



Government of Western Australia
WA Country Health Service



Avon Midland Country Zone
Central Country Zone
Great Eastern Country Zone



Regional
Development
Australia
WHEATBELT WA



Wheatbelt
Development
Commission



Wheatbelt
GP Network
Building healthy communities
through General Practice

PO Box 6456
EAST PERTH WA 6892

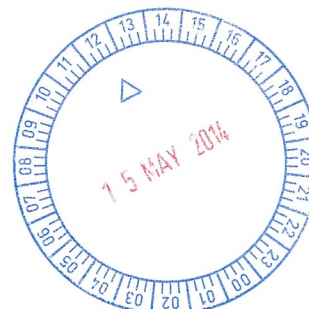
T: 0427 854 478

F: (08) 9228 0071

E: hwestcott@wsquared.com.au

Our ref: MOU 010414

Ms Lauren Mesiti
Committee Clerk, Standing Committee on Public Administration
Legislative Council
Parliament House, Perth WA 6000



Dear Ms Mesiti

**PATIENT ASSISTED TRAVEL SCHEME (PATS) IN WESTERN AUSTRALIA – A
SUBMISSION TO THE STANDING COMMITTEE ON PUBLIC ADMINISTRATION FROM THE
WHEATBELT HEALTH MOU GROUP**

I write to you as the Executive Officer for the Wheatbelt Health MOU Group (the MOU Group).

The MOU Group was formed following the establishment of the Wheatbelt Health Memorandum of Understanding (MOU), first signed in December 2006. The MOU built on an Agreement between the WA Country Health Service (WACHS) Wheatbelt Region and the Wheatbelt Development Commission (WDC) made in August 2005. The purpose of the Wheatbelt Health MOU is to establish formal lines of communications and consultation between the participating organisations, both at a regional level and for individual organisations. It works to ensure the changing health needs of residents across the Wheatbelt are recognised and suggests pathways to meet those needs.

Membership to the Group includes:

The Avon Midland Country Zone of WALGA;
The Central Country Zone of WALGA;
The Great Eastern Country Zone of WALGA;
Regional Development Australia Wheatbelt (became a signatory to the MOU at its re-signing in December 2013);
WACHS Wheatbelt;
Wheatbelt Development Commission; and
Wheatbelt GP Network.

South West WA Medicare Local has observer status on the MOU Group.

The MOU Group considered the Inquiry's Terms of Reference when it met on 1 April 2014 with agreement that it should prepare a submission to the Inquiry into the Patient Assisted Travel Scheme in Western Australia being undertaken by the Legislative Council Standing Committee on Public Administration.

The Patient Assisted Travel Scheme (PATS) makes a major contribution to the ability of people residing in rural and remote parts of Western Australia to access more specialised health services that are not available locally.

The Health MOU Group understands PATS evolved from a Commonwealth established scheme developed more than three decades ago. This Commonwealth initiative was directed at providing financial assistance to people who needed to travel more than 200km to obtain specialist medical treatment and oral surgery. In 1987 responsibility for the scheme, though still funded by the Commonwealth through Special Revenue Assistance Grants, was transferred to the States and Territories.

In 1999 the States and Territories relinquished this funding in return for a revenue stream provided through the Good and Services Tax. Since that time the way in which each State and Territory has managed the provision of such schemes has varied. A brief search of the Rural and Regional Health Australia website shows that criteria for eligibility and funding provided vary across jurisdictions, with Western Australia's scheme offering greater support than found elsewhere¹.

This greater support can be found through the changes implemented in 2009 when Western Australia became the first State or Territory to act on recommendations of a Senate Inquiry into the operation and effectiveness of PATS². This positive response resulted in a number of changes including:

- an increase of up to 3 cents to 16 cents per kilometre;
- an increase from \$35 per night to \$60 per night for patients travelling alone and \$75 per night for patients travelling with an approved escort and \$20 per night for private accommodation;
- the removal of the patient contribution requirement;
- residents of York and Northam being able to access the full benefits of the scheme;
- expanded eligibility for approval for an escort to allow for greater flexibility for aged and disabled patients and cancer patients;
- cancer patients needing to travel more than four hours by road one way to access specialist medical treatment will be eligible for air travel subsidies;
- cancer patients will be eligible for an accommodation subsidy for a recovery night following treatment;
- the carer/escort accommodation allowance will be continued for the period a cancer patient is hospitalised away from home; and
- health professionals, other than general practitioners solely, are able to authorise applications and paperwork simplifying the application and reimbursement process.

That said, the MOU Group believes that PATS can be improved to ensure that rural and remote residents have more equitable access to medical facilities and services only available in a metropolitan centre. The MOU Group understands and accepts that PATS is not intended to meet the full costs of travel and accommodation, or to provide assistance with other costs associated with access to specialist appointments, but believes that consideration be given to implementing the following changes.

1. Reimbursement for travel and accommodation

At present the fuel subsidy paid by PATS is set at 16 cents per kilometre. This is well below the deductions currently allowed for business travel by the Australian Tax Office. Even accepting the fact that PATS is not designed to meet the full costs associated with accessing medical services and facilities, the current rate is viewed as inadequate given the cost of fuel and the fact that the patient (or their carer) is using their own vehicle. The inadequacy of the subsidy will be further heightened once the Commonwealth increases fuel excise as part of the 2014/2015 budget rollout.

¹ http://www.ruralhealthaustralia.gov.au/internet/publishing.nsf/content/Patient_As... Accessed 14/05/2014

² Joint media release by the Ministers for Health and Regional Development on 15 January 2009.

Accessed from the internet on 14/05/2014

When the State Government announced changes to PATS in 2009 it also undertook to review the fuel subsidy on a six monthly basis to reflect changes in fuel prices³. Given that the current fuel subsidy is as announced in 2009, it is understood that no review has been undertaken since the decision in 2009.

The MOU Group believes that in the first instance the fuel subsidy should be increased to an adequate level and thereafter a regular review of the fuel subsidy be undertaken, with adjustments as necessary.

Similarly with accommodation costs. Perth is recognised as being one of the most expensive capital cities in which to find hotel/motel accommodation. As with the fuel subsidy the MOU Group believes that the accommodation allowance should also be reviewed on a regular basis.

It may be appropriate to establish a fixed formula to be applied to six monthly increases for fuel and accommodation.

Adoption of these measures will go some part of the way in ensuring that further financial burden will not be imposed on those already burdened by serious illness or disability.

2. Eligibility for PATS Funding

Whilst the 2009 review resulted in increased access and support to rural and remote residents needing to travel away from home to access specialist medical services, allied health services are not covered by PATS, including:

- speech pathologists;
- physiotherapists;
- podiatrists;
- clinical psychologists;
- occupational therapists;
- audiologists;
- pathologists;
- dentists; and
- nursing professionals.

The MOU Group believes that the need for speech pathology, physiotherapy, and occupational therapy should be investigated for inclusion within PATS, particularly where they relate to the rehabilitation of patients from stroke or relate to children with physical or learning disabilities. The increasing incidence of mental illness across the community as a whole might also be a reason for considering the inclusion of clinical psychology as a therapy eligible for funding under PATS.

Problems with eligibility were identified as a barrier to access to PATS in work undertaken by the Shires of Dumbleyung, Lake Grace, Wagin, West Arthur, Williams and Woodanilling in joint project that addressed age-friendly communities in 2010⁴. Information around the eligibility in obtaining funding through PATS was collected in the various focus groups and surveys established to assist in writing the report. Issues identified were:

³ Joint media release by the Ministers for Health and Regional Development on 15 January 2009. Accessed from the internet on 14/05/2014

⁴ Stockley, Pam, 2010. Age-Friendly Communities. A joint project across six wheat-belt Shires of Western Australia.

- Not being able to access PATS to see a specific specialist especially if referred to one when that specialist came to the closest regional centre but since has moved to another centre (In addition to and associated with this comment is that patients wanted continuity of care rather than changing to another visiting specialist – not an unreasonable request if you are seriously ill); and
- Long waiting times for some regional visiting specialists but not eligible for PATS if referred to another specialist in another centre.

The MOU Group believes that these issues should be further investigated by the Committee with a view addressing the issues raised.

3. The Administration Process

As with any financial assistance scheme there is “paperwork”. Whilst the responsibility for properly completing the paperwork associated with receiving PATS funding must lie with the patient or carer (depending on circumstance), the MOU Group believes that every effort should be made to implementing a system that is easy for all - patients, health professionals and staff administering the scheme.

Problems with paperwork were also identified as a barrier to access to PATS in work undertaken by the Shires of Dumbleyung, Lake Grace, Wagin, West Arthur, Williams and Woodanilling. As with eligibility criteria, information around the administrative process involved in obtaining funding through PATS was collected. The following issues were identified as a barrier to accessing PATS funding:

- Difficulty in completing the forms (both understanding the requirements and getting the right forms signed in time);
- Difficulty in accessing a GP to get the forms signed in time; and
- Having to travel to get the forms signed and submitted in time.

In addition to ensuring that all forms relating to the accessing of PATS funding are simple and easy to complete, the MOU Group believes that the Committee should investigate the potential for electronic completion and lodgement of the necessary forms by PATS clients and medical practitioners. Given the use of online technology for the payments of other State Government benefits the MOU Group believes this change has considerable merit and as such should be given consideration by the Committee in its deliberations. It is acknowledged that not everyone will be able to access and complete online forms but it would be a significant improvement for a large proportion of patients and carers.

It should be noted that a review of the South Australian Patient Assistance Scheme was completed in late 2013 also recommended the use of online form completion⁵.

At the time the 2009 reforms to the PATS scheme were announced the Minister for Regional Development announced that a new PATS database would be developed to allow for efficient administrative system and the ability to plan for the future, based on the needs of country residents⁶.

In preparing this submission no further information on this database was found. If the database is still in its formative stages the MOU Group would urge the Committee to

⁵ Filby, Dr David, December 2013. Review of the South Australian Patient Assistance Transport Scheme. Accessed from the internet on 14/05/2014

⁶ Joint media release by the Ministers for Health and Regional Development on 15 January 2009. Accessed from the internet on 14/05/2014

recommend is completion because any system that will assist in the streamlining of PATS, both in applying for and receiving assistance is to be applauded.

In conclusion the MOU Group believes that PATS is an important avenue for providing equitable access to health care for people living in rural and remote parts of our State. As such it is hoped that the findings of the Committee's work will ensure that this equity is maintained. To this end, the MOU Group hopes that the Committee will look to conduct hearings in both rural and remote centres and hear from the people who benefit from being able to access PATS.

The MOU Group would also welcome the opportunity to meet with Committee Members to further discuss its submission.

In concluding its submission, the MOU Group would like to quote from a National Rural and Health Alliance Fact Sheet⁷:

If and when it becomes necessary for a person to receive medical treatment at a facility available only in a metropolitan centre, that person has the right to expect a system that will:

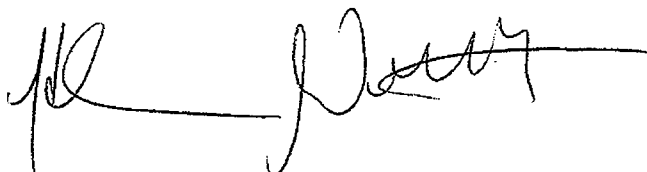
- *Subsidise a realistic proportion of the their costs, perhaps means-tested so that people on low incomes receive full support;*
- *Not discriminate because of where they live;*
- *Allow reasonable funding when it is necessary for an escort to accompany them; and*
- *Be readily accessible and easy to navigate.*

The MOU Group has faith in the Committee's work and that the PATS scheme as it operates in Western Australia will continue to uphold these principles.

Thank you again for the opportunity to have input into the Committee's Inquiry.

Should you have any questions regarding any of the above please do not hesitate to contact me.

Yours sincerely



Helen Westcott
Executive Officer

15 May 2014

⁷ National Rural Health Alliance Inc, Fact Sheet 10 Patent Assisted Travel Services. May 2009. Accessed from the internet on 14/05/2014