Rolling across Australia

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WM&S in Australia

- Over 500 000 people use wheeled mobility
- Second most common 'aid or equipment'
- Majority of services in capital cities









But you probably won't get...

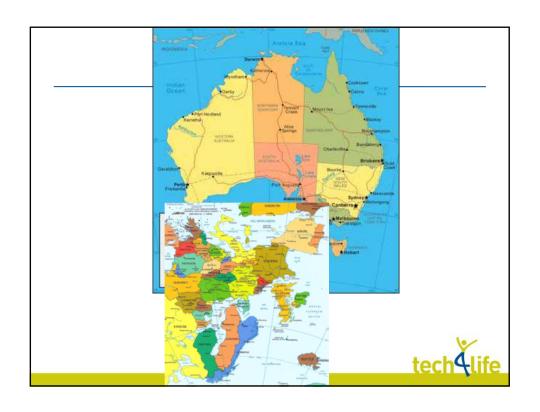


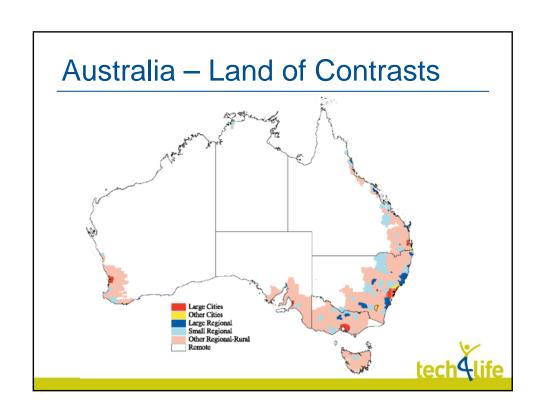
National Disability Strategy says...

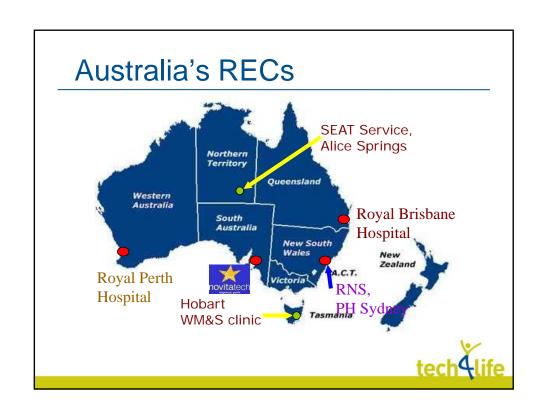


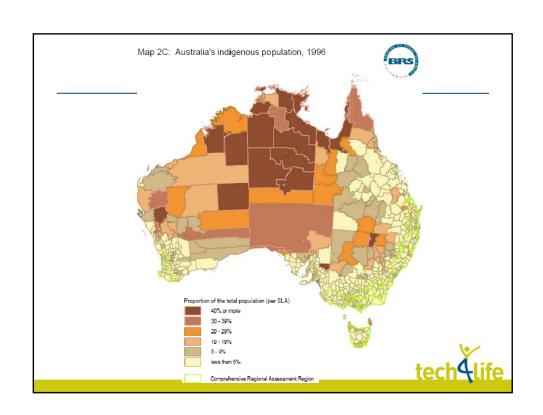
- 1 Inclusive and accessible communities:
- the physical environment including public transport; parks, buildings and housing;
- digital information and communications technologies;
- civic life including social, sporting, recreational and cultural life.











Wheelchair Funding Schemes

- □ Funding is fragmented, predominantly "home environment" and not linked to other disability funding/costs (eg care).
- Largest schemes are state/territory based.
- Progressively restricting to a 'procurement list.'
- Repairs funded, but not routine maintenance.
- No scheme funds "backup" equipment (except basic manual backup for power wheelchair users).
- Most schemes operate a 'reuse' program.

But this is true for all Australians...



WM&S Rural and Remote Survey April/May 2010

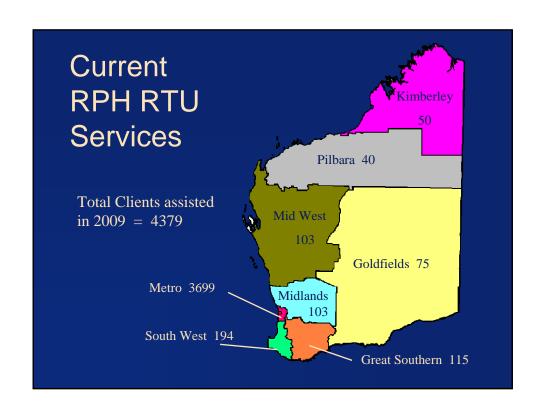
- Statistical information on demand
- Models used
- Waiting times
- Initiatives
- Top 2 issues



Statistics

- Virtually no reliable statistics for rural & remote WM&S demand
 - Assessed by cases seen
 - % indigenous range from 3 80+%





Delivery model

- Where a public funded, state service exists tends to operate
 - Hub-spoke (SA, WA)



- Central service with travelling clinics (Qld, NSW, Tas, NT)
- Triage of clients typical but not in a structured way
- Funding from various sources





WM&S R&R Survey May 2010

Getting the service

Waiting times for the chair user to get:

- □ Assessed (1mth 1yr)
- □ Begin trialling solution (2wk-12mths) if trial stock is available in region
- □ Get approval to buy device (instant if a state clinic, otherwise 6-12 mths)
- □ Then get their wheelchair (1wk-6 mths)



A complete service?

Follow-up is not guaranteed

- □ 3 centres have 2wk check, 6-12mth followup
- rest focus on 'at risk' clients only

Repair & maintenance

- □ included in 'leased' arrangement (eg Qld)
- many agencies use local providers/trades (make do)
- user involvement highly variable (Pythonesque)



WM&S R&R Survey May 2010

Initiatives

Several centres have trialled telehealth

- mostly reserved for rural/remote staff training & support
- many link to (& train/support) other health/community networks

Three hospital based services can offer patient travel & accommodation funds



Information is power!

UNCRPD Article 4 Clause 1h

□ To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities

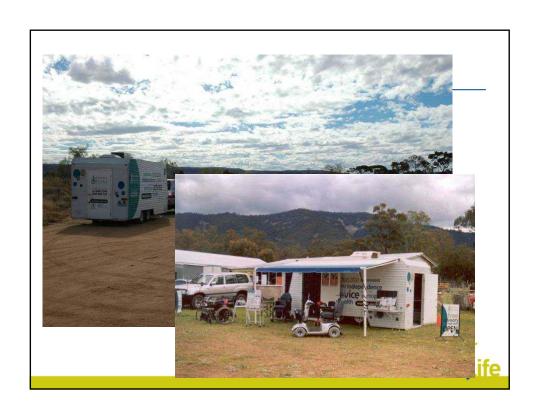


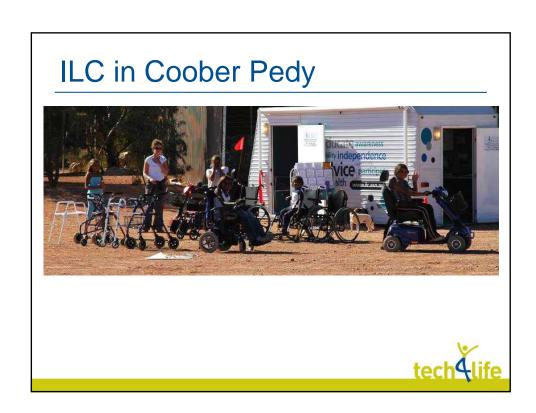
Other initiatives

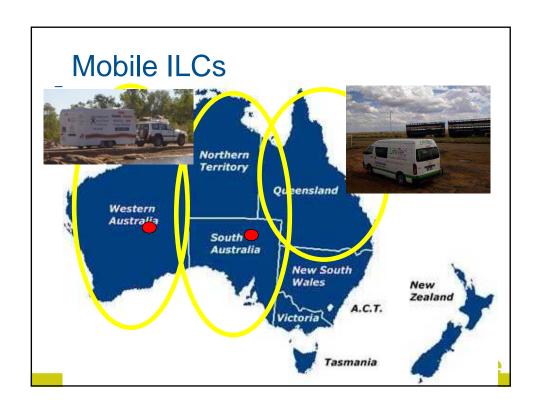
□ Travelling Independent Living Centre services



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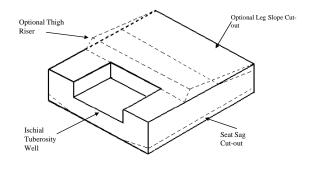
Other initiatives

- □ Travelling Independent Living Centre services
- □ Pressure care & management RPH
 - UNCRPD Article 20 access to personal mobility with the greatest independence at an affordable cost, empowering and developing user and professional skills and autonomy.



RPH – WA pressure care program

□ Developed a consistent and reliable cushion





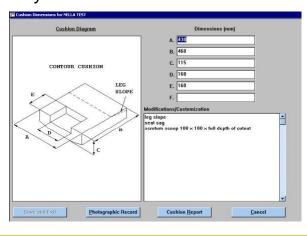
RPH – WA pressure care program

 Developed a consistent and reliable cushion, out of well tested materials



RPH – WA pressure care program

 Developed a consistent cushion prescription/ delivery service





RPH – WA pressure care program

- Developed a consistent cushion and prescription/delivery service
- Pressure care nurse coordinator
- □ Regular follow up (6 monthly)
- Can supply custom-made replacement cushions (by courier) after tele-health interaction





Other initiatives

- □ Travelling Independent Living Centre services
- □ Pressure care & management RPH
- More appropriate wheelchairs and potential service approaches
 - Lifetec (Qld)/MASS Qld
 - NT Health, SA DFC
 - Motivation Australia





Keys to improvement

- Maintain/enhance allied health staff (with training/support) in rural/remote communities
- □ Strengthen user capacity in own care
- Satellite clinics in major regional hub (Qld, NSW, WA, Tas)
- □ Coordination (esp. Vic)
- Availability of appropriate equipment locally for clients to trial



Conclusions

- WM&S delivery into rural and regional areas remains patchy
- Relies on local skills and networks
- Flexibility in service (eg climate) and appropriate technology critical (empower!)





Thanks

- Australian WM&S centre colleagues
- □ ILC Australia members
- MADO
- ANZSCoS

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