

## **Enable NSW Funding Guidelines for the Prosthetic Limb Service (PLS)**

### **Preamble**

Limbs 4 Life welcomes the opportunity to comment on the Enable NSW Funding guidelines for the Prosthetic Limb Service (PLS) 'draft' on behalf of our stakeholders, members and consumers (prosthetic user group).

### **Introduction**

Limbs 4 Life is the national peak body representing Australian amputees. It is our vision to ensure that amputees have access to information, support and resources. Our goal for early intervention is to ensure that no individual goes through the process of limb loss alone and that they can access the organisation for peer support and information pertaining to their situation. Limbs 4 Life facilitates services for the individual, their families and primary care givers. The organisation advocates to voice the concerns of amputees within the disability sector; through an alliance with government, health care providers and medical professionals.

Limbs 4 Life promotes social inclusion to ensure amputees are given the best possible opportunity to return to independent living.

### **Provision of funding of artificial limbs and supportive devices**

We are gravely concerned about the number of exclusions in the draft summary. These notable exclusions will directly impact upon an individual's long term care, positive mental health outcomes, and ability to contribute to, and participate in, society and the community.

Losing a limb/s effects an individual's mobility and independence. In 2012 Limbs 4 Life would expect that funding guidelines and terms had surpassed the use of 'basic' or 'standard' as part of any funding agreement supporting the use of artificial limbs and supportive devices. It is expected that amputees' within the community be provided with access to equipment and services which support positive physical and mental health outcomes and the prevention of further medical conditions.

In light of the Productivity Commissioner's findings (July 2011) into disability care and support and the statement highlighting that *'disability support is underfunded, unfair, fragmented, and inefficient and gives people with a disability little choice and no certainty of access to appropriate supports'* and the fourteen recommendations outlined in the Three Rivers Report Prosthetic Limb Funding Model Review (December 2011); it is with great disappointment that the number of exclusions included in these current guidelines

are not reflective of either the Commissioners findings nor the recent recommendations and findings from Three Rivers report. Disability does not discriminate; neither should the source of the funding.

While it is understood that replacing a human limb can be a complex task; providing access to products and services which promote the best health outcomes should not be compromised. It is imperative that attention be drawn to comments outlined below prior to final funding guidelines being adopted.

## **Funding for the Prosthetic Limb Service (PLS) Enable NSW (draft)**

### ***Exclusion of: Prosthetic limbs for inpatients admitted to a private health facility.***

There is currently no private health insurance company which supplements the provision of funding for prosthetic limbs. Therefore if a patient with private health cover democratically chooses to be treated in a private hospital they will, in the long term, be financially disadvantaged and be faced with longer waiting times for a prosthetic limb. This clearly restricts an individual from making 'a choice of free will' in their own health care.

### ***Exclusion of: Recreational prostheses for adults***

Sound personal hygiene is a means to good long term health and general wellbeing. It is difficult to comprehend how the provision of a waterproof limb can associated with recreation and or recreational past time. The provision of shower/water legs serves a number of purposes, personal hygiene, safety, prevention of additional health related issues and the ability (when necessary) to travel (when required) without the need to carry additional assistive devices. People living with a disability should have the opportunity to participate in society to the best of their ability.

It is every Australian's given right to be able to participate in the community. Funding a child or adolescent up until the age of sixteen (for waterproof prosthetics) and not beyond that age raises significant concerns. It is well documented that teenagers can struggle during pubescent years with body image among other issues. By placing an age limit of sixteen (16) on a teenager and suggesting that they will be unable to access a waterproof limb after that age could impact upon their ongoing general well being and mental health outcomes. The ability to participate and engage with peers in teenage years is paramount. A waterproof limb is by no means a luxury, it is a necessity and should never be related to lifestyle or recreational choices; in contrast, it should be provided to promote community participation and positive mental health outcomes.

This same argument can apply for cosmetic covers. Amputees can be impacted by body image issues and in order to promote positive mental health and social inclusion it is important that these be fitted where and when necessary. It would be valuable to seek a psychological opinion prior to finalising this guideline.

It is a basic human right for 'an individual to be able to access the environment and participate in community life. The United Nations Convention (2006) on the rights of persons with disabilities' purpose is "to promote full and equal enjoyment of *all* human rights by persons with disabilities rather than a more

restricted set of services and opportunities.” Consideration of all available technology and therapy options within the boundaries of evidenced based practice would be supportive of basic human rights. The restriction of access to advantageous assistive technology is potentially discriminatory on the basis of disability. (AOPA Productivity Commission Report – 2011)

### ***Exclusion of: Footwear for amputation level greater than partial foot level***

For many amputees the ability to be able to purchase ‘off the shelf’ footwear is simply not an option. It is certainly not by choice that shoes which promote greater safety for the purpose of ambulating in the community, or protection for those suffering amputations due to diabetic ulcers or vascular conditions can be up to three times more expensive than general footwear. The provision of funding for protective shoes (for individuals prone to vascular related amputations) can serve to protect feet and provide long term cost savings to government.

### ***Limitation of: Stump shrinker socks, stump socks and silicone systems***

#### **Shrinker socks**

Shrinker socks have multiple benefits. They enable amputees to get used to the feeling of a compression garment against their skin on the residual limb, and primarily assist with the management of swelling following surgery. If a shrinker sock promotes faster health outcomes for the individual the benefits are twofold; one the amputee has a faster turnaround time, and two, it is less impact on cost of bed stays (episodes).

#### **Stump socks**

There should be no limit on the provision of stump socks. For hygienic purposes stump socks need to be washed daily sometimes changed multiple times per day. Each individual can wear a different number of socks at any one given time. The environment (weather) can impact on swelling of a stump, as can the cold. In order to achieve an ‘optimum’ prosthetic fit amputees may need to change socks depending on thickness (of sock/s), thinness (of sock/s) to promote good gait and to enable them to ambulate safely in the community. A prosthetic socket (and interface) must be snug and secure at all times to prevent loss of balance and falling. Placing limitations on sock provision is detrimental to an individual’s health outcomes and ability to safely participate in the community.

During the waiting time for a new prosthesis amputees can don up to five (5) socks at any one given time to ensure a good prosthetic fit. The provision of twelve (12) socks over a one year period is not a viable economic option nor does it promote good hygiene.

## **Silicone liner systems**

It is noted (Three Rivers Report) that there has been an increase by NSW health for the provision of silicone liners over the past six years. What is concerning however, is the time dedicated to eliminating all other options prior to supplying silicone systems. Surely, following the trauma of losing a limb an amputee does not need to be subjected to trials only to ascertain that silicone (in some cases) can provide the best outcome in the long term? This is not to mention the administrative burden placed upon clinicians to justify why their qualified opinion is not suffice enough alone.

We note an obvious absence for the inclusion of creams and lotions which promote healthy stump care and can prevent skin irritations and breakdowns in any part of the funding guidelines.

## **The impact of underfunding**

As outlined in the Productivity Commissions Report *“A lack of supports in one service area often shifts costs to other service areas. The costs are often exacerbated by the fact that the most appropriate and efficient supports are not being used”*.

The impact of underfunding has a severe impact on other services; hospital beds, additional surgery due to falls, lack of ability to return to the workforce or community, and other areas including a greater impact on the mental health system. Insufficient funding of artificial limbs directly impacts on an individual’s ability to regain confidence and independence and does not support fall prevention, prevent stumbles and in the long term is not cost effective.

## **Social isolation**

Social isolation affects people with disability and their families at a disproportionately high rate — this was one of the major findings of the Shut Out report (Australian Government 2009a). Survey evidence shows that people with profound core activity limitation were nine times more likely than the general population not to participate in activities outside of home.

Like most people living with a disability, social isolation can impact upon amputees, who can experience difficulty to participate in core activities for a variety of reasons. Adapting to an artificial limb can take time. It is often when individuals try to re-engage with their communities that certain barriers and obstacles arise. Individuals should therefore be provided with prosthetics and supportive systems which provide the best overall outcome.