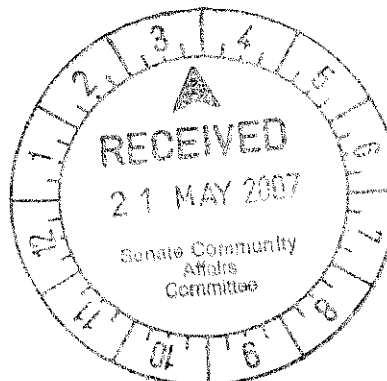




CENTRAL AUSTRALIAN DIVISION OF PRIMARY HEALTH CARE INC

Mr Elton Humphery
Committee Secretary
Senate Community Affairs Committee
Parliament House
CANBERRA ACT



Dear Mr Humphery

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

The Central Australian Division of Primary Health Care welcomes the opportunity to provide a submission concerning the current effectiveness of PATS scheme, and make comment on how the scheme could be improved.

Patient travel and accommodation assistance schemes are an integral component in improving health outcomes for people living in remote communities. In many instances it is the means by which people in these areas can access specialist services not available locally. It is acknowledged that the scheme in the Northern Territory does attempt to meet a reasonable proportion of the need; however there are areas where the scheme could be improved.

The following areas identifies where improvements could be made:

- **Eligibility:** In the Northern Territory, the guidelines indicate that only people living outside of a 200km radius of a major hospital can access PATS. This means that people living just within this area are precluded from any assistance, but no consideration is made for the health condition, the infrastructure in their home community, the availability and applicability of public transport nor the state of the roads that have to be covered in order to reach the nearest hospital.

There is a great deal of evidence available that demonstrates how people living in within the 200 km radius are greatly disadvantaged. An example is one community which is approximately 193km away from Alice Springs that can only be accessed via an unsealed road in poor condition, for all but 30km. For patients from this community requiring specialist services, the journey often entails a four hour journey in a crowded Troop Carrier. Patients with similar health conditions who live outside the 200km radius (sometime just outside this zone) are often transported by air under the PATS scheme.

Other examples relates to instances where patients, again just within the 200 km radius may be discharged after hours or on weekends with no transport home and nowhere to stay in a town. Hostel or short term accommodation in Alice Springs is extremely difficult to access as they are almost always operating at capacity. People discharged from Hospital in these circumstances are placed in very unsafe and unsupported

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situations which is extremely detrimental to their health and wellbeing. Most also have no means to pay for any transport home.

There are also many elderly and usually infirm patients having to go for eye surgery but who are not admitted immediately, this means they have to spend up to two (2) nights in town, a day for their operation assessment, admitted for two days, discharged but have to stay in town for post operative review before being able to travel home. All of this occurs without any support from the PATS scheme as they live just within the 200 km radius.

The current application of the scheme would appear to be inflexible and this could be improved by transparent guidelines that enabled local discretion where the situation warranted it.

- **Access:** While eligibility is a significant issue, so too is access. Again in the Northern Territory it is important to recognise that many remote communities can only be accessed by unsealed roads, whose condition is extremely variable. Many communities have no access to mail planes or any public transport whatsoever. So for patients to access specialist services including haemodialysis, the only option is by the Health Centre Troop Carrier. Not only does this take the vehicle out of the community for an extended period, it is also very uncomfortable for the patient who is quite ill. In one community within the 200km limit, it is necessary for that the community to transport five (5) patients 3 times a week for dialysis on a road so rough that 4wd vehicles regularly develop chassis cracks within 100,000km. These costs have to be borne by that community.

While it also may be possible to link up with public transport on the main highway, the timetable often means departing from the community at 1.00 – 2.00am in the morning to make a 4.00am connection on the side of a highway.

For communities within the 200km radius, they are faced with the added burden of having to meet such costs from their operational budget or worse still are confronted by situations where patients feel that they can not face the long journey and elect not to seek treatment.

- **Safety:** As described above the current practices having to be pursued for many people are not considered safe. The scheme should enable patients to travel to and from the place of care, without additional duress. Situations such as described above are that much worse during the colder months, when the temperature in Central Australia can dip below zero degrees. Another consideration is the need to ensure that patients can be supported by an escort or support person when language or the patient's condition requires someone to be in attendance.
- **Equity:** Given the very poor health status of people living in remote areas, it is difficult to appreciate how the scheme can apply to some communities and not others. In assessing whether a patient is eligible, all issues need to be taken into account, such as the condition of the patient, the level of health care support available in the community, public transport access, accommodation access in the major centre, appointment times. Sole application of a distance criterion is insufficient in determining need.

The kilometer allowance also needs to be reviewed to take road conditions, distances and the high cost of fuel in remote communities into consideration.

At present, PATS only covers medical appointments. It needs to be expanded to include services by specialist allied health professionals, eg, people requiring a number of fittings for a prosthesis (artificial limb), or specialized seating equipment. It would also be of great benefit for some people who live in remote communities but require intense multi-disciplinary rehabilitation from time to time.

- **Performance Review:** Although there are protocols and mechanisms to review the effectiveness and appropriateness of the scheme, the reality is that there has been no review undertaken for a number of years. There is a lack of transparency and it is difficult to identify how adverse outcomes are monitored and analysed in a bid to reduce the likelihood of severity and recurrence.
- **Escorts:** All patients from all backgrounds require support from appropriate family or friends when faced with a health crisis. Indigenous people require even more support as they are often under significant stress and have limited control over their care options. For many people this care often means that they have to travel quite a distance from their home, family to another centre. In situations where the prognosis is particularly challenging, there is a real need for a support person to assist. In other situations a person where English is a third or fourth language an escort is essential in terms of support or to act as an interim interpreter. The scheme needs to take into account and have the discretion to accommodate those personal needs.

Thank you for the opportunity to have input into this inquiry and we look forward to the outcome of this very important matter.

Yours sincerely



Sue Korner
Chief Executive Officer
Central Australian Division of Primary Health Care
16 May 2007