

4th May 2007

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Sir

SENATE COMMUNITY AFFAIRS COMMITTEE SENATE INQUIRY INTO PATIENT ASSISTED TRAVEL SCHEMES

I am writing to you as Medical Director of the Yorke Peninsula Division of General Practice. After consulting with local community members, I bring to your attention the following local issues of concern:

Distance and equity

Patient services need to remove rural inequalities. If a patient is required to travel less than 100km (one way), then there is no assistance available in SA, even if that patient has to make repeated trips for ongoing treatment. If the same patient lived in Victoria and was required to travel multiple trips to medical specialists, then they would receive assistance after travelling 500 kilometres for a minimum of five consecutive weeks.

In South Australia, every PATS claim requires a patient contribution of \$30, while in Victoria the maximum out of pocket expense per annum for a non-concession card holder is \$100 (\$0 for concession card holders).

If a patient living near a regional centre needs to travel to Adelaide to visit a specialist, and a different specialist is available in the local regional centre (even if the patient cannot access the visiting specialist) then the patient is not eligible to access PATS. This scenario currently occurs in Port Augusta which is just over 300 kms from Adelaide.

An example from GPs at Coober Pedy is when a particular specialist visits Port Augusta, patients can access the PATS subsidy to assist with them with travel from Coober Pedy to Port Augusta – (5 hours) but not to Adelaide, even if this specialist only consults 6 monthly in Port Augusta and daily/weekly in Adelaide. The patient may choose to go to Adelaide to be seen earlier - but this will then mean that they cannot access PATS. This also means there is no GP or patient choice for referral.

Service Provider

PATS is very medically driven, patients are required to have their doctor sign each time they visit a specialist. The difficulty in securing an appointment with a GP, is increasing in all areas and the need to waste an appointment to have the paperwork signed places further pressure on both patient and the GP. This is also an unnecessary cost to Medicare.

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Delivering local health solutions through general practice



An alternative model could allow a practice nurse or outpatient nurse to sign the form based on the GPs clinical records.

Reimbursement

Mileage

16¢ per kilometre is totally inadequate.

As a comparison, I note from the Office of State Revenue, NSW Treasury website¹ the reimbursement rate for vehicle usage has increased significantly from 1989 at 31¢/km to 67¢ per km in the current financial year – more than doubling – see the table below:

Motor vehicle allowance exempt rates	
01/07/2006	67¢ per km
01/07/2005 - 30/06/2006	63¢ per km
01/07/1998 - 30/06/2005	53.5¢ per km
01/09/1993 - 30/06/1998	45¢ per km
01/07/1990 - 31/08/1993	40¢ per km
01/01/1989 - 30/06/1990	31¢ per km
01/07/1987 - 31/12/1988	30¢ per km

16¢/km is the reimbursement rate published in the PATS 2004 Information Brochure for travel after 1st December 2001.

In December 2001 residents of Port Pirie (our closest regional area listed in this reference) paid an average of 83.7¢ per litre of unleaded fuel, during March 2007 the average price of unleaded fuel in Port Pirie is 123.8¢ per litre² - almost a 50% increase in the cost of petrol alone.

The cost of unleaded petrol in Kadina today is \$130.9¢ per litre and is dearer again in the other towns further down the Yorke Peninsula.

Accommodation

This totally inadequate comment could also be applied to accommodation assistance of up to \$30.00 per night.

What is the real impact of a trip to Adelaide on a rural family?

Maybe Mum may not be confident to drive in Adelaide; therefore Dad has to accompany her. Who looks after the other kids – what is the impact of taking children out of school? Who cares for other children if they don't travel with the family? What is the cost to Dad - if he happens to be self employed (maybe a farmer) losing a day of work (ultimately pay)? Do they take all of the required food and drinks with them to avoid the cost of take away? If this is the case, can they avoid the kids pressuring Mum and Dad for "treats"?

All of this needs to be considered for a rural family, when an urban family can "pop out to the appointment" with maybe a maximum of an hour in the traffic (or indeed use public transport) with no direct impact on the rest of the family.

Whilst I recognise that this is transport assistance not reimbursement, access to services for rural people needs to be supported, as there are no equitable services available in their local area.

¹ http://www.osr.nsw.gov.au/portal/page?_pageid=33,395894&_dad=portal&_schema=OSRPTLT

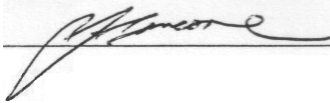
² <http://www.aaa.asn.au/petrol/sa.xls>

While it is the choice of individuals, where they live, the needs of Australia in the way of food and produce are largely supplied by rural areas and without individuals living in the country, crop production would not occur and imports would rise with a corresponding adverse affect on the economy.

We need to encourage people to live in rural areas for the good of Australia and any improvements that could be made in areas such as the Passenger Assistance Transport Scheme may assist in this.

I look forward to reading your final report.

Yours faithfully

A handwritten signature in black ink, appearing to read 'G Moore', written over a horizontal line.

Dr Georgina Moore
Medical Director.