

Senate Community Affairs Committee

SUBMISSION INTO THE OPERATION AND EFFECTIVENESS OF PATIENT ASSISTED TRAVEL SCHEMES (PATS)

(a) Consistency of eligibility for patients and escorts

- for those “public” patients and also for those with private health insurance should be considered.
- consistency could be achieved by a centralized system for administration of PATS (applications and approvals) rather than the current system (in WA) of every public hospital (rural/metro) administering the scheme. This would also enable the PATS budget to be separate from the hospital’s budget. This would stop the PATS budget, if needing topping up, debiting the hospital budget, as is currently the practice.
- inconsistencies in approvals for air travel, need clear criteria.
- a system similar to the DVA transport approval system.

(d) Effective marketing

- General Practitioners are particularly poor in advising clients about PATS and eligibility for PATS, despite information being given to them.
- Hospitals administering the scheme don’t want to actively market the scheme (Catch 22 situation) as this will attract more submissions, and put the hospital budget at risk.
- The scheme needs to be adequately funded if actively marketing the scheme.
- Marketing of e- health to GP’s.

(g) Increased education and marketing of e-health (ie. Telehealth - videoconferencing patients/specialist consultations) to both patient and GP’s in rural areas. Initial consults or reviews could be accessed from local rural health sites or Telecentres. This needs to be resourced - equipment, education, facilities, staff to facilitate and encourage patients and GP’s to utilize.

- Website for PATS - could include facility for applications/approvals as well as information for the public.
- Remuneration of specialists for videoconferencing consultations.

Sue Roberts
Director of Nursing/Health Service Manager
Denmark Health Service