

Response to:

**Senate Inquiry into the Operation and  
Effectiveness of Patient Assisted Travel  
Schemes**

From the

**Isolated Children's Parents' Association  
of New South Wales Inc. (ICPA-NSW)**

**May 2007**

Prepared by: Anne Milliken  
Lone Member Officer & Special Education Convenor  
On behalf of  
New South Wales State Council ICPA

Mrs Helen Rogers,  
Secretary, NSW-ICPA  
"Yarto"  
Booligal NSW 2711  
Tel/Fax: 02 6993-8151  
Email: [helenrog@bigpond.com](mailto:helenrog@bigpond.com)

## **Introduction**

The Isolated Children's Parents' Association of NSW Inc. (ICPA-NSW) is a voluntary parent organisation that lobbies for access to equal educational opportunities for geographically isolated students. It is part of the larger national organisation ICPA-AUST, formed in 1971 when rural industry was experiencing a severe downturn. ICPA strives to achieve an appropriate education for all students from Preschool through to Tertiary level. It is the only parent organisation that supports both government and non-government systems of education.

ICPA-NSW is a completely voluntary, non-party political organisation that represents the families from rural and isolated areas of NSW.

In the pursuit of its objectives, ICPA-NSW has developed policies based on motions carried at Annual Conferences. At the 2007 Conference held in Walgett, motions calling for a review and change of the NSW IPTAAS form and an increase in the accommodation rebate were presented and passed.

ICPA-NSW maintains its focus on access to education. However, it recognises that health, and access to health services, play an important and supporting role in education.

As the majority of our members are based in rural or isolated areas of the state, the comments made in this submission will relate directly to the problems and circumstances, which affect families in these areas.

ICPA-NSW welcomes the opportunity to comment and present this submission to the Senate Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes.

The Isolated Children's Parents' Association of NSW Inc (ICPA-NSW) would like to present the following submission to the Senate Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes (PATS).

Accessing medical care is an everyday occurrence. The difference between the accessibility of medical services in urban environments and rural and remote areas is vast. Travel is inevitable for rural and remote families. Rural families are being forced to travel to distant centres for not only medical treatment, GPs and hospitals, but also allied health services, dentists, speech pathologists etc

The difficulties arise when serious ongoing conditions need to be treated a long way from home. The illness of one family member impacts on the daily lives of the rest of the family. This is particularly evident when families are isolated from their closest town, their nearest GP, their family and other support services. Families running their own businesses and educating their children find it difficult to organize their daily lives and business so that medical treatment can be accessed. The high costs of travel and accommodation can be extremely prohibitive to these families when obtaining the relevant medical treatment, especially on top of lost income.

Health, and access to health services, plays a vital role in education, especially for children with special needs and early intervention for the pre-school aged child. The shortage of allied health workers in rural NSW is well known. Families must travel considerable distances to access services such as speech pathology and physiotherapy.

### **Recommendations:**

- 1. That a Simplified Application Form be introduced.**
- 2. That it is not necessary to complete the Referring Medical Practitioner section when the treatment is ongoing.**
- 3. That it be possible to claim travel to see more than one specialist on the same form.**
- 4. That travel assistance should be available to the most appropriate treating specialist, not necessarily the 'nearest'.**
- 5. That travel assistance should be available when accessing dentists and allied health professionals such as speech pathologists, optometrists etc.**
- 6. That the level of financial assistance be increased to accurately reflect the true cost of travel and accommodation.**
- 7. That rural and remote families need to be informed that travel assistance schemes are available.**

## **Recommendation:**

### **1. That a Simplified Application Form be introduced.**

- There are four pages (sections) on the application form to be completed by the patient, the referring GP and the specialist. Each section must be completed by the relevant person. This is time consuming for the patient, GP and the specialist. It also means that the patient must remember to have the form with them when seeing the GP and specialist.
- The process needs simplification so that each specialist visit does not need a separate travel assistance application form. There could be a section for more than one visit to be documented on each form.
- Rural and remote families often have to travel significant distances to see their GP. It is not always practical to see the GP before traveling to the specialist appointment. In fact, travel may be in opposite directions.
- The shortage of General Practitioners practicing in rural areas means that there is often a two week wait for a non urgent appointment, just to get the travel assistance form signed before travel to the specialist. In some rural towns there is no resident doctor so patients have to travel even further to get the form signed.
- Patients seeing specialists are seriously ill. The onus is on the patient to ask the specialist to complete the relevant page in the application form. This expectation is unrealistic and uncaring. These patients are absorbing information about a serious medical condition and can easily forget to ask the specialist to complete the form.
- The specialist is being seen to discuss, inform and determine the most appropriate medical care for the patient; not to complete a form.
- The specialist section should be able to be completed by his/her secretary and signed by the specialist.
- A uniform application form, Australia wide, would make the application process simpler. This is particularly true for patients who access specialists in more than one State, because of where they live.
- Many patients just give up and don't apply for assistance because of the complexity of completing the form. It is often the families who need the assistance most who find the task of completing the form daunting.

**Recommendations:**

**2. That it is not necessary to complete the Referring Medical Practitioner section when the treatment is ongoing.**

**3. That it be possible to claim travel to see more than one specialist on the same form.**

**4. That travel assistance should be available to the most appropriate treating specialist, not necessarily the ‘nearest’.**

- For patients with ongoing conditions there should not be the need to have the GP continually sign the referral section, even if it is once a year. Many patients, especially those with cancer, no longer need a referral from their GP to see their specialist as the treatment is ongoing and could continue for many years.
- Travel assistance should be made available to the most appropriate specialist not the nearest specialist. It is documented that better outcomes are achieved when specialists have the support of a multidisciplinary team, especially for patients with a serious or life threatening illness. This often means that patients are better served by traveling to a large city hospital rather than to the nearest rural hospital.
- A patient must be given the option of requesting a second opinion. This is no reflection on the doctor’s original assessment but a right of the patient. Early intervention is imperative as this sometimes means an adverse prognosis can be averted.
- Specialists practicing in larger rural centres have long waiting lists, often up to three months. This time delay could be crucial in the treatment of a medical condition. Patients should be able to access a specialist when and where it is most appropriate for their treatment.

**Recommendation: 5. That travel assistance should be available when accessing dentists and allied health professionals such as speech pathologists, optometrists etc.**

- Many small rural towns no longer have a dentist practicing locally. Visiting dentists are often booked out for months in advance. The only way to have regular dental checkups is to travel hundreds of kilometres to larger rural centres.
- Dental health is part of one’s overall health and well being.
- The cost of traveling for regular dental appointments should be included in the schedule of services in the patient assisted travel scheme.
- Other allied health services that are inaccessible at the local level, but essential to the health of children and families should be included in the assistance package.
- Families often travel hours to access speech pathology and other services for their special needs children. This involves organizing care of other children while one parent is away. To access the allied health care necessary for their child, parents sacrifice time and lost income. The decision to remain part of the rural community comes at a cost when medical services are so distant. These families deserve to have some financial assistance.

**Recommendations: 6. That the level of financial assistance be increased to accurately reflect the true cost of travel and accommodation.**

- Payments made to patients for travel and accommodation costs are well below the actual costs incurred.
- The true cost of travel is much more than 15c/km (paid by NSW IPTAAS) especially with the current high price of fuel. Although the patient travel assistance scheme is a subsidy, not a reimbursement of the total cost of travel, a review needs to be conducted on the amount families have to pay to access a health specialist. A patient in the city can travel to their specialist quite easily and cheaply compared to the actual costs of travel and accommodation incurred by patients from rural and remote areas. Some country patients have to make the decision as to whether they can afford to see a specialist and therefore have to put cost above their health.
- The subsidy of \$33 per night (single) or \$46 per night (double), paid by NSW IPTAAS, is totally inadequate. The real accommodation cost, not including meals, would be more than double the above in regional centres. Accommodation close to hospitals and specialists rooms in a major city would be significantly higher.
- Most patients cannot travel to doctors and return home on the same day – they have to use commercial accommodation.
- There are other associated costs with traveling to a major city for medical treatment that are not taken into account – meals, public transport.

**Recommendations: 7. That rural & remote families need to be informed that travel assistance schemes are available.**

- Some members of ICPA-NSW have not been aware of the NSW Isolated Patients Travel and Accommodation Assistance Scheme.
- The application forms need to be readily available at doctors' surgeries.
- Medical receptionists and secretaries need to be educated about the scheme and be able to help patients complete the form.

ICPA-NSW is willing to speak to this submission and looks forward to hearing the outcome of the Senate inquiry.