



Frontier Services
Submission to
Senate Community Affairs Committee
Inquiry into the Operation and Effectiveness of
Patient Assisted Travel Schemes (PATS)
May 25th 2007

Frontier Services as an agency of the *Uniting Church in Australia*, has provided a range of health services throughout rural and remote Australia since 1923. Currently today our organization provides primary health care services and emergency response to the communities of Andamooka, Marla and Mintabie in northern South Australia as well as Bollon in southwest Queensland and the Savannah Regional Health Service based in Georgetown, but servicing the communities of the Etheridge and Croydon Shires.

Despite the diversity of the communities and regions that our health services operate from, there are many consistencies in relation to the issues surrounding access to assistance for patients requiring to travel in order to receive specialist care and medical treatment.

Lack of transport is a significant challenge for those living in rural and remote Australia. People living in outback and even regional towns have limited or no access to specialist medical services, requiring extensive travel to larger centres.

Our organization wishes to raise the following concerns and comments in respect to the current Patient Assisted Travel Schemes (PATS).

- Under funded – the current system is underfunded. Our organization is acutely aware of DONS not making claims as they know there are no funds available. This situation is therefore not reflecting a true picture of the need that exists for this assistance. The amount is grossly inadequate at present.
- The cost of fuel is currently almost three times the present subsidy. Many clients must travel multiple times to attend various diagnostic procedures then having to return for diagnosis/treatment. There is no coordination of services over one to two days there multiple trips is the only avenue.
- In North Queensland, many patients from rural and remote areas are required to travel into the coast to access specialist services. The cost of accommodation at \$30 per night is extremely under that of the reality of prices in what is essentially a 'tourist' locality of Cairns and Townsville.

- Due to steep accommodation costs, many patients attempt to utilize budget accommodation such as 'backpackers' etc with shared facilities. This is often inadequate and inappropriate however for many the only option due to costs that are completely unaffordable.
- Fuel subsidy of 10c per kilometer Vs diesel prices at an average of \$1.35 per litre. Many patients are required to travel a distance of 350kms to centres where they can access services.
- Due to long distances required to be traveled in rural and remote areas and due to arrangements of medical appointments, it is often necessary to stay in a centre and therefore be accommodated for more than one night. Consideration should be given to paying for a 2nd and subsequent night to cover these circumstances which are too often necessary rather than an exception.
- There is currently no consideration given to the impact on family, business or property. Property owners who are self-employed could greatly benefit by the provision of a caretaker subsidy.
- Prenatal and Antenatal Care – Due to lack of medical services, many women have sought LMO in larger regional towns. Therefore, while they are being proactive in their own 'care', they are unable to seek subsidy.
- Costs increase for prenatal women who in their last trimester are required to have fortnightly visits to see their OB/GYN/Midwife.
- Confinement – the requirement for women to leave local area at 35 weeks, has many impacts. Family members are separated, lack of social support in larger regional centres for women while away or often in reality, many women go to another family location, therefore they are not utilizing 'local area services'.
- In Andamooka, northern South Australia, our organisation's experience is that many residents (including the elderly) have dental problems. Special treatment must be sought from elsewhere and requires extended travel. Assistance with transport for dental treatment should be added to the current scheme.