

INQUIRY INTO OPERATION AND EFFECTIVENESS OF PATIENT ASSISTED TRAVEL SCHEMES (PATS)

A brief submission:-

NSW Government – Hunter New England Area Health Service – offers a PARTIAL reimbursement scheme. Patients pay costs of transport and accommodation up front and are offered up to \$33 per night single room or \$46 per night for double room. A rate of 15cents/km is offered for travel by private car.

However, for all claims made a patient’s contribution of \$40 (\$20 health care/pension card holders) is deducted from the total benefits reimbursed per claim.

In the case of our rural area, in New England, NSW, a patient usually is referred to Tamworth, a return trip of 440km, or to Armidale, a return trip of 280km.

After deducting the mandatory patient’s contribution, reimbursement, for travel can be as follows:-

Destination	Refund Card Holder	Refund Non Card holder
Tamworth - \$66 allowed	\$46	\$26
Armidale - \$41.10 allowed	\$21.10	\$1.10

The anomaly which is of concern is that fuel is expensive, the amount refunded nowhere near covers the real costs, and the deduction by HNEAHS on each claim drastically reduces the 15 cents/km they state is allowed. For a refund of only \$1.10 it is hardly worthwhile making a claim and taking up the valuable time of our medical personnel in completing the 4 page application form.

The patient contribution made on each claim is considered grossly unfair. Where are the (‘slight of hand’) funds (ie most times inequitable patients’ contributions) eventually applied, they certainly don’t appear to go to our traveling patients who already have their illness with which to contend.

We think a more equitable payment for both travel and accommodation should be considered for all traveling patients, and to cover all treatments listed on the Medical Benefits Schedule.

**Submitted on behalf of the Inverell Breast Cancer Support Group – Yvonne van den Heuvel, Group Leader.
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