



Council of Social Service of New South Wales

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The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes.

Dear Secretary

The Council of Social Service of NSW (NCOSS) is the peak body for the social and community services sector in New South Wales. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in NSW.

NCOSS provides an independent voice on welfare policy issues and social and economic reforms and is the major coordinator for non-government social and community services in NSW.

Thank you for the opportunity to comment on the operation and effectiveness of patient assisted travel schemes. This submission highlights the barriers faced by low income patients in accessing the NSW Isolated Patients Travel and Accommodation Assistance Scheme.

1. General

Approximately 700 000 people across NSW experience difficulties accessing health care when they need it.¹ Data from the 2005 NSW Population Health Survey also suggests that access to health treatment is getting progressively worse in NSW: there has been a significant increase in the proportion of people having difficulties getting health care; from 9.9 per cent in 1997 to 13.1 per cent in 2005.

Transport is a key concern. Barriers to accessing transport will affect the ability of individuals to seek treatment when needed. For example, people who do not have access to transport will experience difficulties accessing a bulk billing general practitioner if there are none in their area. Similarly, many people located in rural and regional areas who do not own a motor vehicle are likely to face significant difficulties traveling to specialist services, some of which are located 2-300kms away from their place of residence. Almost one quarter of people living in rural and regional areas will face difficulties accessing health care when they need it.

¹ Based on data from Centre for Epidemiology and Research, NSW Department of Health. 2005 Report on Adult Health from the New South Wales Population Health Survey. 2006. Online at <http://www.health.nsw.gov.au/public-health/survey/hsurvey.html>

The annual NSW Population Health Survey indicates that a very large number of people experience transport or transport related barriers to accessing services. Approximately 70 000 people in NSW will directly cite a transport related difficulty accessing health services. A significant number of people in NSW have *transport related* problems accessing health services: for example, around 70 000 people in NSW are likely to report a shortage of general practitioners in their area.

Low income households in NSW are arguably the hardest hit. Low income and disadvantaged people face the most significant barriers to accessing health, because of a limited capacity to pay high costs for medical treatment, or meet transport costs to travel to affordable services. The NSW Population Health Survey reveals that approximately 16.4% of people in a low income category have difficulty accessing health treatment when they need it (in comparison 13.1% average).² Travel to health appointments can be costly, and severely compromise the ability of low income people to access health appointments.

This means:

- Some low income people routinely miss health appointments because of transport problems;
- For some low income households, the ability to meet food, energy and other essential bills is compromised as a result of high health transport costs;
- Some low income people, particularly in rural and regional areas, must move away from family and support networks in order to access health services.

Low income people experience comparatively poorer health outcomes than the general population³: transport is arguably a significant contributing factor.

2. Rural Health Transport in NSW

Patient Assisted Travel Schemes operate within the context of a broader system that offers support to rural patients who face transport difficulties. Programs in NSW that provide significant non emergency health transport support include:

- a. The *NSW Transport for Health program*, which incorporates the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and the Health Related Transport Program, Inter-facility transport (non-Ambulance).
- b. The *Home and Community Care Program (HACC)*, which provides funding to community transport and neighbor aid services to enable transport for older people and people with disability.
- c. *The Department of Veterans' Affairs (DVA)* which funds a range of transport services, including to health destinations, to approved veterans.
- d. *Local Government*, which can play a role in providing transport services to local communities in some areas.
- e. The *NSW Ambulance Service* which delivers non emergency trips (in 2005 the Ambulance Service of NSW estimated that this amounted to approximately 21 percent in Sydney) operating a dedicated non emergency service in the form of Patient Transport services.

² Based on the average for the bottom two income quintiles.

³ Centre for Epidemiology and Research, NSW Department of Health. 2005 Report on Adult Health from the New South Wales Population Health Survey. 2006. Online at <http://www.health.nsw.gov.au/public-health/survey/hsurvey.html>.

Although the NSW Health Department does fund some transport services, resources are limited. The large bulk of funding for services to health destinations occurs through the Commonwealth State Home and Community Care Transport sub program.

3. The Isolated Patients Travel and Accommodation Assistance Scheme in NSW

Rural patients in NSW receive assistance through the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). IPTAAS is designed to assist with access to specialist medical treatment for people living in isolated and rural communities in NSW through the partial reimbursement of actual travel and accommodation costs.

NCOSS believes that the IPTAAS scheme is not structured to meet the needs of low income households who face transport barriers accessing health services.

There are a number of problems associated with the scheme that create barriers for low income people in accessing the scheme. This means that those who are most in need of assistance with health related accommodation and transport costs are not in a position to take advantage of the scheme. Barriers include:

4.1. Upfront costs.

IPTAAS participants are required to pay up front for their travel and accommodation costs, and then to subsequently claim reimbursement for costs. In effect this means that the scheme is only available to those who can afford to pay for their travel and accommodation in advance, and thus does not provide assistance to some low income patients.

4.2 Non-refundable personal contribution levels.

IPTAAS in NSW requires a personal contribution of \$40 or \$20 for Health Care Card holders. This contribution reduces the level of reimbursement available, reducing the affordability of the scheme. The fee will mean that it is pointless for patients to make small claims for bona fide transport expenses, and will mean that patients who must make frequent journeys for treatment may not be able to claim reimbursement, despite high overall costs.

4.3 Low levels of reimbursement for accommodation costs and fuel.

Accommodation reimbursements are currently set at \$33.00 per night for a single room and \$46.00 per night for a double room. Fuel reimbursement is currently at 15c a kilometre, which is approximately one quarter of that factored by the Australian Tax Office in calculating car related expenses. Low levels of reimbursement effectively increase personal contribution levels for those who have to travel for health treatment and reduce the affordability of the scheme.

4.4 Exclusion of expenses related to primary, allied and general dental treatment

IPTAAS guidelines prevent reimbursement for travel and accommodation related to general medical treatment by general practitioners, allied health professionals (such as psychologists, physiotherapists and speech pathologists) and to general dentistry services. Low income households already face significant barriers accessing these forms of medical treatment in NSW.

IPTAAS reimbursement to dental services in particular would assist to improve the poor oral health outcomes for rural patients. A recent Rural Dental Action Group survey of Country Women's

Association Branches found that “44 branches reported traveling more than 50 km to access the school dental service e.g. Bourke and district residents have to travel 400 km to a school dental service in Dubbo. Seventy branches reported traveling more than 50 km to use a private dentist and 78 reported they travel 50 km or more to use the government dental clinic.”⁴

4.5 Intensive paperwork and payment delays

Each claim requires substantial paperwork on behalf of the claimant. The administrative requirements on IPTAAS participants are heavy and will discourage some applicants from seeking reimbursement for costs.

IPTAAS participants can also wait a significant time for payments to be made: payments can take up to three months, which creates a further barrier for low wage earners.

4.6 Information and Marketing

The IPTAAS scheme is complex, and not well promoted, so that many health providers are not aware of the scheme and also the components of the scheme. As a result the scheme tends to be available to “those in the know” exacerbating existing access issues.

4. Access to IPTAAS by Aboriginal people.

Health transport is a significant concern for Aboriginal people, and barriers to health transport arguably contribute to poor health outcomes in this area. Evidence through NCOSS consultations, and through forums that NCOSS participates in (including the NSW Aboriginal Transport Network), suggests that many Aboriginal people have difficulty using the IPTAAS scheme. Key problems cited include:

- confusing paperwork which is difficult to complete;
- claims can only be made retrospectively (ie subsidies are not paid “up front”);
- payment delays;
- inability to be reimbursed for carer expenses unless approved as ‘medically necessary’; and
- there is no system at all for those people who do not have a bank account as all payments are made by electronic transfer or cheque.

5. The Role of Non Government Organisations

The non government sector currently makes a significant contribution to the delivery of health transport services in NSW through HACC. For many low income people, particularly older people and people with disability, NGO transport providers may be their only option for providing connectivity to health treatment.

Community transport and neighbour aid providers will be called on to provide transport where other forms of transport are unavailable or inappropriate. Many community transport providers in rural and regional NSW provide trips over long distances to ensure patients can attend health services. Arguably, the existing barriers to the IPTAAS scheme contribute to the high demand on rural community transport providers for long distance health transport.

⁴ Rural Dental Action Group, Dental Health Survey 2006, p1.

Nevertheless, NCOSS believes there is potential for an expanded role for not for profit community transport providers. Many of the community transport providers specialise in the provision of non emergency health related transport to health facilities, and utilise drivers who have some expertise in meeting the support needs of people who require this form of transport. In some cases there could be opportunities for individuals to use the IPTAAS scheme to cover community transport related costs, or for community transport providers to deal directly with IPTAAS administrators in order to save clients from having to deal with intensive paperwork or high upfront costs.

NCOSS stresses that NGO community transport and neighbour aid providers currently face overwhelming demand for services – any proposal to expand the work of the community transport industry would require careful consultation with providers, and adequate resources to cover the costs of operations, administration and vehicles.

6. Other issues raised in the Inquiry Terms of Reference

6.1 Consistency, Minimum standards

NCOSS would support greater consistency and national minimum standards provided this led to improved outcomes for patients in NSW. National consistency in relation to eligibility requirements could assist for patients for example by lowering the minimum distance requirements that currently apply to NSW residents.

6.2 Access to multidisciplinary team and second opinion

Reimbursements are currently only available for journeys and accommodation to the nearest treating specialist under NSW IPTAAS guidelines. This means that patients do not have choice of specialist, cannot seek a specialist that is supported by a multidisciplinary team unless this is the closest provider, and cannot claim reimbursement for a journey to another specialist for a second opinion. NCOSS would support changes to guidelines to promote more flexibility in the system to enable the best possible outcomes for patients.

6.3 Extending IPTAAS to all Enhanced Primary care

As discussed above, IPTAAS guidelines currently prevent reimbursement for travel and accommodation related to general medical treatment by general practitioners, allied health professionals (such as psychologists, physiotherapists and speech pathologists) and to specialist dentistry. NCOSS would support extending IPTAAS to all treatments listed on the Medicare Benefits Schedule – Enhanced Primary Care.

7. Recommendations

NCOSS stresses that any reforms of PATS schemes must occur within the context of improving transport connectivity to health services, and removing transport as a barrier to good health outcomes. In practice this means:

- ensuring that transport is considered an integral part of the health system;
- funding a range of measures – such as community transport - that will improve access to health treatment;
- involving all levels of government, public and community transport providers, non government human service providers and health consumers in planning for health transport.

NCOSS also notes that the way in which health services are structured will contribute to travel and accommodation costs. In NSW a number of public health services have been restructured in a way

which has increased the distances some rural patients must travel in order to access health treatment. Many patients are unable to access specialists within their local area. Governments must share some responsibility for the transport implications of the way in which health services are structured. In NSW, NCOSS has proposed a substantial expansion of the budget available for non emergency health transport services in order to improve connectivity to health services.⁵

NCOSS recommends the following changes to the operation of the Patient Assisted Travel Scheme in order to improve access to the scheme:


1. Remove personal contributions for Commonwealth Health Care Card Holders.
2. Increase the fuel reimbursement costs to match fuel reimbursement rates as determined by the Australian Tax Office.
3. Increase reimbursement costs for commercial accommodation to at least double the current rates to more closely reflect the current actual costs of accommodation.
4. Reimburse escort travel and accommodation costs without need for medical approval in order to recognize the social and cultural importance of carers.
5. Review the eligibility criteria in order to include general medical treatment given by general practitioners and allied health professionals such as psychologists, physiotherapists, dieticians and speech pathologists, sexual assault workers, drug and alcohol programs and general dentistry such as dental extractions.
6. Explore other opportunities for reducing upfront costs, including Commonwealth support for PATS schemes through the Medicare system, and working with NGO and other transport providers to broker transport to health treatment.

8. Conclusion

Resolving health transport issues requires collaboration from National, State and Local governments and health and transport providers. NCOSS is keen to work with both the Australian Government and the NSW Government to improve transport connectivity to health services, including through enhancements to Patient Assisted Travel Schemes, in order to remove transport as a barrier to health treatment.

For more information on this submission, please contact Dinesh Wadiwel, Senior Policy Officer.

Yours sincerely



Michelle Burrell
Acting Director.

⁵ Council of Social Service of NSW, *A Fairer NSW: Bold Solutions and Real Results*, pp8-10.