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To: [Mesiti, Lauren](#)
Cc: [Duncan, Wendy](#); [Reidy, Amanda](#); [Richardson, Beth](#)
Subject: RE: Extension of time for PATS submission
Date: Monday, 19 May 2014 3:22:21 PM
Attachments: [PATS submission.docx](#)

Good Afternoon Lauren

Please see attached submission from Wendy Duncan MLA regarding the inquiry into PATS.

We thank you for the extension of time to have this submitted.

Kind Regards
Frances

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SUBMISSION FROM WENDY DUNCAN MLA ON THE INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME (PATS) IN WESTERN AUSTRALIA

The Committee has commenced an inquiry into the Patient Assisted Travel Scheme (PATS) in Western Australia. The Committee will inquire into:

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;
- b) eligibility for PATS funding;
- c) the administration process;
- d) whether there is consideration of exceptional circumstances; and
- 2) any incidental matter

THE LEVEL OF FUNDING APPLIED TO THE TRANSPORT AND ACCOMMODATION SUBSIDIES

PROVIDED:-

PATS currently provide a minimal amount of actual accommodation costs for patients needing to seek medical attention in the Metro area.

In many situations patients do not have family/friends that they are able to stay with while receiving treatment in the Metro area. PATS currently provide a subsidy to assist patients with accommodation costs and include a slightly higher subsidy for patients needing to travel with a carer, however there is still a large out of pocket gap for patients who need to access commercial accommodation during their stay.

The closure of Jewell House, a YMCA run hostel, scheduled for November this year as directed by the Department of Health, will have a huge impact on many patients who need to access budget accommodation while in the Metro area for medical treatment. Currently Jewell House is accessed by on average by 30 PATS patients per night. Their current standard single rate is \$70 per night, however they only charge patients the PATS subsidy they are entitled to and provide them with breakfast. Urgent consideration needs to be given to sourcing or supplying alternate budget accommodation options in line with what Jewell House have been providing.

There also appears to be great confusion as to when a patient is entitled to a taxi voucher to get between the point of arrival and their appointment(s). My office has dealt with complaints from

people who have been advised that surgery is required for severe ambulatory problems, however the PATS office has refused the doctors request for taxi vouchers.

There is no direct bus or train link between Perth airport and the cancer support hostels and those patients do need assistance with travelling between the airport and the hostel.

In offering a more streamlined service, data should be provided that sums up the amount of patients on a weekly basis that is accessing (a) private accommodation and (b) commercial accommodation in the Metro area where travel has been provided through PATS and why travel has been undertaken.

Is it practicable for the government to enter into agreement with Metro/suburban accommodation providers where they could block book rooms on a weekly basis for a reduced amount going by the numbers of patients who access commercial accommodation through PATS – a similar system utilised by airlines that block book rooms for staff. These could be situated near hospitals making access between accommodation and treatment easier for patients and carers. With the opening of Fiona Stanley hospital, more patients will need to travel further between their point of arrival and their specialist treatment. This will need to be considered with regards to taxi vouchers or alternate travel between the two points where a higher cost will be experienced.

With regards to taxi vouchers that are utilised by patients, would a transfer type system work better if patients were to stay in allocated hotels as previously suggested that are close to hospitals/services? It would then mean only a handful of accommodation sites would have to be called upon by the hospital that could then transfer more than one patient at a time to their appointment. Alternatively if the problem is transferring the patient from their point of arrival to their accommodation or appointment then having allocated meeting points at these sites for PATS travellers would allow for a transfer system where more than one patient was being transferred at a time (and who are quite frequently travelling to the same destination).

ELIGIBILITY FOR PATS FUNDING

Firstly, PATS officers and local doctors should be aware and constantly updated on what services can be provided at a local level. I was recently informed about a situation involving a colleague who was referred to Perth to have surgery undertaken when there was a specialist surgeon at the local hospital who could have performed the same operation. In this situation the individual arranged their own flights and accommodation; however the local doctor believed they were genuinely entitled to PATS for the surgery as there was no one available locally who could perform the operation. It was only discovered after the fact that the surgeon was available locally and had been for a number of years. Hospitals should be keeping their local doctors more tightly informed of what specialists are available locally and what surgery can be performed locally to alleviate the need for unnecessary travel.

Regarding eligibility, health care in Western Australia should be readily available for everyone to access. If your local area does not have the services or specialists that a patient needs to access, or is unable to access them in a timely manner relevant to their condition, then best arrangements should be made to allow for the patient to travel so as they can see the relevant specialist.

I am wary about introducing a system whereby patients are required to disclose their annual income to ascertain their eligibility. This is because we are all entitled to access a health system, and PATS is essentially designed for regional patients who are unable to access medical services in their local area. They should not be penalised for this through having to make a payment to access the services in the Metro area, whilst others who may earn less are entitled to receive the same access with no fee attached. The system needs to be equitable for all who need to use it.

Travel types/times probably need to be aligned with patient's conditions and mobility when deciphering a better system for eligibility.

THE ADMINISTRATION PROCESS:-

Currently the system sees a patient making contact with their local doctor in the first instance regarding their health status. When they are advised by their doctor that they will need to travel outside of their local area to access a health professional or service, this is then relayed to the local PATS office by the patient who has been provided with a PATS form from their doctor. It seems that at this point there is a breakdown in the continuance of this requirement for travel. Many of my constituents report that the local PATS office are difficult to communicate with and are hesitant to agree with the recommendation made by the treating doctor that (a) travel is required, (b) on the type of travel required (c) other benefits of the PATS system including taxi vouchers and accommodation. At times travel is denied causing the patient additional stress and anxiety along with forcing them to take the matter further so that it is adequately resolved. If the local treating doctor has seen there is a requirement for their patient to travel by a particular means (air, rail or road) to receive necessary treatment then this is not something that should be questioned if it falls within the guidelines for accessing specialists/medical services through PATS. I understand that each individual patient will have different needs and some will require more urgent travel than others. This should be taken into account however there is still the requirement to travel for these patients who cannot access services locally.

There are on occasion situations where doctors believe they are being harassed by patients to sign off on PATS forms entitling them to travel by air and receive other benefits such as taxi vouchers. I believe to alleviate this pressure, doctors should be able to fill in an online form which will be sent to the PATS officer directly so as they can make contact with (a) either the doctor to seek more information or (b) make direct contact with the patient to arrange travel as directed by the doctor. This form should also be sent to the specialist doctor so that all parties agree that on the form of travel that needs to be undertaken (on a similar par with when a child is been assessed for autism spectrum disorder – there needs to be an agreement by three specialists in that situation that an individual meets the criteria before a report is signed off on and assistance provided). Better communication between the local doctor, the specialist doctor, the patient and the PATS office would create a better understanding of how the system should function.

I also believe this would ensure that PATS officers would avoid tense and stressful situations with patients who become agitated and upset where they believe they are not receiving correct 'entitlements'. Where air travel is required I suggest that individual PATS patients should not be receiving frequent flyer points for travel undertaken.

These points should go directly back to the local PATS office for use (ie this could effectively mean that the State Government's cost of paying for flights is largely decreased as the local PATS office would be able to use these points for travel for other patients who are required to travel by air).

WHETHER THERE IS CONSIDERATION OF EXCEPTIONAL CIRCUMSTANCES:-

Exceptional circumstances should be taken into consideration on a case by case basis, and I believe that this does happen. Not every individual who requires access to the PATS will tick all the boxes in every situation. I am aware of a constituent who needed to access the services of allied health professionals in order to have an assessment for their child undertaken. In this circumstance, not all allied health professionals were registered to undertake the work required for the assessment, and none were available locally. The wait list to access these specialist services from visiting professionals was longer than two years and without the assessment the child was unable to seek any further medical assistance.

It was decided in this situation that assistance would be provided for the child to access the needed services in Perth even though these services are not usually covered by PATS. This took immense pressure off the family involved and allowed them to seek the medical advice and assistance that they desperately required.

It does appear though that many individuals are been denied access to PATS in the first instance, and them having to put their case to the PATS office deems them providing information that make them an 'exceptional circumstances' situation.

On many occasions patients will need the assistance of a carer to travel with them and provide support during treatment away from home. Consideration of the additional requirements that this involves such as the carer sharing a room where they are not sufficiently intimate with the patient to make it appropriate to share a room, needs to be considered. Again, a study on these types of figures would make it easier to ascertain how often these situations arise and how they can be better dealt with.