
Re: National Disability Employment Framework – Issues Paper

Prepared by Wellspect HealthCare
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Overview

Wellspect HealthCare is a research driven company and scientific research is central to the development of our products, including urinary catheters and surgical devices. All products developed by Wellspect HealthCare undergo a process in which performance and safety are carefully evaluated. We also stay well-informed of all the latest research, clinical recommendations and trends in clinical practice to ensure we optimise the design and use of our products and realise the greatest possible benefits for the people who use them.

We pride ourselves on having ongoing contact with the people who rely on our products. Through this process, we have been concerned to learn that many people with disabilities which mean that they have to who rely on intermittent catheterisation feel that they do not have access to sufficient funding to meet their individual needs. This impacts not only on their health and wellbeing, but on their ability to live an active life and participate in work.

This purpose of this submission is to highlight the impact of health policy, administration and expenditure within the context of improving the employment outcomes for people with a disability. There are currently more than 32,000 Australians who rely on urinary catheters to empty their bladder; a function the majority of people take for granted.

The groups most often affected include, but are not limited to, those with: spina bifida, a spinal cord injury, multiple sclerosis, an enlarged prostate, diabetes, and movement disorders. Consequently the ages of those affected range from the very young to the very old.

Intermittent catheterisation is a process used 4-6 times per day that involves inserting a catheter, draining the bladder and then removing the catheter. This method has major health and lifestyle advantages over other alternatives. Significantly, single use hydrophilic catheters have shown to reduce costs on the health system by avoiding the type of complications such as urinary tract infection (UTI) and kidney disease.¹

People who rely on hydrophilic catheters do so because they have found them to be the easiest, most comfortable and most hygienic option for them. Other people find that other options are more suitable for them. The important point is not that everyone should use the most innovative or newest catheter, but that everyone should have access to the best type of catheter to meet their personal needs.

Patient choice in continence provision is therefore incredibly important. Above all, access to the right product ensures that patients can lead independent lives and are able to self-care, work, and remain free from infection, thereby avoiding expensive emergency hospitalisation.

Background on Catheter Funding

The funding available for patients suffering from continence problems currently varies greatly between states and even within states between different types of patients. In most cases, even the mix of federal and state funding available to allow patients to purchase the intermittent catheters is insufficient to meet their needs. For example, where there is limited funding, a patient may be expected to use an inappropriate type of catheter purely to meet cost restrictions, and this may be unsafe or difficult for them to administer. Some people we have spoken with said that they were never even told about all of the options available to them because prescribers understand that funding restrictions might mean that they cannot afford them.

¹ Bermingham SL, Ashe JF. Systematic review of the impact of urinary tract infections on health-related quality of life. *BJU Int.* 2012;110(11 Pt C):E830-6

There are serious concerns among people who rely on catheters that the roll out of NDIS will not fully address these funding shortages and, more so, will not address the prevailing culture which limits people's awareness of the options which should be made available to them.

With limited funding patients may be expected to use less suitable catheters, which may require additional support to administer, at the cost of their independence and dignity, or which may cause them damage and future medical complications. As is all too often the case, these patients will feel they must resort to re-using their preferred single use devices, attempting to clean these devices themselves rather than using new, hygienically packaged and adequately protected devices. This re-use of single use devices can cause significant problems for the individual and the wider health service as it can result in increased incidence of infection; bladder and kidney stones; liver, spleen and kidney disease; increased need for costly surgery and hospital admissions; and, eventually, end stage renal failure.

By failing to properly address the funding needs of people who rely on catheters, the Government risks increased long-term costs, both economic and social, that outweigh any short-term savings.

In addition to reducing the hospital and healthcare costs associated with UTIs and other catheter related complications, proper funding of catheters will have a broader positive economic impact. Ensuring that each person who relies on catheters has access to the type of catheter that works best for them in the quantity required means that they will be able to live healthier and more independent lives, increasing their ability to play an active role in the community and take on employment. As the National Disability Service noted in their 2011 report, *The Economic Benefits of Disability Employment*, "Empowering persons with disability to work would create a significant long term increase to labour force participation." The report further concluded that by enabling disabled people to work the NDIS could "create additional revenue and reduce expenditure on income support".

While the percentage of the population who rely on catheters is relatively small, the impact on their lives of under-funding for catheters is massive. This means that relatively simple changes to the funding arrangements for these essentials items can make a huge difference to the quality of these people's lives, their ability to take part in work and social life, and even their life expectancy. Importantly, this can all be achieved while creating long-term economic benefits. To ensure that current and future catheters users can choose the best catheters to meet their individual needs:

1. All catheter users should be given an informed choice of catheters, with information provided about the various types of catheter available, including hydrophilic catheters, and the benefits of single-use vs re-use.
2. Full funding of hydrophilic catheters should be made available, through federal and/or state schemes – ensuring access to 4-6 devices per day for each patient who requires them – until the introduction of the NDIS.
3. As the NDIS is rolled out, per patient funding should be set at a rate sufficient to cover the cost of each individual patient's chosen type of catheter in the quantity needed for safe use.

Questions from the Issues paper

SECTION ONE - WORKFORCE PARTICIPATION OF PEOPLE WITH DISABILITY

1. What can improve employment outcomes for people with disability?

By ensuring that people requiring catheterisation have access to the devices that are right for them, in the quantity they require, hospital admissions for UTIs and other complications can be reduced, resulting in significant long-term savings, as well as better health and wellbeing outcomes for patients. They will then be able to live healthier and more independent lives, increasing their ability to play an active role in the community and take on employment.

A holistic approach to improving employment outcomes for disabled people needs to be taken, and that must include ensuring that each person is given the information and funding they need to live independent and healthy lives.

2. What can help reduce barriers for people with disability seeking employment?

It is important to understand that the barriers to employment for people with disability are not limited to the employment space. The barriers often begin with access to treatment, support or medical devices. Without addressing these aspects of disability many disabled people will be left out of employment, unable to manage the consequences of their disability sufficiently to partake in work.

In terms of intermittent catheters, the percentage of the population who rely on these devices is relatively small, but the impact on their lives of under-funding for catheters is massive. This means that relatively simple changes to the funding arrangements for these essential items can make a huge difference to the quality of these people's lives, their ability to take part in work and social life, and even their life expectancy.

Importantly, this can all be achieved while creating long-term economic benefits. To ensure that current and future catheters users can choose the best catheters to meet their individual needs:

- All catheter users should be given an informed choice of catheters, with information provided about the various types of catheter available, including hydrophilic catheters, and the benefits of single-use vs re-use.
- Full funding of hydrophilic catheters should be made available, through federal and/or state schemes – ensuring access to 4-6 devices per day for each patient who requires them – until the introduction of the NDIS.
- As the NDIS is rolled out, per patient funding should be set at a rate sufficient to cover the cost of each individual patient's chosen type of catheter in the quantity needed for safe use.

SECTION TWO – NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

1. In what way do you think the NDIS can support employment outcomes for people with disability?

The National Disability Insurance Scheme will bring funding sources together and provide most patients with a single source of funding to meet their needs, including their catheterisation needs. This was envisioned to provide enough funding for each patient to have access to the support that they need, so in terms of catheters, the 4-6 single-use intermittent catheters they would need daily, of the type that best suits their needs. However, as the funding

available per person is very limited, patients could find themselves from \$1000 to \$7000 out of pocket every year on catheter expenses, often with other continence expenses to meet on top of that.

By addressing these funding and information shortfalls, the NDIS could help this group of people to live much more independent, healthy lives. It could provide them with the support they need to enter the workforce and take an active and productive part in society. However, there are already indications that this is not going to happen; that funding will continue to be too limited to meet people's needs and people will not have enough access to information about the options available to them.

SECTION FOUR – LIFE COURSE AND DIVERSITY

1. What issues need to be considered in relation to specific groups of people with disability?

As previously mentioned, conditions which require continence medical devices are often complex, long-term and vary enormously, including: spina bifida; spinal cord injury; multiple sclerosis; an enlarged prostate; diabetes, and movement disorders. Consequently the ages of those affected range from the very young to the very old.

These are specific groups of people with disability and we suggest that funding for those requiring catheterisation and other medical devices should be considered in line with your commitment to improve the employment outcomes for people with disability. We also believe that the wider economic benefits of providing funding for and access to appropriate medical devices, such as increased employment, should be considered in the apportioning of funding for and under the NDIS.

As we have mentioned, ensuring that each person who relies on catheters has access to the type of catheter that works best for them in the quantity required means that they will be able to live healthier and more independent lives, increasing their ability to play an active role in the community and take on employment.

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