

25 May 2007

Mr. Elton Humphery
Committee Secretary
Community Affairs Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Re: Submission to the senate inquiry into the operation and effectiveness of the Patient Assisted Travel Schemes (PATs).

Dear Mr. Humphery

The Aboriginal Health Council of SA Inc (AHCSA) is the peak body representing Aboriginal community controlled health and substance misuse services in South Australia at a state and national level.

Our primary role is to be the 'health voice' for all Aboriginal people in South Australia. We achieve this by advocating for the community and supporting workers with appropriate programs.

AHCSA's range of statewide programs include:

- Workforce Issues
- Aboriginal Primary Health Care Workers Forum
- Hospital Liaison Officer's Network
- Advocacy via various state and federal initiatives
- General Practice Education & Training
- Enhanced Primary Care
- Aboriginal Health Research & Ethics Committee
- Centre of Clinical Research Excellence
- Centre for Aboriginal Health Education & Training
- Aboriginal Primary Health Care Certificate Program

- Cardiovascular Health Course
- Governance Training for Boards of Management
- Eye Health & Chronic Disease Specialist Support Program

AHCSA would like to acknowledge the advice and contribution of the Aboriginal Hospital Liaison Officers Network (AHLO Network). The AHLO network provided critical 'grass roots' information to highlight the operation and effectiveness of the PATS across Australia. See attached information about the AHLO Network.

The feedback provided is in the context of how effective the PATS are for Aboriginal individuals, families and communities and is in line with Terms of Reference

For further information please contact myself or Ngara Keeler, Workforce Development Officer on (08) 8132 6700.

Yours sincerely



Mary Buckskin
Chief Executive Officer

SUMMARY OF FEEDBACK

AHCSA advocates for:

1. A national scheme that provides up front coordination and support **and not a reimbursement process**. This would streamline support services, eliminate State borders and provide a common understanding of the support services offered under the PATS. This would promote a common understanding of PATS service options and criterions to the workforce in hospitals, health services, and related service providers as well as to Community users.
2. Flexible assessment policy that considers individual circumstances as well as acknowledging cultural and family protocols and obligations.
3. Aboriginal representation on the Senate Standing Committee as a full member as well as a participating member.
4. The provision of travel and accommodation support to patients for unplanned/unscheduled visits to Adelaide Hospitals to be embedded in PATS policy.
5. On – line PATS system accessible to workforce.
6. Flexible policy pertaining to patient escorts, including multiple escorts and opportunities for escorts to change over if the stay is medium or long term and when escort is required to return to their Communities for family, cultural or work related obligations.
7. Flexible policy that allows for additional family member escort if nurse escort has already been approved/supported.
8. Flexible policy for return travel arrangements reflective of individuals needs. For example if a patient is evacuated from a location that is not their usual home address then return travel is approved to their home community.
9. Clear and consistent promotion of PATS to service providers and community members.
10. Clear referral process and expectations from referral agencies and the completion of PATS forms.
11. A central travel and accommodation booking service.
12. The eligibility criteria should be reduced to be accessible to support metropolitan clients living more than 15 km radius from the referred hospital.

TERMS OF REFERENCE

a) the need for greater national consistency and uniformity of Patient Assisted Travel Schemes across jurisdictions, especially the procedures used to determine eligibility for travel schemes covering patients, their carers, escorts and families; the level and forms of assistance provided; and reciprocal arrangements for inter-state patients and their carers;

AHCSA supports and advocates for a national and uniform Patient Assisted Travel Scheme (PATS) across all States and Territories. This would contribute to the improvement of services for Aboriginal communities as well as the whole population. AHCSA notes that the PATS in Northern Territory (NT) and South Australia (SA) have been easier to access and work through. The inquiry of the PATS in Australia is welcomed as an opportunity to note the limitations and operational barriers experienced by the community and related workforce.

AHCSA submits the following feedback and comments:

- PATS processes and procedures used to determine eligibility for patient escorts are outdated and do not recognise the kinship system of Aboriginal communities.
- Currently the scheme in SA supports one escort per patient per *episode* and does not allow for a changeover of escorts particularly for longer-term patients. The criterion is similar across most other states. The role of an escort to an ill person is critical and can often mean the difference between a patient returning to their home community before treatment / appointments have been completed. This often means that the patient/client will need further medical/hospital treatment, increasing the need for more medical related travel and poorer health outcomes.
- The level and form of assistance provided through PATS requires streamlining to include flexibility to reflect individual circumstances and family situations.
- Currently the SA PATS policy used to determine eligibility does not reflect assistance needed for people who arrange their own travel to appointments, particularly where they are unexpectedly admitted or referred to specialists for a secondary medical condition and not as originally intended. This is unplanned and in most cases people are unprepared for long stays. Consequently this group of people requires assistance to return to their home Communities at a later date or accommodation during their stay and waiting for their transport home. This is similar in other states however negotiation with the SA and NT PATS has seen support negotiated and provided. States such as New South Wales (NSW) and Victoria (Vic) are difficult to navigate as their scheme does not pay up front and operates on a reimbursement policy. This leaves clients accessing our SA public hospital services with minimal support for accommodation and travel. The SA public hospitals provide extensive support to clients where possible such as meals, transport and accommodation; this is rarely claimed back from PATS.
- A national scheme that provides up front coordination and support **and not a reimbursement process** would streamline support services, eliminate State borders and provide a common understanding of the support services offered under the PATS. This would also promote a common understanding

of PATS service options and criterions to the workforce in hospitals, health services, and related service providers as well as to community users.

- PATS guidelines on travel clearances and the requirement of discharge plans appear to be inconsistent across jurisdictions, particularly when booking flights. However the NT PATS in Alice Springs and Darwin have been easier to navigate in comparison to some of the other states.
- A great concern is that *quite often* accommodation for escorts is not prearranged and individuals and sometimes families arrive with the assumption that they have accommodation arranged. Aboriginal Hospital Liaison Officers spend a large proportion of time looking after the escort. The recommendation is that all required accommodation is pre arranged through a central service.

The following example illustrates how the current PATS procedures used to determine eligibility for travel schemes covering patients, their carers, escorts and families is often not consistent with meeting the needs of individuals, families and their escorts.

Example

A 5-month-old baby was retrieved from Alice Springs hospital and admitted to an Adelaide Pediatric Intensive Care Unit. Her mother, from a remote Indigenous community, flew down with her. Alice Springs PATS would not pay for the father to come down as they had already paid for mum. The Mother was really distressed and afraid, as her baby was critically ill; she had no family support and had never been to the city before. It was essential for the father to be here during this critical time to be with his wife and baby.

b) the need for national minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia;

The following basic elements are suggested to streamline a national Patient Assisted Travel Scheme

- Support services offered up front rather than a reimbursement process.
- On – line PATS system accessible to workforce.
- Flexible policy pertaining to patient escorts, including multiple escorts and opportunities for escorts to change over if the stay is medium or long term and escort is required to return for family, cultural or work related obligations.

- Flexible policy for return travel arrangements reflective of individuals needs. For example if a patient is evacuated from a location that is not their usual home address then return travel is approved to their home community.
- Clear and consistent promotion of PATS to service providers and Community members.
- Clear referral process and expectations from referral agencies and the completion of PATS forms.
- Central travel and accommodation booking service.
- The eligibility criteria should be reduced to be accessible to support metropolitan clients living more than 15 km radius from the referred hospital.

The AHLO network would also like to acknowledge NT and SA PATS system being the easier schemes to work with compared to other states such as NSW and Vic.

c) the extent to which local and cross-border issues are compromising the effectiveness of existing Patient Assisted Travel Schemes in Australia, in terms of patient and health system outcomes;

- The issues' relating to cross boarder patients is a regular struggle. The schemes that are the most difficult are NSW and VIC. These states operate on a reimbursement process, which often means that people from these states face the biggest barriers. In our experience patients experience stress about being away from home as well as causing unnecessary worry about how they are going to return home when they are discharged from the health system.

d) The current level of utilization of schemes and identification of mechanisms to ensure that schemes are effectively marketed to all eligible patients and monitored to inform continuous improvement;

Currently PATS is marketed in an uncoordinated manner with each hospital/ health service promoting the PATS individually.

Improved promotion mechanisms would enable a better understanding of the support services available via the PATS, through better understanding and

clearer avenues for support. Enhanced promotional mechanisms may contribute to:

- Reducing the dissatisfaction from users about the different service options between the states.
- Clarify the misconception about what is provided by hospitals because they are the service that can be seen as working on behalf of the patient and escort. Rather than the PATS providing the means for the support and coordination to take place.
- Provide guidelines for workforce as well as evaluation tools to determine the effectiveness of PATS.
- Reduce the likelihood of 'slipping through the system' due to multiple schemes rather than the one standardised national scheme.

e) variations in patient outcomes between metropolitan and rural, regional and remote patients and the extent to which improved travel and accommodation support would reduce these inequalities;

- Inequalities experienced by Aboriginal people vary greatly and are usually compounded by several issues of disadvantage. For many Aboriginal people living in rural, remote and even outer metropolitan areas, accommodation and transport are major issues. Without this support individuals and families may not access much needed health services. This combined with lengthy specialist appointments that can be a very costly exercise both financially and socially.

f) the benefit to patients in having access to a specialist who has the support of a multidisciplinary team and the option to seek a second opinion;

- There are obvious benefits in having access to specialists who has the support of a multidisciplinary team and the option to seek a second opinion, including opportunities for specialist advice on previously unknown medical conditions.

h) the feasibility and desirability of extending patient assisted travel schemes to all treatments listed on the Medicare Benefits Schedule – Enhanced Primary Care items such as allied health and dental treatment and fitting of artificial limbs;

- AHCSA is an advocate for better access to health services for the community and also better coordination as part of this advocacy role AHCSA recommends that PATS be extended to all Medicare Benefits Schedule – Enhanced Primary Care items such as allied health and dental treatment and fitting of artificial limbs.

i) the role of charity and non-profit organisations in the provision of travel and accommodation assistance to patients.

Currently there are a number of charity and non-profit organisations that support the provision of support and assistance to patients. However this is very limited and is often once-off support and is also very time consuming for the workforce. Some example organisations are:

- Travelers Aid – maximum of \$40
- Magdalene Centre
- Metro Home Link – determined by hospital discharge needs
- Department of Family and Community Services. However these services do not cross borders. For example, the SA department will not support a client whose usual residence is in Vic

AHCSA would also like to acknowledge the SA hospitals and health services for their contribution to the provision of travel and accommodation assistance to patients.

The AHLO Network

The AHLO Network is a networking group that come together every 6 weeks and is made up of Aboriginal Hospital Liaison Officers (AHLO's) employed within the following South Australian Public Hospitals:

- The Flinders Medical Centre
- The Lyle McEwin Hospital
- The Queen Elizabeth Hospital
- The Royal Adelaide Hospital

- The Women's and Children's Hospital
- The Aboriginal Step Down Service

* The Aboriginal Step Down Service is a transport, and support service for Aboriginal people from rural, remote areas and interstate who come to Adelaide to access specialist medical services within the hospital settings. The Aboriginal Step Down Service also provides extensive support to patient escorts.

Aboriginal Hospital Liaison Officers within the Hospital settings play a critical role in the care of Aboriginal In-patients during their stay and also in preparing for their return to their home Communities. The AHLO's and the Aboriginal Step Down Service also provide support to outpatients.