

Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (PATS).
Submission by Wurlli Wurlinjang Health Service – Katherine Northern Territory

- a) The need for national consistency and uniformity of Patient Assisted Travel Schemes across jurisdictions, especially the procedures used to determine eligibility for travel schemes covering patients, their carers, escorts and families; the levels and forms of assistance provided; and reciprocal arrangements for inter-state patients and their carers.
- ***Inconsistency with the ability to send escorts, despite recommendation from GP's and specialists requesting family escorts. The current regulations do not allow for escorts for cultural reasons, rather the regulations are limited to patients who are totally (permanently or non-permanently) incapacitated by an illness or for medical reasons are unable to travel alone. This lack of recognition of cultural reasons has resulted in many clients from this region refusing to travel for essential medical care. As the primary provider of health care to the indigenous clients in the Katherine area we have found this refusal to travel greatly affects the ability to provide best practice care for our clients and often results in poor patient outcomes. We have seen the difficulties our clients have when traveling outside of their home areas for medical treatment. Many clients do not have the language and life skills to manage this alone and therefore require family support. Without family support, the fear of what is going to happen when they arrive at the destination and an inability to understand the medical staff once at the destination is reason enough for these clients not to travel for essential medical treatments.***
- d) The current level of utilization of schemes and identification of mechanisms to ensure that schemes are effectively marketed to all eligible patients and monitored to inform continuous quality improvement
- ***The current schemes available in the Northern Territory are not marketed to the non-indigenous population and therefore many clients are suffering financial hardship through covering the cost of traveling to and from Darwin and interstate – a wider marketing campaign advertising the ability to access PATS would be beneficial in this region***
- e) Variations in patient outcomes between metropolitan and rural, regional and remote patients and the extent to which improved travel and accommodation support would reduce these inequalities
- ***The daily PATS financial assistance is insufficient to cover the cost of leaving home and staying in another location. In most cases the travel is unexpected and clients have insufficient time to plan for extended stays away from home. The cost of accommodation is far greater than the assistance provided, and often there is no ability to cook in***

accommodation which greatly adds to the financial burden. (The cost of eating out is beyond the reach of most clients).

- h) The feasibility and desirability of extending patient assisted travel scheme to all treatments listed under the MBS including Enhanced Primary Care items such as allied health and dentistry
- ***The Katherine Region, and for that matter, the majority of the Northern Territory has a lack of access to Enhanced Primary Care services. There are the primary issues of insufficient allied health staff, due to recruitment and retention difficulties. This is compounded by the inability of people to access the PATS scheme in order to travel for these important services. Dentistry is another service inadequately provided. The current wait to see a private dentist in the region is a minimum of 3 to 4 months and access to the NT Government service (when a dentist is staffed!) has a similar wait list. This wait list is currently 3 months despite many people not bothering to even attempt to make appointments. Provision of travel support through PATS may help to offer better access to dental services in Darwin.***
 - ***The Federal Governments change to MBS, to allow for additional access to these services, was beneficial to people in regions where the Allied Health service exist. Unfortunately those in greatest need for Allied Health Services have little or no opportunity to access these services within the Katherine Region. The ability to travel to Darwin under the PAT scheme could provide those in greatest need of this care, the ability to access it.***
- i) The role of charity and non-profit organizations in the provision of travel and accommodation assistance to patients
- ***There is an urgent need for additional transport options for the conveyance of clients between Darwin and Katherine. The commercial bus service is limited in its availability at certain times during the year (particularly peak tourist season).***
 - ***There is also a dire need for additional accommodation facilities in Darwin to avoid the cancellation of urgent medical appointments and procedures purely due to a lack of accommodation, which is an 'all too frequent' occurrence.***
 - ***One example of how the introduction of additional transport channels could improve specialist access concerns attendance of our clients to high risk ante-natal appointments in Darwin. Currently these appointments are only available on a Friday afternoon, which requires the client to travel on a Thursday, and then (due to the lack of transport on a Saturday) the client is left to stay in Darwin until Monday. This effectively requires the patient to stay in Darwin for four days in order to attend one half hour appointment. As a result of this prolonged travel***

process, many clients are unwilling/unable to attend quite understandably as they have employment commitments, and/or children for which they are responsible.

For further consideration, our organization would like to highlight some recent patient travel incidents of concern.

During January 2007 a client had an appointment in Darwin for which the PATS form was submitted to the PATS office 5 days prior. By the day before the appointment this travel had not been confirmed by the PATS office. The travel method required from this region is via bus which only leaves once a day a 1.20pm. Staff from within our service was required to actively chase confirmation of travel arrangements. After multiple phone calls over this five day period and on the day of presumed travel an itinerary was finally received at 12.54pm. Fortunately on this occasion, our staff managed to rush to the client's house to collect the client in time for 1.20pm. However this obviously will not always be the case. The reason stated for the late confirmation was reported to be unavailability of accommodation; however this is not an infrequent occurrence. Having regular late confirmation of travel arrangements will result in specialist access problems for our clients. The PATS office often relies on a presumption that our clients will be at home and are not employed. This lack of communication and last minute confirmation leaves clients rushed, unable to let all family members know that they are leaving town, and rises anxiety levels for the appointment in Darwin. This is not the ideal situation, particularly if the client has children or dependants who rely on them to provide care.

In February 2007 a client saw a visiting optometrist and was urgently referred to Darwin for treatment. The PATS form was sent and it was hoped that travel would be arranged for that night or the next day. Travel was organized and the client was to catch the bus to Darwin and be picked up from the depot in Darwin (by the contracted conveyance organization) and taken to the Royal Darwin Hospital. The said client was not picked up from the Depot in Darwin which resulted in the client having to sleep at the bus depot. It was discovered upon investigation that the bus from Katherine had left late and therefore had arrived in Darwin late. The conveyance organization stated that they had driven past the bus depot later but found no client.

This highlighted that there was no procedure for ensuring that the conveyance organization collected patients from the depot, there is obviously no list or number of clients expected, and the procedure we were informed (after the event) is that the client is expected to know to flag down the bus of this conveyance organization. This incident led to a client being left in an undesirable location for the night and no one being notified of their situation, and from the written response we received after this incident was investigated, no change to procedure has been made which will result in this problem being recurrent and ongoing.

In March 2007 a client was discharged from the Royal Darwin Hospital and sent home to Katherine on the bus. Neither Wurlu Wurlinjang Health Service nor the patients' family was notified of the discharge. The client was dropped in town in

poor health, unable to walk, and the situation resulted in the client being conveyed to Katherine District Hospital by Night Patrol.

In May 2007 a client was referred for an urgent specialist appointment in Darwin, the PATS form was completed and forwarded to the appropriate section for travel to be organized. The travel was delayed despite the urgency of the specialist appointment, due to their being insufficient accommodation for male clients in the contracted hostels in Darwin. This situation is a common problem when referring clients for appointments as there is limited accommodation in Darwin for our clients, and our clients do not have the financial means to pay for hotel accommodation in the Darwin region. The shortage of suitable accommodation limits access to medical care and disadvantages clients within this and other services that are remote from major centers.

In 2007 said client was pregnant and referred to a specialist in Darwin. At the same time as her appointment, appointments were also made for her 3 children in Darwin. Two of the children had appointments in Darwin that involved nuclear medicine. Due to the nature of the children's appointments it was recommended that the father attend as an escort to these appointments. The PATS forms were submitted within reasonable time. Due to the booking procedures within the scheme, we were only notified the day prior to travel that accommodation was not available. Despite this the family agreed that it was imperative that they attend the appointments in Darwin and decided to find their own accommodation. Unfortunately, due to the late notice, there were no seats available on the bus to Darwin that day and all appointments were missed. If the PATS system supplied reasonable notice of accommodation unavailability to clients, this outcome could have been avoided.