



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

Partners

Let's GET Connected Gippsland East Transport Connections Project¹, Wellington Shire Council, East Gippsland Shire Council, Travellers Aid, Australian Red Cross, Bairnsdale Regional Health Service, Gippsland Lakes Community Health Service and Orbost Regional Health Service.

Introduction

Thank you for the opportunity to provide a submission into Patient Assisted Travel Schemes. This submission is written by a Let's GET Connected Gippsland East Transport Project working group comprising Wellington and East Gippsland Shire Councils in partnership with Australian Red Cross, Bairnsdale Regional Health Service, Orbost Regional Health Service, Gippsland Lakes Community Health and Travellers Aid.

Focus of submission

The focus of this submission is largely on the impact of transport disadvantage for rural people needing to travel long distances in order to attend medical appointments, the impact this is having on local volunteer services and the difficulty in being able to access appropriate Patient Assisted Travel Schemes.

The Rural Context – Wellington and East Gippsland Shires cover 77% of Gippsland's area and 14% of Victoria (almost one seventh of the State) and are two of the three largest Local Government Areas in Victoria. They have a large geographic area, a widely dispersed population, low average income, low formal qualification rates, a rapidly ageing population and high unemployment rates.

Transport issues, therefore, need to be considered within this rural context. Both Shires face a number of diverse and complex challenges associated with the geography and demography of such a large rural area, where the majority of communities have no public transport.

Solutions to address identified issues require working at a local level, collaboratively, with communities and service providers to develop innovative ways to address issues.

Scenario – Orbost Regional Health

“Orbost Regional Health is situated in Far East Gippsland in Victoria. We provide a range of acute and community based services across a catchment area of 1 million hectares.

Orbost is situated 4 ½ hrs by road east of Melbourne. We have an ageing population with a large percentage of our population currently 70 or over.

We provide a volunteer transport service to assist HACC eligible clients to access medical appointments locally, regionally and within Melbourne.

¹ The Let's GET Connected Transport Project is funded through the Victorian Government's Transport Connections Program.

HACC clients wishing to access support with volunteer transport must speak directly with Orbost Regional Health Volunteer Transport Coordinator. The Coordinator assists clients to access the most appropriate transport option.

Orbost Regional Health is currently beginning to access the Lets Get Connected V/Line, Red Cross, and Travellers Aid Metropolitan Medical appointments transport project but are encountering a number of barriers impacting on the uptake of this valuable project. Barriers include inappropriate train timetables, lack of accessible public transport in Orbost which link to the limited V/Line service accessible via Bairnsdale train station.

Due to these barriers Orbost Regional Health Volunteer Transport Coordinator must continue to coordinate a small band of retired volunteers to provide this long distance transport service. Time frames for travel to Melbourne are between 4 ½ and 5 ½ hours one way and can be affected by health needs of the client being transported, traffic conditions and location of appointment and/or accommodation.

The clients and Orbost Regional Health continue to bear the additional costs associated with an overnight stay in Melbourne and increasing fuel costs associated with these long distance trips as it is not acceptable nor safe for our volunteer drivers to provide a same day return service.

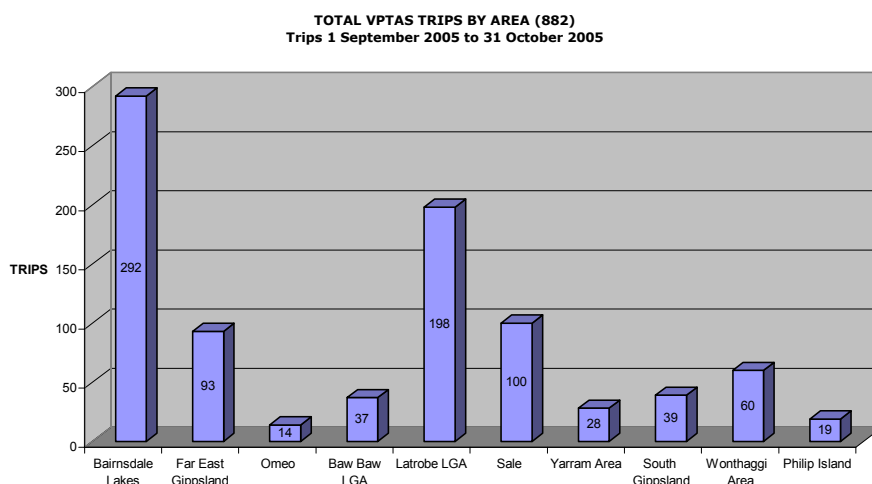
Orbost Regional Health continues to experience inappropriate appointment times and expectations by Metropolitan Health and Specialist services who do not understand the geographic location of Orbost or our particular problems relating to lack of appropriate public transport options. *Orbost Regional Health Service*

Impact of travelling to medical appointments in Melbourne from Rural Towns

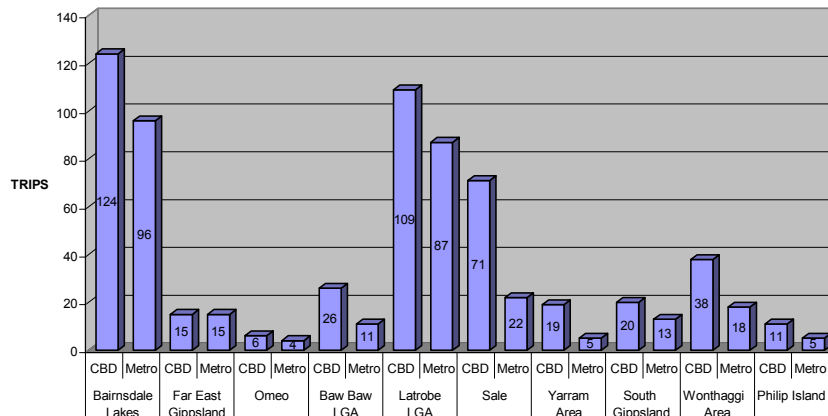
The Let's GET Connected Transport project assists the communities across Wellington and East Gippsland to develop local transport solutions to meet local needs. A partnership was formed with Red Cross Gippsland, Travellers Aid, V/Line, Department of Human Services and local health services in recognition that community and health transport for the aged and disabled was a priority.

The resulting Melbourne Medical Transport Project was initiated in order to reduce the number of long distance trips by HACC volunteer transport, especially to Melbourne. The data collected via a web-based booking system, VPTAS and feedback from local health services clearly identified the need for another approach to better utilize the existing transport resources in Gippsland.

Summary of VPTAS data across Gippsland



VPTAS CLAIMS TO MELBOURNE (715) 1 SEPTEMBER TO 31 OCTOBER 2005
NB. EACH CLAIM ESTIMATED = TWO TRIPS



Barriers:

- the lack of public transport services/options in rural/remote communities
- isolation from transport corridors
- the lack of public transport services or town services to medical facilities, such as GP Clinics, Hospitals, Pathology etc.
- centralised health services in Gippsland such as Latrobe Regional Hospital and Melbourne Hospitals that are difficult to access without a car
- lack of income, financial constraints
- rising petrol prices combined with long travel distances
- over reliance of volunteer services to provide medical transport
- over reliance on family members to provide medical transport
- loss of independence and social isolation
- eligibility criteria that restricts access to many schemes such as HACC, VPTAS, DVA, MPTP
- difficult application processes often requiring third party assistance in order to complete Patient Assisted Travel Scheme forms
- Melbourne hospitals lack understanding regarding the huge distances rural & remote patients need to travel to meet early or late appointment times
- overnight accommodation expenses incurred
- driver fatigue
- older Drivers – road safety issues

It is evident that many older people in the community who wish to remain in their home towns can no longer do so without alternative transport options in order to get to medical appointments.

The lack of affordable and accessible transport options (ensuring that people can get to key services other than by car) has been identified as one of the many issues making rural life difficult and less attractive to many people.

A cross government, coordinated transport solution for rural people is therefore a key strategy in maximizing the opportunities for rural communities.

Findings and Recommendations

A range of issues and themes emerged over the course of Transport Connections project:

- **data collection** is required across all health and volunteer sectors to map the referral patterns and frequency of people needing to travel to medical appointments so that appropriate transport solutions can be identified.
- **coordination of appointments time in Melbourne for rural patients** - Melbourne hospitals need to understand the distances rural & remote patients need to travel to get to appointment in Melbourne. For example the Royal Women's Hospital have block appointment times for their rural patients which correspond with available transport services.
- **coordination of all existing travel assistance schemes**, whether State or Federally funded, is essential not only in reducing the costs of providing these services but to avoid duplication of services. It is not uncommon to find Department of Veteran Affairs funded taxis (stats unavailable), Red Cross Patient Transport services, HACC funded volunteer transport services, Koorie transport services and individuals claiming VPTAS benefits all travelling long distances to Melbourne medical appointments on a daily basis from rural and remote communities. Findings from the Gippsland HACC Transport Pilot project estimated that some 10,000 trips are made annually to Melbourne hospitals and specialist clinics each year from Gippsland alone. The data collected was only from a small number of HACC funded agencies in Gippsland and probably under-estimates the total picture.
- **sharing of transport resources** – this has been one of the most difficult tasks to achieve as each agency or funding stream operates in isolation of each other. Most have their own strict eligibility criteria and funding constraints and therefore lack any incentives to coordinate services. Because of the dispersed nature of rural populations the logistics of getting patients to centralised locations is a huge issue. Insurance issues and a shrinking volunteer base has also been highlighted as a barrier to sharing resources.
- **use of e health technology to avoid unnecessary travel** – this has clearly been identified as one of the most under utilised tools available to rural communities. Whilst many health agencies and clinics have the technology to provide these services there appears to be a lack of willingness on behalf of specialists and hospitals to utilise these services in order to avoid long distance and often unnecessary travel by the public. It has also been suggested that one of the barriers is how the Medicare benefit is claimed and shared as part of case management.

Case Study: A Medical Review Board in Melbourne recently required the attendance of a young mother (who is legally blind) and her disabled 9 year old son to come to Melbourne for a Medical Review Board meeting. In order for them to attend that meeting they had to be transported by car to the Sale train station at 7am in the morning for their 3 hr trip to Melbourne where they were met by Travellers Aid staff and a Red Cross Patient Transport volunteer (coordinated through the Medical Transport Assistance Program in Gippsland) who took them to their appointment. The appointment lasted only 15 minutes but the next train back to Sale required over a 6 hour wait not returning them home until after 9pm that evening.

- **improved discharge planning practices** – this issue is constantly raised by local health providers as being critical in the overall planning of a patient's care. Time and time again we hear about instances where patients are discharged from hospitals at inappropriate times with little or no information or support to get them back to their homes. Following this patients need to attend post discharge appointments and often this can take the form

of a very quick basic check up. Health agencies in far east Gippsland have been advocating for post discharge video appointments through e health technology (see above) but have so far been unsuccessful.

- **information and promotion of services to the general public** - clear guidelines and eligibility. Many of the Patient Assistance Schemes are not well known throughout the health sector and the general public. Our project team has found that hospital staff, GP clinics and many health sector workers have little or no knowledge of the Victorian Patient Transport Assistance Scheme or other assistance schemes. Individuals are often left to arrange their own transport and lack any knowledge of what alternatives and support mechanisms are available to them, often relying on family and friends to get them to their appointments.
- **impact on volunteer support services** - more and more people are turning to volunteer support services to assist with their medical appointments and transport needs. Patient Assistant Transport Schemes are often difficult for the average person to understand or comprehend and volunteers and health services are often asked to assist with filling out forms and making bookings on behalf of clients. What is lacking is the opportunity for a third party (eg Travellers Aid or Health Service) to book and pay on behalf of the client for the Patient transport and the authority to claim reimbursement on behalf of the client.

“The issue at the moment is if you don’t have the money to pay yourself...you are stuck! And, Travellers Aid or another organisation has to try and help with limited or no financial resources to provide assistance.” *Travellers Aid*

- **Dialysis patient transport** – is emerging as a growing gap in transport service provision with huge increases in the number of people requiring regular treatment up to 3 times per week. For example Bairnsdale Regional Health Service has experienced 100% growth in the last 18 months for dialysis treatment. **Oncology service demand** has also increased significantly since Bairnsdale Regional Health Service increased service delivery from 1-2 days per week. Impact and demand is expected to continue growing with the needs of an ageing population.

The latest research from the Cancer Council of Victoria report has stated “*patients from Gippsland....have the worst survival rate, with fewer than 60% reporting their cancer had not returned after 5 years compared with about 64% of those living in Melbourne’s north-east suburbs*” *The Melbourne Herald Sun Sat April 21, 2007 p11.*

This is putting significant pressure on already stretched local transport assistance services and government schemes alike. Local volunteer transport services do not have the funding capacity to provide regular transport support. Furthermore the costs of travelling long distances together with dispersed rural populations exacerbates the difficulties for individuals and volunteer transport programs to provide regular transport. The Multi Purpose Taxi Card program for rural remote patients is too costly because of the distances travelled and the lack of taxi services in rural areas.

- **Better public transport services for rural and remote communities** - many of the communities in Wellington and East Gippsland have poorly timetabled, infrequent or no public transport services that connect people with their local, regional or metropolitan hospitals. For Melbourne bound train travellers east of Traralgon there is only 3 off-peak services a day compared to 18 train services daily from Traralgon. There is a 6 hour gap between morning and afternoon train services to and from Melbourne providing little incentive to choose train travel over driving. Local health service providers are struggling to fill this gap by providing volunteer based medical transport services which takes

valuable resources out of the local communities for long periods of time. Gippsland East patients wanting to access the Latrobe Regional Hospital are also forced to travel by car as train services only allow a 20 minute turn around in Traralgon, coupled with a bus connection to get them to the Hospital. For other patients in far east Gippsland there is a 3 hour trip just to get them to their local hospital in Bairnsdale.

- ***Integrated Regional Transport planning across all modes of transport (including community transport) is essential for rural Victoria***

Because transport impacts so heavily on rural residents it is vital that coordinated advice is sought across different sectors, local groups and jurisdictions.

- Modal and service planning needs to be established between all modes (rail-bus, road-rail, community etc) and between services (timetable coordination, integrated ticketing and cooperation between operators and service providers).
- Future Transport policies should be integrated with policies for education, health, sport, recreation and economic development, and directed to ways in which different manifestations of rural isolation may be reduced.
- State Government needs to recognise that community transport is a legitimate mode of transport and be included and funded in transport planning. At present most, if not all, community transport is heavily reliant on volunteers. Community Transport across Wellington and East Gippsland, in its present form, is unfunded, unaccredited and unsustainable.
- Transport Connections projects have also highlighted the need to recognise the different needs of metro, regional and rural transport with commensurate, flexible regulatory frameworks at all levels of Government.

Conclusion

We request that the issues raised by this submission be considered by the Inquiry.

We would be pleased to provide you with further information relating to the issues we have raised. For more information please contact the Let's GET Connected Project Coordinators listed below.

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Signed on behalf of the
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