COMMONWEALTH GOVERNMENT RESPONSE

TO THE

INQUIRY INTO PATIENT ASSISTED TRAVEL SCHEMES HIGHWAY TO HEALTH: BETTER ACCESS FOR RURAL, REGIONAL AND REMOTE PATIENTS

BY THE

SENATE COMMUNITY AFFAIRS COMMITTEE

FEBRUARY 2010

Commonwealth Government Response

The Commonwealth's role in improving access to health services for people in rural and remote communities

The Commonwealth Government recognises the health care needs of people living in rural and remote areas and is committed to developing flexible, long-term solutions to providing services for all communities and to supporting local solutions, developed in consultation with local communities.

Over seven million people, or 32% of Australians, live outside major cities. People living in rural and remote areas of Australia face difficulties in accessing the full range of medical and specialist services. Difficulties in access to treatment can be attributed to factors such as geographical isolation, a relative shortage of health care providers, sparse health infrastructure, and a higher proportion of disadvantaged groups such as Indigenous Australians.

The health status of Australians in rural and remote areas is generally considered to be poorer than that of other Australians. Rural Australians have a shorter life expectancy, higher death rates and are more likely to have a disability compared to city dwellers.

The Commonwealth Government is seeking to address the imbalance in access to health services for people in regional, rural and remote areas. Targeted rural health expenditure supports programs aimed at increasing the rural health workforce, improving health infrastructure and improving access to, and sustainability of, health services. The Government has also supported innovative health care solutions such as the development of Multipurpose Services and e-health solutions for rural and remote areas.

In 2009-10, the Government is investing more than $700 million in targeted rural health programs. This is in addition to support provided through the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS), the new National Healthcare Agreement and associated National Partnership funding in the areas of hospitals, the health workforce, prevention and Indigenous health. Rural program funding is separate from investment through Indigenous specific programs and aged care programs.

Patient Assisted Travel Schemes (PATS)

The Government understands that an important element of health care for people living in rural and remote areas can be access to suitable transport for patients who are required to travel to receive essential medical and specialist services.

A range of factors determines the extent of community need for PATS, including the type of care required, the availability of services locally, and the capacity of the patient to meet costs. Because of regional disparities in access to health services, people living in rural and remote areas are more likely to need to travel to receive services.

The Commonwealth Government makes a significant contribution to supporting access to health services so that patients' needs to travel are minimised. However, the states and territories currently have obligations under the new National Healthcare Agreement to provide free public hospital services for all Australians, based on clinical need, irrespective of their geographic location. Where hospital and other facilities are not located within a reasonable distance to rural and remote communities, patients may need to travel to access care appropriate to their clinical need.

All states and territories have a travel assistance scheme for patients requiring specialised care not available within a specified distance from where they live.[1] However, while the state and territory governments have been responsible for managing their respective Patient Assisted Travel Schemes since 1 January 1987, the Commonwealth Government remains committed to working with state and territory governments to improve the system.

While there are some specific responses to the recommendations in the Senate Community Affairs Committee report, *Highway to Health: Better Access for Rural, Regional and Remote Patients* which follow, the Commonwealth Government is considering the issues raised by the Report through the various reform and collaborative processes outlined in this response.

Senate Inquiry into Patient Assisted Travel Schemes (PATS)

On 28 March 2007, the Senate referred the operation and effectiveness of PATS to the Senate Community Affairs Committee for inquiry. The Senate Inquiry considered many issues including the need for, and utilisation of, existing patient assisted travel schemes, inconsistencies in the development and application of guidelines across jurisdictions, and the extent to which good health outcomes in rural and remote areas are dependent on effective patient assisted travel schemes.

The Committee tabled its report, *Highway to Health: Better Access for Rural, Regional and Remote Patients* on 20 September 2007. (See "Collaborative Work with State and Territory Governments", p. 7.)

Post Election Areas of Reform

Election Commitments

Since coming to office in November 2007, the Commonwealth Government has been committed to working with the state and territory governments to improve health outcomes for Australians, including those living in rural and remote areas.

Specifically, the Commonwealth Government has implemented, or is implementing, the following election commitments:

- Strengthening primary care in local communities through investing $275.2 million over five years to establish GP Super Clinics in 31 localities across the nation, including some rural

[1] On 1 January 1987, the states and territories agreed to accept responsibility for patient assisted travel schemes in return for an increase in funding from the Commonwealth through the Financial Assistance Grants. This decision was made in recognition of the fact that the state and territory governments were better placed to develop and administer more flexible and effective measures for those in need, having regard to their distribution of specialist services and the specific needs of their rural populations.

areas. [2]

- Putting extra nurses in country hospitals through the $81 million nursing package.
- Improving rural and remote community access to funding for essential health infrastructure, equipment and service planning through the establishment of the National Rural and Remote Health Infrastructure Program, that is providing more than $46 million over four years commencing 1 July 2008.
- Expanding and enhancing specialist services through the Medical Specialist Outreach Assistance Program (MSOAP) by providing an additional $9 million over three years.
- Investing $8.5 million in additional rural scholarships for medical students, and in supporting obstetricians in rural areas.
- Investing $2.5 million for the establishment of an Australian Allied Health Rural and Remote Clinical Placements Scholarships Plan.
- Maternity services through the development of a national maternity services plan.
- Investing $5.3 million to improve access to renal dialysis services for remote communities in the Northern Territory, as part of the Government's $21.5 million commitment to boost health services in the Northern Territory.

Further, the Government continues to support existing programs for the rural health workforce such as the rural clinical schools, university departments of rural health, and rural health scholarships.

Audit of Health Workforce in Rural and Regional Australia and Reviews of Commonwealth Funded Rural Health Programs and Geographic Classification Systems

In December 2007, the Prime Minister announced an audit of rural and regional health workforce shortages.

The Audit of Health Workforce in Rural and Regional Australia, which was released on 30 April 2008, found that:

- the supply of health professionals is not sufficient to meet current needs;
- the supply of health professionals in many rural and regional areas is low to very poor; and
- there has been a reliance on 17-year old population figures in developing incentives for doctors and other rural workforce policies.

In response to the audit, the Minister for Health and Ageing announced that the Government would establish an Office of Rural Health within the Department of Health and Ageing to provide a focus for the reform of Commonwealth funded rural health policies and programs.

The Office of Rural Health was established on 1 July 2008. The Office draws together rural health service delivery, rural health policy and rural workforce distribution programs.

As a first priority, the Office of Rural Health was tasked to review all targeted Commonwealth funded rural health programs as well as the classification systems that determine eligibility for rural health program funding. The purpose of the reviews was to ensure that incentives and

[2] Since the election in November 2007, the Commonwealth Government has committed to establishing an additional five GP Super Clinics, taking the total to 36.

rural health policies respond to current population figures and areas of need, and that programs which support rural health professionals target those communities in most need of assistance.

The reviews are now completed and outcomes include a significant new investment in rural health workforce and service delivery programs in the 2009-10 Federal Budget totalling $206.3 million (over four years). This is in addition to existing funding for these programs of $843.4 million over four years.

Included in the Budget package is the "Rural Health Reform – Supporting Communities with Workforce Shortages measure", which provides additional funding of $134.4 million over four years, in addition to $379.8 million already committed.

This package specifically addresses the need to attract and retain doctors to rural practice and provides increased financial and non-financial incentives to support new and existing doctors.

Further, the package recognises that doctor shortages are particularly acute in the more remote areas and incentives have been geared (scaled), with increased benefits for practice in more remote areas.

Another important outcome of the rural reviews was the decision to progressively introduce, from July 2009, the Australian Standard Geographical Classification System (ASGC) Remoteness Areas (RA) to replace the Rural, Remote and Metropolitan Areas (RRMA) classification and other geographic classification systems used by rural health programs that were subject to the reviews.

ASGC-RA, developed by the Australian Bureau of Statistics, uses 2006 Census data and is widely used by Commonwealth and state agencies. Using ASGC-RA will help to ensure that rural health workforce incentives are targeted to areas of need – 'the more remote you go, the greater the reward' – and that rural health programs are targeted to where funding is most needed.

Finally, the review of rural health programs identified over 60 programs with significant rural health components, over 40 of which could be considered to be targeted rural health programs. Most of these programs have been developed over time in response to different policy priorities and as such, there was significant overlap and duplication between programs.

In response, the Government has agreed to a new rural health program structure, comprising five major program streams and ten sub-programs. Through this consolidation exercise, it has been possible to reduce the number of targeted rural health programs by over 40 per cent. As such, the burden of reporting for funded organisations will be reduced and access to services and programs will be enhanced for communities and health professionals.

In implementing the measures outlined above, the Department will be mindful of the outcomes of reviews taking place as part of the broader national health reform agenda, including the National Primary Health Care Strategy, the National Preventative Health Strategy, the Maternity Services Plan and the work of the National Health and Hospitals Reform Commission.

New National Healthcare Agreement and National Partnerships

On 29 November 2008, the Council of Australian Governments (COAG) agreed to the new National Healthcare Agreement and National Partnership funding, providing $64.4 billion over

five years to states and territories. This is an increase of more than $22 billion over the previous Healthcare Agreements.

The Commonwealth contribution to National Partnership funding includes: $1.75 billion for Hospitals and Health Workforce Reform; $872 million over the six years to 2014-15 to reform Australia's efforts in preventing lifestyle risks associated with chronic disease; $805.5 million to close the gap in health outcomes between Indigenous and non-Indigenous Australians; $750 million to reduce pressure on emergency departments; and $108.9 million for the National E-Health Transition Authority.

This investment is in addition to the $600 million already committed to reduce elective surgery waiting times – which enabled over 41,000 additional elective surgery procedures to be conducted in 2008.

The National Healthcare Agreement now goes beyond hospitals and covers public health, prevention and the interactions of hospitals with primary, aged and community based care. The Agreement forms part of the broader Intergovernmental Agreement between the Commonwealth and the states and territories, aimed at improving the quality and effectiveness of government services and providing states and territories with increased flexibility in the way they deliver services to the Australian people.

National Health and Hospitals Reform Commission

The National Health and Hospitals Reform Commission's final report was released on 27 July 2009. In the report, the Commission made a number of recommendations on the theme of delivering better health outcomes for remote and rural communities. This included the following recommendation:

> *We recommend that a patient travel and accommodation assistance scheme be funded at a level that takes better account of the out-of-pocket costs of patients and their families and facilitates timely treatment and care* (Recommendation 67).

In response to the release of the Commission's final report, the Australian Government has undertaken direct consultations with the Australian public, the States and Territories, and the health sector about their views on health reform, including the ideas contained within the Commission's report. The Government is considering its response to the report.

A full copy of the report including details of the Government's consultations can be found on the website www.yourhealth.gov.au.

The National Primary Health Care Strategy

On 31 August 2009, the Prime Minister, the Hon Kevin Rudd MP, and the Minister for Health and Ageing, the Hon Nicola Roxon MP, launched the Draft National Primary Health Care Strategy, *Building a 21st Century Primary Health Care System.*

The Draft Strategy identifies five key building blocks which are considered essential system-wide underpinnings for a responsive and integrated primary health care system for the 21st century. These are:

- regional integration;
- information and technology, including e-Health;

- skilled workforce;
- infrastructure; and
- financing and system performance.

Drawing from these building blocks are four priority directions for change:

- Key Priority Area 1: Improving Access and Reducing Inequity;
- Key Priority Area 2: Better Management of Chronic Condition;
- Key Priority Area 3: Increasing the Focus on Prevention; and
- Key Priority Area 4: Improving Quality, Safety, Performance and Accountability.

The Draft Strategy is accompanied by a Report, *Primary Health Care Reform in Australia,* which provides detailed information about the issues that emerged during the stakeholder consultation process and sets out the broader context in which primary health care in Australia operates and has developed.

The Draft Strategy focuses on what the Government can do to improve the frontline health care that Australians depend on, and provides a draft road map to guide future policy and practice in primary health care in Australia.

National Preventative Health Taskforce

The Minister for Health and Ageing, the Hon Nicola Roxon MP, and the Chair of the National Preventative Health Taskforce, Professor Rob Moodie, launched the National Preventative Health Strategy on 1 September 2009.

The Strategy seeks to curb lifestyle related risk factors driving the growth in preventable chronic disease and specifically targets obesity, tobacco and the excessive consumption of alcohol.

The risk factors for chronic disease are particularly prevalent in rural and remote Australia, due in part to the relatively higher proportion of Indigenous people living in these communities. The Strategy includes improving the health of rural and remote Australians and closing the life expectancy gap between Indigenous and non-Indigenous Australians as key targets.

The Government will consider on merit the recommendations made in the Strategy in conjunction with the findings of the National Health and Hospitals Reform Commission's report and the draft National Primary Health Care Strategy.

The Government has consulted widely on this broader health reform agenda and will put a position to states and territories later in the year.

Maternity Services Review

As part of the 2009-10 Federal Budget, the Commonwealth Government has announced a $120.5 million maternity reform package.

Amongst the measures, the package includes Medicare Benefits Schedule subsidised services and Pharmaceutical Benefits Scheme subsidised medicines provided or prescribed by appropriately qualified and experienced midwives working in a collaborative model of care. It will also deliver more services for rural and remote communities through an expansion of the

successful Medical Specialist Outreach Assistance Program and extra scholarships for GPs and midwives, particularly in rural and remote Australia.

The package is the first step towards meeting the Government's commitment to develop a National Maternity Services Plan to ensure the coordination of maternity services across Australia.

The new Medicare arrangements will be subject to agreement with states and territories on the Plan – states and territories will be asked to make complementary commitments and investments, particularly around the provision of birthing centres and rural maternity units.

Health and Hospitals Fund

The Government established the Health and Hospitals Fund (HHF) as part of its nation-building agenda to invest in Australia's long-term future and to strengthen the Australian economy. The Government has committed $5 billion from the 2007-08 Budget surplus to the Fund to provide a financing source for health infrastructure priorities.

In the 2009-10 Federal Budget, the Government announced a $3.2 billion health infrastructure package which includes significant investments for regional Australia. The package includes $1.3 billion in funding to support better cancer care, $1.5 billion towards hospitals infrastructure and other projects of national significance and $430 million for the construction of research facilities to enable the faster translation of research outcomes into patient care.

Projects with direct benefits for people living in rural, remote and regional Australia include:

- $560 million for the construction of regional cancer centres. A network of around 10 regional cancer centres, with formal links to integrated cancer centres in Sydney and Melbourne, will be established. This funding will help improve access to cancer services and health outcomes for cancer patients across Australia
- $120 million for state-of-the-art digital mammography equipment for BreastScreen Australia, replacing existing analogue machines around Australia
- $8.6 million for the Kimberley Renal Service (Western Australia)
- $7.9 million for the replacement of the paediatrics unit in Broome (Western Australia)
- $13.6 million towards the hospital emergency department in Alice Springs (Northern Territory)
- $18.6 million for short-term patient accommodation at Royal Darwin Hospital (Northern Territory)
- $27 million towards the Narrabri District Health Service Centre (New South Wales)
- $250 million for the expansion of Townsville Hospital (Queensland)
- $76 million for the expansion of Rockhampton Hospital (Queensland)
- $9.2 million for 23 smaller health care infrastructure projects in rural Australia.

Collaborative Work with State and Territory Governments

The Commonwealth Government will continue to work with state and territory governments to support access to health services by people living in rural and remote areas of Australia.

At the Australian Health Ministers' Conference meeting of 29 February 2008, Health Ministers expressed their commitment to addressing the needs of people who are required to travel to

attend medical treatment when they agreed to progress the recommendations of the Senate Community Affairs Committee report.

- In response to this report, a taskforce was established by the Health Policy Priorities Principal Committee at the request of the Australian Health Ministers' Advisory Council (AHMAC) to examine the recommendations of the report and to report to AHMAC.

- The states, territories and the Commonwealth are continuing to work together to examine the recommendations in the Senate Committee's report.

National Rural and Remote Health Strategic Framework

In addition to the above collaborative efforts the Commonwealth is working with states and territories to develop a National Rural and Remote Health Strategic Framework as a successor document to the now outdated *Healthy Horizons: A Framework for improving the Health of Rural, Regional and Remote Australians*. The Rural Health Standing Committee (RHSC), a sub-Committee of the Australian Health Ministers Advisory Council is tasked with developing this new framework.

To ensure that the new national strategic framework targets activity towards the most pressing priorities for rural and remote health, the RHSC has agreed to focus on six key themes, including access and service models. Patient assisted travel schemes will be a particular focus.

This work will need to align with the outcomes of current national health reform activity, in particular the work of the National Health and Hospitals Reform Commission, the National Primary Health Care Strategy, the National Preventative Health Strategy, the Maternity Services Review, and COAG health reforms.

Commonwealth Government Response

Recommendation 1

7.105 That the next Australian Health Care Agreement recognise the fundamental importance of patient assisted travel schemes and include:

- a clear commitment to improvement of services;
- a clear allocation of funding for the schemes;
- a clear articulation of the services and supports that people using transport schemes can access; and
- a commitment to regular monitoring of access and service provision.

Commonwealth Government Response

The Commonwealth Government notes this recommendation.

As part of the new National Healthcare Agreement, states and territories have committed to providing and funding patient assistance travel schemes and ensuring public patients are aware of how to access the schemes.

The states, territories and the Commonwealth are continuing to work together to consider the recommendations of the Senate Committee report, as outlined in the response to Recommendation 13, below.

Recommendations 2, 3, 4, 6, 8 and 13

These recommendations relate to the establishment of an AHMAC taskforce to progress issues relating to PATS.

Recommendation 2

7.110 That as a matter of urgency, the Australian Health Ministers' Advisory Council establish a taskforce comprised of government, consumer and practitioner representatives to develop a set of national standards for patient assisted travel schemes that ensure equity of access to medical services for people living in rural, regional and remote Australia.

7.111 That, in establishing national standards, the taskforce:

- identify relevant legislative, geographic, demographic and health service variables of the States and Territories impacting on access;
- identify barriers to access including costs of travel and accommodation, restrictions on escort eligibility and access to transport;
- assess the impact of co-payments;
- identify mechanisms to improve access for patients travelling between jurisdictions;
- identify, as a matter of priority, core, minimum standards that are relevant to all jurisdictions particularly in relation to eligibility criteria and subsidy levels; and
- give consideration to the development of optimal, outcomes-based standards that support consistent, quality outcomes for consumers, whilst enabling different State/Territory approaches that are responsive to local need.

7.112 Development of the national standards should include (but not be limited by) consideration of the following areas:

- patient escorts including approval for:
    - psycho-social support;
    - approval for more than one caregiver to accompany a child; and
    - approval for a caregiver to accompany a pregnant woman.

- eligibility:
    - identify a means other than the distance threshold to determine eligibility that takes into account a broader range of factors such as public transport access and road conditions; and
    - referral on the basis of the nearest appropriate specialists where an appointment can be secured within a clinically acceptable timeframe.
- appeals processes.

Recommendation 3
7.114 That the taskforce report to the Australian Health Ministers' Advisory Council expeditiously so that national standards can be formulated and instituted within twelve months of tabling of the Committee's report.

Recommendation 4
7.116 That the taskforce develop a performance monitoring framework, which enables ongoing assessment of State/Territory travel schemes against the national standards and relevant goals set out in the (revised) Healthy Horizons Framework, and facilitates continuous quality improvement.

Recommendation 6
7.119 That the taskforce review existing administrative arrangements to make them less complex, including development of a simplified generic application form; consideration of an on-line application process; and revision of the authorisation processes.

Recommendation 8
7.124 That the taskforce identify appropriate mechanisms against which to review subsidy levels on a regular basis to keep pace with changes in living costs.

Recommendation 13
7.131 That the taskforce develop a marketing and communication strategy that targets consumers and health practitioners. Consideration should be given to the role of the Divisions of General Practice in educating GPs about the scheme.

Commonwealth Government Response
The Commonwealth Government supports the establishment of a taskforce to examine key aspects of patient assisted travel schemes and is participating in this taskforce.

The Commonwealth Government notes that at the AHMAC meeting of 6 March 2008, members agreed to direct the Health Policy Priority Principal Committee (HPPPC) to establish a taskforce to examine the recommendations of the report *Highway to Health: Better Access for Rural, Regional and Remote Patients* and that the HPPPC report back to AHMAC.

Accordingly, the states, territories and the Commonwealth have met as a taskforce to consider the Senate Committee's recommendations. The Commonwealth is continuing to participate with the states and territories to progress this work.

Recommendations 5 and 7

These recommendations refer to specific matters relating to AHMAC, including the development of mechanisms for monitoring performance, identifying areas for improvement and determining subsidies for transport and accommodation costs for patients.

Recommendation 5
7.117 That the Australian Health Ministers' Advisory Council establish a mechanism to monitor performance, identify areas for improvement and review the standards as required.

Recommendation 7
7.123 That the Australian Health Ministers' Advisory Council determine transport and accommodation subsidy rates that better reflect a reasonable proportion of actual travel costs and encourage people to access treatment early.

Commonwealth Government Response
The Commonwealth Government supports recommendations 5 and 7 in-principle and notes the benefits of the development and monitoring of national standards and the development of transport and accommodation subsidy rates that better reflect a reasonable proportion of actual travel costs.

While the state and territory governments have had responsibility for managing their respective Patient Assisted Travel Schemes since 1 January 1987, the Commonwealth Government supports these recommendations and is committed to working with state and territory governments to improve the system so that patients can travel to attend essential medical and specialist services.

Recommendation 10
7.126 That the Commonwealth Government initiate negotiations with the private health insurance sector to encourage insurers to offer products that include transport and accommodation assistance.

Commonwealth Government Response
The Commonwealth Government agrees with the aim of the recommendation. However the Commonwealth Government also notes that 'general treatment' is defined in the *Private Health Insurance Act 2007* as treatment (including the provision of goods and services) that is intended to manage or prevent a disease, injury or condition.

Individual health insurers can determine whether or not their general treatment policies provide benefits for travel and accommodation costs and any limits on benefits they will pay, provided they comply with the private health insurance legislation. Health insurers make these decisions on a commercial basis. The issue of whether any private health insurance funds currently provide any benefits for patient assisted travel, or would be interested to do so without increasing premiums will be raised with their national peak body by the Department of Health and Ageing.

Recommendations 9, 11, 12, 14 and 15
These recommendations identify issues to be considered by state and territory governments.

Recommendation 9
7.125 That all States and Territories adopt a pre-payment system, whether by vouchers, tickets or advance bookings, for patients experiencing financial difficulty with the initial outlay.

Recommendation 11
7.127 That State and Territory Governments develop memoranda of understanding that underpin clear, workable reciprocal arrangements for cross-border travel.

Recommendation 12
7.129 That State and Territory Governments expand travel schemes to cover items on the Medical Benefits Schedule – Enhanced Primary Care and live organ donor transplants (with assistance to the donor and recipient) and access to clinical trials.

Recommendation 14
7.133 That appropriate, on-site (or nearby) accommodation facilities be incorporated into the planning and design of new hospitals/treatment centres.

Recommendation 15
7.134 That State and Territory Governments work proactively with charities and not-for-profit organisations to provide affordable patient accommodation and services. This should include:

- developing administrative arrangements that facilitate organisations' access to PATS funding;
- establishing memoranda of understanding with charitable organisations, which set out commitments to quality service delivery; and
- developing partnerships with the non-government sector to provide suitable patient accommodation.

Commonwealth Government Response
These recommendations mainly relate to matters that are currently the responsibility of state and territory governments.

The Commonwealth Government acknowledges that state and territory governments are better placed to develop and administer more flexible and effective measures for those in need of patient assisted transport, having regard to their own distribution of specialist services and the specific needs of their rural populations.

In relation to Recommendation 14, as part of the 2009-10 Federal Budget the Commonwealth Government committed $560 million from its Health and Hospitals Fund for the construction of a network of around 10 best practice regional cancer centres to help close the gap in cancer outcomes for people in rural and regional Australia.

Recommendation 16
7.138 That State and Territory Governments, in consultation with Indigenous representatives and Indigenous Health Services, identify and adopt best practice standards and develop programs to improve Indigenous patients' access to medical services by:

- ensuring continuity of care for Indigenous patients by establishing liaison services and improving coordination in, and between, remote communities and treatment centres;
- accommodating the cultural and language needs of Indigenous patients from remote communities, particularly in respect to the provision of escorts and translators; and
- expanding access to appropriate accommodation services.

7.139 In establishing these best practice standards and programs government and Indigenous representatives should:

- identify and build on existing examples of good practice by health services in Indigenous communities and State and Territory programs; and

- establish clear governance and administrative arrangements for the delivery of programs, including consideration of the most appropriate bodies to provide day-to-day administration of services (for example, a government body or community-managed Aboriginal and Torres Strait Islander health services).

Commonwealth Government Response

The Commonwealth Government supports this recommendation to improve Indigenous patients' access to medical services.

In 2004-05, 15% of Aboriginal and Torres Strait Islander Australians reported that at some time in the last 12 months they did not go to a doctor when needed and 7% reported that they did not go to hospital when needed. Reasons for not accessing services included cost, transport/distance, waiting times etc. Of those who did not go to a doctor when needed, 11% in non-remote areas and 28% in remote areas reported transport/distance as one of the reasons they did not go. Of those who did not go to hospital when needed, 13% in non-remote areas and 34% in remote areas reported transport/distance as one of the reasons they did not go (Australian Health Ministers' Advisory Council, 2008, Aboriginal and Torres Strait Islander Health Performance Framework Report, Canberra).

In relation to the administrative and partnership arrangements proposed under these recommendations, the Commonwealth Government notes that it funds a national network of Indigenous specific primary health care services that, in partnership with State/Territory governments, are well placed to support improved access through better accommodation and transport assistance.

In addition, on 29 November 2008, COAG agreed to an historic $1.6 billion (over four years) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, with the Commonwealth contributing $805.5 million, and states and territories collectively contributing up to $771.5 million. This National Partnership aims to work towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation, including strategies to improve access to medical services and coordination and continuity of care.