

**NSW Government response to the
Review of the
Program of Appliances for Disabled People
(PADP)**

November 2007



NSW HEALTH

BACKGROUND

The former Minister for Health approved a major review of the Program of Appliances for Disabled People (PADP). The review examined three key issues. These were management and administration, target population and demand, and budgetary requirements and financial management.

The review was conducted by PricewaterhouseCoopers (PwC) and completed in July 2006.

Equipment services for the majority of people with disabilities are provided by PADP, which is administered by NSW Health while a smaller program operated by the Department of Ageing Disability and Home Care (DADHC) provides equipment for people living in DADHC funded and operated group homes. The new Lifetime Care and Support Scheme developed by the Motor Accidents Authority (MAA) will provide equipment for people who are catastrophically injured in motor vehicle accidents. The Department of Education and Training provides equipment to assist students with curriculum access. It should also be noted that NSW is leading work at a national level to develop a framework for the supply of disability equipment and services.

SUMMARY OF GOVERNMENT RESPONSE AND ACTION

The PADP Review made 30 recommendations across the three key issues examined by the reviewers. The NSW Government fully supports 21 of the recommendations. The Government's final position on a further 4 recommendations is dependent upon the outcome of further work or review. Two recommendations are not supported, and three recommendations required no response.

The report into the PADP Review also includes a demand modelling exercise for the program based on data from the PADP information system, the Australian Bureau of Statistics Survey of Ageing, Disability and Carers (2003) and population projections from the NSW Department of Infrastructure, Planning and Natural Resources. The NSW Government notes the analysis conducted by the consultants, however, the report makes no specific recommendation about the program's budget. Based on demographic projections the prevalence of disability is expected to increase. This may lead to some increased demand for services.

The Government also notes that there are significant inefficiencies and inconsistencies inherent in the program's current administrative arrangements. The NSW Government has therefore decided to implement major reforms to improve the program's efficiency including full program centralisation, procurement strategies and information management initiatives, after which demand for PADP and other NSW Health disability support programs will be reviewed.

The NSW Government intends to implement these major reforms to PADP over an eighteen-month period. This approach will minimise disruption to clients of the service and clinicians. These reforms will be implemented as part of stage 1 of a NSW Government plan to reform and streamline equipment services for people with a disability. In stage 2, consideration will

be given to the further integration of other NSW Government equipment services for people with physical disabilities, where appropriate.

Reforms to PADP commenced with the transfer of statewide administrative functions managed by the NSW Department of Health to *HealthSupport* on 6 August 2007. *HealthSupport*, which operates independently of the AHS's and separately from the Department of Health, delivers a number of specialised services on a consolidated statewide basis, as well as through a number of geographically based service centres across NSW. *HealthSupport* will work with the Area Health Services over an eighteen month period to progressively standardise, consolidate and centralise the administration and delivery of PADP services into a single statewide service.

This new program, called *EnableNSW*, will also administer other similar disability equipment programs such as the NSW Artificial Limb Service and the NSW Ventilator Dependant Quadriplegia program. The integration of these equipment services into a single service with separate budget streams will realise substantial benefits for administrative efficiency and client outcomes. The NSW Health Department will continue to be responsible for policy development for these programs.

Other key reforms to be implemented in stage 1 include the development of improved clinical and corporate governance arrangements; an enhanced statewide equipment setup fund to enable the timely discharge of severely disabled patients to their homes; streamlined application processes and improved client information.

The integration of some or all NSW Government equipment services to further streamline and simplify client access and maximise program efficiency will be considered in a second stage, after the reforms to PADP and other NSW Health disability programs has been completed.

These reforms are consistent with *Stronger Together*, a new direction for disability services in NSW 2006- 2016 (DADHC) which supports clear entry and exit points for people with disabilities based on standard assessment processes.

Better Together, a new direction to make NSW Government services work better for people with a disability and their families 2007 – 2011, supports better coordination across government programs to promote participation in education, employment and community life.

The development of an integrated disability equipment program will facilitate easier and fairer access to equipment services for people with physical disabilities.

More details about the NSW Government's response to each of the recommendations follow.

Recommendations about the management and administration of PADP

Recommendation 1

It is strongly recommended that all PADP functions be transferred from the current Lodgement Centres to one state-wide administration covering the state. (*Section 7.3 of PADP Review*)

The Government supports this recommendation.

A streamlined and centralised statewide operation will lead to efficiency gains and consistency in policy and program implementation. This centralised administration would receive and process applications, determine priority, incorporate statewide equipment advisors and may contract out aspects of the service including the supply of continence aids.

The Government agrees with the reviewer's assessment that while local centres are advantageous to the clinicians and clients who have a "working relationship" with the PADP coordinator, those who do not are disadvantaged. The current lodgement centres will therefore be progressively rationalised to support a more equitable distribution of program resources.

A single statewide service will ensure that high cost applications do not unfairly disadvantage clients currently assisted by small centres with relatively small budgets.

The Government acknowledges the significant contribution and commitment of staff of PADP lodgement centres, some of whom have worked in the program for many years. The decision to progressively integrate the operation of this program is not a reflection on the contribution of these staff. Rather it recognises that the program has changed and grown considerably since it commenced and now requires a different administrative structure to ensure that an equitable, high quality and efficient service is provided to all eligible people.

Lodgement centre rationalisation will be phased in over an eighteen-month period to minimise disruption to clients. This process commenced with the transfer of central administrative functions managed by the NSW Department of Health to *HealthSupport* on 6 August 2007. *HealthSupport*, which operates independently of the Area Health Services and separately from the Department of Health, delivers a number of specialised services on a consolidated statewide basis, as well as through a number of geographically based service centres across NSW.

HealthSupport will work with the Area Health Services over an eighteen month period to progressively standardise and consolidate the administration and delivery of PADP services into a single statewide service.

At the same time as lodgement centres are being integrated, Area Health Services will be required to develop an integrated Equipment Loan Pool (ELP) service for their Area. This will ensure that all Areas meet a minimum standard

of service for clients requiring short term equipment loans. It will provide a central contact and coordination point between the Area and the new PADP service. It is anticipated that some current lodgement centre staff may assume roles in Area ELP administration.

Many clients of similar NSW Health disability support programs such as the NSW Artificial Limb Service also access PADP. The NSW Government has decided to streamline and simplify access for clients and clinicians to these programs by progressively integrating these currently separate programs into the same service with separate budget streams. This will realise substantial benefits for administrative efficiency and client outcomes. Other programs to be jointly administered include the NSW Ventilator Dependant Quadriplegia program, the Children's Home Ventilation program and the NSW Home Oxygen Service.

Recommendation 2

A feasibility study should be commissioned by NSW Health to investigate the cost and challenges associated with establishing a single state-wide service to replace the current hospital based operations. (See *Section 7.3*)

It is not necessary to respond to this recommendation.

NSW Health has considered the feasibility of establishing a single state-wide service (see Recommendation 1) and is currently preparing plans for the integration of services. Area Health Services will be consulted to ensure that any disruption as a result of this transition is minimised.

Recommendation 3

Should the decision be made to retain local Lodgement Centres, only one centre should be established in each AHS that has clear management and reporting arrangements, an area wide Advisory Committee and be appropriately staffed. (See *Section 7.4.2*)

It is not necessary to respond to this recommendation.

The NSW Government supports the phased integration of PADP lodgement centres into a single statewide service (see response to recommendation 1).

Recommendation 4

That standards, performance indicators, policies and procedures be established to improve transparency and accountability of the operation of Lodgement Centres.

This would include the production of an annual report (that reports the available budget, expenditure against budget and performance against standards and performance indicators), and clear lines of reporting and accountability for the operations of the centres, the Advisory Committees and their members.

The standards and performance indicators should cover response times, standard advice to applicants on their waiting list status and agreed procedures for advising applicants on decisions of the Lodgement Centre and the Advisory Committees. (See Section 7.4.3).

The NSW Government supports the establishment of standards and key performance indicators in relation to:

- Provision of timely information about the status of a client's application
- Processing time for applications
- Waiting times for the supply of equipment

Performance against these standards and key performance indicators will be reported to the statewide advisory committee (Recommendation 9).

Audits of PADP expenditure for 2005/06 and 2006/07 are being conducted by external auditors in each Area Health Service.

Establishment of a single statewide service (Recommendation 1) and an integrated information system being developed in 2007 (recommendation 6 and 11) will enable clear budget monitoring and access to accurate information on expenditure. Consolidation of lodgement centres into a single statewide service will enable detailed reporting of expenditure against the PADP budget.

Clients will be provided with clear information in relation to:

- Application processes
- Appeals and complaints processes
- Criteria for prioritisation of applications
- Equipment available through the program and the criteria for provision of this equipment

as part of the reform to administrative processes.

Budget, expenditure, and performance against key performance indicators for the program will be identified in the *HealthSupport* Annual Report.

Implementation of this recommendation is underway.

Recommendation 5

More information is made available to consumers and applicants concerning the policies and operations of the local Lodgement Centres, especially in regard to the capping of expenditure and waiting list procedures and policies. (See Section 7.4.3)

The NSW Government supports this recommendation. Consumer information will be updated and made available through a range of mediums including published documents and the internet. The information will be provided in a form accessible for people with sensory disabilities including vision impairment.

Information to be made available will include general consumer information, clear eligibility criteria, application forms, and an updated and more specific equipment list.

A statewide information line has been implemented from September 2007 (see Recommendation 17). This will enable consumers to initially seek general advice and information from a PADP officer, and specific advice about their applications once the program integration is complete.

The PADP web page will include links to other websites, which provide useful information for people with disabilities and their carers.

Recommendation 6

That the new software being planned by NSW Health includes adequate functionality to enable the preparation of annual plans for the maintenance and replacement of equipment already provided to clients. (See Section 7.4.4)

This recommendation is strongly supported by the NSW Government as a means to support the effective operation of the program and to improve efficiency, increase information for consumers and carers, and provide greater transparency and equity.

Scoping of a new web based application, which will enable electronic submission of information, is underway and work on the development of this information system commenced in early 2007.

Implementation of this recommendation is underway.

Recommendation 7

That Lodgement Centres prepare annual plans for the maintenance and replacement of equipment on loan. (See *Section 7.4.4*).

This recommendation is supported. Equipment maintenance including annual electrical tagging now absorbs between 5 – 8% of the annual PADP budget. Planning for equipment maintenance and replacement will assist the service to manage equipment funds more effectively and to minimise delays in providing replacement equipment for clients of the service.

In conjunction with this planning, the Government will commence work on establishing maintenance contracts for equipment supplied through PADP and other disability programs to ensure value for money and to increase the number of people who can be assisted through the program. Work on statewide contracts for the purchase of standard equipment is already well underway.

Recommendation 8

That should the decision be made to continue to operate AHS based Lodgement Centres, the Department of Health retain responsibility for the operation of the program and for the development of PADP.

DADHC should exercise its responsibilities for the development of policy in relation to persons with a disability in NSW by contributing to the development of policy surrounding this program through an appropriate governance mechanism that oversees this program and holds the Department of Health accountable for providing equity of access and operating the program efficiently and effectively.

Should the decision be made to move to a single state-wide system of administration with major functions contracted out then consideration be given to the transfer of the function to DADHC based on its responsibility for whole of government policy responsibility for people with disabilities. (See *Section 7.4.5*)

The Government supports a single statewide service (Recommendation 1).

The Government will consider Departmental responsibility for PADP and the further integration of NSW Government disability equipment services as part of stage 2 and after key reforms to PADP and other NSW Health disability support programs have been implemented.

Key reforms to PADP include the progressive integration and centralisation of five NSW Health operated disability equipment services— these services are PADP, the Artificial Limb Service, the Ventilator Dependant Quadriplegic program, the Children’s Home Ventilation program and the Home Oxygen

Service. Other significant initiatives to improve the operation of the program to be completed over an eighteen month period include the development and implementation of a new information system, statewide procurement arrangements to improve value for money on the purchase on new equipment, statewide equipment advisors, and prescriber guidelines to assist clinicians with assessment of client equipment needs, improved consumer information, and the implementation of improved corporate and clinical governance arrangements.

Recommendation 9

That the Department of Health establish a state-wide Steering Committee with a smaller membership, a focus on governance (rather than advisory responsibilities) whose role is to review the planning and performance of PADP. The Department should redefine the role of the Advisory Committee to better reflect its current role of communication between the disability community and the Department, but with no expectation for a policy oversight function. (See Section 7.4.6).

This recommendation is not supported.

The Director-General, NSW Health, through the General Manager of HealthSupport, is accountable for the corporate and administrative governance of the program. Expenditure for the program will be identified in the *HealthSupport* Annual Report and governance provided by the Health Support Board of Management.

A statewide advisory committee will be established to provide advice concerning issues for people with disabilities and support services provided through *EnableNSW*. The committee will also provide a forum for exchange of information and will include representation from consumers and clinicians from both rural and metropolitan NSW.

Recommendation 10

That a state-wide set up fund be established that has the following characteristics:

- Is available to all non compensable patients in a public hospital in NSW because of a catastrophic injury or disease that requires substantial equipment to allow for discharge to a community setting.
- This fund would include the existing spinal injuries set up fund available to the POW and the RNSH/Royal Rehabilitation Centre Sydney (RRCS) Hospital, and CHW.
- The size of the set up fund should be at least \$1.8 million - \$800,000 from the existing spinal injuries fund, \$280,000 from the CHW fund (if this were to be included to cover the cost of a set up fund for children), \$415,000 for the inclusion of brain injury patients, plus an allowance to include patients in other children's hospitals and in other hospitals in NSW.
- The fund would be administered as part of the state-wide administration of PADP.
- Applications to the fund would be for a parcel of funds to be spent by the patient over a period that covers both pre and post discharge.
- An advisory group of specialist clinicians be appointed to provide advice on the appropriateness of prescriptions.
- The fund would operate by allocating the amount of funding estimated to cover the equipment needed, rather than specific pieces of equipment, but would require the equipment to be purchased within a set timeframe.
(See Section 7.4.7).

The NSW Government supports the intent of this recommendation although not the reallocation of funds currently administered by the Children's Hospital at Westmead (CHW). PADP funds administered by CHW support the disability equipment needs of children living in three Local Government Areas (LGA) immediately surrounding the Children's Hospital. These funds will continue to be used for the equipment needs of children in these LGAs.

The Equipment Setup Fund is currently limited to inpatients with traumatic spinal cord injuries from two Sydney hospitals. The newly expanded fund called the Specialised Equipment Setup Program will commence operation on 1 January 2008 and enable the timely discharge of any eligible non-compensable inpatient with severe permanent disability as a consequence of catastrophic injury or illness including those with acquired brain injury.

The demand for these funds will be ameliorated by the commencement of the new Lifetime Care and Support Scheme, which will provide for the equipment needs of all children who are catastrophically injured in motor vehicle accidents on or after 1 October 2006, and adults catastrophically injured in motor vehicle accidents on or after 1 October 2007.

Recommendation 11

That the current information system be replaced, as a matter of urgency, with a new system that allows improved management and reporting of the program and access by authorised users to client and program information. This new data system would underpin the single state-wide service. (See Section 7.4.8)

This recommendation is strongly supported by the NSW Government as a means to support the effective operation of the program, improve efficiency, increase information for consumers and carers and provide greater transparency and equity.

The new information system will enable clinicians to submit electronic referrals, and program managers to generate ad hoc and standard reports in relation to financial management, waiting lists, and equipment tracking, maintenance and replacement.

Funds have been identified for the information system development and scoping of the new web based application is underway.

Implementation of this recommendation is underway.

Recommendations about access and eligibility

Recommendation 12

That the requirement for a referral by a medical practitioner on 'initial access to PADP or when the condition changes' for all equipment categories be removed, and that this requirement should apply only in those categories of clients where the condition may not be permanent (or indefinite) or may fluctuate in its severity. (See Section 7.5.1).

This recommendation is supported. Guidelines will be prepared to assist program managers in determining when a medical referral may be requested to support an application.

Implementation of this recommendation is underway.

Recommendation 13

That a single prescription form and a single application form are introduced across all PADP Lodgement Centres and that these can be downloaded and submitted via the website. (See Section 7.5.1).

The NSW Government supports this recommendation. In addition to standardising prescription and application forms within PADP, work is

currently underway to standardise these forms for use in other NSW Government disability equipment schemes including the Lifetime Care and Support Scheme and the DADHC operated Aids for Individuals living in DADHC Accommodation Services (AIDAS). These forms will accommodate any additional information requirements for different programs. Consistency across the various government programs will assist clinicians by ensuring that information requirements are standardised wherever possible.

Implementation of this recommendation is underway.

Recommendation 14

That the issue of an apparent lack of guidance in the skills necessary for the safe and competent prescribing of equipment by therapists be brought to the attention of the appropriate professional association (especially in relation to occupational therapy as this profession prepares the majority of prescriptions), with the view that standards of professional competence be reviewed or established in relation to this area of practice. (*See Section 7.5.2*)

Recommendation 15

That consideration is given to the establishment of the role of state-wide advisors within PADP, whose role will be to review prescriptions and applications for complex and high cost items, especially in relation to mobility equipment.

(*See Section 7.5.2*)

The NSW Government supports these recommendations.

The review has raised concerns about equipment wastage due to inappropriate equipment prescriptions as a result of inexperience and/or a lack of adequate clinical supervision.

The NSW Government will provide additional support for clinicians prescribing equipment through the development of new Statewide Equipment Advisor roles. These specialist advisors will develop guidelines, prepare training and education programs, and provide high-level advice to clinicians regarding the prescription of disability aids and equipment. Statewide occupational therapy equipment advisors have already been recruited and a statewide continence advisor will be employed in the near future. Consideration will be given to advisor roles in other areas in the future.

NSW Health along with the Lifetime Care and Support Authority are leading work to develop guidelines for prescribers to optimise the quality and safety of disability equipment prescription through the provision of a skilled and competent clinical workforce.

Professional bodies representing allied health workers, nurses and doctors and relevant Government Departments including DADHC, Department of Education and Training, Department of Veterans Affairs, and others have been included in the planning and development of these initiatives.

It is noted that in some cases, a long delay between prescription and ordering of equipment may also result in the provision of inappropriate equipment. Guidelines for reviews of prescriptions will be developed to address this issue.

Implementation of these recommendations is underway.

Recommendation 16

That the role and function of the Bathurst Seating clinic should be reviewed by a competent professional or team who are able to form a judgement as to the appropriateness and safety of the continuing practice of this clinic in undertaking its own modification and construction of mobility equipment.
(See Section 7.5.2)

This recommendation is supported.

The NSW Health Department has asked the Greater Western Area Health Service to form a panel including experts in the field from outside the Area Health Service to assess the quality and safety of the service provided and make recommendations about its future operation.

Implementation of this recommendation is underway.

Recommendation 17

That the Department undertake the following initiatives to provide more easily available and accessible information on the program:

- Develop a single application form for use at any Lodgement Centre.
- Establish a web page on PADP or a new website providing information on PADP which includes clear eligibility criteria, an up-to date list of aids and equipment available, a downloadable application form, a capacity for lodging applications electronically, current wait list statistics, and access to information on the program by email.
- Establish a 1800 number to an appropriate service to provide information on the program.

(See Section 7.5.3)

The NSW Government supports this recommendation.

Information available to current and prospective clients of PADP will be reviewed and expanded. Clear and accessible information will be provided in printed and web based media and including formats that will support access by people with sensory disabilities such as vision impairment. The PADP web page will include links to other websites, which provide useful information for people with disabilities and their carers.

A 1800 number has been established from September 2007. The help line will enable clients to seek advice and information about the service from a PADP officer. The information provided will initially be of a general nature and will

progress to specific information about their application as the program is progressively integrated.

This information will facilitate equity of access to the program by providing information on eligibility and application processes.

Implementation of this recommendation is underway.

Recommendation 18

That a defined equipment list be established and maintained on a publicly available website and with some pages available only for authorised prescribers.

That consideration be given to contracting out to a not-for-profit organisation the establishment and maintenance of the list. This organisation would specialise in providing information on aids and equipment for people with a disability.

(See Section 7.5.4)

The Government supports this recommendation.

The current equipment “list” provides eight broad categories of equipment, which are approved for supply through the program, with some specific exclusions. The intention of this was to enable some flexibility in the program however in practice it has resulted in confusion for equipment service managers and inconsistent practice between various lodgement centres.

It is proposed to establish a list of equipment that is available through the program. A standing committee comprising experts in the field and consumer representatives will be established to consider the relative merits of new equipment items and technology as it becomes available. This will include consideration of whether the proposed equipment meets a similar need to items already on the list and its cost effectiveness in comparison with existing items.

The development of a standard equipment list supports the development of more cost effective purchasing arrangements with suppliers.

Items not on the list of standard or commonly prescribed items will be available through the program if standard items do not meet the client’s needs.

Contracting maintenance of the list to a not-for profit organisation may not be required.

Recommendation 19

That the following initiatives be undertaken in relation to co-payments:

- Increase co-payment to at least \$200 annually.
- Require persons with equipment on loan to make the co-payment each year they have the equipment.
- Discontinue the grand-parenting arrangements that have been in place since 2000.
- Allow those with disposable supplies (such as continence products) to have the option to produce receipts, to the value of the co-payment, in lieu of a cash payment each year.

See Section 7.5.5 for a full discussion of this recommendation.

Recommendation 24

Increase the co-payment for continence products up to \$200 (currently \$100), and allow the co-payment conditions to be met by the client by producing proof that they had purchased products up to the value of the co-payment in each financial year prior to receiving products through PADP. This co-payment would not include the value of products already supplied through the Continence Aids Assistance Scheme (CAAS), and would have to be met by the CAAS eligible client after they have exhausted their CAAS entitlement. *(See Section 7.5.8)*

The NSW Government will conduct further work to ensure that co-payments are reasonable, consistent with other similar government programs and do not impose financial hardship on an individual or family.

The Government will also consider the cumulative effect of copayments across government agencies. This will ensure that clients with complex care needs who need to access assistance from multiple agencies are not required to make an unreasonable total copayment for the services they need.

Recommendation 20

Establish only two income Tiers.

Tier 1 would include:

- All pensioners, part pensioners and Health Care Card holders, except holders whose sole justification for a Health Care Card is the mobility allowance criteria.
- All persons receiving an adjusted income less than \$29,683 (this has been indexed from the current Band 2 and is approximately the same real income level as a single person receiving a full pension plus benefits).
- People who are Health Care Card holders because of mobility allowance criteria would be subjected to the same income test as non Health Care Card holders.
- Children whose parents earn an adjusted income less than \$45,000 (the income for Band 2).

Tier 2 would include:

- All applicants aged over the age of 16 whose adjusted income is less than the average income for NSW (around \$45,000 for singles and \$75,000 for couples) and greater than the top limit for Tier 1.
- Children whose parents combined adjusted income is higher than \$45,000.

Tier 2 would have the following rules:

- Applicants are required to make an annual co-payment of \$1,000 for each year they have equipment.

Eligible persons could expect to be allocated funds only when all people in Tier 1 have received aids or equipment.

- Applicants would be expected to make a 50% co-payment for the cost of the item up to a limit of \$10,000.
- Persons seeking equipment with a cost greater than \$20,000 would not be required to make a co-payment greater than \$10,000.
- Applicants in this Tier will be priority ordered, in part, based on the percentage of their total adjusted income that the cost of the equipment represents, with those whose equipment needs form a higher percentage of their total adjusted income being given a higher priority (priority would also include consideration of relative needs and improvement in quality of life from the equipment).

Persons in both Tiers would have their income adjusted to reflect the cost of the PADP item requested (that is, a person with an annual unadjusted income of \$54,000 requesting equipment to the value of \$10,000 would have their annual income in the year of the request adjusted to \$44,000). Adjusted income tests should take into consideration the expected income for the year of the application if the person's income has changed significantly since the previous year's income assessment by the ATO.

High income earners faced with the prospect of purchasing very high cost items should have access to PADP for 50% of the initial cost with an option to repay the balance over 5 years.

Legal advice should be sought on providing clients with the option of having ownership transferred to them in those circumstances where they make a large co-payment.

(See Section 7.5.6)

Aspects of this recommendation are endorsed, such as the proposal to adjust a person's income for the cost of the equipment requested prior to determining eligibility.

The Government has concerns about aspects of the eligibility criteria proposed and will therefore conduct further work to ensure that income eligibility criteria are fair, do not cause financial hardship and do not preclude clients from being able to access the assistance that they need.

Recommendation 21

That clarification of the eligibility for residents in receipt of Community Aged Care Packages (CACP) should be sought by NSW Health from the Australian Government Department of Health and Ageing and advice provided to Lodgement Centre coordinators on the arrangement that should apply when persons with PADP equipment commence on an Extended Aged Care in the Home Package (EACH) or CACP program.
(See Section 7.5.7)

The NSW Government supports this recommendation.

There is confusion among CACP and EACH providers regarding the eligibility of their clients for assistance through programs such as PADP. For example, EACH packages specifically include provisions for self care and mobility equipment where the client does not already have this. However there is ambiguity regarding whether the EACH package should reimburse PADP for the cost of equipment already provided to the client by PADP.

Area Health Services have been provided with guidelines clarifying eligibility of CACP and EACH clients applying for assistance through PADP.

Implementation of this recommendation is underway.

Recommendation 22

That the management of the Aids for Individuals in DADHC Accommodation Services (AIDAS) related to the purchasing and supply of equipment is transferred to PADP and PADP coordinators be provided with guidelines on the different criteria operating in relation to the funding of equipment purchased through AIDAS. Responsibility for policy development would remain with DADHC, with shared involvement in the determination of consistent application of policies across the state. PADP coordinators will be required to monitor and report, over a period of six months, any circumstances where there appears a lack of clarity on eligibility under PADP or AIDAS of an application for PADP, and following this period that the two Departments meet to determine if any action is required.
(See Section 7.5.7)

The NSW Government will give this recommendation further consideration after completion of the reforms to PADP.

AIDAS provides disability equipment to people living in DADHC funded and operated group homes while those living in DADHC funded but NGO operated group homes access PADP.

AIDAS varies from PADP in its copayment arrangements and aspects of its equipment list. Opportunities to integrate these programs will be considered

once PADP program reform including lodgement centre integration in stage 1 is completed.

PADP coordinators have been provided with lists of DADHC operated group homes to ensure that referred clients are not eligible for the AIDAS program.

Recommendation 23

Centralise the processing of continence products to a single state-wide program and assess the feasibility of contracting this component of PADP to an external contractor after determining clear and strict eligibility criteria.
(See Section 7.5.8)

The NSW Government supports this recommendation.

Centralisation of the supply of continence products will be carried out in line with other equipment and appliances supplied through PADP.

The implications of changes to the eligibility criteria for the Australian Government Continence Aids Assistance Scheme (CAAS) for the program's administration will also be considered in the plans to centralise the program.

NSW Health is progressing work to develop statewide purchasing arrangements and achieve better value in the purchase of standard equipment used by PADP including continence products. This will enable the program to assist more people within the available budget. Contracting out the supply of continence products will be considered as part of this work.

Recommendation 25

That the defined level of a high cost item be increased to \$3,000 in association with improved management and accountability systems across all Lodgement Centres.
(See Section 7.5.9)

It is not necessary to respond to this recommendation as the NSW Government supports the establishment of a 'high cost item' level for each category of equipment (see response to recommendation 26).

Recommendation 26

That consideration is given to the procedure of establishing a 'high cost item' level for each category of equipment, in association with the recommendation to establish and maintain a single list of aids and equipment.
(See Section 7.5.9)

The NSW Government supports this recommendation which will require further work to determine the appropriate high cost thresholds for each category of equipment.

High cost thresholds have been established as a simple mechanism to determine whether an equipment application should be automatically referred to a local Advisory Committee for review of the appropriateness of the prescription and prioritisation.

The development of prescriber guidelines and employment of statewide equipment advisors will support clinicians in assessing and prescribing high cost equipment. The introduction of required “Qualifications and Experience” for clinicians prescribing complex or high cost equipment will also assist in ensuring the quality and safety of equipment prescriptions.

Recommendations about the management of equipment

Recommendation 27

The policy that all equipment remains the property of PADP should be reviewed to determine if it is less risky and more cost effective (in terms of the staff handling cost and storage costs) for some low cost items to be effectively given to the clients. The new PADP Information System (PADPIS) should have functionality that enables equipment to be better registered for appropriate retrieval (or non retrieval), tracked for routine maintenance and programmed for planned replacement.

(See Section 7.6.1)

The NSW Government supports this recommendation.

The ownership of low cost equipment such as shower chairs will be considered as part of work currently underway in relation to statewide purchasing arrangements for standard “off-the-shelf” equipment. This equipment is often not recycled for use by another client if it is returned, because of wear and tear on the item.

Equipment for children can often be reissued as children grow out of the equipment after a relatively short period of time with some of the equipment still in reasonable condition.

The new PADP Information System will include the capacity for tracking equipment, maintenance schedules, and expected replacement timeframes.

Recommendation 28

Each AHS should combine all equipment pools within their Area under a single management structure. This administrative process would be responsible to ensure all equipment, regardless of the origin of the funds that purchased it, is available for the most appropriate use within the Area. The single equipment management service will need to establish a number of different sites across the Area to store equipment for quick access for local health services. These sites should be managed and supplied by the central equipment service. Guidelines, policies, performance indicators and benchmarks should be established to cover the management of the single equipment services within the AHSs.
(See Section 7.6.2)

This recommendation is strongly supported.

Area Health Services currently operate equipment loan pools (ELPs) mainly to provide equipment to people with a short term need due to illness or injury, such as crutches for an individual with a broken leg. ELPs provide equipment to assist timely discharge from hospital and to manage acute conditions, while PADP provides equipment to promote long-term functioning in the community for people with permanent disabilities. However, ELPs also provide equipment to meet the needs of people while they wait for the supply of equipment through PADP.

Most Areas have a number of separately administered ELPs. These are usually hospital based or specific for the needs of a particular group of patients such as palliative care patients. The former Hunter Area Health Service successfully operates a fully integrated equipment service with satellite sites across the Area to ensure quick local access to necessary equipment.

Area Health Services have been progressing work to develop minimum standards in relation to the provision of short term loan equipment. This work includes the development of a standard set of equipment that should be made available through Area Health Service loan pools, standards for equipment maintenance and safety checking, prescriber guidelines and client information.

Operating a single statewide service will provide the opportunity for improved relationships between AHS ELPs and the statewide PADP which will result in improved service for clients with short and long-term equipment needs.

Recommendation 29

A pilot program commencing with Liverpool Hospital should be undertaken over a suitable period, say six months, to trial contracting out arrangements for the supply of equipment for two months for discharged patients and subsequently evaluated. A formal objective evaluation should be conducted of the pilot including measures of access, efficiency, cost effectiveness, and staff and client satisfaction. Should the initial evaluation be favourable, the trial should be extended to include hospital loan arrangements for an entire AHS and also include PADP, with a similar evaluation process. Based on these trials, consideration should be given to contracting out all aspects of equipment purchasing and management. Contracts could be on an Area by Area arrangement or for the whole state.

(See Section 7.6.3)

This recommendation is strongly supported.

A number of Area Health Services are currently conducting, or are planning to conduct pilots for the supply of loan equipment within their Area. Evaluations of these pilots will be carried out in conjunction with the Areas. Decisions about the extension of these pilots to other Areas and to aspects of the supply of equipment through PADP will be based upon these evaluations.

Recommendation 30

That the name of the program be changed to Program of Aids for People with Disabilities – PAPD.

(See Section 7.6.4)

The proposed new name for PADP is not supported. The Government has transferred the statewide administration responsibilities for PADP and four other disability support program proposes to a new unit called *EnableNSW* within *HealthSupport* to reflect its broad goal of enabling people with physical disabilities to live more independently in their homes and community.