

# GREATER SOUTHERN AREA HEALTH ADVISORY COMMITTEE

## SUBMISSION

to the

SENATE COMMITTEE INQUIRY INTO THE  
OPERATION AND EFFECTIVENESS OF  
PATIENT ASSISTED TRAVEL SCHEMES  
(PATS)

22 May 2007

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

**RE: INQUIRY INTO THE OPERATION AND EFFECTIVENESS OF  
PATIENT ASSISTED TRAVEL SCHEMES (PATS)**

Thank you for the opportunity to provide comment on the effectiveness of Patient Assisted Travel Schemes (PATS).

Please find attached a submission from the Greater Southern Area Health Advisory Council.

We trust that this information is of assistance to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ian Stewart', written in a cursive style.

Dr Ian Stewart  
Chair Greater Southern Area Health Advisory Council

## Introduction

The Greater Southern Area Health Advisory Council is the peak body of the consumer participation framework of the Greater Southern Area Health Service (GSAHS), covering a large part of rural and regional NSW.

Following distribution of information about the Senate Inquiry, six responses (see below) were submitted via the Area Health Advisory Council.

## Glossary

Terms referred to within the body of the submissions include:

Greater Southern Area Health Service: GSAHS

Greater Southern Area Health Advisory Council: GS AHAC

Local Health Service Advisory Councils (LHSACs): are consumer participation groups focused on health services at town level;

Multipurpose Service (MPS) Committee: is a consumer participation group focused on local Multipurpose Services;

Cluster: GSAHS is divided into ten clusters for administrative purposes.

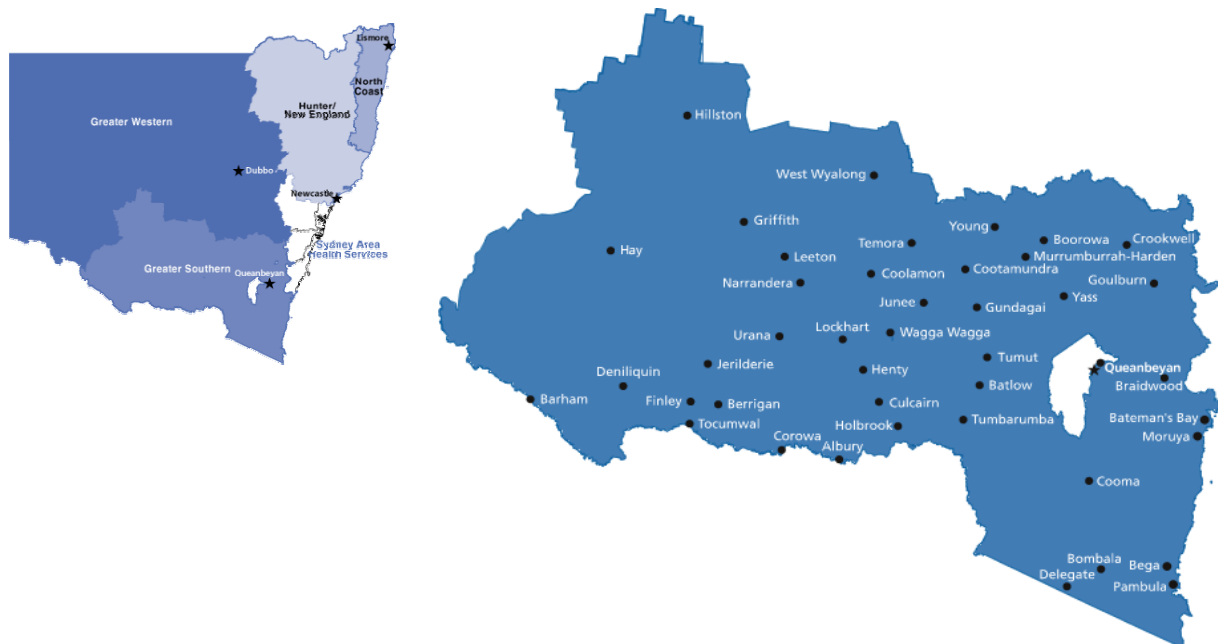
By pass: On occasion, smaller hospitals are put on 'bypass' by emergency services. This means that patients are taken past the closest hospital, to the next hospital with an Emergency Department. This is most often instigated when medical support is not available.

## Greater Southern Area Health Advisory Council (AHAC)

GSAHS is dedicated to continually improving the health and well-being of the people we serve in rural and regional communities.

Travel related health issues have been a topic of great interest to the members of the Greater Southern Area Health Advisory Council since its inception in 2005. Over the past two years the Council has travelled extensively to many rural communities across the Greater Southern Health region (see attached map) where communities have consistently raised issues relating to patient assisted travel schemes.

The Health Service covers an area of approximately 166,000 square kilometres and has a population of approximately 468,000 people. There are 37 hospitals and two affiliated public hospitals within GSAHS providing a range of services and varying levels of care. This includes three Base Hospitals in the centres of Albury, Griffith and Wagga Wagga. There are also nine Multi Purpose Services and 62 Community Health Centres.



GSAHS provides an extensive range of primary and secondary specialist services. In addition to direct clinical services we provide a broad range of home and community-based services, mental health, public health illness, prevention and health promotion services.

### **Submission 1- GS AHAC Chair, Dr Ian Stewart**

A successful patient transport program for health-related consultation or treatment is an essential component of success in achieving positive health outcomes speedily. Many dollars will be saved if this happens. A reinvigorated program for those who live far from specialised care, and hence need it most, must be introduced, even if the means of providing such a program is more costly than those presently in place.

Since about 20% of Australians live outside the ambit of metropolitan public transport systems the health related transport needs of this large and important segment of the population must be catered for appropriately if the goals of improving the health of Australia generally, with its clear-cut savings, is to be achieved.

Several vital questions should be asked about subsidized patient transport programs:

1. Who is eligible?
2. Who is ineligible?
3. What is one eligible for?
4. What is one not eligible for?

An effective program needs to be

- Universal (the Medicare program is an example)
- Equitable
- Extensive
- Ongoing
- Accessible
- Understandable (by the users)
- Transportable – across state and territory boundaries.

By way of example of the need to give all non-metropolitan people (and not just those who are said to be 'isolated' in the usually accepted definition of the term) extended financial support to travel even relatively short distances for health care, a NSW Seniors Card holder can travel very cheaply, and quite quickly, on public transport in the area bounded by the Hunter Valley, Lithgow, Moss Vale and Kiama.

My view is that in NSW, all other citizens who live beyond these boundaries should have travel cost support if they have to travel more than ten kilometres for health related consultation for treatment.

## **Submission 2- AHAC Member**

Travel related health issues have been a topic of great interest to the members of the Greater Southern Area Health Advisory Council since its inception in 2005. During our consultation with clinicians and consumers, rural communities have consistently raised issues relating to patient assisted travel schemes.

It would appear there is inequity in being granted travel assistance if you live just inside a certain radius from a major centre. This can cause quite considerable financial issues for many people who live in our Area.

Certainly, from a critical care point of view it is a great financial and lifestyle impost to have a loved one in an intensive care unit in a remote location from home, whether the tenure of their stay extends for days or weeks.

With the increasing cost of petrol, even getting to an Emergency Department from some of our southern coastal towns eg Narooma, Eden, Bermagui, can be a financially prohibitive prospect causing a patient to choose not to seek emergency care or just attend the ambulance station and accept whatever care may be available from there.

## Submission 3- AHAC Member

### Summary on PATS

- There is insufficient promotion of PATS to the community, including the availability of an 1800-number that the community can access to seek assistance.

Assistance in completing the forms is available at Community Health Centres and Hospitals in the Murrumbidgee Cluster.

The Local Health Service Advisory Committees in Murrumbidgee are assisting with informing the community and promotion of PATS through strategies such as the use of local media, library, doctor surgeries and chemists.

- The form needs to be simplified. The current form may be complex for people with low literacy levels and from non-English speaking backgrounds.
- Making claims in retrospect is very convoluted.
- Submitting a new form for each visit involves repetitive information. A suggested improvement is to submit baseline data once and forward further information if details change.
- Guidelines need to consider other services not available in smaller towns eg radiology and imaging.
- Travel for non-specialist consultation due to smaller hospitals being on 'by-pass' should be PATS supported.
- Dental services are currently not included on the PATS form and should be considered.
- There are occasions when, in order to meet the requirements for patients to see the nearest specialist, there is a considerable wait to obtain the appointment. This may lead to such a delay in the management of the patients' condition as to threaten an otherwise avoidable outcome. The guidelines should include support for timely access to health professionals beyond the nearest in order to avoid this risk.
- The elderly and people without transport use community transport but are unable to claim for the trip. Regular visits for treatment in Griffith, Albury and Wagga are non-claimable and this affects people in the community who can least afford the expense.

## **Submission 4- Comments from the Monaro region**

### **Delegate MPS Committee**

The committee recently discussed the PATS system and came up with the following suggestions and criticisms of the scheme.

#### **Difficulty in filling out the application form**

- It is hard to get the medical staff to complete forms
- Patients and carers were frustrated with having to go to so much detail and almost having to beg medical staff to fill out the forms

#### **Border issues**

- There is a need for the system to recognise that Victorian people access services in NSW and their specialists can be based in NSW and the ACT.

#### **Widening of the criteria for eligibility.**

- There are small rural / remote townships in NSW that do not have any health services, GP, Dental, Optometry in their town / shire.
- Community members need to access these services for their general health and wellbeing therefore PATS should recognise this in the criteria. There are rural townships that have no community transport.

#### **Subsidy Rates**

- The current subsidy of 15c per km is far too low, especially with petrol in rural NSW at \$1.40 per litre and rising.
- The subsidy rate needs to be tied to the CPI / petrol prices
- Accommodation reimbursement costs need to be reviewed for the same reason as petrol costs.

#### **Application / Co-contribution Costs**

- Why does it cost so much for an application? Once this cost met, it makes the application seem a “pointless exercise and not worth the trouble”

#### **Escorts**

- Not all require escorts for a medical reason.
- Most require an escort because “they just do”, need company and/or a second person to support them when they see the doctor. This is particularly important for aged people within our communities.
- If the escort is a volunteer, they deserve a reimbursement that reflects today’s costs.

The other issue discussed at length was the lack of provision for transport with elderly people in aged care facilities.

- They fall through the transport gap
- Not eligible for Home and Community Care (HACC)
- Not recognised by the Ambulance Service as being at home if they are in an MPS
- It is not always possible for relatives of residents to provide transport.
- HACC transport will transport depending on availability of seats and whether an escort is required or not. They are then charged non HACC-rates.

## **Cooma Health Service Advisory Committee**

Residents of the Cooma district in the Monaro region of NSW typically travel between 100 and 200kms to specialist health providers in Canberra. The co-contribution of \$40 / \$20 results in little or no assistance for travel only cases. This is particularly onerous for those needing frequent access to treatment.

The restricted range of specialists / treatments eligible for PATS claims should be overhauled.

We understand that people in residential care are not eligible for PATS assistance. If this is so, it is considered to be grossly discriminatory and unfair.

Because of costs and the low level of net PATS reimbursement, many of our district residents are forced to seek help from our local Community Transport Service, which as a result is grossly overloaded and sometimes cannot assist as needed.

## **Submission 5**

### **Cootamundra Local Health Service Advisory Committee**

It has been identified on numerous occasions rural residents do not have access to many services in their own communities and must travel to attend same. Furthermore, public transport is not available to enable people to access these services.

This is so in many towns including Cootamundra even where rail services are present. The timetables do not enable residents to visit specialist services in major centres and return home on the same day.

Even in normal economic times the barriers to timely access services proves stressful to rural residents and is also very costly. Now with a drought of many years, plus increased petrol costs the problems associated with travel are exacerbated.

The members of the Cootamundra LHSAC believe the PATS should be broadened to ensure people are not disadvantaged and to ensure people are able to receive assistance when visiting Specialist Services in the most appropriate centre to their town. This should not be governed by distance but should be in keeping with the premise that health services should include assistance to enable ease of access.

Furthermore, the Committee believes the forms relating to PATS need to be more user-friendly. At present filling these forms in creates greater stress particularly to the aged and less educated in the community.

## **Submission 6- Regional Comment**

### **What should it be doing?**

Providing an efficient format to equitably provide transport compensation to users of services who are required to travel to access such services.

### **What doesn't PATS do properly?**

Be visible. It is very poorly promoted. Access to the documents is very poorly advertised. Why?

Be simple. The NSW form in particular is a gross document, which almost requires a degree in English to complete successfully – many people give up because of its difficulty. (The NSW form is the laughing stock of other States.) Generally, it requires the assistance of Doctors, Hospital staff and/or community workers to complete.

Be all-encompassing. The present distance criteria are difficult to understand, and can be discriminatory. If a rural patient is required to go outside his or her postcode to receive services, PATS should apply.

Guidelines should consider the lack of services in many centres, particularly smaller and isolated towns.

### **What else should PATS do?**

Provide compensation for dental travel where there is no dental help within a patient's postcode area.

Provide compensation to the elderly and others who use community transport but cannot claim.

The requirement for patients to see the specialist closest to their place of abode should be re-visited. Due to the shortage of specialists, this requirement often means long waits to get appointments, which in turn can be not in the patient's best interests.