (Circular 2000/103).
Telstra	A range of telephone and communication equipment for people with disabilities	Telstra's Disability Equipment Program, phone 1800 068 424 (voice) or 1800 808 981 (TTY), <a href="http://www.telstra.com.au/disability">www.telstra.com.au/disability</a> provides a wide range of telephones, equipment, modems and products to eligible Telstra customers. You must complete an application form and have it signed by a specified health professional such as a doctor, audiologist or optometrist.

### Other Relevant Circulars

**NSW Health PD2005\_562 (Circular 93/87):** 'Guidelines for charging and providing prostheses, aids, appliances and equipment to patients of public hospitals' remains valid with respect to the provision of orthotics (calipers, splints, braces) and surgically implanted prostheses in NSW public hospitals.

**NSW Health PD2005\_562 (Circular 94/128):** Guidelines for providing and charging for artificial eyes for public and compensable patients. In summary, public and compensable patients who undergo surgery in a NSW public hospital are eligible for the provision of artificial eyes. The

cost of replacement artificial eyes is the responsibility of the Area Health Service in which the patient is resident, not PADP.

**NSW Health PD2005\_491 (Circular 2001/140)** sets out the policy and procedures for the NSW Artificial Limb Service, which provides artificial limbs to eligible amputees in NSW. Eligible amputees may attend accredited clinics throughout NSW for assessment and prescription of prosthetics.

**NSW Health PD2005\_253 (Circular 2002/58)** Charging for Consumables used in Home Based Treatment of Bleeding Disorders – it remains the responsibility of hospitals to continue to provide all consumables used in home based therapies for patients with bleeding disorders.

### **PADP Equipment List Diagnostic Referrers and Prescribers**

Applicants must provide a referral from a doctor confirming diagnosis at initial contact with PADP or whenever the condition changes for which equipment is required.

The role of the doctor is to diagnose or confirm a medical condition that may determine the need for PADP equipment items and confirm that the disability is of a permanent or indefinite nature.

It is to be noted that not all the listed practitioners of the various health professions may have adequate knowledge, skill and experience to prescribe appropriate equipment, which may be of benefit to a person with a disabling condition. It is expected that any referring or prescribing professional who is not confident with the equipment prescription will consult other specialists who are expert in the field.

Particular medical specialists such as orthopaedic surgeons, neurologists and rehabilitation physicians also have training and experience in the prescription of useful assistive devices for a particular absent or impaired function. Information regarding the closest orthopaedic surgeon, neurologist or rehabilitation physician can be sought by contacting the Australian Faculty of Rehabilitation Medicine or Australian Association of Neurologists at the Royal Australian College of Physicians or the branch of orthopaedic surgeons at the Royal Australian College of Surgeons or via the client's General Practitioner.

Once the doctor has made a referral to PADP or a PADP prescriber, the client must have a prescription from the relevant prescriber for that equipment category as listed in Table 2. The role of the prescriber is to determine the most appropriate basic model or type of equipment that is necessary to meet the clinical needs of the client, in consultation with the client and/or diagnostic referrer.

All prescribers and suppliers must comply with the principle that the prescription of the equipment must be separated from the supply/provision of the equipment, in order to eliminate and prevent any perceived or actual conflict of interest.

The list of prescribers includes the following professions that can prescribe equipment as specified in Table 2 on page 7 of this document.

- Audiologist /Audiometrist
- Clinical Nurse Consultant (CNC)

- Clinical Nurse Specialist (CNS)
- Dietitian/Nutritionist eligible for membership with Dietitians Association of Australia (DAA)
- Occupational Therapist eligible for membership of Australian Association of Occupational Therapists NSW (AAOT)
- Physiotherapist registered with the NSW Physiotherapists Registration Board
- Podiatrist registered with the NSW Podiatrists Registration Board
- Prosthetist - registered member of Australian Orthotic Prosthetic Association (AOPA)
- Orthotist - registered member of AOPA
- Orthotist/Prosthetist with a tertiary qualification of an orthotics/prosthetics bachelor degree or higher approved and recognised in Australia and being a registered member of AOPA (for prescribing seating and postural supportive equipment)
- Registered Nurse (RN)
- Speech Pathologist eligible for membership of Speech Pathology Australia (SPA)
- Registered Medical Practitioner
- Specialist Physician including
  - Rehabilitation Physician
  - Geriatrician
  - General Physician
  - Paediatrician
  - Rheumatologist
  - Endocrinologist
  - Neurologist
- Surgeon including
  - Orthopaedic surgeon
  - Neurosurgeon

**Table 2: PADP Equipment Diagnostic Referrer and Prescriber List**

Equipment Category	<b>Diagnostic Referrer</b> A diagnostic referral is only required on initial access to PADP or when the condition changes	<b>Prescriber</b> ♦ It is expected that that any referring or prescribing professional who is not confident with the equipment prescription will consult with other specialists who are expert in the field. ♦ All prescribers and suppliers must comply with the principle that the prescription of the equipment must be removed from the supply/provision of the equipment, in order to eliminate and prevent any perceived or actual conflict of interest.
Aids To Nutrition	General Practitioner Specialist Physician/Surgeon	Speech Pathologist; Dietitian/Nutritionist; Registered Nurse; Medical Practitioner; Occupational Therapist.
Alarms	General Practitioner Specialist Physician	Occupational Therapist.
Beds & Sleeping Equipment	General Practitioner Specialist Physician/Surgeon	Occupational Therapist; Physiotherapist; Clinical Nurse Consultant; Clinical Nurse Specialist.
Communication Aids	General Practitioner Specialist Physician/Surgeon	Speech Pathologist; Occupational Therapist; Audiologist/audiometrist.
Continence Aids	General Practitioner Specialist Physician/Surgeon	Clinical Nurse Consultant (Continence); Registered Nurse; (quantity limits apply)
Environment Control Aids	General Practitioner Specialist Physician/Surgeon	Occupational Therapist; For equipment over \$5,000, Occupational Therapist in partnership with a recognised technology centre.
Mobility Aids	General Practitioner Specialist Physician/Surgeon	Physiotherapist; Occupational Therapist; Orthotist; Specialist Physician/Surgeon; Registered Nurse in remote areas in absence of Occupational Therapist or Physiotherapist following consultation with Occupational Therapist or Physiotherapist.
Monitoring Equipment	General Practitioner Endocrinologist Specialist Physician	Specialist Physician; Diabetes Educator.
Orthoses - Upper & Lower Limb & Footwear	General Practitioner Specialist Physicians eg Rehabilitation, Orthopaedics, Rheumatology, Neurologist.	Occupational Therapist; Physiotherapist; Orthotist; Prosthetist; Podiatrist; Diagnostic referrer.

<b>Equipment Category</b>	<b>Diagnostic Referrer</b>	<b>Prescriber</b>
Pain Management Aids	Specialist Physician	Specialist Physician; Physiotherapist; Clinical Nurse Specialist; Clinical Nurse Consultant.
Pressure Garments	General Practitioner Specialist Physician/Surgeon	Occupational Therapist; Physiotherapist; Clinical Nurse Specialist; Clinical Nurse Consultant.
Prostheses	General Practitioner, Specialist Physician/Surgeon	Medical Practitioner; Prosthetist; Clinical Nurse Consultant; Clinical Nurse Specialist; Speech Pathologist.
Seating Equipment	General Practitioner Specialist Physician/Surgeon	Occupational Therapist; Physiotherapist; Specialist Physician/Surgeon; Orthotist/Prosthetist (with a tertiary qualification of an orthotics/prosthetics bachelor degree or higher approved and recognised in Australia and being a registered member of AOPA). (For complex conditions, as defined below, Occupational Therapists and/or Physiotherapists need to consult specialist seating clinics).
Technological Aids To Inclusion	General Practitioner Specialist Physician/Surgeon	Physiotherapist; Occupational Therapist; Speech Pathologist.
Toileting & Showering Aids	General Practitioner Specialist Physician/Surgeon	Occupational Therapist; Physiotherapist; Registered Nurse in remote areas (in absence of Occupational Therapist or Physiotherapist following consultation with Occupational Therapist or Physiotherapist).
Transfer Aids	General Practitioner Specialist Physician/Surgeon	Physiotherapist; Occupational Therapist.

In relation to the Seating Equipment category, the complex conditions referred to include orthopaedic complications, such as the presence of contractures, deformity of body structure, developing pressure area as a result of, or in, conjunction with orthopaedic or postural complications.

### Table 3: PADP EQUIPMENT LIST

The PADP Equipment List has been separated into 16 item categories.

<b>AIDS TO NUTRITION</b>	
<b>Description:</b> Aids to nutrition assist the individual to maintain adequate nutrition by the provision of equipment for eating, drinking or tube-feeding.	
<b>Inclusions:</b> Nutrition aids <b>such as, but not limited to:</b> <ul style="list-style-type: none"> <li>• Specialised or modified equipment for eating and drinking</li> <li>• All tubes, syringes, pumps, bags, feed sets and adaptors</li> <li>• Naso-gastric tubing as required when replaced by the consumer's personal carer/s in the home</li> <li>• Dressings for naso-gastric tubes</li> </ul>	<b>Exclusions:</b> <ul style="list-style-type: none"> <li>• Foodstuffs, nutritional supplements/requirements and thickeners</li> <li>• Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package</li> <li>• Equipment that does not comply with Australian Standards</li> </ul>
<b>Availability of equipment under other services/sources and funded programs:</b> Nil known	

<b>ALARMS</b>	
<b>Description:</b> Alarm systems are response systems to ensure the safety of people who live alone, or without a carer for long periods of time during the day, placing them potentially at risk. Alarm systems can enable people to live in the least restrictive environment. They must be prescribed by an Occupational Therapist using the Department of Veterans' Affairs Rehabilitation Appliances Program assessment tool.	
<b>Inclusions:</b> <ul style="list-style-type: none"> <li>• Initial set-up costs – rental assistance can be provided on a case by case basis as assessed by local AHS Advisory Committees on financial hardship or other need basis.</li> </ul>	<b>Exclusions:</b> <ul style="list-style-type: none"> <li>• Apnoea monitors</li> <li>• Contingence alarms</li> <li>• Alarms to restrict movements of people with dementia</li> <li>• Residents of nursing homes, hostels or government operated group homes are not eligible for this equipment under the PADP</li> <li>• Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package.</li> <li>• Equipment that does not comply with Australian Standards</li> </ul>
<b>Availability of equipment under other services/sources and funded programs:</b> Local Area Health Services may have apnoea and movement monitors for hire. <ul style="list-style-type: none"> <li>• Community Options Case Management may also provide equipment.</li> </ul>	

### **BEDS AND SLEEPING EQUIPMENT**

**Description:** Items that assist a person in the sleeping environment. Beds and sleeping equipment must be prescribed by an Occupational Therapist, Physiotherapist, Clinical Nurse Specialist/Consultant.

**Inclusions:**

**Beds and sleeping equipment such as, but not limited to:**

- Pressure relief mattresses
- Electrically operated hi lo beds including beds with elevating head and knee breaks including appropriate mattress
- Pressure care mattresses and/or overlays
- Over-bed frames, such as monkey bars
- Sheepskins, cradles, over-bed tables

**Exclusions:**

- Commercially available support/eggshell mattresses
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package
- Equipment that does not comply with Australian Standards

**Availability of equipment under other services/sources and funded programs:**

—Nil known

### **COMMUNICATION AIDS**

**Description:** Communication aids to convey or exchange information, must be prescribed by a Speech Pathologist or Audiologist, Audiometrist or Occupational Therapist. Complex equipment and/or packages of equipment must be prescribed by the Therapist in consultation with a recognised disability technology centre, for example the Northcott Society, The Spastic Centre, The Royal Blind Society.

**Inclusions:**

**Aids to communication, such as, but not limited to:**

- Electronic or micro-computer-based communication aids
- Software designed to function as an Augmentative Communication Aid on a computer
- Assistive listening devices incl. hearing aids if client does not qualify for Australian Hearing Services
- Equipment for producing, reading or storing alternative format information eg braille, large print or magnifying standard print or talking diaries
- Amplifiers and electronic aids to speech intelligibility
- Mounting and access equipment to enable the operation of these aids
- Electrolarynx

**Exclusions:**

- Any type of computer
- Standard batteries that may be changed by the consumer and are available from supermarkets, general retail outlets
- Installation of equipment
- Rental costs such as telephone rental
- Equipment that does not comply with Australian Standards
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

**Availability of equipment under other services/sources and funded programs:**

- Department of Education; Telstra supply TTY units and a range of telephone products
- through their Disability Equipment Program; Australian Hearing Services.

## CONTINENCE AIDS

**Description:** Equipment, aids or appliances to assist in the management of continence. Consumers must utilise their CAAS funding in conjunction with PADP. Consumers must be assessed by a person skilled in continence management. Re-assessment should take place as, and when, the client's needs change. Enemas, suppositories, laxatives and aperients are not provided under PADP. The PBS and CAAS provide some of these items. Products should not be supplied to Attendant Care Program and Home Care Service attendant carers and service providers.

### **Inclusions:**

**Continence aids such as, but not limited to:**

- Disposable pads
- Reusable pads
- Panty nappies (to be provided from 3 years of age onwards)
- Uridomes
- Catheters, disposable, long term & accessories
- Leg bags, sterile, non sterile, latex & accessories
- Night drainage bags, bottles & accessories, sterile & non sterile
- Washable absorbent bedsheets
- Sterilising, cleaning & bowel care equipment ie Milton, gloves, KY Gel, syringes
- Dressings for long term supra pubic catheters

### **Exclusions:**

- Panty-liners and pads for mild stress incontinence
- Continence aids that are not included in Area Health Service and State Government Tenders/Contracts except on specific recommendation of Nurse Continence Consultant to meet an individual's clinical need.
- Laxatives
- Enemas
- Suppositories
- Aperients
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package.

### **Supply Limits**

Disposable pads - 90 per month

Reusable pads -18 per annum

Washable absorbent bedsheets - 3 per annum

Disposable catheters - 30 per month

Long Term catheters & catheter valves - 1 per 4 weeks

Disposable drainage bags - 1 per week

Indohan bottles - Max 6 per annum

(Area Health Services have the discretion to supply additional supplies and/or other items not included on the list on a case-by-case basis according to clinical need)

### **Availability of equipment under other services/sources and funded programs:**

—Limited funding for continence aids is provided to people of working age under the Australian Government's Continence Aids Assistance Scheme (CAAS). Some continence aids and complimentary items are available under the Pharmaceutical Benefits Scheme (PBS).

## ENVIRONMENTAL CONTROL AIDS

**Description:** Home environmental controls are devices that allow the user to independently access and operate appliances in the home environment. Complex equipment and/or packages of equipment costing \$5,000 or more must be prescribed by an Occupational Therapist in consultation with a recognised technology centre, such as the Northcott Society, The Spastic Centre or The Royal Blind Society. Equipment must be prescribed by Occupational Therapists following an assessment.

### **Inclusions:**

#### **Environmental control aids such as, but not limited to:**

- Cost-effective environmental controls that are available commercially, such as infra-red controls
- Modifications to commercially available devices
- Assistive devices eg vibrating or strobe lights for smoke alarms, doorbells, monitors
- Telephones that have or are modified to have special access features
- Mounting devices and accessories that facilitate the use of an environmental control device.
- Tactile or Talking equipment to allow independent living in the home environment
- Air conditioners for clients who have a damaged homeostatic mechanism or babies with homeostatic imbalance eg born with no sweat glands

### **Exclusions**

- Environmental aids exclusively for work, or education or leisure or recreational settings
- Installation of equipment
- Smoke alarms
- Door bells
- Telephone rental
- Equipment that does not comply with Australian Standards
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

### **Availability of equipment under other services/sources and funded programs:**

—The Home Modification & Maintenance Scheme provides installation of environmental control aids. The Department of Housing will install aids in Department of Housing accommodation. Telstra provides basic telecommunications equipment. The Department of Education & Training provides some equipment for use at school and training purposes.

## MOBILITY AIDS

**Description:** Mobility aids assist an individual to access and mobilise within his/her community, including the home, leisure and recreational environments. Mobility may be independent or assisted, seated or ambulant. For people who require seated mobility aids such as, wheelchair or scooter, both a powered and a manual option or two manual options maybe necessary. Some people with ambulant mobility may also require access to seated mobility, powered or unpowered. It should be noted that some very high cost adjustable options for children may be the most economical and cost effective in the long term.

**Inclusions:**

**Mobility aids, such as, but not limited to:**

- Aids to ambulant mobility
- Manual and electric wheelchairs, and accessories, tilt-in-space wheelchairs
- Reclining chairs, adjustable arm rests, head rests
- Modifications to/and additional support applied to seated and ambulant aids
- Modification to/and alternative powered control
- Batteries, chargers, repaired & replaced as required
- Tyres replaced as required
- Repairs due to normal wear & tear
- Regular maintenance
- Standing equipment
- Sports wheelchairs for children to access a playground and/or school sport
- Portable ramps
- Safety harnesses, tie downs & head restraints for vehicle transportation

**Restrictions:**

Electric wheelchairs and electric scooters are supplied by PADP to enhance a person's personal mobility within their home and as a pedestrian in the community. All electric wheelchairs and electric scooters, whether partly or wholly funded through PADP, shall be speed limited to a maximum of 10 kilometres per hour so that they are considered to be pedestrians pursuant to the Road Transit Authority NSW Australian Road Rules <http://www.rta.nsw.gov.au/trafficinformation/pedestrians/motorisedwheelchairs.html>

Suppliers are required to speed limit wheelchairs or scooters prior to delivery by re-programming the control box so that they are no longer capable of travelling at speeds of over 10 kilometres per hour.

**Exclusions:**

- Wheelchairs provided by the Department of Education for school sport, which must remain at the school
- Motorbikes, cars, motorised tricycles, etc
- Non-standard colours or fabrics must be funded by the consumer, unless required due to a skin condition, or similar
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package
- Equipment that does not comply with Australian Standards

**Availability of equipment under other services/sources and funded programs:**

Technical Aids to the Disabled; Department of Education for education and training purposes.

### **MONITORING EQUIPMENT**

**Description:** Monitoring equipment warns, checks, controls or keeps a continuous record of something. Home blood glucose monitoring equipment is to be prescribed by a Specialist Physician or a Diabetes Educator. Home blood pressure monitors are only to be supplied to people with a disability and a concomitant condition that requires monitoring by self or carer. Home blood pressure monitors are to be prescribed by a treating clinician. Talking monitors should be prescribed in consultation with The Royal Blind Society. Equipment should be approved by the Therapeutic Goods Association of NSW.

**Inclusions:**

- Monitoring equipment such as, but not limited to:
- Software for home blood glucose monitors (for the transmission of data to treating specialist where clients live in rural/remote regions), based on clinical need
  - Home blood pressure monitors
  - Talking blood glucose monitors & home blood pressure monitors for vision-impaired clients, based on clinical need

**Exclusions:**

- Items for the monitoring of blood glucose provided by the National Diabetes Services Scheme
- General health monitoring equipment such as SIDS monitors and scales
- Movement monitors (for people with dementia)
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package.
- Equipment that does not comply with Australian Standards

**Availability of equipment under other services/sources and funded programs:**

Some items for the monitoring of blood glucose are provided under the National Diabetes Services Scheme.

### **ORTHOSES AND FOOTWEAR**

**Description:** Orthoses are aids that support the function of any part of the body by their external application. Orthoses/supports/garments must aid participation/independence rather than be part of a treatment. Clients must supply suitable footwear for the insertion of corrective and accommodative aids, such as wedges.

**Inclusions:**

- Orthoses and footwear such as, but not limited to:**
- **Upper and Lower Limb Orthoses**
  - Orthoses and footwear required to support a long-term/permanent disability
  - Depth shoes
  - Surgical footwear
  - Calipers

**Exclusions:**

- Orthoses required to support clinical intervention, such as Botox or Baclofen
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

**Availability of equipment under other services/sources and funded programs:**

Orthoses and footwear may be provided by CRS. Some orthoses are provided by health facilities for inpatients and for post-acute care.

### **PAIN MANAGEMENT AIDS**

**Description:** Pain management devices assist in the management of long term/chronic pain. Transcutaneous Nerve Stimulators (TNS) devices must be referred by specialists in the fields of Geriatric Medicine, Orthopaedics, Rehabilitation Medicine or Rheumatology. Clients should attend a Pain Clinic if available.

**Inclusions:**

**Pain management aids such as, but not limited to:**

- Transcutaneous Nerve Stimulator (TNS) devices, electrodes and rechargeable batteries

**Exclusions:**

- Pain management implants
- Devices for short term episodes of pain
- Ambulatory infusion pumps for home use
- Administration sets for use with the pumps
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

**Availability of equipment under other services/sources and funded programs:**

Ambulatory infusion pumps and administration sets may be funded under private health insurance schemes, or supplied by pain management clinics in public hospitals.

### **PRESSURE GARMENTS AND PRESSURE RELIEF EQUIPMENT**

**Description:** Pressure/compression garments provide circulatory support, particularly in respect of (although not limited to) lymphoedema and/or chronic venous insufficiency. Prescriptions for pressure garments must be made as a result of a diagnosis by a medical practitioner and measurement by an Occupational Therapist, Physiotherapist, Clinical Nurse Consultant or Clinical Nurse Specialist.

**Inclusions:**

**Pressure garments and pressure relief equipment such as, but not limited to:**

- Pressure/compression garments for circulatory support in respect of (although not limited to) lymphoedema and/or chronic venous insufficiency

**Exclusions:**

- Pressure garments provided to burns patient clients. These are made to measure following plastic surgery and are provided by the treating hospital for long-term use
- Pressure garments provided for varicose veins or for post acute/outpatient care.
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

**Availability of equipment under other services/sources and funded programs:**

Nil known.

## PROSTHESES

**Description:** A prosthesis replaces a missing bodily part with an artificial substitute. Prostheses are to be provided to meet clinical need and must be prescribed by an appropriate medical practitioner or health professional. PADP provides breast prostheses, voice prostheses and wigs only. The provision of breast prostheses is limited to 1 breast prosthesis per two years or two breast prostheses in cases of bilateral mastectomy or trauma. Clients undergoing a mastectomy in a public hospital as public inpatient are provided with an initial breast prosthesis upon discharge.

**Inclusions:**

**Prostheses such as, but not limited to:**

- Wigs made of synthetic hair may be replaced each year if necessary
- Wigs made of human hair may be replaced every two years if necessary
- Voice prostheses fitted by client
- Breast Prostheses

**Exclusions:**

- PADP does not provide wigs for clients attending oncology clinics
- Bras are not provided by PADP
- Breast implants
- Breast Shields
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

**Availability of equipment under other services/sources and funded programs:**

NSW Artificial Limb Service provides artificial limbs.

## SEATING EQUIPMENT

**Description:** Seating includes any equipment or system that provides postural support, appropriate pressure relief and/or comfort to maximise function and participation in all environments (home and recreation). Seating may be static or part of a total mobility system. Seating systems must be prescribed by Occupational Therapists, Physiotherapists and/or Orthotist/Prosthetist (with a tertiary qualification of an orthotics/prosthetics bachelor degree or higher approved and recognised in Australia) following an assessment. Seating should be prescribed in consultation with a specialised seating centre when people have or are at risk of developing: complex or multiple asymmetry; complex or multiple contracture; or complex or multiple pressure problems. Some high cost adjustable systems may be more economical or cost effective in the long term.

**Inclusions:** Seating equipment such as, but not limited to:

- Specialised car seats
- Pressure relief cushions
- Seating systems

**Exclusions:**

- Cushions and supports available in the general retail market
- Modifications to generally available car seating systems
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package

**Availability of equipment under other services/sources and funded programs:**

Department of Education provides equipment for school or training purposes

**TECHNOLOGICAL AIDS TO INCLUSION**

**Description:** Any mechanical electrical and/or microcomputer based equipment that enhances the participation of the individual in activities. Aids to inclusion must be prescribed by a Physiotherapist, Occupational Therapist or Speech Pathologist in consultation with a recognised disability technology centre, such as The Northcott Society, The Spastic Centre or The Royal Blind Society. Aids to inclusion may be provided individually, or as a number of items in one package, such as an alternate keyboard and a key guard. PADP will only provide specialist disability specific software and not general computing software.

<p><b>Inclusions:</b>                  Technical aids to inclusion such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• Equipment required to access a computer including mounting devices</li> <li>• Modifications to the client's own equipment, such as a special mouse or keyboard</li> <li>• Software that enables access to the computer and/or has specifically been designed for people with disabilities, such as speech recognition software</li> </ul>	<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Computers, upgrades, memory, processor speed enhancers and associated standard peripherals, such as printers and modems</li> <li>• Ongoing fees and plans, such as for Internet access</li> <li>• Software readily available to the general population</li> <li>• Equipment solely required for work or education, or leisure or recreational purposes</li> <li>• Equipment that does not comply with Australian Standards.</li> <li>• Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package</li> </ul>
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**Availability of equipment under other services/sources and funded programs:** Commonwealth Rehabilitation Service; Department of Education; Technical Aids to the Disabled; Department of Ageing Disability and Home Care; Workplace Modification Scheme.

**TOILETING AND SHOWERING AIDS**

**Description:** Toileting and showering equipment includes items, packages of equipment and modifications to items that enable a person to complete toileting and showering tasks. Toileting and showering equipment may be prescribed by an Occupational Therapist, Physiotherapist or a Registered Nurse

<p><b>Inclusions:</b>  <b>Toileting and showering aids such as, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Items required to assist with toileting and showering</li> </ul>	<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Hand-held showers</li> <li>• Installation costs</li> <li>• Grabrails</li> <li>• Items costing less than \$100 unless severe financial hardship is demonstrated unless part of a package</li> <li>• Equipment that does not comply with Australian Standards</li> </ul>
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**Availability of equipment under other services/sources and funded programs:** The Home Modification & Maintenance Scheme.

## **TRANSFER AIDS**

**Description:** Transfer aids include manual, hydraulic or electrically operated devices that assist the transfer of an individual from one place to another. Transfer aids are to be prescribed by a Physiotherapist and/or an Occupational Therapist.

**Inclusions: Transfer aids such as, but not limited to:**

- Electrical client lifting hoists
- Electrical ceiling hoists & tracking
- Sliding boards, turntables and similar items
- Hoists used for transferring people and/or wheelchairs to a vehicle (driver or passenger)
- Maintenance, repairs & replacement including batteries & battery chargers
- Slings

**Exclusions:**

- Rolling frames
- Platform-style vehicular hoists
- Installation of ceiling hoist tracking
- Items costing less than \$100 unless severe financial hardship is demonstrated or as part of a package
- Equipment that does not comply with Australian Standards

**Availability of equipment under other services/sources and funded programs:**

The Home Modification & Maintenance Scheme provides installation of ceiling hoist tracking. The Department of Housing will install ceiling hoist tracking in Department of Housing accommodation. Residential aged care facilities supply their own hoists.

**APPENDIX 2      AUTHORISED PRESCRIBER CODES**

1.      Cardiology
2.      Dermatology
3.      Endocrinology
4.      Geriatrics
5.      Medical Oncology
6.      Orthopaedics
7.      Otorhinolaryngology
8.      Paediatrics
9.      Radiation Oncology
10.    Registered Medical Practitioner
11.    Rehabilitation medicine
12.    Rheumatology

**APPENDIX 3 AGED CARE ACT QUALITY OF CARE PRINCIPLES**

*Quality of Care Principles 1997*

SCHEDULE 1

Section 18.6

SPECIFIED CARE AND SERVICES FOR RESIDENTIAL CARE SERVICES

PART 1 – HOTEL SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM

Col 1	Column 2	Column 3
Item	Service	Content
1.1	Administration	General operation of the residential care service, including resident documentation
1.2	Maintenance of buildings and grounds	Adequately maintained buildings and grounds
1.3	Accommodation	Utilities such as electricity and water
1.4	Furnishings	Bed-side lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), resident wardrobe space, and towel rails  Excludes furnishings a resident chooses to provide
1.5	Bedding	Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting
1.6	Cleaning services goods and facilities	Cleanliness and tidiness of the entire residential care service  Excludes a resident's personal area if the resident chooses and is able to maintain it himself or herself
1.7	Waste disposal	Safe disposal of organic and inorganic waste material

*Quality of Care Principles 1997*

SCHEDULE 1 - continued

PART 1 – HOTEL SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM - continued

Col 1	Column 2	Column 3
Item	Service	Content
1.8	General laundry	<p>Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed.</p> <p>Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a resident chooses and is able to do this himself or herself</p>
1.9	Toiletry goods	Bath towels, face washers, soap, and toilet paper
1.10	Meals and refreshments	<p>(a) Meals of adequate variety, quality and quantity for each resident, served each day at times generally acceptable to both residents and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper</p> <p>(b) Special dietary requirements, having regard to either medical need or religious or cultural observance</p> <p>(c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice</p>
1.11	Resident social activities	Programs to encourage residents to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service
1.12	Emergency assistance	At least 1 responsible person is continuously on call and in reasonable proximity to render emergency assistance

*Quality of Care Principles 1997*

SCHEDULE 1 - continued

PART 2 – CARE AND SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM

Col 1	Column 2	Column 3
Item	Service	Content
2.1	Daily living activities assistance	<p>Personal assistance, including individual attention, individual supervision, and physical assistance, with</p> <ul style="list-style-type: none"> <li>(a) bathing, showering, personal hygiene and grooming</li> <li>(b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management</li> <li>(c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary)</li> <li>(d) dressing, undressing, and using dressing aids</li> <li>(e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids</li> <li>(f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles</li> </ul> <p>Excludes hairdressing</p>
2.2	Meals and refreshments	Special diet not normally provided
2.3	Emotional support	Emotional support to, and supervision of, residents

*Quality of Care Principles 1997*

SCHEDULE 1 - continued

PART 2 – CARE AND SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM - continued

Col 1	Column 2	Column 3
Item	Service	Content
2.4	Treatments and procedures	Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a resident's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law
2.5	Recreational therapy	Recreational activities suited to residents, participation in the activities, and communal recreational equipment
2.6	Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a resident's ability to perform daily tasks for himself or herself, or assisting residents to obtain access to such programs
2.7	Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit residents, whether the arrangements are made by residents, relatives or other persons representing the interests of residents, or are made direct with a health practitioner
2.8	Assistance in obtaining access to specialised	Making arrangements for speech therapy, podiatry, occupational or physiotherapy therapy services practitioners to visit residents, whether the arrangements are made by residents, relatives or other persons representing the interests of residents support (including specific encouragement) to motivate or enable such residents to take part in general activities of the residential care service.

*Quality of Care Principles 1997*

SCHEDULE 1 - continued

PART 2 – CARE AND SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM - continued

Col 1	Column 2	Column 3
Item	Service	Content
2.9	Support for residents with cognitive impairment	Individual attention and support to resident with cognitive impairment (eg dementia and other behavioural disorders) including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such residents and ongoing support (including specific encouragement) to motivate or enable such residents of the residential care service

*Quality of Care Principles 1997*

SCHEDULE 1 - continued

PART 3 – CARE AND SERVICES – TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE

Col 1	Column 2	Column 3
Item	Service	Content
3.1	Furnishings	Over-bed tables
3.2	Bedding materials	Bed rails, incontinence sheets, restrainers, ripple mattresses, sheepskins, tri-pillows, and water and air mattresses appropriate to each resident's condition
3.3	Toiletry goods	Sanitary pads, tissues, toothpaste, denture cleaning preparations, shampoo and conditioner, and talcum powder
3.4	Goods to assist residents to move themselves	Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs  Excludes motorised wheelchairs and custom made aids
3.5	Goods to assist staff to move residents	Mechanical devices for lifting residents, stretchers, and trolleys
3.6	Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, disposable bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs aurodomes, catheter and urinary drainage appliances, and disposable enemas
3.7	Basic medical and pharmaceutical supplies and equipment	Analgesia, anti-nausea agents, bandages, creams, dressings, laxatives and aperients, mouth washes ointments, saline, skin emollients, swabs, and urinary alkalisising agents  Excludes goods prescribed by a health practitioner for a particular resident and used only by the resident
3.8	Nursing services	(a) 24-hour on-call access to care by a qualified nurse, or by appropriately trained staff under the supervision of a qualified nurse, if there are 1 to 3 high care residents any of whom are assessed as requiring nursing services.

*Quality of Care Principles 1997*

SCHEDULE 1 - continued

**PART 3 – CARE AND SERVICES – TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE**

Col 1	Column 2	Column 3
Item	Service	Content
		(b) 24 hour on site care by a qualified nurse, or by appropriately trained staff under the supervision of a qualified nurse, if there are 4 to 7 high care residents any of whom are assessed as requiring nursing services
		(c) 24-hour on-site care by a qualified nurse if there are 8 or more high care residents
3.9	Nursing procedures	Technical and nursing procedures carried out by a qualified nurse, or other appropriately trained staff, under the direct or indirect supervision of a qualified nurse on a sessional or regular basis.
3.10	Medications	Medications subject to requirements of State or Territory law
3.11	Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain residents' levels of independence in activities of daily living  (b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow residents to reach a level of independence at which maintenance therapy will meet their needs.  Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma
3.12	Oxygen and oxygen equipment	Oxygen and oxygen equipment needed on a short-term, episodic or emergency basis

## **APPENDIX 4**

## **LODGEMENT CENTRES**

### **CENTRAL COAST AREA HEALTH SERVICE**

Ms Margaret English/ Ms Raelene Richardson  
PADP Coordinators  
Gosford District Hospital  
Holden Street  
GOSFORD NSW 2550  
ph: (02) 43 202 470/203 640  
fax: (02) 43 203 457  
menglish@doh.health.nsw.gov.au  
[rrichardson@doh.health.nsw.gov.au](mailto:rrichardson@doh.health.nsw.gov.au)

### **CENTRAL SYDNEY AREA HEALTH SERVICE**

PADP Manager: Mr Ken Cahill, General Manager, Balmain Hospital  
Ms Zoe Farr  
PADP Co-ordinator  
Balmain Hospital  
Booth Street  
BALMAIN NSW 2041  
ph: (02) 9395 2072  
fax: (02) 9395 2069

### **SOUTH EASTERN SYDNEY AREA HEALTH SERVICE**

Ms Gabrielle Barrett  
PADP Coordinator  
Royal South Sydney Community Health Service  
Joynton Avenue  
ZETLAND 2017  
ph: (02) 9382 8139  
fax: (02) 9382 8120  
[BarrettG@SESAHS.NSW.GOV.AU](mailto:BarrettG@SESAHS.NSW.GOV.AU)

Ms Perona Winterstein/Ms Lyn Riley

PADP Coordinators  
Calvary Hospital  
Rocky Point Road  
KOGARAH NSW 2217  
ph: (02) 9553 3000  
fax: (02) 9553 3048  
[WintersteinP@SEAHS.NSW.GOV.AU](mailto:WintersteinP@SEAHS.NSW.GOV.AU)

PADP Lodgement Centre  
Sutherland Hospital  
Locked Bag 21  
TAREN POINT NSW 2229  
ph: (02) 9540 7111  
fax: (02) 9540 7711

**HUNTER AREA HEALTH SERVICE**

Ms Anneke Redman  
Service Manager  
Ms Heather Wilcox  
PADP Coordinator  
Wallsend Campus  
Locked Bag 11  
WALLSEND NSW 2287  
ph: (02) 4924 6251  
fax: (02) 4924 6242  
[aredman@doh.health.nsw.gov.au](mailto:aredman@doh.health.nsw.gov.au)

**ILLAWARRA AREA HEALTH SERVICE**

Ms Carol Corr  
PADP Coordinator  
Port Kembla Hospital  
PO Box 21  
WARRAWONG NSW 2502  
ph: (02)42 238 240  
fax: (02)42 238 246  
[corrc@iahs.nsw.gov.au](mailto:corrc@iahs.nsw.gov.au)

**NORTHERN SYDNEY AREA HEALTH SERVICE**

PADP Manager: Ms Bronwyn Wilkinson  
ph: 9926 6750 Fax 9926 6025  
Ms Diana Chivers  
PADP Coordinator  
Hornsby and Ku-ring-gai Hospital  
Palmerston Road  
HORNSBY NSW 2077  
ph: (02) 9477 9418  
fax: (02) 9477 9704  
[Dchivers@doh.health.nsw.gov.au](mailto:Dchivers@doh.health.nsw.gov.au)

Ms Helen Cole / Ms Carolyn Lofts  
PADP Coordinator  
Manly District Hospital  
Darley Road  
MANLY NSW 2095  
ph: (02) 9976 9963  
fax: (02) 9976 9598  
[hcole@doh.health.nsw.gov.au](mailto:hcole@doh.health.nsw.gov.au)

Ms Jill Sullivan/ Ms Grace Cameron  
PADP Coordinators  
Ryde Hospital & Community Services  
Denistone Road  
EASTWOOD NSW 2122  
ph: (02) 9858 0968  
fax: (02) 9858 0712  
[jsullivan@doh.health.nsw.gov.au](mailto:jsullivan@doh.health.nsw.gov.au)

Ms Homa Oyan/ Ms Debbie Marcellino  
PADP Coordinators  
Royal North Shore Hospital  
ST LEONARDS NSW 2065  
ph: (02) 9926 7364  
fax: (02) 9926 6133  
[hoyan@doh.health.nsw.gov.au](mailto:hoyan@doh.health.nsw.gov.au)  
[DMARCELL@doh.health.nsw.gov.au](mailto:DMARCELL@doh.health.nsw.gov.au)

**SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

PADP Manager: Dr Charles Pain - ph: 9828 5763  
Ms Marilyn Cupitt  
PADP Coordinator  
Bowral District Hospital  
PO Box 268  
BOWRAL NSW 2576  
ph: (02) 4861 0273  
fax: (02) 4861 0251  
[Marilyn.Cupitt@swsahs.nsw.gov.au](mailto:Marilyn.Cupitt@swsahs.nsw.gov.au)

Ms Rose Lubyckij/Ms Debra Hewitt  
PADP Coordinators  
Liverpool Hospital  
Elizabeth Street  
LIVERPOOL NSW 2170  
ph: (02) 9828 4691  
fax: (02) 9828 4695  
[Rosemary.Lubyckij@swsahs.nsw.gov.au](mailto:Rosemary.Lubyckij@swsahs.nsw.gov.au)

Ms Pauline Lynch  
PADP Coordinator  
Campbelltown Hospital  
Therry Road  
CAMPBELLTOWN NSW 2560  
ph: (02) 4629 1514  
fax: (02) 4629 1468  
[plynch@doh.swsahs.nsw.gov.au](mailto:plynch@doh.swsahs.nsw.gov.au)

Ms Jan Prentice/Ms Diane Reid  
PADP Coordinators  
Bankstown / Lidcombe Hospital  
Eldridge Road  
BANKSTOWN NSW 2560  
ph: (02) 9722 7263  
fax: (02) 9722 7190  
[Prentice@swsahs.nsw.gov.au](mailto:Prentice@swsahs.nsw.gov.au)

**WENTWORTH AREA HEALTH SERVICE**

PADP Manager: Ms Debbie Wyburd - 0247 343 101  
Ms Donna Ellis/Ms Teresa Simpson  
Nepean Hospital  
PO Box 63  
PENRITH NSW 2751  
ph: (02) 4734 2801  
fax: (02) 4734 3402  
[Ellisd@wahs.gov.nsw.au](mailto:Ellisd@wahs.gov.nsw.au)

**WESTERN SYDNEY AREA HEALTH SERVICE**

Ms Denise Hutchinson  
PADP Coordinator  
St Joseph's Hospital  
Mons Road  
AUBURN NSW 2144  
ph: (02) 9749 0203  
fax: (02) 9649 8810  
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Ms Judith Collins  
PADP Coordinator  
Mount Druitt Hospital  
Railway Street  
MOUNT DRUITT NSW 2770  
ph: (02) 9881 1628  
fax: (02) 9881 1825  
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**THE CHILDREN'S HOSPITAL AT WESTMEAD**

Ms Haydee Lanos  
PADP Coordinator  
The Children's Hospital at Westmead  
PO Box 3515  
WESTMEAD NSW 2145  
ph: (02) 9845 2549  
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[HaydeeL@nch.edu.au](mailto:HaydeeL@nch.edu.au)

**FAR WEST AREA HEALTH SERVICE**

Mr Peter Ball  
PADP Coordinator  
Broken Hill Base Hospital  
P.O. Box 457  
BROKEN HILL NSW 2880  
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fax: (08) 8087 6833

**GREATER MURRAY AREA HEALTH SERVICE**

Ms Lynne Coad/Ms Judy Morton

PADP Coordinators

Wagga Wagga Base Hospital

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KOORINGAL NSW 2560

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fax: (02) 6933 8023

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**MACQUARIE AREA HEALTH SERVICE**

Mr Tim Mitchell

PADP Coordinator

Lourdes Hospital

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ph: (02) 6884 5855

fax: (02) 6884 1277

**MID NORTH COAST AREA HEALTH SERVICE**

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PADP Coordinator

Manning Base Hospital

PO Box 35 (York Street)

TAREE NSW 2430

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fax: (02) 6592 9691

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**MID WESTERN AREA HEALTH SERVICE**

Ms Noela Lucas

PADP Coordinator

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Howick Street

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fax: (02) 6339 5357

**NEW ENGLAND AREA HEALTH SERVICE**

Ms Margo Roland

Area PADP Manager:

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## Program of Appliances for Disabled People (PADP) Policy

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[ncampbell@doh.health.nsw.gov.au](mailto:ncampbell@doh.health.nsw.gov.au)

Ms Mary-Ann Botfield  
PADP Coordinator  
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TAMWORTH NSW 2340  
ph: (02) 6766 1017  
fax: (02) 6768 3232

Ms Glenda Miller  
PADP Coordinator  
Moree District Hospital  
PO Box 138  
MOREE NSW 2400  
ph: (02) 6757 3630  
fax: (02) 6757 3697

### **NORTHERN RIVERS AREA HEALTH SERVICE**

Ms Christine Went  
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PO Box 572 (Avondale Avenue)  
LISMORE NSW 2480  
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fax: (02) 6621 2048  
[cwent@doh.nsw.gov.au](mailto:cwent@doh.nsw.gov.au)  
[cwent@nor.com.au](mailto:cwent@nor.com.au)

### **SOUTHERN AREA HEALTH SERVICE**

Ms Kathryn Gilchrist  
PADP Coordinator  
St John of God Hospital  
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fax: (02) 4823 7929  
[Kathryn.Gilchrist@sahs.nsw.gov.au](mailto:Kathryn.Gilchrist@sahs.nsw.gov.au)

## POSTCODE LISTING FOR PADP CENTRES

2000	Balmain Hospital
2007	Balmain Hospital
2008	Prince of Wales Hospital
2009	Balmain Hospital
2010	Prince of Wales Hospital
2011	Prince of Wales Hospital
2015	Prince of Wales Hospital
2016	Prince of Wales Hospital
2017	Prince of Wales Hospital
2018	Prince of Wales Hospital
2019	Prince of Wales Hospital
2020	Prince of Wales Hospital
2021	Prince of Wales Hospital
2022	Prince of Wales Hospital
2023	Prince of Wales Hospital
2024	Prince of Wales Hospital
2025	Prince of Wales Hospital
2026	Prince of Wales Hospital
2027	Prince of Wales Hospital
2028	Prince of Wales Hospital
2029	Prince of Wales Hospital
2030	Prince of Wales Hospital
2031	Prince of Wales Hospital
2032	Prince of Wales Hospital
2033	Prince of Wales Hospital
2034	Prince of Wales Hospital
2035	Prince of Wales Hospital
2036	Prince of Wales Hospital
2037	Balmain Hospital
2038	Balmain Hospital
2039	Balmain Hospital
2040	Balmain Hospital
2041	Balmain Hospital
2042	Balmain Hospital
2043	Prince of Wales Hospital
2044	Balmain Hospital
2045	Balmain Hospital
2046	Balmain Hospital
2047	Balmain Hospital
2048	Balmain Hospital
2049	Balmain Hospital
2050	Balmain Hospital
2060	Royal North Shore Hospital
2061	Royal North Shore Hospital
2062	Royal North Shore Hospital
2063	Royal North Shore Hospital
2064	Royal North Shore Hospital
2065	Royal North Shore Hospital
2066	Royal North Shore Hospital
2067	Royal North Shore Hospital
2068	Royal North Shore Hospital
2069	Royal North Shore Hospital
2070	Hornsby Hospital
2071	Hornsby Hospital
2072	Hornsby Hospital
2073	Hornsby Hospital
2074	Hornsby Hospital
2076	Hornsby Hospital
2077	Hornsby Hospital
2079	Hornsby Hospital
2080	Hornsby Hospital
2081	Hornsby Hospital
2082	Hornsby Hospital
2083	Hornsby Hospital
2084	Manly Hospital
2085	Manly Hospital
2086	Manly Hospital
2087	Manly Hospital
2088	Royal North Shore Hospital
2089	Royal North Shore Hospital
2090	Royal North Shore Hospital
2092	Manly Hospital
2093	Manly Hospital
2094	Manly Hospital
2095	Manly Hospital
2096	Manly Hospital
2097	Manly Hospital
2098	Manly Hospital
2099	Manly Hospital
2100	Manly Hospital
2101	Manly Hospital
2103	Manly Hospital
2104	Manly Hospital
2105	Manly Hospital
2106	Manly Hospital
2107	Manly Hospital
2108	Manly Hospital
2110	Ryde Hospital
2111	Ryde Hospital
2112	Ryde Hospital
2113	Ryde Hospital
2114	Ryde Hospital
2118	Hornsby Hospital
2119	Hornsby Hospital
2120	Hornsby Hospital
2121	Hornsby Hospital
2122	Ryde Hospital
2125	Hornsby Hospital
2126	Hornsby Hospital
2130	Balmain Hospital

2131	Balmain Hospital	2199	Lidcombe Hospital
2132	Balmain Hospital	2200	Lidcombe Hospital
2133	Canterbury Hospital	2203	Balmain Hospital
2134	Balmain Hospital	2204	Balmain Hospital
2135	Balmain Hospital	2205	Balmain Hospital
2136	Balmain Hospital	2206	Balmain Hospital
2137	Balmain Hospital	2207	St George Hospital
2138	Balmain Hospital	2208	Balmain Hospital
2140	Balmain Hospital	2209	Balmain Hospital
2141	St Josephs Hospital	2210	St George Hospital
2142	St Josephs Hospital	2211	Lidcombe Hospital
2143	Lidcombe Hospital / St Josephs	2212	Lidcombe Hospital
2144	St Josephs Hospital	2213	Lidcombe Hospital
2145	St Josephs Hospital	2214	Lidcombe Hospital
2146	St Josephs Hospital	2216	St George Hospital
2147	Mt Druitt Hospital	2217	St George Hospital
2148	Mt Druitt Hospital	2219	St George Hospital
2149	Mt Druitt Hospital	2220	St George Hospital
2150	St Josephs Hospital	2221	St George Hospital
2151	St Josephs Hospital	2222	St George Hospital
2152	St Josephs Hospital	2223	St George Hospital
2153	St Josephs Hospital	2224	Sutherland Hospital
2154	Hornsby Hospital	2225	Sutherland Hospital
2155	Mt Druitt Hospital	2226	Sutherland Hospital
2156	St Josephs Hospital	2227	Sutherland Hospital
2157	Hornsby Hospital	2228	Sutherland Hospital
2158	Hornsby Hospital	2229	Sutherland Hospital
2159	Hornsby Hospital	2230	Sutherland Hospital
2160	St Josephs Hospital	2231	Sutherland Hospital
2161	Liverpool Hospital	2232	Sutherland Hospital
2162	Lidcombe Hospital	2233	Sutherland Hospital
2163	Liverpool Hospital	2234	Sutherland Hospital
2164	Liverpool Hospital	2250	Gosford Hospital
2165	Liverpool Hospital	2251	Gosford Hospital
2166	Liverpool Hospital	2252	Gosford Hospital
2167	St Josephs Hospital	2254	Gosford Hospital
2168	Liverpool Hospital	2256	Gosford Hospital
2170	Liverpool Hospital	2257	Gosford Hospital
2171	Liverpool Hospital	2259	Gosford Hospital
2173	Liverpool Hospital	2259	Gosford Hospital
2176	Liverpool Hospital	2260	Gosford Hospital
2177	Liverpool Hospital	2261	Gosford Hospital
2190	Lidcombe Hospital	2262	Gosford Hospital
2191	Balmain Hospital	2263	Gosford Hospital
2192	Balmain Hospital	2264	Wallsend Hospital
2193	Balmain Hospital	2265	Wallsend Hospital
2194	Balmain Hospital	2267	Wallsend Hospital
2195	Balmain Hospital	2268	Wallsend Hospital
2196	Balmain Hospital	2269	Wallsend Hospital
2197	Lidcombe Hospital	2280	Wallsend Hospital
2198	Liverpool Hospital	2281	Wallsend Hospital
2283	Wallsend Hospital	2282	Wallsend Hospital
2284	Wallsend Hospital	2286	Wallsend Hospital
2285	Wallsend Hospital	2287	Wallsend Hospital
		2288	Wallsend Hospital

2289	Wallsend Hospital	2353	Tamworth Hospital
2290	Wallsend Hospital	2354	Armidale Hospital
2291	Wallsend Hospital	2355	Tamworth Hospital
2292	Wallsend Hospital	2356	Moree Hospital
2293	Wallsend Hospital	2358	Armidale Hospital
2294	Wallsend Hospital	2359	Armidale Hospital
2295	Wallsend Hospital	2360	Armidale Hospital
2296	Wallsend Hospital	2370	Armidale Hospital
2297	Wallsend Hospital	2371	Armidale Hospital
2298	Wallsend Hospital	2372	Armidale Hospital
2299	Wallsend Hospital	2380	Tamworth Hospital
2300	Wallsend Hospital	2381	Tamworth Hospital
2301	Wallsend Hospital	2382	Moree Hospital
2302	Wallsend Hospital	2386	Moree Hospital
2303	Wallsend Hospital	2388	Moree Hospital
2304	Wallsend Hospital	2390	Moree Hospital
2305	Wallsend Hospital	2397	Moree Hospital
2306	Wallsend Hospital	2398	Moree Hospital
2307	Wallsend Hospital	2400	Moree Hospital
2309	Wallsend Hospital	2401	Moree Hospital
2310	Wallsend Hospital	2402	Moree Hospital
2311	Wallsend Hospital	2403	Armidale Hospital
2312	Wallsend Hospital	2404	Moree Hospital
2314	Wallsend Hospital	2405	Moree Hospital
2315	Wallsend Hospital	2406	Moree Hospital
2320	Wallsend Hospital	2407	Moree Hospital
2321	Wallsend Hospital	2409	Moree Hospital
2322	Wallsend Hospital	2410	Armidale Hospital
2323	Wallsend Hospital	2420	Wallsend Hospital
2324	Manning Base Hospital	2421	Wallsend Hospital
2325	Wallsend Hospital	2422	Manning Base Hospital
2326	Wallsend Hospital	2423	Manning Base Hospital
2327	Wallsend Hospital	2424	Manning Base Hospital
2328	Wallsend Hospital	2425	Manning Base Hospital
2329	Wallsend Hospital	2426	Manning Base Hospital
2330	Wallsend Hospital	2427	Manning Base Hospital
2331	Wallsend Hospital	2428	Manning Base Hospital
2333	Wallsend Hospital	2429	Manning Base Hospital
2334	Wallsend Hospital	2430	Manning Base Hospital
2335	Wallsend Hospital	2440	St Vincents Hospital
2336	Wallsend Hospital	2444	St Vincents Hospital
2337	Wallsend Hospital	2446	St Vincents Hospital
2338	Wallsend Hospital	2447	St Vincents Hospital
2339	Wallsend Hospital	2450	St Vincents Hospital
2340	Tamworth Hospital	2453	Armidale Hospital
2341	Tamworth Hospital	2460	St Vincents Hospital
2342	Tamworth Hospital	2463	St Vincents Hospital
2343	Tamworth Hospital	2469	Armidale Hospital
2345	Tamworth Hospital	2470	St Vincents Hospital
2346	Tamworth Hospital	2471	St Vincents Hospital
2347	Tamworth Hospital	2474	St Vincents Hospital
2350	Armidale Hospital	2475	St Vincents Hospital
2351	Armidale Hospital	2476	St Vincents Hospital
2352	Tamworth Hospital	2478	St Vincents Hospital

2480	St Vincents Hospital	2576	Bowral Hospital
2481	St Vincents Hospital	2577	Bowral Hospital
2482	St Vincents Hospital	2578	Bowral Hospital
2484	St Vincents Hospital	2579	St John of God Hospital
2485	St Vincents Hospital	2580	St John of God Hospital
2486	St Vincents Hospital	2581	St John of God Hospital
2500	Illawarra Hospital	2582	Yass Hospital
2502	Illawarra Hospital	2583	Crookwell Hospital
2503	Illawarra Hospital	2584	Harden Hospital
2505	Illawarra Hospital	2586	Boorowa Hospital
2506	Illawarra Hospital	2587	Harden Hospital
2508	Illawarra Hospital	2588	Harden Hospital
2515	Illawarra Hospital	2590	Wagga Wagga Hospital
2516	Illawarra Hospital	2594	Young Hospital
2517	Illawarra Hospital	2619	Cooma Hospital
2518	Illawarra Hospital	2630	Cooma Hospital
2519	Illawarra Hospital	2620	Queanbeyan Hospital
2520	Illawarra Hospital	2621	Queanbeyan Hospital
2524	Illawarra Hospital	2622	Braidwood Hospital
2525	Illawarra Hospital	2632	Bombala District Hospital
2526	Illawarra Hospital	2633	Delegate District Hospital
2527	Illawarra Hospital	2640	Albury Base Hospital
2528	Illawarra Hospital	2641	Albury Base Hospital
2529	Illawarra Hospital	2642	Albury Base Hospital
2530	Illawarra Hospital	2643	Albury Base Hospital
2531	Illawarra Hospital	2644	Albury Base Hospital
2532	Illawarra Hospital	2645	Albury Base Hospital
2533	Illawarra Hospital	2646	Albury Base Hospital
2534	Illawarra Hospital	2647	Albury Base Hospital
2535	Illawarra Hospital	2648	Deniliquin Hospital
2536	Moruya Hospital	2649	Albury Base Hospital
2537	Moruya Hospital	2650	Wagga Wagga Hospital
2538	Illawarra Hospital	2652	Wagga Wagga Hospital
2539	Illawarra Hospital	2653	Albury Base Hospital
2540	Illawarra Hospital	2657	Albury Base Hospital
2541	Illawarra Hospital	2658	Albury Base Hospital
2545	Moruya Hospital	2659	Albury Base Hospital
2546	Moruya Hospital	2660	Albury Base Hospital
2547	Moruya Hospital	2661	Wagga Wagga Hospital
2548	Moruya Hospital / Pambula Hospital	2663	Wagga Wagga Hospital
2549	Moruya Hospital	2666	Wagga Wagga Hospital
2550	Moruya Hospital	2668	Bathurst Hospital
2551	Moruya Hospital	2669	Bathurst Hospital
2551	Moruya Hospital	2671	Bathurst Hospital
2551	Moruya Hospital	2672	Bathurst Hospital
2560	Campbelltown Hospital	2701	Wagga Wagga Hospital
2565	Liverpool Hospital	2702	Wagga Wagga Hospital
2575	Bowral Hospital		
2703	Wagga Wagga Hospital	2720	Albury Base Hospital
2710	Deniliquin Hospital	2721	Albury Base Hospital
2712	Deniliquin Hospital	2722	Albury Base Hospital
2713	Deniliquin Hospital	2723	Albury Base Hospital
2715	Deniliquin Hospital	2724	Albury Base Hospital
2716	Deniliquin Hospital	2725	Albury Base Hospital

## Program of Appliances for Disabled People (PADP) Policy

2726	Albury Base Hospital	2808	Bathurst Hospital
2727	Albury Base Hospital	2809	Bathurst Hospital
2728	Albury Base Hospital	2810	Bathurst Hospital
2729	Albury Base Hospital	2836	Broken Hill Hospital
2730	Albury Base Hospital	2845	Bathurst Hospital
2732	Deniliquin Hospital	2846	Bathurst Hospital
2747	Governor Phillip Hospital	2847	Bathurst Hospital
2747	Mt Druitt Hospital	2848	Bathurst Hospital
2748	Governor Phillip Hospital	2849	Bathurst Hospital
2750	Governor Phillip Hospital	2850	Bathurst Hospital
2751	Governor Phillip Hospital	2864	Bathurst Hospital
2752	Governor Phillip Hospital	2865	Bathurst Hospital
2753	Governor Phillip Hospital	2866	Bathurst Hospital
2756	Governor Phillip Hospital	2867	Bathurst Hospital
2757	Governor Phillip Hospital	2868	Bathurst Hospital
2758	Governor Phillip Hospital	2869	Bathurst Hospital
2759	Mt Druitt Hospital	2870	Bathurst Hospital
2760	Mt Druitt Hospital	2871	Bathurst Hospital
2761	Mt Druitt Hospital	2873	Bathurst Hospital
2762	Mt Druitt Hospital	2874	Bathurst Hospital
2763	Mt Druitt Hospital	2875	Bathurst Hospital
2765	Mt Druitt Hospital	2876	Bathurst Hospital
2766	Mt Druitt Hospital	2877	Bathurst Hospital
2767	Mt Druitt Hospital	2878	Broken Hill Hospital
2770	Mt Druitt Hospital	2879	Broken Hill Hospital
2773	Queen Victoria Hospital	2880	Broken Hill Hospital
2774	Queen Victoria Hospital	2881	Broken Hill Hospital
2775	Queen Victoria Hospital	4383	Armidale Hospital
2776	Queen Victoria Hospital		
2777	Queen Victoria Hospital		
2778	Queen Victoria Hospital		
2779	Queen Victoria Hospital		
2780	Queen Victoria Hospital		
2781	Queen Victoria Hospital		
2782	Queen Victoria Hospital		
2783	Queen Victoria Hospital		
2784	Queen Victoria Hospital		
2785	Queen Victoria Hospital		
2786	Queen Victoria Hospital		
2787	Bathurst Hospital		
2790	Bathurst Hospital		
2791	Bathurst Hospital		
2792	Bathurst Hospital		
2793	Bathurst Hospital		
2794	Bathurst Hospital		
2795	Bathurst Hospital		
2798	Bathurst Hospital		
2799	Bathurst Hospital		
2800	Bathurst Hospital		
2804	Bathurst Hospital		
2805	Bathurst Hospital		
2806	Bathurst Hospital		
2807	Bathurst Hospital		

**APPENDIX 5**

**MULTICULTURAL HEALTH COORDINATORS**

**CENTRAL SYDNEY AREA HEALTH SERVICE**

Ms Angela Manson Director - Multicultural Health  
Central Sydney Area Health Service  
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**HUNTER AREA HEALTH SERVICE**

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**ILLAWARRA AREA HEALTH SERVICE**

Ms Franca Facci  
Area Coordinator – Multicultural Health  
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CRINGILA 2502  
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**NORTHERN SYDNEY AREA HEALTH SERVICE**

Mr David Small  
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**SOUTH EASTERN SYDNEY AREA HEALTH SERVICE**

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**SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

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South Western Sydney  
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**WENTWORTH AREA HEALTH SERVICE**

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**CENTRAL COAST AREA HEALTH SERVICE**

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## **ABORIGINAL HEALTH COORDINATORS**

### **CENTRAL COAST AREA HEALTH SERVICE**

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### **CENTRAL SYDNEY AREA HEALTH SERVICE**

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### **HUNTER AREA HEALTH SERVICE**

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### **ILLAWARRA AREA HEALTH SERVICE**

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### **THE CHILDREN'S HOSPITAL AT WESTMEAD**

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### **NORTHERN SYDNEY AREA HEALTH SERVICE**

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**SOUTH EASTERN SYDNEY AREA HEALTH SERVICE**

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**SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

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**WESTERN SYDNEY AREA HEALTH SERVICE**

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**WENTWORTH AREA HEALTH SERVICE**

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**FAR WEST AREA HEALTH SERVICE**

Ms Pat Canty  
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Mr Tony Martin  
Aboriginal Health Coordinator  
Lower Western Sector  
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## Program of Appliances for Disabled People (PADP) Policy

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### **GREATER MURRAY AREA HEALTH SERVICE**

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### **MACQUARIE AREA HEALTH SERVICE**

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### **MID NORTH COAST AREA HEALTH SERVICE**

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Population Health Unit  
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### **MID WESTERN AREA HEALTH SERVICE**

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### **NEW ENGLAND AREA HEALTH SERVICE**

Ms Val Dahlstrom  
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**NORTHERN RIVERS AREA HEALTH SERVICE**

Ms Mavis Golds  
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**SOUTHERN AREA HEALTH SERVICE**

Mr Cecil Lester  
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City Link Plaza Building  
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**APPENDIX 6 APPLIANCES - SOURCES OF LOANS**

<b>Aid</b>	<b>Lending Body</b>	<b>Eligibility</b>	<b>Cost</b>	<b>Length of Loan</b>	<b>Conditions</b>	<b>Comment</b>
Wheelchairs, walking frames and other larger items	Hospitals	Patients and ex-patients of the hospital	Often refundable deposit	Short-term up to 3 months	Conditions of loan vary	Supply does not equal demand. Some hospitals have no lending pool
Small items: bed pans sheep skins etc	Community Health Centres	Persons in need as assessed by community nurse	Nil	As required	Conditions of loan vary	Not all community health centres provide service - type of equipment varies from one centre to another
Wheelchairs, hoists and mobility equipment	Northcott Society ph: (02) 9893 1000	Must be registered with Society and have no other means of getting equipment	Refundable deposit on return of item	Short term loan up to 6 months	OT assessment; client responsible for parts and maintenance	
Hearing Aids	Australian Hearing ph: (02) 9412 6800	Pension cards Children up to 5 years	Nil	As required	Person must meet eligibility criteria	May be privatised
Wheelchairs	Multiple Sclerosis Society ph: (02) 9287 2929	People registered with society.	\$30.00 deposit \$5.00 per week	Up to 6 weeks.	Person must be registered	There are very few items available and large demand for items
Wheelchairs, hoists, bathroom aids	Muscular Dystrophy Association of NSW	Membership of the Muscular Dystrophy Association of NSW	Nil	As required	Recipient responsible for maintenance	Nil
Classroom technology Personal care equipment	Special Education Branch Department of Education ph: (02) 9886 7444	Pre-school to Year 12 State school system only	Nil	Whilst at school	Items may be taken home at discretion of the Principal	Contact Principal who makes application on behalf of student. See <i>Special Education Handbook for Schools</i> .
Communication systems. Standing frames, walkers	Department of Education Resource Support Unit ph: (02) 9886 7444	Pre-school to Year 12 State school system only	Nil	Approximately one school term.	No conditions	Designed for school use in consultation with therapists.