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Mr Elton Humphery
Committee Secretary
Senate Community Affairs Committee
Parliament House
Canberra ACT
By email: community.affairs.sen@aph.gov.au

22 May 2007

Dear Mr Humphery

**Re: Submission to the Senate Community Affairs Committee
*Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (PATS)***

Southern Queensland Rural Division of General Practice (SQRDGP) welcomes the Senate Inquiry into the Patient Assisted Travel Schemes (PATS) and is accepting of the opportunity to provide input on behalf of General Practitioner (GP) members providing primary care services in the more rural and remote communities of South and South Western Queensland.

SQRDGP is a member-based service delivery organisation supporting 120 GP members and 174,701 community members across 420,325 square kilometres of rural and remote Southern and South Western Queensland. The Division is an active member of both the Queensland Divisions of General Practice and the Australian General Practice Network, and has a strong affiliation with the National Rural Health Alliance and Health Workforce Queensland.

Attached is a document detailing four (4) case studies provided by general practitioners working in the towns of Charleville, Goondiwindi, Mitchell and Quilpie and key issues for consideration follow:

- Increase fuel and accommodation subsidy
- Decrease the distance required to travel for a patient to be eligible for an accommodation subsidy
- Streamline the required paperwork and approval process
- Increase consistency of PATS across all States and Territories

Once again, I would like to commend the Senate on its commitment to addressing the primary health care needs of the 30 per cent of Australians choosing to live in rural and remote locations.

Yours sincerely

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Submission to the Senate Community Affairs Committee *Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (PATS)*

Introduction

Southern Queensland Rural Division of General Practice (SQRDGP) supports 121 General Practitioners (GPs) to provide holistic primary health care and promote *Better Outcomes through General Practice* (Mission) for 174 701 rural and remote Southern and South West Queenslanders over 420 325 square kilometres.

Service provision is difficult across a vast and often very isolated geographic region and communities within the Division experience limited access to secondary and tertiary health care services. While SQRDGP, in partnership with state-based organisation Queensland Divisions of General Practice, implements the Medical Specialist Outreach Program this is limited in capacity due to resource constraints, inability of many rural and remote communities to afford private services and the ever increasing demand for specialist services in urban areas – drawing much needed services away from rural areas. As such, GPs and community members within the Division are forced to rely on referrals to services in larger provincial or urban centres such as Toowoomba or Brisbane.

Recommendations

That consideration is given to:

1. Increasing the fuel and accommodation subsidy

While the inconvenience of travelling to another centre is costly and time consuming, an increase in the fuel/accommodation subsidy would alleviate pressure on already strained resources.

2. Decrease the distance required to travel for a patient to be eligible for an accommodation subsidy

3. Streamlining paper-work and approval process

Cumbersome system leads to poor patient outcomes and places extra burden on the already strained rural workforce (both general practice and Medical Superintendents). It is suggested that the patient benefits far outweigh the cost to the system, including Medicare, State health as well as the patient's personal resources.

4. Increase consistency of PATS across all Australian States and Territories

Four Case studies from GPs working in Southern Queensland Rural Division of General Practice (SQRDGP)

Mitchell

Mitchell is located in South West Queensland, and is approximately five hours drive to the nearest centre of Toowoomba and six and a half hours drive to Brisbane. A single Medical Superintendent with Right of Private Practice (MSRPP) provides primary and acute health care to the local community of 1 445 people across a service area of 14 595 square kilometres.

Community members in Mitchell must travel to Toowoomba or Brisbane to access specialist care. While the Mitchell MSRPP incumbent commends that all community members can access the Patient Travel Subsidy Scheme (PTSS), there are concerns that patients travelling to Toowoomba (return trip of approximately ten hours by car) are not eligible to receive an accommodation subsidy.

Quilpie

Quilpie is classified as a very remote area and is located in Far South West Queensland, approximately ten hours drive (with a section of unsealed road) drive to the nearest centre of Toowoomba and eleven and a half hours drive to Brisbane. A single MSRPP incumbent provides primary and acute health care to the local community of 1 072 people across a service area of 52 987 square kilometres.

One community member from Quilpie was admitted to the Quilpie Hospital over the 2006 Christmas period requiring Specialist attention from an Urologist. Due to the Christmas holiday break the Toowoomba-based Specialist was unavailable, treatment became available in early January at Toowoomba (ten hours drive). The patient was required to seek accommodation in Toowoomba for four days following the operation – with travel and accommodation costs totalling \$2 500. Quilpie's MSRPP commends the PTSS for easing the financial burden of seeking treatment on the patients' family, after suffering through seven years of drought conditions on the family property, but recommends that an increased subsidy is required as well as recognition that patients have no option other than to travel extreme distances to seek Specialist attention.

Charleville

Charleville is located in very remote Far South West Queensland, approximately seven hours drive to the nearest centre of Toowoomba and nine hours drive to Brisbane. The Charleville district spans approximately 37 431 square kilometres, with a resident population of around 4 500. The area is serviced by two private GPs, a Medical Superintendent, and a Medical Officer – a Royal Flying Doctors service base is also located at Charleville.

As with all locations in South West and Far South West Queensland community members must travel to Toowoomba (seven hours drive) or Brisbane (nine hours drive) to access Specialist medical care. SQRDGP facilitates visiting Specialist services to Charleville including a General Physician, Ophthalmologist, ENT, Endocrinologist (Diabetes Educator), and a Dermatologist – patients still need to travel for surgery and follow-up appointments as this Program has limited funding and is restrictive in the number of sessions that can be provided on-the-ground. Also, individual service providers determine fees for patient sessions under this model (Medical Specialist Outreach Assistance Program).

From the Charleville community's perspective there are five major areas of concern in relation to PTSS:

1. Lack of consistency and continuity of scheme – patient experience can be dictated by whether the patient received care from a private GP or the Hospital's Outpatient Clinic. A self-employed patient from the Charleville community kept working to avoid bankruptcy despite chronic illness and due to this was rejected PTSS assistance. It is suggested that an independent centralised body should administer PTSS in Queensland, without increasing the amount of red-tape involved with exceptional personal circumstances taken into consideration – in the previous eight to ten year period the PTSS form has evolved from a single A5 page to five A4 pages.
2. Need to increase rebates – very remote areas experience inflated prices and increased distances compared to regional counterparts when accessing Specialist medical care and are also experiencing increased hardship associated with drought. It is suggested that rebates be increased and that a remote loading be attached to account for exponential costs.

3. Patients receiving cancer treatment be able to access rebates for air-fares with an escort – Charleville community members receiving chemotherapy or radiotherapy are currently unable to access a rebate to fly to centres to receive care. Currently, community members from Charleville in these circumstances must drive to Toowoomba to access chemotherapy (seven hours drive) and to Brisbane to access radiotherapy (nine hours drive) with no allowance for an escort.
4. Need to address private health cover gap – patients are required to access private Specialist or Hospital care and are either out-of-pocket for a gap payment (providing the patient is covered by private health insurance) or for the full payment. Ideally, increased access to public care is required although workforce issues usually negate this possibility – further consideration should be given to a More Allied Health Services’ model for the Medical Specialist Outreach Assistance Program, with sessions paid for as well as travel costs to ensure a free local service.
5. Need to extend PTSS to include dental and other services – there is currently one public dentist servicing an area of 233 020 square kilometres and a population of around 9 046 people. In addition, many rural and remote community members cannot afford private health cover as well as travel costs to access services.

Goondiwindi

Goondiwindi is located in the Southern Darling Downs region, with a population of approximately 6 122 people across 3 845 square kilometres. Goondiwindi is also the major service centre for Indigenous communities located just over the state border in New South Wales including Boggabilla (population 666, 42% Indigenous) and Toomelah (population 364, 72% Indigenous). Community members from Goondiwindi are also required to travel to Toowoomba (two and a half hours drive) or Brisbane (four hours drive) to access Specialist care.

An SQRGDP Associate Member that currently provides regular outreach services to the Indigenous community of Toomelah and was a full-time GP at Goondiwindi before re-locating commented on PTSS from experiences in Goondiwindi and surrounding areas. It is recognised that the existing system within Queensland of a GP completed form and Medical Superintendent approval system is cumbersome, placing a further unnecessary burden on the strained rural workforce – practice staff or patient completed forms would reduce the longevity of application completion and approval and ensure a more efficient approach to patient care. In addition the subsidies provided are inept, and a more appropriate and timely system for reimbursement would be useful – for example, a tax return addition or a Medicare claim. With Goondiwindi acting as a service centre for townships/Indigenous communities located in New South Wales it would benefit from greater consistency between States and Territories across the PATS system.

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