THE JOINT STANDING COMMITTEE ON COMMUNITY DEVELOPMENT MET IN COMMITTEE ROOM 1, PARLIAMENT HOUSE, HOBART, ON THURSDAY 6 MARCH 2008

PROVISION OF ASSISTIVE TECHNOLOGY AND EQUIPMENT FOR PEOPLE WITH DISABILITIES

Ms PIP LEEDHAM, DIRECTOR, PRIMARY HEALTH, PRIMARY HEALTH AND COMMUNITY HEALTH SERVICE; **Ms WENDY ROWELL,** MANAGER, OCCUPATIONAL THERAPY SERVICES, ROYAL HOBART HOSPITAL; **Ms LINDA OSBORNE**, PRINCIPAL OCCUPATIONAL THERAPIST, SOUTHERN COMMUNITY EQUIPMENT SCHEME, DEPARTMENT OF HEALTH AND HUMAN SERVICES; **Ms LEE PARKER**, PROJECT OFFICER, DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND **Ms INGRID GANLEY,** MANAGER, SERVICE AND SYSTEM DEVELOPMENT, DISABILITY SERVICES, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Mr Finch) - We have until maybe 2.25 p.m. if we need to proceed that far. Would you care to read whatever you want to present?.

Ms LEEDHAM - I have done it in bits because I was not planning on reading the whole report to the committee.

CHAIR - Maybe if you go through the report and touch on sections, then if members want to ask questions about each section, through the Chair we will ask questions.

Ms LEEDHAM - In preparing this I jumped about a bit, but I have pages. I was trying to think of the key points that I want to make to the committee. What you have is a comprehensive submission which explains the different components of all of the relevant schemes that are operated by the department.

CHAIR - I will point out that this has only come to members today.

Ms LEEDHAM - There might be questions that we would take on notice or if after people have had time to digest it they want me to come back a second time, we could do that as well.

I have tried to group the submission in line with the recommendations so that there is whole section that describes the equipment schemes and the different components of it. Then there is a section within the report that talks about some of the current issues that are being faced in relation to the equipment scheme. This is followed by some of the policy initiatives that are being considered by the department in relation to demand and issues that we have. Then, because you made reference to other jurisdictions, we have done some research for you in relation to other jurisdictions. I think the key point in all of that is that right across the country all equipment schemes are experiencing similar sorts of challenges to those which are being experienced here, and I will talk about why we are getting some of those challenges. Then we have put in some options for

consideration. We are probably a bit presumptive in saying these are some of the things that might help at the end of the report.

That is how we have structured the report for you. At the beginning of the report we talk about the equipment schemes. Basically the two main ones are the community equipment scheme and the spinal account. In the report I give more detail. There are a range of other schemes, and if you go to what we call the mushroom diagram on page 10 of the submission we try to identify all of the different sorts of schemes. There is an overarching committee within the agency known as the Community Health Equipment Scheme that oversights the governance of all of the different schemes. The biggest component of all of the schemes is the equipment scheme and there are four components to that. Then there are others that relate to wigs, oxygen, CPAP machines, spectacles, lymphodema garments, breast prostheses and equipment for community palliative care clients. There are also independent support packages, some funding that exists within Disability Services but which are not just equipment funding programs; they are also care funding programs.

Ms PUTT - That does not appear here.

Ms LEEDHAM - No, because that is not overseen through the equipment scheme. That is another source of funding and another source of support that is specifically targeted -

Mr WHITELEY - Built into the ISP, isn't it?

Ms LEEDHAM - Yes, and that is targeted particularly to those clients of Disability Services.

I will concentrate on the equipment scheme. If you go to page 12 we describe to you all of the different types of equipment that are available. That list is attached to the submission as the guidelines. There is more detail around the types of equipment in the guidelines but basically it is grouped into mobility aids such as frames, crutches, wheelchairs; those sorts of aids that we call activities of daily living, such as toileting aids, showers stalls, transfer boards, those sorts of things. There is a subset of the equipment scheme which is for continence aids and appliances, such as catheters, disposable pads, kylie sheets and there are some different arrangements around the continence component of the equipment schemes vis-a-vis the equipment scheme in total. We also do things like home modifications which are basically grab rails and ramps. We fund some surgical footwear which is prescribed podiatrists or orthotists. There are respiratory aids and communication devices that are funded as well. The equipment scheme has a loan component where returned items have to be cleaned, maintained and repaired, so there is a component of the scheme that funds that sort of thing.

I will give some background to this scheme. Up until 1987 it was known as the Program of Aids for Disabled People which was funded by the Australian Government. In 1987, in all of the machinations of health-care agreements and Commonwealth-State negotiations, the Feds decided that they were no longer going to fund this particular program and transferred it to the States. Now, if you think about 1987, the Health department was in three separate regions. There were three separate regional responses to all of the equipment schemes, and you had all of the nuances that went on with three different regions approaching it, such that when we moved from regionalisation to statewide services in 1997-98 there was a whole lot of work to bring together some of

the schemes into statewide guidelines. Because the community equipment scheme was the largest of those schemes, that was where all of the work occurred to start off with. Because there were some significant differences in access equity fees, that took quite a bit of work to roll that out at the beginning of this century.

Then, probably in about 2001-02, we did the continence component of the community equipment scheme and brought that into the statewide guidelines. We were quite clear about the fee component of that, which is spelt out there. We set up the Community Health Equipment Scheme Steering Committee which is that overarching government body over what we refer to as 'the mushroom'. At that time, part of the reason for designing the Community Equipment Scheme was that there was not a large private market for equipment. That is the big change that has occurred since 1999 to now. There are far more private providers of equipment, particularly in the north and south of the State, so that people have the capacity to hire or even purchase stools, walkers, frames from private providers rather than relying on the equipment scheme to access that.

Mr WHITELEY - Why did that happen do you think?

Ms LEEDHAM - One of the pressures on the scheme is demand. We have an ageing population, we have chronic disease, we have advances in care options so that people are surviving earlier; there have been advances in surgical procedures so that people are discharged from hospital quicker than before. Sometimes people need access to equipment post discharge from hospital. Then there are also people in the community who do not even necessarily go anywhere near a hospital and who could benefit from being able to access a shower seat, or an over-toilet frame, or crutches, or mobility walkers.

Mr WHITELEY - Would it be fair to suggest, though, that maybe the supply in the private sector grew out of a demand and the frustration within that demand, that people were just realising that they could not get what they believed they needed? Suddenly, there was the move in the private sector - people were frustrated that they could not get things. It seems funny that they just suddenly blossomed in the north.

Ms LEEDHAM - There is a changing population demographic and people are far more aware of what their options are. A whole lot of people are very savvy at finding things that are going to suit them better. Remember, the equipment scheme was basically set up to provide basic equipment. As there have been advances in technology we have always had to look at other options. I think they were very savvy. There is a whole client group up there that is quite articulate and quite capable of sourcing out other sorts of things to support themselves. I do not think it is just the issue to do with the availability of the equipment scheme, I think it is the opportunity and the developments in technology as well.

Mr WHITELEY - Thank you.

Mrs BUTLER - Can you explain how people are referred to these services? Is it through the medical services after an operation?

Ms LEEDHAM - There are four types of clients that access the equipment scheme. There are those clients who are ready for discharge from hospital; there are those clients who are within the community and needing support to be able to function independently within the community; there are the clients of Disability Services; and there are children that are surviving birth and catastrophic events who have not necessarily survived in the past. You have all of those areas. To access the equipment scheme you have to have had a referral or a prescription provided by a health professional, and normally they are OTs, physios, speechies. There will be, particularly with the complex-care cases, a rehab physician involved with the allied health professionals or the orthotists or the clinic in prescribing what is required. You cannot just rock up to the scheme and say, 'I want *x*.' You have to get a referral with a prescription from an authorised prescriber.

Ms BUTLER - After a mastectomy, for instance, would a person be advised about a prosthesis et cetera?

Ms LEEDHAM - Yes, and that is a contract, if I recall correctly, with the Cancer Council which oversee that component of the scheme. What they do is encourage people to go to corsetieres. I am not so familiar with the south of the State, but I know in the north Capri and Judy's Body Fashions can actually prescribe the prosthesis.

CHAIR - In going through the scheme, the CES or the other spinal scheme, is that done through a particular office and is the path to guidance smooth? I mean, the way you track people as they go from one part of the system to the other.

Ms LEEDHAM - One of the challenges we have is because this came out of the three regions and we brought together statewide guidelines, we still have three separate information systems for the equipment scheme. The actual tracking of the equipment is not as streamlined as it could be and we are doing some work internally to get a statewide information system for the scheme. However, what happens is a client may access a community therapist, or a therapist within the hospital environment, or someone associated with Disability Services and they will make a prescription of a certain type of equipment. They will send that prescription to the equipment scheme and the equipment is then provided to the client wherever the client is. In some cases, if the client is in the community the OT team may have done a home visit and some assessment in the client's home as to what is required and may even take the equipment to the client's home and set it up. With walking frames and those sorts of things you can adjust them to fit the height of the client.

The other thing that has made a demand on the scheme is what we call bariatric equipment. Because of the obesity of the population and the developments in technology there is now a far greater range of equipment available for obese people. There are much greater options and you need to check in their environment that the equipment is going to meet their needs and that it is going to withstand the weight of the person.

Mr WILKINSON - It would seem to me that a lot of the consent or otherwise to get some of this equipment would be as a result of the OT going to the individual and speaking with the individual as to what the needs are. Is that correct?

Ms LEEDHAM - Yes.

Mr WILKINSON - Obviously a number of people would have these needs. Are there enough OTs on the ground in order to properly service these people?

Ms LEEDHAM - It is not just OTs that can prescribe the equipment, it is physios as well, but it depends on the type of equipment.

Mr WILKINSON - Are there enough on the ground to do that? I know it is easy to say we would love 100 more but you cannot do that.

Ms LEEDHAM - The challenge we have is that we do not train OTs in this State. When you are talking about it from a work force perspective, we only train social workers, pharmacists and psychologists in Tasmania so we are impacted by the fact that we have to attract graduates from interstate. There is a mixture. In some areas we are well serviced with allied health professionals. In other areas we could always do with more.

Mr WILKINSON - Are we saying that we have the equipment ready to use and is that equipment fully utilised or is there a breakdown between the number of physios, OTs, speech therapists, whatever?

Mr LEEDHAM - The equipment and the stores that we have are fully utilised.

Mr WILKINSON - Is there enough equipment?

Ms LEEDHAM - For standard equipment there probably is. Non-standard is the challenge that we have. Remember non-standard equipment usually costs $500 or more; it is fairly complex equipment. It probably needs to be prescribed, may need some alterations to it, that is the challenge. It has to be specific to the condition of the person that the equipment is needed for.

Ms RITCHIE - I just wanted to clarify details of the people referred to you by their medical practitioner or whomever. When you are doing your assessment of the order in which people on the list will get service, for example, does a concession card holder make any difference or income? How do you look at those things when people come through the door?

Ms LEEDHAM - There are guidelines in relation to eligibility.

Mr WHITE - Page 12.

Ms LEEDHAM - There is a different fee structure for Health Care Card holders and pension card holders. Obviously where we want to target the scheme is at those that are disadvantaged, those who have greater need. Those people are charged an annual fee of $50 regardless of the amounts of equipment that they need, whereas a non-Health Care Card holder is charged $20 a month.

Ms RITCHIE - Do you have any breakdown of the rate? In terms of your clients, what percentage would be people paying the annual $50 fee - concession card holders as opposed to non-concession card holders?

Ms LEEDHAM - They would probably be the greatest proportion. Because we have a finite bucket of resources available to us, we tend to help the Health Care Card holder in preference to the non-Health Care Card holder because we encourage the non-Health Care Card holder to hire those items through the private market.

Ms RITCHIE - Is it 80 per cent to 20 per cent? Do you have a rough estimate?

Ms LEEDHAM - I will ask Ms Osborne if she knows what that estimate might be.

Ms RITCHIE - I am really keen to see how many people who are not holding concessions are actually getting service.

Ms LEEDHAM - Can we take that on notice?

Ms RITCHIE - Sure**.**

Ms PUTT - Allied to that is are all these things available in the private market? Are there some that you have to come through this system to get access to?

Ms LEEDHAM - There are some that can only be accessed through this system. We certainly realise that the north-west does not have the range of private providers that the north or the south does. If there is not a private market for you to access that equipment you can access the equipment scheme, but you pay the fees according to whether you are a Health Care Card holder or a non-Health Care Card holder.

Mr BEST - I have some anecdotal things that come in to my office from constituents. On the issue of home modifications we find on the north-west coast - and maybe your records are different - that the OT people, generally speaking, can come in and do the assessments particularly with housing. They seem to come in, they are available and can do the assessments. However, we seem to have a backlog in getting these. I know some of them are quite extensive but a lot are only small things, but we seem to have a lot of trouble in getting the small modifications done. I do not know whether that is fair because I am not in a position to present any files here today.

Ms LEEDHAM - I do not think that this is the place to present files. If you have particular constituent queries go back through our minister's office and we will deal with them on a constituent-to-constituent basis. Because we have a finite bucket of resources, we have to prioritise what we can use our finite bucket of resources for. There is a whole process that the various areas of the equipment scheme go through to determine what they are going to fund. It will depend on whether they are a priority 1, priority 2, priority 3, which is spelled out on page 21 of the guidelines attached to the submission.

Mr BEST - I would like to go through this in a bit of detail and take that opportunity. Then these people do not really know where they may sit?

Ms LEEDHAM - They are told whether they are being placed on a waiting list. In some cases they would be given some indication of time; whether they are high priority or not. In some cases people choose, having received the advice that they need grab-rails, to get a handyman in themselves to put the grab-rail in.

Mr BEST - Are there three categories of assessing? That is probably in here somewhere, is it?

Ms LEEDHAM - Of the priority? There are priorities 1 to 5.

Mr BEST - Okay, 1 to 5. If you were assessed as priority 5, what would that mean? Pretty much that nothing would happen?

Ms LEEDHAM - At the moment it is very hard to fund priority 5 because we have a finite bucket of funds. We obviously have to focus on those with the greatest need.

Mr BEST - So that would cover priorities 1 and 2, possibly, but 3, only maybe?

Ms LEEDHAM - It depends on what their needs are because you have to look at the total circumstances for the client and work out what is going to make the biggest difference for the client. They really try to take a holistic approach to what is going on rather than it being absolutely black and white. The guidelines are there to guide but in all fairness, what they are trying to do is look at what the needs are of the client to best meet them.

Mr BEST - Maybe some people have difficulty understanding this because of the way things are put so they think something is going to happen when you are saying that they have probably been told they are priority 5.

I have been trying to get an understanding of what the policies on hardship are as that seems to be a bit -

Ms LEEDHAM - The department is currently reviewing its hardship policy.

Mr BEST - That is what I keep being told.

Ms LEEDHAM - Yes. It is a very difficult to assess.

Mr BEST - Yes.

Ms LEEDHAM - People choose to expend their income in certain ways and how do you make the assessment as to whether what they are expending their income on is -

Ms RITCHIE - Value judgment.

Ms LEEDHAM - Yes, it is a value judgment and that is why there is work going on to refine the hardship policy. It is probably better that it is not the therapists who are involved in the development of the hardship policy. We need to have that a bit independent of the service providers and recommenders.

Mr BEST - On the issue of the CPAP machines, I think you said the three regions converged in about -

Ms LEEDHAM - CPAP is a little bit different.

Mr BEST - Sorry, I want to get to the question. Did you say that the three regions converged in 1987 or 1997?

Ms LEEDHAM - It was in 1997 that we moved to statewide services.

Mr BEST - Right.

Ms LEEDHAM - You can only access CPAP machines and home oxygen if prescribed by a respiratory physician, which is a bit different. For years general practitioners could prescribe oxygen and CPAP machines on the north-west coast which meant that there were a whole lot of quality of care issues. Last year the LGH took over the management of the north-west CPAP and home oxygen and they provided an outreach respiratory physician service from the LGH to the north-west and the respiratory nurse who was based on the north-west then was linked into a respiratory service with links to the specialist.

Mr BEST - Yes, which is not the question I was going to ask you.

It seemed to take a long time - and not a criticism, I am interested to know why. My understanding is that the CPAP machines in the southern area were distributed from the hospital. I was told that they came from the clinical services area but on the north-west coast they came from the equipment scheme and that is why they could not get coverage. I am pleased that you now have a common policy for the north and the south but it seems that there are a few of these things. I suppose you are going to say that is the history of having your regions. How come if it was 1997, it took so long?

Mr WHITELEY - Good question, spoken by my fellow Braddon member.

Mr BEST - It is a difficult thing. What makes it so difficult?

Ms LEEDHAM - It is partly getting the parties together to want to address the issue.

Mr BEST - What parties, though?

Ms LEEDHAM - There is a whole range of different parties. When you are trying to effect change to get equity across the State which then results in one party losing some sort of advantage to another, there are challenges. What happened with the result of getting the statewide guidelines around oxygen and CPAP was that there were fees that needed to be introduced in the south around access to oxygen and CPAP where -

Mr WHITELEY - I am sorry we caused you so much pain.

Ms LEEDHAM - Well, I am not from the south of the State, Mr Whiteley -

Mr WHITELEY - No, I am saying the Government, but that is not an excuse.

Ms LEEDHAM - It is about getting clinician involvement. To have effected the whole thing you had to get the respiratory positions that were prepared to provide the outreach to the north-west.

Mr WHITELEY - That's true.

Ms LEEDHAM - We wanted to make sure that it was a quality service that was provided and that we had respiratory physician input into it because when you do not have that sort of input you are exposed from a quality and safety perspective.

Mr BEST - It is a shame that information does not come out so people understand when you are trying to do things like that because -

Ms LEEDHAM - That is the challenge that we all have, isn't it?

Mr BEST - Yes.

Ms LEEDHAM - We do disclose the information sometimes but whether it gets pinned up and run with - we have all had experience with the media's capacity to interpret it differently.

Mr BEST - That is the first time I have been told that and I have asked it I do not know how many times. But anyway, thank you.

CHAIR - With priority 1 to 5, are the clients informed as to which priority they are given? Would they have an understanding they are a priority 5 and low priority?

Ms OSBORNE - Certainly the clinician who was making the request for that item of equipment would have that information told to them and they may well inform the client.

CHAIR - But it is not necessarily that the client knows which priority they are.

Ms OSBORNE - Not necessarily.

Mr WHITELEY - I have a number of questions. If I could make a comment hopefully that is helpful in relation to the hardship issue. I would be concerned that it is very easy for us to make value judgments on families. Take a family with three or four kids, for instance, one of which has high, challenging needs. It could be that the discretionary income of that family could remove them from a hardship clause because they may just choose to be able to give their other two children a normal life and be able to take them to McDonald's and a cinema like everybody else. I just want to make that comment. It is very easy to say they have plenty of money.

Ms LEEDHAM - No, no, no. What we are trying to do in the hardship policy is to say what is fair and reasonable expenses for a family of a particular size.

Mr WHITELEY - I hear that and my comment was an encouragement. Let us not punish the able-bodied children in a family. There are enough challenges in families anyway with the attention issue.

Ms LEEDHAM - Actually getting a fair and equitable hardship policy in place is a challenge.

Mr WHITELEY - Yes, and I do not envy you the task, I have to say.

How many people are on the list of categories 1 to 5 in total, and are they broken up into categories?

Ms LEEDHAM - No, they are not broken up into categories.

Mr WHITELEY - Could you provide that to the committee, please?

Ms LEEDHAM - Somewhere, and I am just trying to think where in the report, we actually list the current numbers that are on the waiting list.

Ms PUTT - Waiting list for non-standard equipment?

Ms LEEDHAM - Yes.

Ms PUTT - That is on page 17.

Ms LEEDHAM - That is a waiting list at a snapshot in time and so we are saying that at 30 June 2007 there were 187 clients on the waiting list, broken up by 108 in the south, 14 in the north and 65 in the north-west.

Mr WHITELEY - Does that include all categories?

Ms LEEDHAM - Yes.

Mr WHITELEY - But that is non-standard?

Ms LEEDHAM - Yes.

Mr WHITELEY - We have this document that we have not had a chance to read but we will. Could I ask - through the Chair - that the director provide a more complete breakdown of non-standard/standard in each of the category waiting lists?

Ms LEEDHAM - The one in the south is standard, but there is not a waiting list in the north or the north-west I think for standard.

Mr WHITELEY - So if you could provide a breakdown, a more complete breakdown, of total waiting lists, a total category breakdown, it would be very helpful.

Ms RITCHIE - Do you mean a breakdown under every section?

Mr WHITELEY - No, no, just of every priority.

Ms LEEDHAM - Whether they are priority 1, 2, 3, 4 or 5.

Ms RITCHIE - Sorry, so you are not wanting it to involve the particular items they are waiting for?

Mr WHITELEY - No, no. Not at this point.

Ms RITCHIE - Just checking.

Mr WHITELEY - Not at this stage. Pip, your evidence to the committee is that there are only 187 clients on the waiting list -

Ms LEEDHAM - As at 30 June 2007.

Mr WHITELEY - So within the current system and it leads a little bit from the question that Kerry asked about who would communicate to people at the time of their interview or whatever, they are not necessarily informed of where they are in the pecking order. They may be, but not mandatorily so.

Ms LEEDHAM - Really what we are doing is encouraging the relationship between the client and their therapist.

Mr WHITELEY - I just wanted to clarify that on evidence that is what I am hearing. The other point to that question is this: how many people do you as your collective group of brains estimate may be out there seeking assistance from the scheme that, for whatever reason, expectation or perception, are not on it?

Ms LEEDHAM - I just think that is too difficult to estimate.

Mr WHITELEY - Are people encouraged at levels 4 and 5 to go on the list?

Ms LEEDHAM - The therapists know that that is available and the therapists will prescribe equipment, but the therapists will also suggest to the people that there are other ways of accessing the equipment as well. So we are not the sole provider of equipment to the community.

Mr WHITELEY - No, but for those who may be on concession or health cards, one is a far better option than the other, let's be frank about it.

Ms LEEDHAM - Yes, but for those who have concessional health cards, they will be referred.

Mr WHITELEY - But they may be a category 4 or 5 so they will be on a waiting list.

Ms LEEDHAM - If I understand your question, you were asking me how many are out there in the community that have not come anywhere near this scheme. I really would not have any idea.

Mr WHITELEY - I did. That is right. There's no need to belittle the question. The question was: amongst the brains trust, do you get an impression that out there there are people who for whatever reason - perception or expectation - choose not to go on the list?

Ms LEEDHAM - I also think that out there there are people - particularly people living within the community - who are unaware that they can access allied health professionals for advice around improving their mobility. Even their general practitioners might not

know that this sort of a scheme is available and would not know how to recommend them to it.

Mr WHITELEY - So what work has the department done in relation to getting that information out or is it not in the best interests of the scheme to get that information out?

Ms LEEDHAM - We try where we can.

Mr WHITELEY - I am a cynic, yes.

Ms LEEDHAM - Part of the challenge is that the information we send to GPs sits on GPs' desks and they do not read it because they get inundated with information. That is all part of the whole sort of development of the Tasmanian Health Plan to improve management for chronic disease and those sorts of things so that we can improve the life of the people who are living within the community with significant challenges.

Mr WHITELEY - So on the 187 list non-standard, that is for equipment above $500?

Ms LEEDHAM - Yes.

Mr WHITELEY - Okay. So of the 187, what calculations have been done by you and the department to calculate the quantum of the unmet demand?

Ms LEEDHAM - Do you mean from a dollar figure?

Mr WHITELEY - Just the quantum.

Ms LEEDHAM - If you go to the next page -

Mr WHITELEY - Which is?

Ms LEEDHAM - Page 18. That will tell you the dollar value of the equipment of -

Mr WHITELEY - Sorry, it is just that we have not had the benefit of reading this. Thank you.

Ms LEEDHAM - What you would find, Mr Whiteley, is that some clients might just be waiting for one piece of equipment. Some clients will be waiting for a number of pieces of equipment. Some of those clients will already have some equipment that has been provided to them.

Mr WHITELEY - So are we suggesting through this report that $609 000 is the quantum estimated to provide all the non-standard equipment for the 187 people on the list?

Ms LEEDHAM - That is the value of the equipment that has been prescribed for those clients already.

Mr WHITELEY - And all that equipment is readily available?

Ms LEEDHAM - Not necessarily, because some of this equipment may be very high-tech equipment that needs to be modified.

Mr WHITELEY - Sure, but it is available?

Ms LEEDHAM - Yes, but some of -

Mr WHITELEY - And it has been calculated at $609 000? So $609 000 of funds into this area of the State budget?

Ms LEEDHAM - It would make a heck of a difference.

Ms PUTT - I may be guilty of not really concentrating properly before. It is about hardship provisions back there. You said either that the policy around this was under review or the actual assessment process was under review -

Ms LEEDHAM - No, the policy for determining -

Ms PUTT - For determining hardship is under review. Which is fine, but presumably something is being used in the meanwhile. I just wanted to know what that is.

Ms LEEDHAM - I cannot remember the hardship list off the top of my head.

Mr BEST - It works sometimes but at other times it does not.

Ms LEEDHAM - Page 12 of the guidelines which is the attachment.

Ms PUTT - Okay, yes.

Mr WHITELEY - Does the 187 that I referred to earlier include those in Disability Services?

Ms LEEDHAM - It would include some, yes.

Mr WHITELEY - Some? Which ones will not be included?

Ms GANLEY - There might have been some people with disabilities who have applied directly to Disability Services and have not gone through the Community Equipment Scheme.

Mr WHITELEY - So it would be your job to refer those straight on?

Ms GANLEY - If it is applicable.

Mr WHITELEY - So what pieces of equipment separate to the CES would DSS be responsible for, other than ISP? Anything?

Ms GANLEY - It is really more sort of assisted technology. So if people are asking for a particular type of computer package they would come to Disability Services.

Mr WHITELEY - Sure, but would you refer them?

Ms GANLEY - No, not for that.

Mr WHITELEY - You would deal with that as part of an ISP?

Ms GANLEY - Yes.

Mr WHITELEY - If I can ask Ms Leedham through the chair, as you said it is a little bit complicated, so it is easy for us to get lost in the complication. I am astounded at this amount. Is there another group of people somewhere to give us a fairer impression of what the need is within the spinal, the DSS? We are talking about CSS here, but in the overall understanding of members about just the needs for equipment and how to deliver this to all people that genuinely require it, is there another cohort somewhere in another part of the department or somewhere that is not encapsulated? I will not use the word hidden. Is there something that is not in here?

Ms LEEDHAM - No. Because there are the two parts - the Community Equipment Scheme and the spinal account which is just for those who have a traumatic spinal injury.

Mr WHITELEY - They are not in this table?

Ms LEEDHAM - No.

Mr WHITELEY - Is that a huge number?

Ms LEEDHAM - No.

Mr WHITELEY - You hear what I am saying. There is not a surprise package somewhere that is not being revealed?

Ms LEEDHAM - No. The only challenge for us is those clients that have extremely complex needs and have a major catastrophic event that have huge set-up costs which may well require huge amounts of support to go into the community. They could just blow everybody's budget in one go.

Mr WHITELEY - But that is not equipment.

Ms LEEDHAM - Sometimes they actually need equipment.

Mr WHITELEY - So there are equipment and man-hours. Let us talk about equipment. Where is that cohort?

Ms LEEDHAM - That cohort would be referred to the equipment scheme for the equipment scheme to see if it could give the support. What I was going to say is if you have someone, and usually it is just one or two, with huge costs associated they are managed by what the department calls the Board for Exceptional Needs and there will be a funding package found to assist them to go home.

Mr WHITELEY - Right, so let us talk about this group that you have just referred to, not about the man-hours that are required in care but about that cohort.

Ms LEEDHAM - The BEN.

Mr WHITELEY - What do you call it?

Ms LEEDHAM - BEN clients.

Mr WHITELEY - You call them BEN, right? Exceptional needs. What does that table look like, as in who is on that list being contemplated by the board to fund, where is the unmet need list in that?

Ms LEEDHAM - I would have to take that on notice.

Mr WHITELEY - Can we have that, Mr Chairman?

Ms LEEDHAM - Sorry, I can answer the question. There have been eight clients before that board since 2002.

Mr WHITELEY - But can we have the details of who is before it now and the relationship between the unmet need in that area and the unmet need that you calculated here at $609 000? My gut feeling would tell me that eight people, or even three people, could very quickly represent the same amount of money.

Ms LEEDHAM - But we are not saying that there have been eight people before that. There have been eight people that have been managed by that board and have been supported.

Mr WHITELEY - That is fine.

Ms LEEDHAM - I do not know whether the BEN is currently considering a client or not.

Mr WHITELEY - Yes, but I am interested to know whether there is a cohort that has a need waiting to be met.

Ms LEEDHAM - Yes, but what we are saying is a BEN client will actually access equipment through the equipment scheme. They would be included if they were a current client. It would be in that list as well.

Mr WHITELEY - Current client. You know where I am going.

Ms LEEDHAM - Yes, I know where you are going.

Mr WHITELEY - Can we just check to make sure. I want to know whether it is $609 000 or $1.3 million.

Ms ROWELL - Can I just say that a lot of these people have come through the Royal Hobart Hospital for various reasons. Yes, the therapists do tend to go initially to the Community Equipment Scheme and see whether or not there is funding and if there is no funding available for the discharge then they take them through the Board for Exceptional Needs.

Mr WHITELEY - I think you all understand what I am asking. It is no use me thinking for one minute $609 000 will fix the problem when it is actually $10 million. That is the question.

Ms LEEDHAM - I think what I was trying to say is this is what we know is the current waiting list. What I have said to you is that there are probably a cohort out there in the community that are not aware that this sort of support exists and have not tapped into it.

Mr WHITELEY - I would ask a rhetorical question. Why on earth would the department go and communicate that this system is available when you cannot support the ones that are already on the list?

CHAIR - Good question.

Ms PUTT - I have a general question. At some point I thought we should ask Ms Leedham what else she thought she really needed to tell the committee when she came here because we have diverted her. But I do not want to get in the way of other people's questions.

Mrs BUTLER - I was wondering where people fit in some circumstances. For instance, one of the correspondents said that the wheelchair that she was allocated did not fit and she had to go back and get adjustments and then a new chair. Where do those sorts of people where you have modifications on the table fit?

Ms LEEDHAM - They would be on that waiting list and in that dollar figure.

Mrs BUTLER - So do they slip back in priority if they already have equipment?

Ms LEEDHAM - It depends on what the specific needs are. There would be an assessment made. If you go back to the guidelines, the assessment is around the impact that the equipment they currently have is having on them vis-a-vis what is actually required for them. Some people who are functioning okay with a wheelchair probably would not be as high a priority as someone at risk for a whole lot of reasons that desperately needs a wheelchair. That sort of judgment has to be made.

Mrs BUTLER - Is there an exchange? Is there a second-hand, reusable system that they can go through?

Ms LEEDHAM - Yes, for a whole range of equipment. A whole lot of the standard equipment is re-hired and some of the non-standard equipment can be re-hired, particularly hospital beds and hoists.

Mr WHITELEY - Do you think that a lot of that is just sitting in people's garages?

Ms LEEDHAM - That is part of the challenge that we have.

Mrs BUTLER - On the point that Ms Putt raised in her general question, I would like your opinion. Do you think this is the best model for delivering these sorts of services?

Ms LEEDHAM - Because we are a small State I think having all of the things in the one scheme is effective because we have the capacity to buy at better prices, by everything coming together. I think we could benefit from some more resources to the scheme. One of the things I really wanted to talk about was why the demand on the scheme has grown so much. We are experiencing far greater demand, particularly in the last couple of years, than we have had in previous years. I think we would benefit probably from this.

When you read the guidelines, you will see that continence aids and appliances is a subset of the equipments scheme. I think we could benefit from the spinal account also being a subset of the equipment scheme. I think, because of the advances in communication devices, we may well be better off to have communication devices as a subset of the scheme. I think also with the advances in the surviving of neonates and the advances in research on the interventions for children at an earlier stage - around seating and those sorts of things - we may well benefit from having a look at whether paediatrics needs to be our specific subset.

Mr BEST - Just for my clarification, is appendix 1, right at the very end, the categorisation you were talking about, the categories for priorities for the access scheme?

Ms LEEDHAM - Yes.

Mr BEST - Both Mr Whiteley and I - I am not sure if there were any others here - attended a forum at the Penguin Surf Life Saving Club on people with disabilities. There was wide-ranging discussion on a whole series of issues. I think Paul O'Halloran might have been there, I am not sure. One of the things raised was that there are lots of things that could help - for example, parents that can manage up to a degree and are financing their own way through disability, but then because they are spending a fair bit of income - I know it is a Federal Government matter - could they get some rebate or some assistance tax-wise or something like that? Do we have any opinions about that? Do we make any of those opinions known federally?

Ms LEEDHAM - Certainly, if I recall correctly the National Disability Services have a previous or current board member who has been very keen to see a Medicare rebate for the equipment scheme. Certainly our minister has written to her interstate colleagues in relation to all of this to see whether they are interested. I think interstate services - because all of the schemes have challenges - want something that is going to be simple for the client, not something that is going to complicate it more for the client. I think what you were picking up on is that there are tensions in the types of clients that are supported by the schemes because you have those that are requiring discharge from hospital, those that are in the community that are needing to function independently, those that are clients of Disability Services, and then the paediatric clients. We are trying to meet the needs of all of those groups of people from the one scheme.

Mr BEST - Yes, it is just that there were a few issues that could have gone federally that came up at that particular thing and I am glad to hear the minister supporting some of those views.

Ms LEEDHAM - The other part of the challenge too is with the advances in technology and the costs of materials that are included with the carbon fibres and all of those sort of

things, the cost of things like wheelchairs have grown exponentially in the last three or four years. There is a table in the report that will show you some of the price differentials in equipment from 1996 to 2006 and the prices of a whole range of equipment have jumped quite considerably.

Ms RITCHIE - Thanks, Chair, I just wanted to quickly ask a question about the continence aids assistance scheme just to understand how the entitlement there works because I have spoken to people that have had an issue.

Ms LEEDHAM - What happens is a client that is eligible to access continence aids through the equipment scheme is eligible for up to $1 000 of aids and appliances in a year and they contribute 50 per cent of the costs of the aids and appliances. So if you have been through the continence service and you are prescribed pads, catheters and so on, you ring a 1300 number and say you would like to get another order of equipment -

Ms RITCHIE - If you have an account?

Ms LEEDHAM - Yes, they are all registered and they can only access what has been prescribed for them, so that is delivered to their home. When we did the tender for all of the aids and appliances, part of the deal was that it was delivered to their home and they pay half of the cost of the equipment. So if the bill is $400 they will pay $200.

Ms RITCHIE - Until they reach the $1 000 -

Ms LEEDHAM - Yes.

Ms RITCHIE - in terms of the finance. So they would have paid another $1 000 in order to -

Ms LEEDHAM - No, they will have only paid $500 worth. Their $1 000 includes their $500 contribution and our $500.

Ms RITCHIE - So in fact you are contributing $500 not $1 000.

Mr WHITELEY - So it is only $500.

Ms LEEDHAM - It is up to $1 000 of which they pay 50 per cent.

Mr WHITELEY - So it is not $1 500.

Ms RITCHIE - No. So from the scheme they are getting $500 of government funds.

Ms LEEDHAM -That is not dissimilar to the Commonwealth Continence Aids and Appliance Scheme. They are eligible for $465 worth of aids and appliances per annum.

Ms RITCHIE - Are there any variables here in terms of the aids that you might need, for example, if you are the parent of a 20-year-old man with a disability who needs to be toileted every day -

Ms LEEDHAM - They are eligible to access the continence scheme through the equipment scheme.

Ms RITCHIE - Yes, but only to this amount. Do you have any information that suggests that in many cases it is just not enough?

Ms LEEDHAM - No. In fact most clients do not ever access up to their $1 000 worth of aids and appliances. $1 000 seems to be a fair amount.

Ms RITCHIE - So if you were in an unusual situation where you have either yourself or someone you are caring for that is requiring a large amount of nappies or whatever you might want to call them, because I have come across someone myself in this circumstance, and they have gone through and racked up a debt and I think in this instance they indicated to me they had actually had a huge amount of debt owing for nappies, other than that -

Ms LEEDHAM - You would have to ensure that they have been appropriately prescribed by a continence team member and that they are utilising it in accordance with the way it has been prescribed. If there is significant hardship then they would be considered under the scheme.

Ms RITCHIE - They can get the Federal funding on top of that or instead of?

Ms LEEDHAM - No, if they are eligible for the Federal funding then they are not eligible for the State scheme.

Ms RITCHIE - Thanks.

CHAIR - Pip, I'm just mindful of the time and we have just concluded questions at this stage. We appreciate your offer to come back. I think and, as you can see from the questioning, they would like to have a chance to look at this and come back here and perhaps have a bit more open-ended time rather than to be limited the way we are.

Ms LEEDHAM - If you let us know what the specific things are that you wanted to focus on, if it is the CPAP or it is some of the others, then I would need to go to different parts in the department to get that technical knowledge.

CHAIR - We appreciate very much the comments that you brought along today, although they were not drawn on extensively. If you were able to do that again we would welcome that opportunity.

THE WITNESSES WITHDREW.