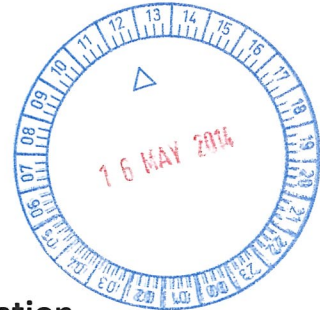


KIMBERLEY ABORIGINAL HEALTH PLANNING FORUM

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Submission to the Standing Committee on Public Administration INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

This submission is from the Kimberley Aboriginal Health Planning Forum (KAHPF), an inter-agency group of Kimberley health service providers focussed on improving the planning, coordination and delivery of primary health services, thereby achieving better health outcomes for Aboriginal people in the region. Membership includes the Kimberley Aboriginal Medical Services Council (KAMSC), the five Aboriginal Community Controlled Health Services from across the region, the RFDS, WA Country Health Services including Kimberley Population Health Unit and Kimberley Mental Health and Drug Service, Boab Health Services, Kimberley/Pilbara Medicare Local and Alcohol and Drug Services from the region.

1. INTRODUCTION

Without doubt, the PATS scheme is essential to ensure that Kimberley residents can access tertiary health care when they need to and an important mechanism for achieving equity of access for all Western Australians wherever they live in the State.

The Kimberley region currently has more PATS movements than any other region in WA. WACHS -Kimberley spends around \$9.0million per annum on PATS travel which funds around 7,600 trips within the region and to metropolitan tertiary hospitals.

Aboriginal people in the Kimberley region continue to have far worse health outcomes compared to other Aboriginal populations in WA and the total WA population. While primary health resources in towns and remote communities have increased in recent years, the need for patients to travel both within the region and to metropolitan Perth or Darwin to access specialist services or undergo hospital-based procedures remains unchanged.

Many of these travelling patients are on low incomes and have no alternative but to rely on PATS, not as a subsidy but as their means of travel. This high level of disadvantage is reinforced by the Socio-Economic Indexes for Areas (SEIFA), a classification system created by the Australian Bureau of Statistics using the most recent census data to stratify areas across Australia according to socio economic status relative to other areas. The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) represents a balance of variables of advantage and disadvantage. An area with a high score on this index has a relatively high incidence of advantage and a relatively low

incidence of disadvantage. The scores are then ranked from most disadvantaged (number 1) to most advantaged area.

Using ranking by Local Government Area ((LGA) the Shire of Halls Creek ranks number 1 as the most disadvantaged of all 139 Local Government Areas in Western Australia. The other Kimberley Shires are ranked as follows:

- Derby-West Kimberley LGA - number 5
- Wyndham-East Kimberley LGA - number 16
- Broome LGA - number 47

i.e. None of the four LGAs in the Kimberley appears above the median (50%) ranking of LGAs.

While the existence of the PATS scheme is highly valued, there are a number of significant and unresolved issues inherent in the way the scheme operates which are outside the control of regional decision makers. It is these issues that form the basis of our submission. The examples given in this submission are not isolated extreme examples – they are indicative of a scheme that does not appropriately meet the needs of the clients it serves.

1.1 The disadvantage of a standardised approach

Given that 44% of region's population are Aboriginal and many of these people live in remote communities without the opportunity to travel widely, it is important that the PATS scheme operates in a way that is culturally and practically appropriate. While standard state-wide PATS regulations and policies may be easier for the Department of Health to administer and audit, they do not always suit local Kimberley conditions and, if people choose not to access the treatments they require, may work against the health outcomes being sought. At present many of the costs that PATS will not pick up, for example payment for escorts or accompanying children are being picked up by Aboriginal Medical Services. This is not their role and, if/as their funding tightens, they will not have the capacity to support patients as they might wish.

1.2 Duty of care:

The Kimberley Aboriginal Health Planning Forum believes that the Department of Health must acknowledge that it has a duty of care to the vulnerable patients for whom transport is provided. The current lack of discretion in regard to the circumstances of the patient, their residence, degree of infirmity, language and cultural barriers, family size and support structures, and length and mode of journey required must be re-considered. Members of the Forum can all provide anecdotes of when they have been required to assist frightened, lost, confused and despairing Aboriginal people on planes and at Perth airport who were not allowed to travel with escorts or supported by a meet and greet service, and who did not know where help was to be found. Too many Aboriginal people have been so thoroughly frightened by their experience of a trip to Perth they are unlikely ever to agree to make the same journey again, despite the impact on their health.

The Western Australian Public Patients' Hospital Charter describes the rights and responsibilities when using any WA Department of Health hospitals and health centres. They include the right "To be treated with respect and dignity, taking into consideration privacy and special needs". As this submission will show, current PATS arrangements do not always comply with this Charter requirement. As it may be argued that the charter only covers the time people attend hospitals or clinics, KAHPF recommends that the Patient Charter should also specifically state that it covers patients travelling to and from Dept. of Health hospitals and health centres using Dept. of Health funded transport and accommodation.

1.3 Future cost impacts

For many Aboriginal people in the region the precursors for chronic disease are already in place and it can be expected that rates of diabetes, renal failure, heart disease and mental illness will continue to grow for some time to come. The earliest possible access to any specialised treatment required is obviously more cost effective than evacuation, treatment and rehabilitation following an emergency. It is unrealistic to think that the Kimberley PATS budget can be cut in the short to medium term. The reality is that unless more procedures and treatments are available in the region, the Kimberley PATS budget will have to continue to grow.

1.4 Attrition rates

Despite the best efforts of clinic staff to negotiate arrangements that suit PATS clients, the reality is that the attrition rate is unacceptably high and funds are wasted by people who choose not to travel at the last minute or fail to attend their appointment when they reach the town concerned. Some of the reasons why the scheme does not work effectively are explored in this submission. Others are provided in more details by submissions from groups that are members or sub-committees of the Kimberley Aboriginal Health Planning Forum:

- The Kimberley Maternal and Child Health Subcommittee
- Ord Valley Aboriginal Health Service (OVAHS)

We urge you to consider the detailed perspectives these submissions provide, as any amendments to the scheme that are not based on regional realities will not be effective.

2. COMMENTS AGAINST THE TERMS OF REFERENCE

TOR 1a) The level of funding applied to the transport and accommodation subsidies provided:

- A. **Accommodation costs in Perth:** PATS provides \$60 per person night towards the cost of accommodation for single patients in Perth and \$75 if there is an escort. Given current hotel rates in Perth, this is a totally unrealistic amount. Even the YMCA accommodation at Jewell House is \$70 per night for a single or \$75 for a double room, and feedback from many patients is that this venue is unhygienic and unsafe. For example:

an oncology patient from Balgo reported there was faecal matter all over the bathroom floor; other clients from Derby report being accosted by drug dealers in the corridors.

At present, many patients choose not to stay at Jewell House. Aboriginal Medical Services are picking up the gap between the PATS rate and the cost of a place which is perceived as being safe to stay at. In other cases, particularly when patients require longer term treatment, they choose to stay with relatives in the outer suburbs rather than stay in a shared room hostel set up. They then face over an hour travelling on public transport often having to change bus/train in order to attend their appointments. For patients with cancer undergoing radiotherapy or chemotherapy, this is surely unacceptable?

- B. **Availability of suitable low cost accommodation in Kimberley towns, especially in the tourist season:** A similar problem arises when patients are required to travel within the region and stay in Broome, Derby or Kununurra. Low cost accommodation options quickly get booked out in the tourist season, often by seasonal workers or backpackers. For example:

in Broome when Broome Time Lodge is fully booked pregnant women awaiting delivery are booked to stay in an onsite van in a caravan park used primarily by

tourists where the experience of needing to use the bathroom at night is particularly daunting. In Derby patients are often accommodated in the pub.

- C. **Taxi Fares:** PATS provides a \$75 taxi voucher for patients travelling to Perth. This will not cover the cost of the fare to and from the hospital and/or accommodation, which means that departing patients have to find a social worker in a hospital to plead for financial assistance to get back to the airport. Patients travelling to Perth for multiple different investigations have to travel to and from accommodation on several days, sometimes to different Perth hospitals. Without taxi vouchers, this really makes the whole visit very difficult.

KAHPF members are aware that some patients decide against travel on financial grounds and are concerned that the inadequate level of subsidy paid by PATS creates one more barrier to improving health outcomes.

RECOMMENDATIONS:

- The PATS subsidy for a single person travelling to Perth or to a Kimberley town is raised to \$100 per night.
- More resources are applied to resolving the issues which have delayed building short-stay accommodation for patients travelling to access health services in Broome, and to expanding the short stay accommodation available in Derby and Kununurra.
- Either sufficient taxi fares to cover all journeys between hospitals and airports should be provided, or an alternative way of transporting PATS patients e.g. using hospital vehicles should be found.

TOR 1b) eligibility for PATS funding:

There are a number of instances where PATS regulations fail to take into consideration Kimberley health needs and/or cultural and practical realities.

- A. **Dental patients from remote communities who require treatment under anaesthetic in a Kimberley hospital:** Due to the inadequate provision of dental services (including school dental services) to remote Kimberley communities and some Kimberley towns (e.g. Halls Creek), Kimberley Aboriginal people have very poor oral health. For example:

of 223 children screened in remote desert communities in 2011 by a volunteer organisation, Kimberley Dental Team (KDT), 54% of children required urgent dental care. Several children's treatment required a general anaesthetic. In 2012, KDT had 57 children from the Kutjungka region on their waiting list for treatment requiring anaesthesia.

At present, PATS only provides assistance for patients with trauma/maxillofacial surgery requirements, not for patients requiring transport to a hospital or specialist dental facility where dental procedures can be carried out by specialists and/or under anaesthetic.

Recommendation

PATS regulations are amended to include travel for all dental treatment that must be carried out in a specialist dental facility or hospital setting.

- B. Escorts for vulnerable people including antenates, old people, mentally unwell patients, terminally ill people and children:** Local clinic staff have identified that the requirement to travel alone is a major disincentive to commencing/completing a PATS-subsidised journey. Most people want their partner to be with them during what they can reasonably expect to be a daunting experience. Many have concerns about the safety and welfare of children who must be left behind. People going for major surgery need help with basic tasks during their recuperation period. Old and infirm people need help getting themselves on and off planes, in and out of taxis and to their destination. The practical difficulties around long distance communication exacerbate people's concerns about solo travel. Examples from Kununurra exemplify this:

'Unable to make contact 24/7. No credit on phone. Partner/family only able to make contact when Clinic is open. Some Communities have no mobile reception'

'Fret for those left behind. Are the children being looked after? What's my partner up to? Is he with another woman? Partner humbugs woman on phone, is she seeing another man?'

Kununurra Women & Kununurra Midwife (Voices from the Kimberley Aug 2013)

WACHS policy states that women in remote areas should be at their birthing town by 37 weeks gestation i.e. women from remote towns and communities have up to 3 weeks waiting in an unfamiliar town, sometimes in highly unsuitable accommodation, without a support person.

The current PATS guidelines state that assistance is not provided for an escort for a pregnant women awaiting delivery unless there are complications that put a mother or baby's life at risk. This is a matter of great concern in the region and runs counter to the Department of Health's Patient's Charter regarding special needs. Many Aboriginal women from remote areas are very shy, English being only their second or third language. An escort provides them with a mediator and translator during an often incredibly confusing time, and also provides an advocate during antenatal visits and birthing. The support of an escort from community and country ensures an element of cultural safety for women who would otherwise be entering a culturally aware and sensitive, but not a necessarily culturally safe, health service.

The lack of an escort has a number of potential implications. Examples/thoughts collected for the report *Voices from the Kimberley Aug 2013* include:

'The bond between fathers and new babies is often lost because fathers aren't present during the birth, and miss out on the close connection and experience of the early days'

Brendan Tai-Roche, Kutjungka Clinics Manager

'She wasn't understanding what the doctor and nurses was saying, I am the only one there speaking her language, they said that the baby was caught inside and the cord was wrapped around its neck, they said if she didn't have an operation/caesarean section, that baby would die. That young girl was scared, but I could tell her proper way what they were saying, because I'm her mother in law, and I have had children before'

Deanne, Balgo Community

KAHPF believes that to provide care that is culturally appropriate every woman should be supported at birth by a person of her choice from her own family or that of her partners.

PATS eligibility criteria for all women travelling to regional and metropolitan hospitals for confinement should be extended to cover costs of transport and accommodation for a support person and youngest child. This recommendation was initially made over 20 years ago in a WA Health Dept. report¹ and implementation should not be delayed any longer.

Recommendations re escorts:

- All elderly (65+) and/or terminally ill patients, and people with a diagnosed psychosis should be allowed to travel with an escort.
- Physically disabled patients who identify they need support should also be allowed an escort.
- Certain categories of surgery should automatically be deemed eligible for an escort eg hip or knee replacement, open heart surgery, organ transplant.
- The PATS eligibility criteria for all women travelling to regional and metropolitan hospitals for confinement should be extended to cover costs of transport and accommodation for a support person and the youngest child.

C. Accompanying children

The refusal to allow young children to accompany their mother on a PATS-funded hospital visit creates much concern and dissent in the community. There are instances where children reliant on breast feeding have been refused. Many mothers express concern about the safety of children left behind. KAHPF members acknowledge that it is difficult for a PATS clerk or a referring GP to make a judgement about the validity of such claims; they also have learnt by experience that refusal of some claims and acceptance of others is a cause of community tension and vigorous complaint.

A possible solution suggested by KAHPF is to formally involve the Department responsible for child safety, the Department of Child Protection and Family Support, in an assessment. While this may make the application process longer, it places the responsibility for ascertaining claims re children being at risk if left behind in the hands of the correct organisation who may, in fact, be able to offer a safe alternative. A recommendation from DCPFS that a child/children will be at risk if they do not accompany their mother should be sufficient to allow those children to accompany their mother to hospital.

When a mother is accompanied by a small child without an escort or does not have local family support, a further problem is created. What happens to the child while the mother is having the procedure? Examples have been cited where hospital staff have refused to hold a child while a mother undergoes a brief routine procedure, so the procedure was cancelled. What was the mother supposed to do?

Recommendation re accompanying children

- A formal process should be established by PATS to address the task of determining if a child left behind will be at risk. This could possibly involve the Dept. of Child Protection and Family Support.
- If accompanying children are approved, then an escort is automatically approved as well. OR: Hospitals which receive PATS patients should have arrangements in place to care for accompanying children where an escort has not been approved.

¹ J Bowen-Withington "Review of birthing services in the Kimberley" December 1993.

- D. The need to review the PATS regulation which states that air travel can only be used if travel to the nearest Specialist involves surface travel of more than 16hours (one way) or is subject to excessive connection delays and prolonged stops.**

This regulation requires PATS patients to travel between towns in the Kimberley on the Greyhound Bus. This is a highly unsatisfactory means of travel given the distances involved and the timing of the schedule.

In the example of PATS travel from the town of Halls Creek, the journey between Halls Creek and Broome takes 8.75 hours overnight (currently departure time is 9.55pm); between Halls Creek and Kununurra it takes 4 hours departing at 3.30am. Neither journey can be undertaken in the day time.

Imagine having to spend hours on a bus, pregnant, swollen feet and unable to sleep'
Amy Rigano, Halls Creek Midwife (YYMS) (Voices from the Kimberley Aug 2013)

In 2013 a Broome midwife raised concerns raised about an Aboriginal women from Warmun community (1.5 hours north of Halls Creek) travelling 10+ hours by herself to and from Broome for birthing, after her nominated escort (aunty) was refused. This is not an isolated example.

The Lady had a planned caesarean section (a risk that should have been covered under PATS?), and was discharged back into Broome Time Lodge with baby, by herself, knowing no-one in Broome. This lady was also expected to travel back to Warmun via Greyhound bus. Caesarean sections are abdominal surgery, meaning limitations in movement and lifting for several weeks post surgery. How could the risk be discarded for this lady? Haemorrhage and assistance with the baby on the bus are all variables. Who holds the baby on the long bus journey when mum needs to go to the bathroom?
Broome Community Midwife June 2013

There is a scheduled flight between Broome and Halls Creek 3 days a week. The flight takes 2.5 hours. It seems entirely unreasonable that unwell or recuperating people should be required to sit for 8+ hours on a bus when their journey could take 2.5 hours by plane. The stress on people from Halls Creek making onward flights to tertiary hospitals outside the Kimberley after an overnight bus journey is completely unreasonable.

Recommendation re air travel

Where public transport systems are inadequate (due to distance, timing etc) patients should only be required to travel 500 km or less by bus. Journeys of 500+ km should be travelled by plane.

TOR 1c) The administration process

A. Routing of PATS journeys:

An additional frustration for Halls Creek PATS patients is the routing of their journey in that they are booked to fly to Perth from Broome rather than Kununurra. This necessitates 8+ hours sitting overnight on the Greyhound bus rather than an early start and 4 hours travel. It is difficult to imagine any valid reason for this impost on patient welfare apart from cost saving.

Recommendation

Patients travelling to Perth should be routed via the nearest airport from where flights are available.

B. Travel between remote communities and town or vice versa:

KAHPF comments around this aspect of PATS administration are threefold:

- **There appears to be anomalies and breakdowns in arrangements for transporting patients between remote communities and their nearest town.** In some cases PATS pays for air flights, in others it reimburses AMSs to transport clients, but in communities where health services only provide a visiting service eg Glen Hill serviced by OVAHS, patients are left to make their own arrangements to get to the town where their PATS journey begins – or may not begin if they have to rely on the vehicles of community members to get them to town. There are similar anomalies regarding the provision of patient transport vehicles and drivers in communities.

There are also too many stories of patients alighting from the Greyhound bus in Fitzroy Crossing or Halls Creek in the middle of the night without the means of returning to their community of origin and with no arrangements made with their local clinic to pick them up or the town clinic to take them to safety.

- **The mechanism by which Aboriginal Medical Services can claim road costs for transporting clients between their place of residence and town is cumbersome and unrealistic.** The system in place requires a patient to take their blue form to Perth, have it signed by the specialist, bring it back to the community and hand it in at the clinic who must then forward it to the PATS clerk back in the town for reimbursement of 16c per kilometre. In these days of modern IT a way can surely be found for a specialist to endorse a PATS claim and notify a PATS clerk electronically.
- **Arrangements rely on the involvement of clinic staff** – when patients are PATSd out by mail plane or charter there is an expectation that clinic staff will pick up the patient and transport them to the airstrip at no cost. An example given by the nurse at Balgo community exemplifies that this expectation may be unreasonable. In such an instance her day has to start at 5.30am with a wake-up call for the patient, the patient has to be taken to the strip, a wait occurs until the mail plane arrives – and then the nurse's full day at the clinic begins. In other communities, AMS operated vehicles and staff are required to transport patients to town – the fee of 16c per kilometre in no way covering the wear and tear on the vehicle or the driver's wages.

While the response to each of these issues may be that the patient should take some responsibility for their own health, in reality this is not always within their means or capacity.

Recommendation re travel between remote communities and town

- Commonwealth-funded Patient Transport Officer positions and suitable vehicles are established in all clinics where road travel to the nearest town is an appropriate means of travel. This should not preclude the use of other forms of travel if necessary i.e. if the PATS vehicles are overbooked.
- PATS travel arrangements include making provision for a patient's collection from and return to their community of origin.

TOR 1d) Whether there is consideration of exceptional circumstances

The Kimberley Aboriginal Health Planning Forum has been advised that, due to budgetary constraints and what is perceived as too benevolent application of PATS guidelines, WACHS

Kimberley has lost their capacity to consider exceptional circumstances and that guidelines must be rigorously applied.

An example cited at a recent meeting of the KAHPF Forum involved the refusal of an application by a mother of a child with leukaemia to travel to Perth to be with her child when she saw a specialist. The child was already at school in Perth – the mother was told she could join the consultation by video conference! This decision (made in Perth not in the Kimberley) was perceived as both heartless and particularly misguided. If the child had been at school in the Kimberley, PATS would have paid for both the child and mother to travel to Perth and remain as long as necessary. What mother would not want to be there with her child at such an ordeal?

Other examples are cited in the submission made by the Ord Valley Aboriginal Medical Service (OVAHS). The frustration of GPs who spend a good deal of time completing PATS paperwork only to have their recommendations over-ruled is clear and valid. The lack of social workers in Kimberley hospitals, who could assist refused families to find alternate ways of arranging to have a patient escorted, necessitates WACHS Managers and CEOs of Aboriginal Medical Services advocating with other services on a patient's behalf. This cannot be viewed as productive use of their time.

KAHPF recommends that decisions about exceptional circumstances are made at the WACHS Regional Manager level, and that a component of the Kimberley PATS budget is allocated for this purpose.

Recommendation

The establishment of a WACHS Kimberley Regional Manager's discretionary fund to accommodate 'special' cases.

2) Any incidental matters

A. The Meet and Greet scheme:

Health service providers have been raising concerns about the effectiveness of the Meet and Greet scheme for several years, from their perspective to no avail. Most flights from the Kimberley depart around lunch time arriving in Perth later in the day at a time when it appears that the Meet and Greet scheme does not operate. Amendments to the scheme should be made so that the provider is contracted to operate at hours when Kimberley planes arrive in Perth.

Recommendation

The contract for the Meet and Greet scheme is amended to ensure that services are provided for Kimberley patients travelling to Perth.

B. Availability of suitable accommodation adjacent to Fiona Stanley Hospital:

As it is likely that in future Kimberley people will be required to attend the new Fiona Stanley Hospital for treatment, concern has been expressed about the availability of suitable low-cost accommodation in the vicinity of the hospital.

Recommendation

If suitable low cost accommodation is not identified near to Fiona Stanley Hospital, Kimberley patients are not required to attend there until a short-stay hostel is constructed.

C. Choice of birthing hospital:

An additional issue for women awaiting delivery is the lack of choice regarding which birthing hospital they attend. In an example from Halls Creek the birthing mother wanted to go to Broome

where she had family support. Instead she was told she would be PATS'd to Kununurra, a place where she did not have support. The reason given by WACHS Kimberley was the need to maintain birthing numbers in Kununurra to ensure that suitably skilled staff could be retained.

As the example below demonstrates, this lack of choice often has expensive consequences:

*Some of the Kalumburu women want to deliver in Royal Darwin Hospital but because it is outside WA and they were not high risk, PATS would not fund it. For one woman in particular because she could not have an escort or delivery in Darwin (she felt unsafe in Kununurra due to feuding) she refused to leave for confinement at 36 weeks, and remained in community until 39.5 weeks when she was RFDS'd out in labour. This caused an untold amount of stress for the woman, her family, and the Kalumburu health clinic staff'.
Kalumburu midwife (Voices from the Kimberley Aug 2013)*

Recommendations

Women from Halls Creek should be allowed to choose whether to travel to Kununurra or Broome for delivery.

In exceptional circumstances, women from the north Kimberley who can substantiate their claim that it is not safe for them to await delivery/birth in Kununurra, should be allowed to give birth in Darwin Hospital.

D. Submission of PATS application forms

At present PATS application forms have to be submitted manually either in person or by fax. This is time consuming and unnecessary. The Kimberley Aboriginal Medical Services Council (KAMSC) suggests that forms could be completed electronically by the AMS GP and then emailed to the relevant PATS clerk. KAMSC is willing to undertake a pilot project to identify any constraints to this approach.

Recommendation.

That KAMSC and WACHS develop a pilot project to trial the electronic submission of PATS application forms to WACHS Kimberley.

3. SUMMARY OF RECOMMENDATIONS

The recommendations from the Kimberley Aboriginal Health Planning Forum (KAHPF) are as follows:

1. That there should be no reduction in the Kimberley PATS budget, rather the budget should be increased to a realistic level that allows Aboriginal patients, particularly vulnerable Aboriginal patients, to travel in a way that is appropriate to their circumstances.
2. The WA Department of Health Patient Charter should be extended to cover patients travelling to and from Dept. of Health hospitals and health centres using Dept. of Health funded transport and accommodation.
3. The PATS subsidy for a single person travelling to Perth or to a Kimberley town is raised to \$100 per night.
4. More resources are applied to resolving the issues which have delayed building short-stay accommodation for patients travelling to access health services in Broome, and to expanding the short stay accommodation available in Derby and Kununurra.
5. Either sufficient taxi fares to cover all journeys between hospitals and airports should be

provided, or an alternative way of transporting PATS patients e.g. using hospital vehicles should be found.

6. PATS regulations are amended to include travel for all dental treatment that must be carried out in a specialist dental facility or hospital setting.
7. All elderly (65+) and/or terminally ill patients, and people with a diagnosed psychosis should be allowed to travel with an escort.
8. Physically disabled patients who identify they need support should also be allowed an escort.
9. Certain categories of surgery should automatically be deemed eligible for an escort eg hip or knee replacement, open heart surgery, organ transplant.
10. The PATS eligibility criteria for all women travelling to regional and metropolitan hospitals for confinement should be extended to cover costs of transport and accommodation for a support person and the youngest child.
11. A formal process should be established by PATS to address the task of determining if a child left behind will be at risk. This could possibly involve the Dept. of Child Protection and Family Support.
12. If accompanying children are approved then an escort is automatically approved as well.
OR: Hospitals which receive PATS patients should have arrangements in place to care for accompanying children where an escort has not been approved.
13. Where public transport systems are inadequate (due to distance, timing etc) patients should only be required to travel 500 km or less by bus. Journeys of 500+ km should be travelled by plane.
14. Patients travelling to Perth should be routed via the nearest airport from where flights are available.
15. Commonwealth-funded Patient Transport Officer positions and suitable vehicles are established in all clinics where road travel to the nearest town is an appropriate means of travel. This should not preclude the use of other forms of travel if necessary ie if the PATS vehicles are overbooked.
16. PATS travel arrangements include making provision for a patient's collection from and return to their community of origin.
17. The establishment of a WACHS Kimberley Regional Manager's discretionary fund to accommodate 'special' cases.
18. The contract for the Meet and Greet scheme is amended to ensure that services are provided for Kimberley patients travelling to Perth.
19. If suitable low cost accommodation is not identified near to Fiona Stanley Hospital, Kimberley patients are not required to attend there until a short-stay hostel is constructed.
20. Women from Halls Creek should be allowed to choose whether to travel to Kununurra or Broome for delivery.
21. In exceptional circumstances, women from the north Kimberley who can substantiate their claim that it is not safe for them to await delivery/birth in Kununurra, should be allowed to give birth in Darwin Hospital.
22. That KAMSC and WACHS develop a pilot project to trial the electronic submission of PATS application forms to WACHS Kimberley.

We urge you to take these matters into consideration as part of your deliberations.

Kimberley Aboriginal Health Planning Forum

May 16 2014