NSW HEALTH SUBMISSION TO

THE SENATE COMMUNITY AFFAIRS COMMITTEE

INQUIRY INTO THE OPERATION AND EFFECTIVENESS OF PATIENT ASSISTED TRAVEL SCHEMES.

Table of Contents

1 ABOUT NSW HEALTH

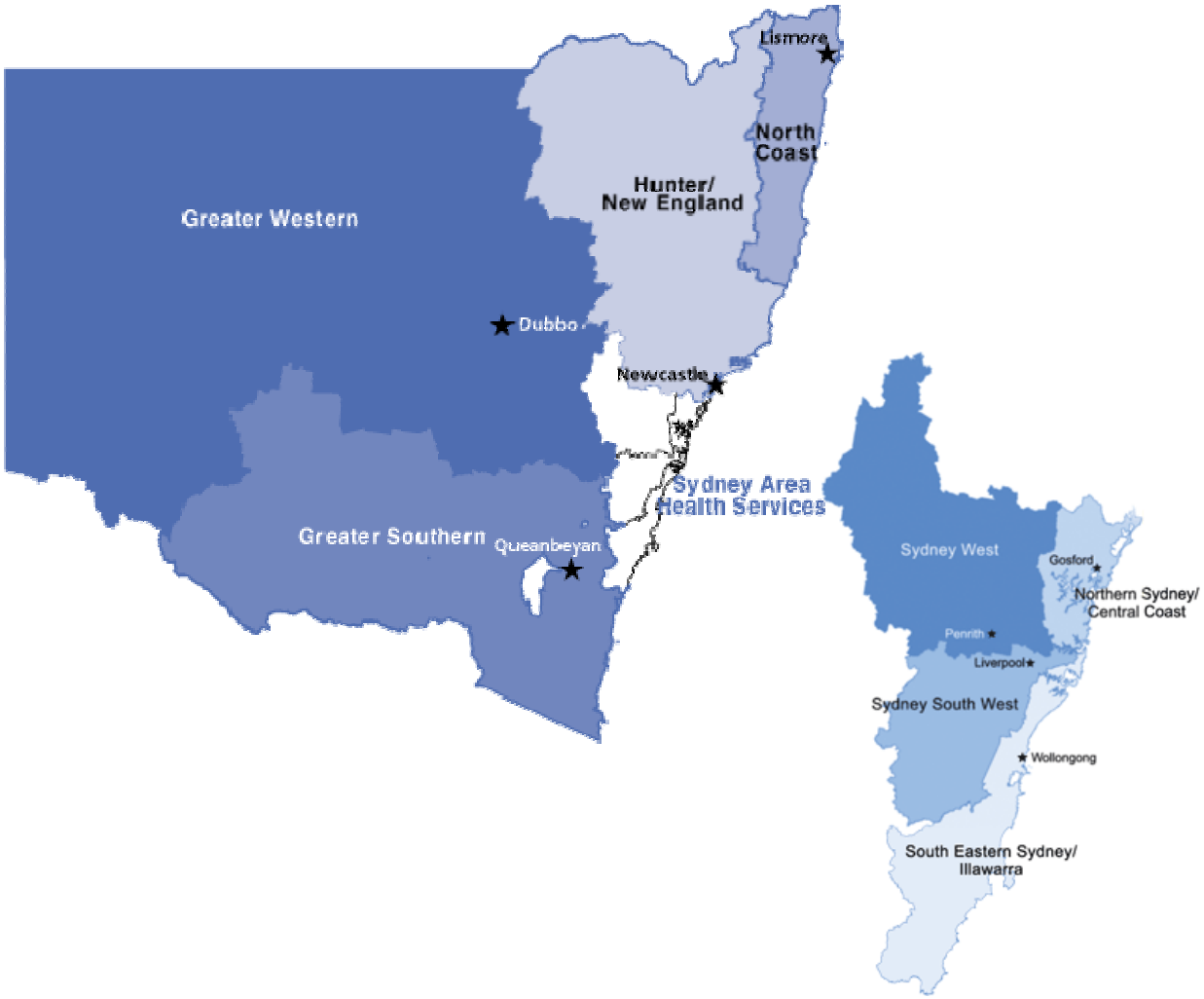
NSW Health is responsible for ensuring that the people of NSW are provided with the best possible health care.

NSW Health comprises:

- 8 Area Health Services
- the Ambulance Service of NSW
- the Children's Hospital at Westmead
- Justice Health
- Clinical Excellence Commission

Just over 25% of the NSW population live outside Sydney, Newcastle and Wollongong. Of the eight Area Health Services in NSW, four are considered rural (North Coast Area Health Service, Hunter New England Area Health Service, Greater Western Area Health Service and Greater Southern Area Health Service).

These organisations plan, deliver and coordinate local health services. They are responsible for providing services such as public and community health, public hospitals, mental health facilities, emergency transport, acute care, rehabilitation, counselling, and many community support programs – including non-emergency health-related transport.



Across Australia, people living in rural and remote areas generally do not enjoy the same health status of people living in cities. Reasons for this health differential include geographic isolation, socio-economic disadvantage, shortage of health care providers, lower levels of access to health services, greater exposure to injury risks, and poorer health among Aboriginal people.

NSW Health is committed to ensuring that people who live in rural and isolated parts of the state are assisted to obtain the specialist medical services they need. A range of programs has been implemented to improve access to specialist diagnostic, consultative and treatment services across the state.

These include:

- Providing more services in regional centres of NSW
- Outreach services
- Telehealth
- Integrated Primary and Community Health Policy (2007-2010)
- Transport for Health

2 PROVIDING SERVICES CLOSER TO HOME

The NSW Rural Health Report released in 2002 identified providing more services closer to home, where possible, as one of three key directions for rural health. Since 2002 a range of services have been established or enhanced in rural areas under the Rural Health Plan.

Some of the key areas where services have been enhanced include:

Development of major rural referral hospitals: Unlike many other states and territories, NSW has regional centres of sufficient size to support a range of specialist and sub-specialist services with a critical mass of patients and staff. Major rural referral hospitals are being built up at Dubbo, Wagga Wagga, Bathurst/Orange, Port Macquarie/Coffs Harbour and Lismore.

Renal Dialysis: Renal dialysis is used to treat end stage renal failure. Patients attend three times each week for care. The demand for renal dialysis is growing and there have been significant enhancements of rural renal services.

By 2006/07 a minimum of $29 million in total will have been provided from the NSW Rural Health Plan and from the "Rural in Renal Areas" enhancement package for rural renal services.

Since 2002 new services have been established at Bathurst, Goulburn, Griffith, Moruya, Tweed Valley with further services planned for Bega. Services have been expanded at Armidale, Ballina, Broken Hill, Coffs Harbour, Dubbo, Forbes, Grafton, Kempsey, Lismore, Moree, Orange, Port Macquarie, Wagga Wagga

Transport issues for dialysis services are a significant issue in view of the frequency and duration of treatment.

Cancer Services: Since 2002 a range of cancer services have been established or expanded in rural NSW including medical clinics, chemotherapy and palliative care services.

Radiotherapy and chemotherapy are treatments used in the management of cancer. Due to the more specialised issues relating to the location of the equipment and the staff involved in the service, radiotherapy has generally been concentrated in metropolitan areas. As populations in a number of parts of the state grow to a size able to support radiotherapy, and in keeping with the commitment to provide more services closer to where people live, radiotherapy services will be able to be established in a number of regional centres.

Planning is complete for a new networked mid north coast radiation oncology service that will operate at Coffs Harbour and Port Macquarie. Further radiotherapy services are proposed in Lismore and Orange.

Stroke Services: Funding has been allocated in 2006/2007 to establish six specialised stroke care services in rural NSW in Wagga Wagga, Armidale/Tamworth, Port Macquarie, Shoalhaven, Bathurst/Orange and Dubbo.

Cardiac Services: Cardiac Catheterisation Services provide diagnostic and intervention for a range of cardiac conditions. Public Cardiac Catheterisation Services opened in Tamworth in 2004, Orange in 2005 and Coffs Harbour in 2006. A service is also proposed for Lismore.

Orthopaedics: Enhancement funding for equipment and services has increased the number of procedures undertaken in rural areas.

Mental Health: Since 2002 additional acute care mental health beds/services have opened in Albury, Coffs Harbour, Dubbo, Kempsey, Orange Taree, Tamworth, Tamworth, Tweed Valley, and Wagga Wagga with further beds planned for Lismore.

These specialist services have improved access for rural patients, and reduced the need for as many patients to be transferred or travel to metropolitan hospitals.

Outreach Services: A number of services are provided on an outreach basis by metropolitan health services including specialist renal and oncology services.

Provision of outreach services to some centres is supported by the Rural Aerial Health Service (RAHS), a NSW Health funded non-government organisation which provides aerial transport for pre-planned, routine specialist health services to rural communities in NSW where:

- there are no resident providers;
- there is no regular commercial airline service or the service is unsuitable (eg. daily flight service not available and/or flight times require an overnight or extended stay);
- alternative means of transport require greater than three hours travel each way.

The service is used by specialists providing outreach services to Greater Western AHS, Hunter New England AHS and Greater Southern AHS. The service is operated by the Royal Flying Doctor Service.

Telehealth: The NSW Telehealth Initiative commenced operations in 1996 with 12 pilot projects connecting 16 sites. It is now an extensive network to over 257 facilities, which supports 35 clinical services.

Telehealth is the transmission of images, voice and data between two or more health units via Telecommunications channels, to provide clinical advice, consultation, education and training services. Telemedicine connects patients, carers and health care providers, improving access to quality public health care, particularly in rural and remote parts of NSW. Telemedicine is about utilising telecommunications in image transfer and videoconferencing to improve access to quality health care.

For instance, through videoconferencing a patient can communicate with their specialist and health care provider about treatment needs and options. Telemedicine may reduce the need to travel to large towns or cities to receive treatment.

Telehealth has been used to support a range of assessment and treatment programs. There is potential for further use of technology for the provision of some services.

Integrated Primary and Community Health Policy (2007-12)

In November 2006, NSW Health released its Integrated Primary and Community Health Policy which aims to provide comprehensive, well-coordinated primary and community health services for the people of NSW. This includes developing local models of care which support people with chronic conditions and complex care needs.

In communities throughout the state, integrated primary and community care services – known as HealthOne NSW – are being established. These services will provide coordinated care for patients through team-based care in a single location (or through streamlined referrals and care management plans to other local services).

Transport for Health

In July 2006, NSW Health began integrating its non-emergency health related transport services into a single, coordinated Transport for Health Program. This program provides a range of services (including subsidy schemes and subsidised or free transport) to people who need to travel to access health services.

The remainder of this submission will focus on Transport for Health – and particularly on the Isolated Patients Travel and Accommodation Assistance Scheme.

3 TRANSPORT FOR HEALTH: NON-EMERGENCY HEALTH-RELATED TRANSPORT

On 17 March 2006, the Premier of NSW, the Honourable Morris Iemma, announced changes to NSW Health's delivery of non-emergency health related transport assistance through the integration of all non-emergency health-related transport assistance programs, including the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), into a single *Transport for Health* program in each Area Health Service.

The new integrated *Transport for Health* program, implementation of which commenced on 1 July 2006, provides a single point of access for patients requiring transport assistance, improved coordination between services, ensured that patients are directed to the most suitable form of transport assistance for their needs, and improves efficiency in the delivery of transport programs. The *Transport for Health* program currently receives a total annual funding of $15.9M.

Transport for Health is concerned with demand-responsive non-emergency health-related transport which caters for the travel needs of people who cannot reasonably get to or from local health facilities by their own arrangements, and whose condition is not of an acute nature requiring Ambulance transport.

At the lower end of the non-emergency health-related transport spectrum are people who have a short-term medical condition, frailty or other circumstances that require them to access health services. Many of these people need very little assistance, and are capable of using public transport if the services are available at a suitable time, location and cost.

At the upper end of the non-emergency health-related transport spectrum are patients whose condition requires them to be transported on a stretcher, or requires clinical monitoring or management during transport. In some of these cases, the Ambulance Service of NSW may provide a non-emergency patient transport service. Alternatively, Area Health Services (AHS) may use a fleet vehicle that has been appropriately fitted out for this purpose.

Patients accessing Transport for Health services may receive subsidy assistance for the costs of travel and accommodation when they have to travel significant distances for specialist medical services; subsidised transport via community transport to attend primary community health services or specialist services; reimbursement under the State-wide Infant Screening – Hearing (SWISH) Travel scheme for babies who have been identified as having hearing impediments; or interfacility transport – which occurs when a patient has been admitted to a hospital and needs to be transported to another facility for testing, diagnosis or treatment.

Transport for Health – the policy framework

A new policy framework, Transport for Health, was established in July 2006 with the aim of improving patient access to health services by:

- Responding to the health transport needs of patients in a consistent, strategic and efficient manner
- Developing and maintaining working partnerships with transport providers and stakeholders
- Recognising the role and importance of health transport in service planning and delivery within the NSW Health system.

The policy (copy attached at Appendix 1) integrates for the first time a range of health transport programs in each Area Health Service. It draws on 6 core principles:

1. The availability and accessibility of appropriate and affordable transport is a fundamental determinant of a patient's ability to receive timely and appropriate health care.

2. Improved access to health facilities for transport-disadvantaged patients is fundamental to achieving the goal of reducing health inequalities in the community.

3. Effective and well-coordinated non-emergency inter-facility transport is important for patients who need to access health interventions at other sites.

4. Considerable benefits will be gained by establishing a comprehensive and consistent approach to non-emergency health-related transport issues across NSW.

5. Through effective partnerships, NSW Health will add value to – and derive value from – services funded or provided from other sources. This will improve overall system efficiency and community well-being.

6. Non-emergency health-related transport services should respond appropriately to the cultural requirements of communities and of individual patients in order to facilitate access to health care

Under Transport for Health, each Area Health Service is responsible for:

- developing, implementing and monitoring a Transport for Health Implementation Plan

- establishing arrangements for Area-wide coordination of Transport for Health, including in rural Areas, through a Health Transport Unit

- progressively consolidating the administration of non-emergency health related transport resources, budgets and funding from internal and external sources into a single, multifaceted but co-located Transport for Health program

- providing consumers with a single point of access to Transport for Health

- ensuring compliance with non-emergency health related transport funding and regulatory requirements

- providing reports to the NSW Department of Health on the implementation of Transport for Health

- establishing a Health Transport Network to facilitate communication between Area and non-Area stakeholders and provide a mechanism to inform the development, operation and enhancement of Transport for Health systems and services.

In terms of direct service provision to the community, the new framework provides subsidies for patients who are disadvantaged by distance and isolation and who need financial assistance to use transport services. Under the policy framework, Transport for Health provides this assistance by:

- Purchasing or providing direct transport assistance through brokerage or contractual arrangements (for example through a community transport organisation) or through direct service provision.

- Subsidising the cost of patient transport to medical specialists and dental surgeons through Transport for Health – IPTAAS.

- Reimbursing the costs associated with travelling to one of three tertiary referral centres in NSW for special audiological diagnosis babies screened under the Statewide Infant Screening for Hearing (SWISH) program.

Transport for Health assistance is not available to patients who require transportation by the Ambulance Service of NSW.

3.1 TRANSPORT FOR HEALTH – ISOLATED PATIENTS TRAVEL AND ACCOMMODATION ASSISTANCE SCHEME (IPTAAS)

One of the patient assisted travel schemes under the Transport for Health Program is the Isolated Patients Travel and Accommodation Assistance Scheme – known as IPTAAS.

IPTAAS is part of the Transport for Health Program which is a comprehensive, integrated program that has been established in every Area Health Service. Transport for Health provides a range of non-emergency health related transport assistance options. IPTAAS is entirely funded by NSW Health.

3.1.1 History and background

IPTAAS was established by the Commonwealth in the 1970s under the National Health Act 1953 to provide financial assistance to patients living in isolated and remote rural communities throughout Australia who needed to travel more than 200kms to access specialist medical treatment or specialist oral health services not available at a local level.

IPTAAS was transferred to NSW Health on 1 January 1987.

In 1999, a review of IPTAAS by the NSW Department of Heath resulted in the implementation of the following major changes from 1 July 2000.

- Personal contributions by pensioners and health care card holders were reduced from $40 to $20.
- The petrol subsidy was standardised at 12.7c / km for private car travel.
- The accommodation subsidy was increased to $33 per night per single room and $46 per night per double room to provide relief for country patients who need to stay over in larger centres during specialist medical treatment.
- A provision for discretion in considering eligibility based on a patient's financial capacity was introduced.

Cancer interest groups have been amongst a small number of non-government agencies and individuals who have advocated strongly for a change in the eligibility criteria for IPTAAS, and in particular to reduce the distance limit for assistance from the current level of 200km (one way) to 100km or below.

On 23 October 2003, the Australian Health Ministers Advisory Council (AHMAC) accepted the recommendations of the Radiation Oncology Jurisdictional Implementation Group's (ROJIG) Report 2003 to adopt consistent national criteria for the IPTAAS program by 2009.

The endorsed reforms included a reduction in the IPTAAS distance eligibility criterion from 200km (one way) to 100km (one way) and an increase in the vehicle allowance to 15.0 cents/km. These changes were introduced in NSW on 1st July 2006 - 3 years ahead of schedule.

Currently, the four non-metropolitan Area Health Services administer IPTAAS for the entire state as the majority of claimants are in rural, regional and isolated parts of the state.

The Transport for Health – IPTAAS motor vehicle subsidy of 15c/km provides a reimbursement of $15.00 per 100km travelled.

In August 2006, in the face of rising petrol costs, NSW Health undertook some basic calculations to ascertain petrol costs for popular 2003 models of four and six cylinder sedans as well as larger four wheel drive vehicles. The calculations, which were based on these vehicles travelling a distance of 100km with a fuel cost per litre of $1.44, found the current Transport for Health – IPTAAS motor vehicle subsidy of 15c/km is adequate to cover the fuel costs for all of these vehicles.

The calculations found that the cost of petrol to travel 100km in a four cylinder car is up to $8.64, in a six cylinder car is up to $11.52, and in a large four wheel drive is up to $14.40.

Data used in the calculations was sourced from the following websites:

- Australian Government Department of Environment and Heritage – Australian Greenhouse Office at http://www.greenhouse.gov.au/fuelguide/index.html which provided fuel consumption data for motor vehicles, and

- The National Roads and Motorists Association (NRMA) http://www.mynrma.com.au/countryprices.asp for country petrol prices.

3.1.2 IPTAAS in operation

The objective of Transport for Health - IPTAAS is to improve accessibility to **specialist medical treatment and oral surgical health care** (excluding routine dental work) for people without access to these services in their local community.

The focus of Transport for Health – IPTAAS is on patients who are able to use public or private transport but are disadvantaged by the distances they need to travel to access specialist treatment not available locally. The aim of the Scheme is to provide short-term direct financial assistance to patients and their escorts (if required) to assist with the costs associated with this travel.

Transport for Health - IPTAAS is a subsidy scheme. It provides assistance with the cost of travel and accommodation where the patient needs to travel more than 100km (each way) to access specialist care. The cost of meals and incidental expenses such as parking and booking fees are not reimbursable.

All eligible persons must make a contribution towards each claim. The requirement that eligible persons make a contribution towards each claim is based on equity considerations and the recognition that persons living within the 100 km distance limit for assistance under Transport for Health - IPTAAS also incur travelling and accommodation expenses in accessing similar specialist medical treatment.

The patient contribution is $40 per claim, or $20 for pensioners/concession card holders. The patient contribution has not risen in NSW since 1988. The concession rate was introduced in 2000.

Importantly, NSW Health recognises that those accessing IPTAAS and other assistance programs are often experiencing financial and emotional strain. Area Health Service Chief Executives have discretionary powers in relation to the IPTAAS program to waive the client contribution in cases of exceptional hardship.

Transport for Health – IPTAAS is entirely funded by the NSW Government.

Eligibility criteria

To be eligible for assistance under Transport for Health – IPTAAS:

- the patient must be a permanent resident of New South Wales
- the patient must reside more than 100km (one way) from the nearest treating specialist
- the patient must be referred to the nearest treating specialist for treatment unless the referring practitioner deems it medically beneficial for the patient to access a further specialist.
- treatment must not be part of a workers' compensation, damages or third-party claim
- the patient must have already claimed the maximum available benefits from their private health fund (if eligible)
- the patient must not be eligible for assistance under any other government-funded program.

Benefits are not payable under Transport for Health - IPTAAS for:

- general medical treatment given by general practitioners and allied health professionals such as psychologists, physiotherapists and speech pathologists
- general dentistry such as dental extractions
- inter-hospital transfers
- travel by ambulance, air ambulance or any other form of emergency transport
- travel or accommodation costs where benefits may be or have been provided through the Department of Veterans' Affairs (Repatriation Transport Scheme), other Commonwealth or State Government schemes, state and employer Schemes, third party insurance or WorkCover
- hospital-related costs, including public or private hospital inpatient accommodation costs
- specialist medical and/or oral health surgical treatment for injury or illness incurred during business or recreational travel

Patients who require general medical or dental treatment and need assistance to access these services can often access alternative forms of transport assistance with the Area Health Service such as Community Transport. Further information on Community Transport is provided in this submission.

Eligible referrals

A person seeking assistance must be referred for treatment by one of the following categories of health practitioners:

(a) A medical practitioner to a specialist or consultant physician for items listed in the Commonwealth Medical Benefits Schedule Handbook;

(b) An optometrist to an ophthalmologist for items listed in the Commonwealth Medical Benefits Schedule Handbook;

(c) An accredited dental practitioner to a specialist or consultant physician for oral surgery conducted in an operating theatre of an approved hospital and listed in the Commonwealth Medicare Benefits for Services by Dental Practitioners Handbook

(d) An accredited dental practitioner to a specialist or consultant physician for orthodontic and associated dental treatment rendered by an Accredited Dental Practitioner where the patient is registered as a cleft lip and palate patient and the treatment is listed in the

Commonwealth Medicare Benefits for the Treatment of Cleft Lip and Cleft Palate Conditions Handbook.

Medical specialist status

For Transport for Health - IPTAAS purposes, a specialist is defined as:

- a medical practitioner who is recognised as a specialist or consultant physician in a particular specialty for the purposes of the *Health Insurance Act 1973*
- a dental practitioner registered as an oral surgeon and contracted to render oral surgery in the operating theatre of a hospital established under the *Health insurance Act 1973*.

For Transport for Health - IPTAAS purposes, specialist oral health surgical treatment includes:

- treatment by an accredited dental practitioner who is a specialist or consultant physician for oral surgery conducted in an operating theatre of an approved hospital and listed in the Commonwealth Medicare Benefits for Services by Dental Practitioners Handbook
- orthodontic and associated dental treatment where the patient is registered as a cleft lip and palate patient and the treatment is listed in the Commonwealth Medicare Benefits for the Treatment of Cleft Lip and Cleft palate Conditions Handbook.

Specialists must be registered on the Commonwealth Register of Medical Practitioners (CROMP) to be recognised as a specialist. Specialists must be registered on the Health Insurance Commission Medicare Provider File to be recognised as a specialist, except as may otherwise be provided for by this Procedures Manual. Medical practitioners (including registrars) employed as specialists by the Commonwealth or State or by an approved hospital must provide written confirmation of their specialist status from the relevant agency or facility.

Medical practitioners (including registrars) employed as specialists by the Commonwealth or State or by the proprietors of an approved hospital are deemed to be specialists for Transport for Health - IPTAAS purposes.

Specialist status may be conferred on general practitioners in rural areas who are recognised by Area Health Service Chief Executives as being appropriately qualified and trained to undertake sexual assault medical examinations.

Nearest Treating Specialist

Patients seeking assistance under Transport for Health – IPTAAS are required to attend the nearest specialist in a particular specialty/sub-specialty.

While individuals are free to exercise discretion in attending a preferred specialist or service, it is considered reasonable to ensure that the public funds used for Transport for Health - IPTAAS are directed towards recognised specialist medical treatment and confined to travel for access to clinically appropriate services that are not available locally or within the Area Health Service.

For Transport for Health - IPTAAS purposes, the nearest specialist is defined as the specialist in a particular specialty closest to where the patient usually resides. This includes specialists who provide Outreach, “Fly In - Fly Out” or visiting services. State borders are not an impediment (ie a patient will be eligible for assistance if the nearest appropriate specialist is interstate, or an exemption to the nearest specialist ruling has been granted for medical reasons – see below).

Exemption to the Nearest Specialist Ruling

Exemption from the nearest specialist ruling may be granted where:

- the referring doctor certifies that a patient's medical condition requires a type of specialist service that is not available locally, but that after taking into account the clinical appropriateness of the nearest specialist, the urgency of the referral, the waiting time for treatment and the patient's capacity to pay for the service, decides to refer the patient to a more distant specialist
- the nearest specialist certifies that referral to a more distant specialist in an unrelated specialty is required on medical grounds.

Claims where a specialist in a particular specialty refers a patient to another specialist in the same or a related specialty are deemed to have met the "nearest specialist" criteria. There is no additional requirement to be met under this section except where 'family support' is provided as the valid medical reason.

Family support may be a valid medical reason for bypassing the nearest specialist when assessed in conjunction with the gravity and duration of treatment and where there is demonstrated clinical advantage in treatment and recovery. In this case, the nearest specialist must certify that family support will provide a clinical advantage for a patient's treatment and recovery. Travel and accommodation assistance is payable at usual rates.

Second specialist opinion

A patient who is referred by their nearest specialist to another specialist for a second opinion is considered to be eligible to apply for assistance under Transport for Health – IPTAAS.

Interstate referrals

Residents of NSW (including metropolitan areas) who need to travel interstate to access specialist medical treatment or specialist surgical oral health services not available in NSW are eligible to apply for assistance under Transport for Health – IPTAAS.

Escorts

The provision of an escort under Transport for Health - IPTAAS is based primarily on medical or medically related need. For Transport for Health - IPTAAS purposes, an escort is defined as a person who is required to be with a patient for specific medical reasons.

Patients who are 17 years of age or under are eligible for an escort, irrespective of their medical condition. Escorts must be adults and able to cope with the special medical needs of the patient.

Assistance with travel and accommodation costs for an escort under Transport for Health - IPTAAS is conditional on the patient's eligibility for assistance under Transport for Health - IPTAAS (see section on eligibility criteria) i.e. if the patient is not eligible for assistance under Transport for Health - IPTAAS, the escort will not be eligible for assistance either.

Clinical criteria for approval of an escort

A guide to the clinical reasons for referring medical practitioners and/or treating specialists to approve an escort (relative, friend or carer) to accompany an eligible patient during travel and/or remain with the patient during treatment is outlined below. If the doctor or specialist considers that there is a valid medical reason for an escort, which is not covered by the clinical criteria listed, the specific details must be provided.

Impairment	Patient with cognitive impairment including acquired brain injury, dementia and confusion.
Active role of carer	Where the carer is responsible for the patient's medical treatment (renal dialysis, catheterising, and administering of treatment) or personal care needs in the case of patients with quadriplegia or multiple sclerosis.
Involvement in medical treatment	Where a partner is required for part of the procedure, including fertility treatments, organ donor/transplants.
Children	Patients under 17 years of age are automatically entitled to one escort. Two escorts may be considered if the child's condition is considered life threatening.
Support person	Where an escort is required to support the patient during long-term specialist outpatient medical treatment (radiotherapy), and/or in decision-making about cancer treatments or major procedures, and/or for cultural reasons such as in the case of Aboriginal and Torres Strait Islanders and persons from Culturally and Linguistically Diverse (CALD) backgrounds.
As an alternative to air travel	Where taking an escort is an alternative to air travel, for example, where the patient has visual or hearing impairment or a mental illness**,** such as schizophrenia, psychosis or severe depressive disorder.

Accommodation Benefits

Financial assistance towards accommodation costs associated with a claimant's travel to attend specialist medical appointments is available when:

- The referring medical practitioner or treating specialist certifies that in-transit commercial accommodation is required in cases of genuine medical need;
- Limitation of transport schedules means that the patient needs to stay overnight prior to the specialist medical appointment or hospital admission and/or delay the return journey home. Costs such as late checkout fees or a tariff up to the daily accommodation benefit rate may also be claimed.
- Where specialist medical treatment is carried out on an outpatient basis (eg. radiotherapy, renal dialysis treatment).

Air Travel

Transport for Health – IPTAAS provides financial assistance for air travel when there is a valid medical reason for air travel being the preferred transport option. The referring medical practitioner or treating specialist must articulate the medical reason for air travel in their sections of the application form.

Under Transport for Health - IPTAAS, reimbursement of fares is calculated at economy surface level using rail or coach services (or at 15c/km using a private motor vehicle) unless the referring medical practitioner or treating specialist certifies that the patient has a specific medical condition that requires them to travel by air.

Criteria for Approval of Air Travel

Active clinical management	Patients with conditions that would be difficult to manage during prolonged road travel or if away longer than one day, including those requiring ambulatory oxygen, regular catheterisation by self/carer, frequent nebuliser therapy (less than four hourly) dialysis patients.
Pain management	Patients with severe pain that is likely to be worsened by prolonged sitting, including those experiencing post-operative pain (within two weeks of an operation) bony metastases, acute disc prolapse neck/back. Some patients with chronic back pain would be best transported by road where they can stop at regular intervals.
Urgency	Patients in urgent need of treatment or referral including patients called for organ transplant, those commencing chemotherapy/ radiotherapy/ dialysis and patients with sudden loss of vision eg. retinal detachment.
Restricted mobility	This includes patients with quadriplegia/ paraplegia/hemiplegia, and those requiring significant assistance with ambulation, which precludes other forms of transport.
Life threatening conditions	Potentially life-threatening conditions where a prolonged journey may compromise patient health include low-risk unstable angina pectoris (high risk patients would obviously be transferred by air ambulance and those with stable angina pectoris would not need to fly), unstable epilepsy indicated by frequent seizures, advanced pregnancy, and large aneurism requiring surgery.
Musculoskeletal instability	This includes patients for whom prolonged jolting/jarring may compromise their treatment outcome such as splinted fractures not already stabilised, tendon repair (pre-op) and prolapsed vertebral disc with neurological signs.

3.1.3 Administering the scheme

In NSW in 2006/07, the total budget for the Transport for Health program was $15.9m – an increase of $2.6m from the previous year. The additional funding was allocated to the program to allow for increased demand resulting from the reduction in distance criteria and increased motor vehicle subsidy instituted for IPTAAS.

This funding is used by Area Health Services to fund:

- IPTAAS
- SWISH Travel
- Community Transport
- Inter-facility Transport

Claims and Benefits – IPTAAS

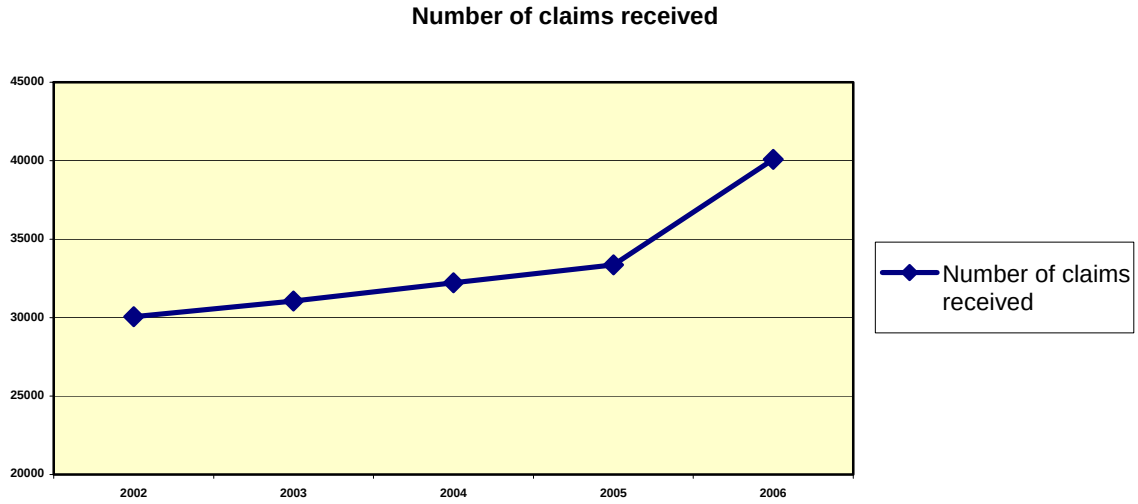
	Number of claims received	Total assisted	Total costs claimed - travel & accommodation	Patient contribution	Benefits paid
2002	30,071	45,235	7,161,405	774,242	6,458,748
2003	31,060	45,455	7,467,744	922,929	6,616,299
2004	32,228	47,809	7,786,626	978,051	6,881,898
2005	33,361	49,367	8,038,568	1,000,551	7,111,656
2006	40,082	57,546	9,331,739	1,212,492	8,195,280

The above figures demonstrate the rate of grown in the number of claims, the total number of people assisted, the total costs claimed, the patient contributions and the total benefits paid under IPTAAS over the last five years.

As can be clearly seen, the change in eligibility criteria in 2006 saw a substantial rise in all categories as more people became eligible for assistance under the scheme.

Claims received

Approximately 40,000 claims were received in 2006, compared with 33,000 in 2005

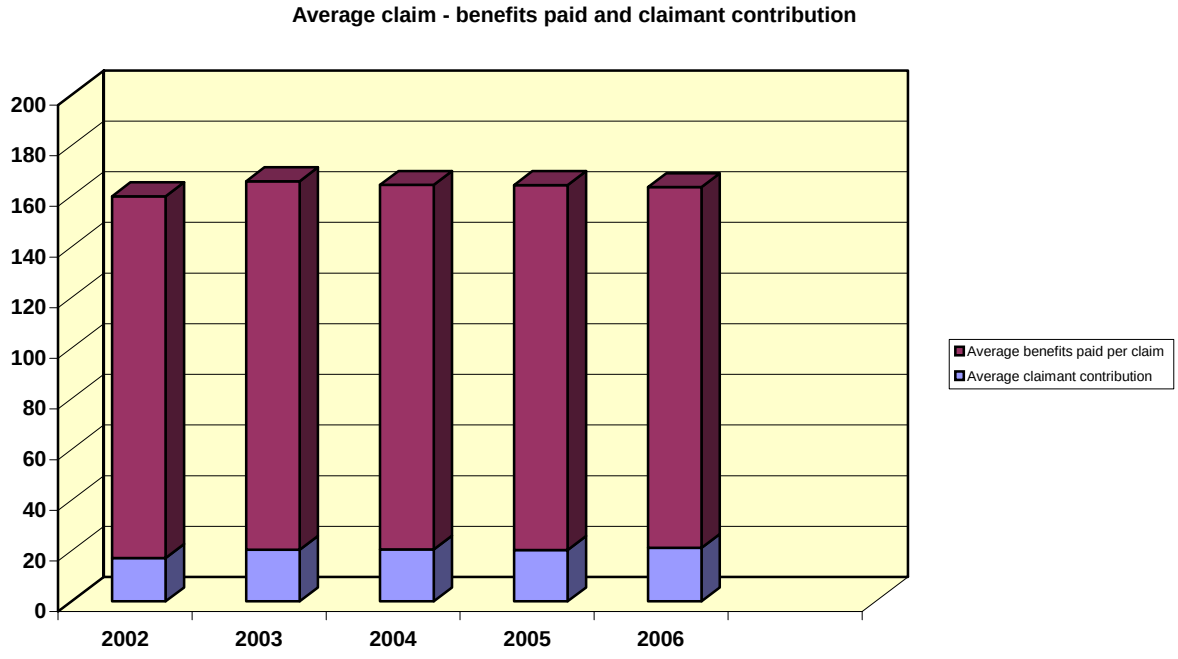


Average benefits paid per claim

The average benefits paid per claim have remained fairly stable over time, as has the patient contribution as a percentage of the total claim.

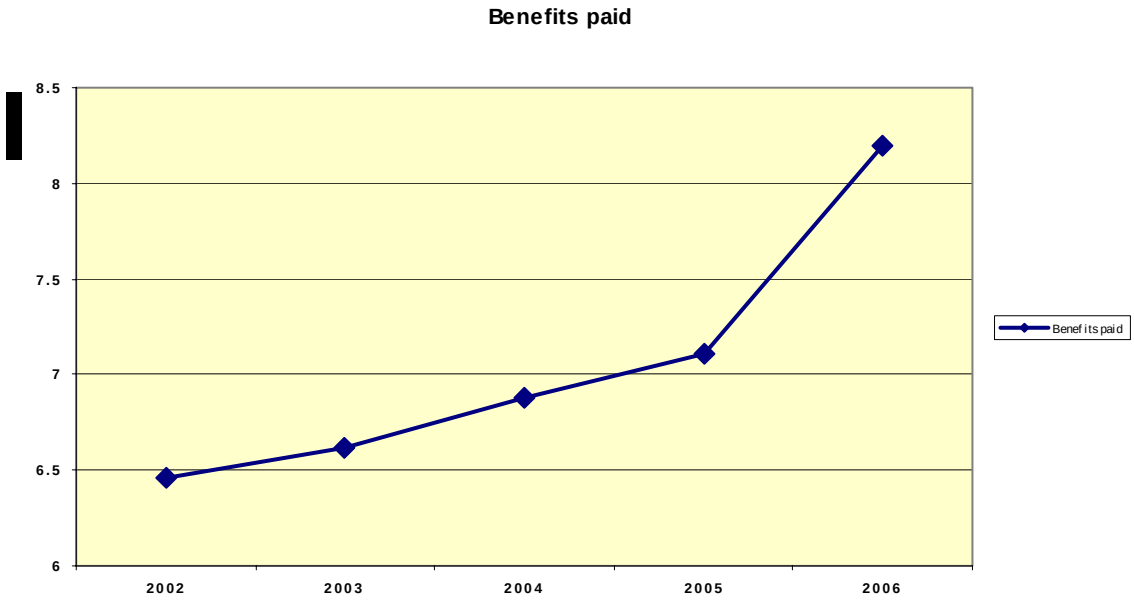
Average costs travel & accommodation per claim	Average patient/escort contribution	Average benefits paid per claim	Patient/escort contribution as % of total claim	Benefits paid as % of total claim
158	17	140	11	89
164	20	144	12	89
163	20	143	13	87
163	20	143	12	88
162	21	141	13	87

NB. Numbers have been rounded



Total benefits paid

Over the last five years, there has been a steady increase in the total amount paid against patient claims; however (as would be expected) a significant jump occurred in 2006 with the introduction of the new eligibility criteria and increase motor vehicle subsidy.



3.1.4 Improving IPTAAS

Over time, NSW Health has received consistent feedback from patients, their carers and health care professionals about IPTAAS. Much of this feedback has related to the need to review the distance criteria and consider the increased costs in running a vehicle due to increased fuel costs in recent years.

NSW Health has responded by consolidating all non-emergency health related transport programs into the one Transport for Health Program, with the intention of generating efficiencies in administration and management. At the same time, the NSW Government:

- increased the budget allocated to the Transport for Health program to $15.9m
- increased the vehicle subsidy to 15.0c/km
- decreased the distance criteria from 200km one way to 100km one way

NSW Health also engaged a design consultant to review and make suggestions on improvements to the IPTAAS application form, which had been subject to criticism for its complexity. The form is currently nearing completion and will be available in Area Health Services from 1 July 2007.

Responding to the need to improve access to information about IPTAAS, its terms and conditions and the assistance provided under the scheme, NSW Health also developed a series of Frequently Asked Questions, which have been posted on the Department's internet site since 1 January 2007. These questions and answers have also been developed into a brochure for patients and carers which will be available on line and in Area Health Services from 1 July 2007.

The IPTAAS administrative guidelines, which are used by every office in NSW administering the scheme, are currently being revised to ensure they are up to date.

3.2 TRANSPORT FOR HEALTH – STATE-WIDE INFANT SCREENING – HEARING (SWISH) TRAVEL

The NSW Statewide Infant Screening - Hearing (SWISH) Program is aimed at identifying all babies born in NSW with significant permanent bilateral hearing loss by 3 months of age, and for those children to be able to access appropriate intervention by 6 months of age. Identification is achieved through universal hearing screening of all newborns.

Babies who are identified through the SWISH program as having a significant hearing loss are referred for more specialised assessment and diagnosis to one of three tertiary referral facilities in NSW. The facilities are located at Sydney Children's Hospital at Randwick, the Children's Hospital at Westmead and the John Hunter Hospital in Newcastle.

The SWISH Travel Assistance Scheme was established to reimburse parents for the cost of travel where they live a considerable distance from a tertiary paediatric hospital.

Each Area Health Service has a SWISH Coordinator responsible for implementing and managing the screening program across all facilities in their Area. This model allows SWISH Coordinators flexibility to meet unique needs in their Area Health Service. SWISH Coordinators have adopted innovative approaches to ensure maximum screening capture such as service agreements with private hospitals and employing dedicated screeners to meet local needs (eg. Indigenous and CALD populations).

The scheme assists approximately 30 families a year.

Eligibility criteria

- Residency – the baby must be an Australian citizen or permanent resident and reside in the state of NSW
- Distance – required to travel at least 100km (one way) from the baby's usual place of residence to the assessment facility
- Referral – a formal referral must be made by the SWISH Area Coordinator to one of the three identified tertiary assessment facilities

Benefits payable under SWISH Travel

- The Scheme provides full reimbursement for the costs of one return journey
- The Scheme provides assistance for one adult to travel with the baby
- Assistance is available for a range of modes of travel, including air travel
- Parents/guardians wishing to travel via other modes of travel such as community transport or Aboriginal Medical Service vehicle, should consult their local SWISH Area Coordinator for further information
- Costs incurred in using local and metropolitan taxis and/or public transport may be claimed, up to a maximum of $40
- Commercial accommodation costs are claimable if an overnight stay is necessary due to the timing of the appointment. This will cover the costs of one overnight stay only up to a maximum amount of $80 (whichever is the lesser).

3.3 TRANSPORT FOR HEALTH – COMMUNITY TRANSPORT

Community Transport provides patients with access to subsidised non-emergency health related transport. It is provided by local Community Transport Organisations or other transport providers (taxi companies, bus services, other transport providers) with funding from the Transport for Health program.

Patients with health-related transport needs are eligible to access these services. Organisations delivering these services may charge the patient a contribution fee.

However, it should be noted that it is a condition of government funding that no client shall be refused transport because of an inability to make a contribution to the cost of travel.

Approved destinations include any health facility or health care centre that:

- Caters to the needs of those with acute or chronic health conditions;
- Provides a recognised diagnostic, therapeutic (including oral health) or primary health care service; and/or
- Provides a recognised service that promotes good health or prevents illness.

'Recognised' refers to any health service that is considered by a suitably qualified health professional to be beneficial to a person's health or well-being.

4 SHORT RESPONSES TO SELECTED TERMS OF REFERENCE

TOR 1

The need for greater national consistency and uniformity of Patient Assisted Travel Schemes across jurisdictions

And

TOR 2

The need for national minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia

There is, clearly, a benefit to patients in ensuring that there is a level of consistency between PATS across jurisdictions, particularly in relation to reciprocal arrangements for inter-state patients and their carers and in the case of transplants donors who may need to travel inter-state.

Minimum national standards would support equity of access to specialist services particularly rural patients who struggle financially with the cost of having cancer treatment and associated costs in accessing treatment. This is particularly relevant in areas where there are only private oncology services available.

However, this needs to be balanced with a recognition of the geographic, demographic and health system differences between jurisdictions.

This difference in service delivery has been recognised under the COAG initiative “Better Health Access for Rural and Remote Australians”. While there is a national approach in relation to priority areas for action, actual implementation will be negotiated on a bilateral basis as it is recognised that a “one size fits all” approach is not appropriate. It may be appropriate to consider state-based approaches taking into consideration other initiatives to improve access to services.

Additionally, and as previously stated, on 23 October 2003, the Australian Health Ministers Advisory Council (AHMAC) accepted the recommendations of the Radiation Oncology Jurisdictional Implementation Group’s (ROJIG) Report 2003 to adopt consistent national criteria for IPTAAS programs by 2009.

The endorsed reforms included a reduction in the IPTAAS distance eligibility criterion from 200km (one way) to 100km (one way) and an increase in the vehicle allowance to 15.0 cents/km. These changes were introduced in NSW 3 years ahead of schedule.

TOR 5

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

Travel and accommodation schemes cannot address all the factors that impact on decisions or choices about travel to receive care. Other issues such as access to carers for children and potential loss of income also impact on these decisions. Therefore it is not clear to what extent transport schemes alone would impact on these inequalities.

Similarly it would be extremely difficult to draw solid connections between improved travel and accommodation support and clinical outcomes for patients given the number of variables that affect a patient's clinical outcomes.

TOR 6

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 would be benefit in patients having access to a Specialist who has the support of a multidisciplinary team.

As noted above, the COAG initiative "Better Health Access for Rural and Remote Australians" identified Enhancing Access to Specialist and Allied Health Services as one of the priority areas for action. One of the possible strategies proposed is the expansion of the current Medical Specialist Outreach Program to include complementary allied health services.

Again it needs to be recognised that availability of the service alone is not the only factor that impacts on a decision to seek a second opinion. Other factors include cost (whether the medical practitioner bulk bills) and length of time to obtain an appointment with a second specialist.

It is not clear to what extent enhanced Patient Travel Assistance Schemes would support greater access to second opinions. However, it should be noted that under the NSW Transport for Health – IPTAAS program, while patients cannot currently choose the specialist to whom they are referred, patients are already able to receive assistance when a specialist refers them to another specialist for a second opinion. This provision is considered an appropriate balance between ensuring the patient has access to the best possible care and the need to provide assistance to as many eligible people as possible within budget constraints.

TOR 8

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

To extend this scheme 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 would be financially prohibitive.

However, it is recognised that there are groups of patients with particular care needs that are disadvantaged by distance when it comes to receiving the treatment they need.

There may be merit in a broader range of dental procedures being included under the scheme, given the links between oral health and more general health status. Currently in NSW only procedures performed under general anaesthetic are eligible for consideration. To access most specialist dental services, patients (including children) have to travel to Sydney.

However, as it stands, extension of the scheme to treatments that are not currently covered under the scheme would pose a considerable cost impost for the states. There is a need to consider alternatives, for example, if access to these services is currently limited because of workforce shortages in particular rural areas, then there may be merit in considering workforce strategies to recruit and retain allied health and dental staff.