

Lake Cargelligo Community Transport
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Date 21/5/07

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

Dear Secretary,

I am writing to you as a concerned Community Transport Coordinator in the central west of NSW 555km west from Sydney and 430 km from Canberra.

Lake Cargelligo is a small community with the population of 1300 people and out laying villagers for Tullibigeal, Euabalong. Euabalong west and Murrin Bridge an Aboriginal community 20km north of Lake Cargelligo.

We are non-profit organisations, who have supplied a transport service over the last 15 years to these communities.

Our community has one permanent GP, No dentist, No x-rays can be take at Lake Cargelligo, No optometrist, No specialists etc.

Most of community transports trips are health related. The centres we accesses are Griffith 130km then Wagga 285km, Orange 300km, Albury 400km, Canberra 430km.

We have no public transport to service Griffith, Orange and only country link to Wagga and Canberra and would mean an over night stay or two in most cases.

90% of our clients are on a pension and the cost of travel sometimes stops them seeking medical treatment.

In the passed low income clients travelling with Community Transport (CT) could still claim advance IPTAA or claim IPTAA them self.

With the changers to IPTAA on the 1st July 2006 they are now unable to claim IPTAA if they are travelling with CT. As stated in the new eligibility criteria – you must not be eligible for any assistance under any other government assistance scheme.

Community Transport group do get funding from Ministry of transport, DAHACC etc but I feel the clients are disadvantaged as they are the ones that are unable to claim from IPTAA there client contribution. For example a client having a cataract removed. Say travels to the specialist at Wagga, \$45 client contribution and one or two months later has the surgery, one more trip \$45. Then must stay over night to see the specialist next morning, so there is accommodation costs say \$90. Then a week later has to travel back for a check up another \$45, after that in three months time a follow up appointment to make sure everything is OK another \$45. Total \$270 and most likely the second eye will need doing so they start all over again.

Very costly, this is without Specialist cost, procriptions etc. This is just an example quite often our client not only have one appointment but many appointments. And they can not claim anything from IPTAAS because they travelled with CT.

But they have no other way of travel; if they don't go with CT they don't go at all. CT could waver there client contribution but we would run out of funds halfway though out the year and have to stop service.

I feel the frail aged, disabled & their carers as well as the transport disadvantaged that live in small isolated communities like ours are being disadvantaged buy the new changers to IPTAAS. We all thought that the reduction in distance criteria from 200km to 100km one way was going to be much better for isolated communities but IPTAAS have just shuffled the numbers around, robing Peter to pay Paul.

This is of great concern for our small isolated community. We feel that more clients such as the Frail aged and the Aboriginal community that need medical treatment outside of Lake Cargelligo will not attend there appointments and need more urgent treatment such as hospitalisation.

Please consider our concerns

Yours truly,

Angela Hayward
LCCT Coordinator