

**Regional
Development**
Australia
MIDWEST GASCOYNE

SUBMISSION TO THE COMMITTEE INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME (PATS) IN WESTERN AUSTRALIA FROM REGIONAL DEVELOPMENT AUSTRALIA MIDWEST

WA Health is Western Australia's public health system.

Our vision

Healthier, longer and better quality lives for all Western Australians.

Our mission

To improve, promote and protect the health of Western Australians by:

- Caring for individuals and the community
- Caring for those who need it most
- Making the best use of funds and resources
- Supporting our team

Some comments on the above Vision and Mission

It applies to ALL West Australians, not just those in the metropolitan area

Is supposed to care for those who need it most.

The PATS scheme has been designed to deliver patients to the doctors from areas of WA who do not have access to the multitude of services based in the Perth metropolitan area due to resourcing issues and centralised service approach.

However, this should not be at the disadvantage of people who chose and need to live in regional and remote WA.

People who live away from metropolitan services protect the wide open plains, grow the food and drive the economy in WA, yet when it comes to health care they are often overlooked or treated poorly when they are often vulnerable and desperate.

Why then does PATS only subsidise the travel and accommodation for regional patients who need specialist services instead of providing those specialist services where they live? This is to save costs and maximise efficiency of resources, but this shouldn't be at the cost of the other mission requirements.

1) how adequately PATS delivers assistance to regional people accessing specialist medical care, including:

a) the level of funding applied to the transport and accommodation subsidies provided;

Comments from the communities in the Midwest are that the funding support is inadequate and they are often required to stay in substandard accommodation in Perth where accommodation expenses has grown dramatically in recent years.

This is particularly important when long term stays are required, for example when the local services cannot provide birthing options, patients are required to relocate to Perth four weeks before the due date, and could also be later, and if there are any complication, may see even more time in Perth. Finding suitable accommodation at a reasonable rate can be difficult and expensive. Together with separation from family or trying to cater for the family being together adds costs and increases the levels of stress in often difficult times.

The closest private location, has rooms starting at \$110 per night, nearly double the maximum PATS subsidy of \$60/night, PATS only covers two weeks!

Other recommendations for accommodation that is affordable include backpackers and youth hostels, not really the best thing when you're feeling unwell and in need to respite.

b) eligibility for PATS funding;

PATS eligibility often can be denied if a visiting specialist attends the region. However, often there may be lengthy waiting times due to a recent visit and fully booked schedules for months in advance due to the high demand.

Often when confronted with a serious medical diagnosis, people wish to see the specialist as early as possible and this may mean visiting in Perth ahead of scheduled regional visit, but current access would not provide PATS support. This seems counterproductive and

c) the administration process;

Some comments from participants in the program include:

Form system archaic - You should be able to get forms online and if you can people can't find them. Presently I am going in PATS office to get form, give to GP, take back to PATS, get another form to take to Specialist and then take that back to PATS. Majority of the time there is several people also doing the same and hence a long line-up. Why can't GP's start the process?

Forms are required for every specialist visit and/or referral. The system does not allow for an open/continuous case, placing more stress on families, and enormous administration time for officers. Quite often patients will be back and forth to appointments over a duration, and some patients will need one off appointments. Each patient should be assessed as an

continuous (open) or non-continuous (closed) case and the scheme administered accordingly. Instead it is a white form first up, pink form subsequent visits to specialists and referrals and lots of back and forth.

Some patients will not be advised of eligibility for travel scheme prior to appointments due to backlog of applications, but need care so attend appointments, and can be up to three weeks before being advised funding is available. Which creates more stress as patient then must return to practicing physician to get original form signed.

Staff need a brush up in customer service and also seem to be lacking compassion - especially in this department where they are dealing with predominantly sick, stressed, vulnerable people.

They should be more advertising on PATS for country people. Perhaps a pamphlet in doctor's surgery's etc. I have heard a lot of people only finding out about the system through word of mouth.

I feel on first appointment at the PATS office staff should explain to the client exactly what they are entitled to and how the process works.

I was not aware our family was entitled to CAB charges until I requested it from the staff.

We received a cheque in the name of our 5 year old son "Mstr....." . He does not have a bank account and luckily I saw an experienced bank teller who just shook her head in disbelief saying they have had a few of these with the Health Department.

The process would seemed to be designed to frustrate people (sick people) into not bothering with the service as it creates more health issues than trying to treat. The service is meant to save the government providing the specialist services in regional Australia and instead transport patients to them, to provide 'Caring for individuals and the community Caring for those who need it most'. Instead the program is looked upon as a costly burden to government funds that could be best minimised by denying people the service.

Why isn't the PATS process fully integrated as part of the Health Service to regional people?

d) whether there is consideration of exceptional circumstances; and

I don't think many people would bother applying after the normal application process.

Are statistics on these applications available?

2) any incidental matter

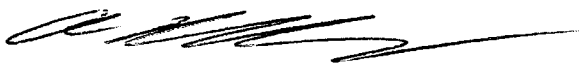
Patients who often travel to appointments often have travelled on the day of the appointment or closest times available to it to minimise costs of another overnight stay, they arrive at the hospital and are treated as if they have arrived by walking in off the street from their home across the road.

Some of these patients may have travelled for many many hours to be there and are offered no courtesy to reflect their journey, eg prompt service, hospitality (a cup of tea), and comfort rest area. Perhaps PATS patients can be acknowledged for their efforts and provided some advantages by the hospital staff. We wouldn't treat staff this way if they travelled to the regions to provide the service?

Indian Ocean Territory communities travel to Perth under arrangements with the Australian Government, this can involve travel for 6-8 hrs via air travel, often with large delays due to weather incidents and can be overnight. The above comments apply to these residents also.

I don't think the current PATS is meeting the Vision and Mission of the WA Health system. Maybe Country residents can get a reduced Medicare Levy rate to counter the additional costs we incur for the same medical treatment available in cities.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Alan Bradley', with a long horizontal flourish extending to the right.

Alan Bradley

**RDA Midwest Gascoyne
Executive Officer**