

LEGISLATIVE COUNCIL

C611

QUESTION WITHOUT NOTICE
(Of which some notice has been given)

Thursday, 14 May 2015

Hon. Adele Farina to the Parliamentary Secretary representing the Minister for Health

1. Has WA Health conducted a review of country ambulance services and ambulance needs in country areas?
2. If yes, when was the review conducted?
3. Will the minister table a copy of the review report and if no, why not?

I thank the honourable member for some notice of this question. The following information has been provided to me by the Minister for Health.

(1-3) WA Health is continuously working with St John Ambulance examining ways to improve ambulance services, including in country areas. In 2014 WA Health developed the WA Health Patient Transport Strategy 2015-2018 (the Strategy). The Strategy outlines how patient transport services will be sourced over the short term and identifies a three year action plan to enhance WA Health's procurement and provision of patient transport services. The Strategy is available on the WA Health website at <http://ww2.health.wa.gov.au/Reports-and-publications/Western-Australian-Patient-Transport-Strategy-2015-2018>.

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Government of Western Australia
Department of Health

WA Health Patient Transport Strategy 2015-2018

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Executive Summary

Patient transport services in Western Australia (WA) include: emergency, non-emergency, and non-acute patient transport provided via road and air; and travel subsidies provided through the Patient Assisted Travel Scheme (PATS). These services are critical to WA's health system and delivered through a variety of arrangements, from contracted State-wide service providers to hospital-based volunteers. In 2013/14 WA Health spent nearly \$200 million on patient transport services to ensure that the WA community had access to the right mode of patient transport at the right place and in the right timeframe.

WA Health's patient transport services have been the subject of many reviews and enquiries over the last fifteen years; reflecting the importance of a high performing patient transport system within WA Health. Through the implementation of the reviews' recommendations, and innovation and transformation led by WA Health and patient transport service providers, there have been significant improvements in the effectiveness of WA Health's patient transport services over this time. WA Health's current patient transport system is strong, and affords our community access to:

- one of the most responsive and lowest cost emergency road based patient transport services in Australia – which also boasts one of the nation's highest satisfaction rates;
- significantly higher rates of subsidies for patient assisted travel than five years ago, which are available to more people than ever before; and
- a dedicated and valued volunteer workforce to support low acuity disadvantaged patients to travel from their home to hospital, and hospital to their home.

WA Health recognises that there remain some areas for improvement within patient transport services, and a range of strategic opportunities that call for a reformed and holistic approach to WA Health's patient transport system.

The Western Australian Patient Transport Strategy 2015-2018 (the Strategy) outlines how patient transport services will be sourced over the short term, from 1 July 2015, and identifies a three year action plan to enhance WA Health's procurement and provision of patient transport services. *The WA Health Patient Transport Strategy Action Plan 2015-2018* (the Action Plan) is structured across six identified action areas: governance; standards; information; finance; procurement and provision; and partnership.

Implementation of the Action Plan will build on the strengths of WA Health's current patient transport services and ensure that the WA community has access to an effective patient transport system; defined as a system that is safe, efficient, understood, and value-for-money.

The Strategy has been developed by a Project Team, and governed by a Project Board reporting to the Acting Director General. In developing the Strategy the Project Team drew heavily on existing relevant reviews and reports and conducted targeted stakeholder consultation. The implementation will be appropriately resourced, and governed by an Implementation Committee.

The Strategy's three year horizon will ensure there is adequate time to complete the program of work set out in the Action Plan whilst maintaining the momentum that has been generated through the development of the Strategy. The timeframe also enables the implementation of the Action Plan to incorporate the findings of the current Legislative Council, Public Administration Committee Inquiry into PATS.

WA Health Patient Transport Strategy Framework

WA Health Patient Transport Strategy 2015-2018					
Goal					
To ensure that the WA community has access to an effective patient transport system					
Purpose					
The purpose of the strategy is to:					
<ol style="list-style-type: none"> 1. identify how the patient transport services provided by Royal Flying Doctor Service (Western Operations) (RFDS), St John Ambulance (Western Australia) Pty Ltd (SJA) and others, and through the State administered PATS, will be sourced from 1 July 2015; and 2. define a three year action plan to ensure that the WA community has access to an effective patient transport system. 					
Defining Characteristics of an Effective Patient Transport System					
Safe	Efficient	Understood	Value-for money		
<ul style="list-style-type: none"> - All patients, clinical staff, and crew are protected from, or not exposed to, danger or risk throughout the transport - All organisations and personnel involved in the service apply at least the minimum standards and follow agreed operating procedures - The vehicles and equipment, and skills and competencies of staff, are fit for purpose, relative to the clinical needs of the patient and the operating environment 	<ul style="list-style-type: none"> - Service models work seamlessly to enhance patient flow, minimise duplication, and result in the best available resource used to meet the clinical needs of the patient - Service models meet demand fluctuations and temporary and longer term variations in service requirements - Service providers work with other service providers, hospitals, health practitioners and emergency service organisations to meet the operational and clinical needs of patients 	<ul style="list-style-type: none"> - The service models are fair, transparent and impartial - Funding and purchasing responsibilities are clear and enable accountability for outcomes - Data is collected and available to inform a quality management framework that assists purchasers and service providers to monitor services against agreed standards and ensure continuous improvement 	<ul style="list-style-type: none"> - The services are sustainable across the State and deliver the expected outcomes while providing value for money - The governance and funding model supporting the services is sustainable - The most effective service, using the minimum of resources 		
Action Areas					
Governance	Standards	Information	Finance	Provision and Procurement	Partnerships
Improve our strategic management of services, and ensure all patients receive the most appropriate service	Ensure all services are provided in accordance with appropriate standards	Improve our access to information and the way we use it to make decisions	Improve our understanding of the price and cost of services and ensure best value-for-money	Ensure the ongoing provision of appropriate services to WA community	Improve our partnerships, to better understand and procure our services

WA Health Patient Transport Strategy Action Plan

WA Health Patient Transport Strategy 2015-2018						
Action Area	Governance	Standards	Information	Finance	Provision and Procurement	Partnership
What we will achieve	Improve our strategic management of services, and ensure all patients receive the most appropriate service	Ensure all services are provided in accordance with appropriate standards	Improve our access to information and the way we use it to make decisions	Improve our understanding of the price and cost of services and ensure best value-for-money	Ensure the ongoing provision of appropriate services to the WA community	Improve our partnerships, to better understand and procure our services
What we will do in six months	<ul style="list-style-type: none"> - Develop an Implementation Plan for the Action Plan - Establish a corporate and clinical governance structure for patient transport in WA - Develop and implement a patient transport risk management process - Publish a 'Better Buying Guide' for road and air patient transport services for WA Health staff - Review and update the information available to general practitioners (GP) and country residents about PATS - Implement an appropriate contract management and compliance framework for all contracts 	<ul style="list-style-type: none"> - Identify minimum standards for emergency and non-emergency road based, and secondary aeromedical, patient transport services, for inclusion in contracts - Identify appropriate standards and processes for the transport bariatric patients for inclusion in contracts - Monitor and evaluate initiatives under development in other Australian jurisdictions regarding the delivery and management of PATS - Establish a clinical governance framework for emergency road based patient transport services run by WA Country Health Service (WACHS) in the Kimberly 	<ul style="list-style-type: none"> - Create dataset definitions for patient transport services for use in all contracts, policies, communication, and reporting - Embed appropriate reporting requirements in all new contracts - Establish non-acute patient transport and inter-hospital patient transport (IHPT) reporting requirements with all WA public hospitals - Gather information from public hospitals about their current purchase and provision of patient transport services 	<ul style="list-style-type: none"> - Introduce appropriate incentives to promote the use of alternative care pathways, where clinically appropriate, into the contract with SJA - Develop and implement an appropriate interim funding model for the contract with SJA commencing 1 July 2015, recognising that the model will be under development - Implement an appropriate financial model in the RFDS contract - Implement a maximum 'fee for service' price structure for all IHPT services - Review whether the maximum fee for service charged by SJA for an occasion of primary emergency road based patient transport should be capped 	<ul style="list-style-type: none"> - Develop and submit Business Cases to Government for funding relating to PATS, and the services to be provided by RFDS and SJA. - Enter into contracts with an initial three year term for: <ol style="list-style-type: none"> 1. State-wide fixed wing IHPT services with RFDS 2. State-wide emergency and non-emergency road based patient transport services with SJA 3. non-emergency IHPT (NEIHPT) in metropolitan Perth and selected country areas with a panel of providers - Identify options for WA Health's purchase of IHPT Emergency Rescue Helicopter Service (ERHS) services 	<ul style="list-style-type: none"> - Develop and implement a communication plan to strengthen information sharing and communication across WA Health regarding patient transport services - Collaborate with WA public hospitals to identify non-acute patient transport and IHPT reporting requirements - Work with government stakeholders to identify and implement any changes to Mental Health transport when the Mental Health Bill 2013 is passed - Establish a partnership between Department of Fire and Emergency Services (DFES) and WA Health to coordinate on decisions that affect the patient transport services of both departments
What we will do in one year	<ul style="list-style-type: none"> - Review the State's policy for medically necessary patient transport undertaken by SJA for WA residents over 65 - Refresh the State's policy for 'one emergency ambulance provider' to reflect the dataset definitions and intent of the policy 	<ul style="list-style-type: none"> - Review the need for regulated non-emergency and/or emergency road based patient transport services and commence work if identified as necessary 	<ul style="list-style-type: none"> - Establish non-acute patient transport and IHPT reporting requirements with all WA public hospitals - Develop web based capability for the lodgement of PATS applications and payment of approved claims - Identify Telehealth options with the potential to reduce demand for patient transport services 		<ul style="list-style-type: none"> - Develop an implementation plan, and operational requirements for the implementation of, PATS policy reforms identified through the PATS Inquiry - Make recommendations to hospitals regarding changes to their non-acute patient transport service 	<ul style="list-style-type: none"> - Establish a process to enable a whole of government approach to patient transport services (including, WA Police, Public Transport Authority, and Mental Health Commission (MHC)) - Develop a communication plan for the implementation of PATS policy reforms identified through the PATS Inquiry
What we will do in 18 months	<ul style="list-style-type: none"> - Review the objectives, goals, and strategy for the suite of patient transport services provided and procured by WA Health 	<ul style="list-style-type: none"> - Review and develop standards and performance measures for all patient transport services 	<ul style="list-style-type: none"> - Review the impacts of WA Health's service re-configuration and transformation initiatives, and the transition of Home and Community Care to the Commonwealth (HACC), on service demand - Analyse available data, and work with experts to project future patient transport service demand - Monitor and evaluate initiatives under development in other Australian jurisdictions regarding the delivery and management of aeromedical and road based patient transport 		<ul style="list-style-type: none"> - Review the provision of emergency road based patient transport services by WACHS and implement approved recommendations 	
What we will do in two years	<ul style="list-style-type: none"> - Release the WA Health Patient Transport Policy 	<ul style="list-style-type: none"> - Review clinical co-ordination across all patient transport services and make recommendations 	<ul style="list-style-type: none"> - Review system requirements (WA Health and service providers) to ensure they enable sufficient information capture and sharing, and support clinical co-ordination 	<ul style="list-style-type: none"> - Identify appropriate financial models for proposed patient transport services 	<ul style="list-style-type: none"> - Review existing contracts and WA Health provided services, identify sourcing strategies for future services and commence contract development if required 	
What we will do in three years	<ul style="list-style-type: none"> - Release the WA Health Patient Transport Strategy 2018-2025 				<ul style="list-style-type: none"> - Enter into new contracts for all contracted services 	

1. Introduction

1.1 Goal

The goal of the Strategy is to ensure that the WA community has access to an effective patient transport system.

1.2 Purpose

The purpose of the Strategy is to:

1. identify how the patient transport services provided by SJA, RFDS, and others, and through the State administered PATS, will be sourced from 1 July 2015; and
2. define a three year action plan to ensure that the WA community has access to an effective patient transport system.

1.3 Definition of Patient Transport

The *WA Health Patient Transport Policy 2000* is the only whole of health policy that defines the hierarchy of patient transport types to guide the selection of appropriate transport. The policy has several definitional limitations, including: that it does not define the patient status/need in a way that is clear, complete, and mutually exclusive; and does not prescribe minimum safety and quality standards for each type of transport.

These limitations render the policy insufficient as a guide to select appropriate transport. In response to this, and in recognition of the significant impact and influence of patient transport on so many aspects of the health system, there are many policies, contracts, price schedules, directives, and practice guidelines across the WA Health that support localised clinical decision making. Across these documents there is diversity in the key terms and definitions.

For the purpose of this strategy the following terms define categories of patient transport within WA Health; emergency, non-emergency, and non-acute. These terms have not been assigned explicit clinical definitions. They are provided to roughly align with the three categories of patient transport services that WA Health provides and procures.

The location of transport is also a key determinant of whether WA Health maintains responsibility for prescribing the quality and performance of the service, and whether a public hospital is responsible for any fee for service associated with the transport. For the purpose of the Strategy the following terms define the location of transport:

- Primary Transport – transport request or requirement originating from a community location;
- Secondary Transport – transport originating from a public hospital; and
- IHPT – transport originating from a public hospital and concluding at another public hospital. This is a subset of Secondary Transport and includes occasions of aeromedical transport that are linked to public hospitals by road based patient transport services.

2 Background

2.1 Context

Patient transport services are critical to WA's health system. These services ensure that the community has access to reliable and responsive care in the event of an emergency, that disadvantaged patients are supported to attend appointments, and that the movement of patients requiring specialised transport to, from, and between hospitals happens in a timely and appropriate manner.

In 2013/14 WA Health invested nearly \$200 million on patient transport services. More than 70% of this investment was spent on services provided by SJA and RFDS. WA Health has strong and longstanding relationships with these core service providers, both of whom serve the WA community through a range of health services. In 2015 WA Health's contracts for patient transport services with these service providers will expire.

At the same time, the health care landscape in WA is changing. Between 2008 and 2018 WA Health is investing more than \$7 billion in building new hospitals and improving existing health facilities. These projects are reconfiguring the way health services are delivered and strengthening healthcare closer to where people live. These new facilities and services place demands on patient transport services to support the health system in treating or rehabilitating patients in the most appropriate healthcare setting.

For these reasons, now is the optimal time to review WA Health's patient transport needs and develop a strategy to support future provision and procurement decisions.

2.2 Scope of the Strategy

The development of a strategy is a requirement of Government. Following WA Health's 2014/15 Budget Submission, Government recommended that WA Health report back to the Economic Expenditure Review Committee at 2014/15 Mid-Year Review with a whole of State strategy for "emergency and patient transport services" including PATS and those services currently provided through contracts with the RFDS and SJA.

The scope of the Strategy extends beyond the services required for inclusion by Government, to include all patient transport services provided, procured, and utilised by WA Health. By extending the scope, WA Health has considered the system's patient transport requirements holistically and the Strategy defines an action plan that will impact the effectiveness of WA Health's patient transport system well beyond the next round of contracts. Table 1 details the services in scope for the Strategy.

Table 1: Patient Transport Services in the Scope of the Strategy

Service	Emergency	Non-emergency	Non-acute
Road based patient transport services	<ul style="list-style-type: none"> • primary and secondary services provided by SJA • primary and secondary services provided by WACHS • Neonatal Emergency Transport Service WA (NETS WA) 	<ul style="list-style-type: none"> • IHPT services provided by SJA • IHPT services provided by other service providers • NETS WA • Pilot Mental Health IHPT service 	<ul style="list-style-type: none"> • Hospital based patient transport services (including volunteer services) • Taxis
Aeromedical patient transport services	<ul style="list-style-type: none"> • RFDS • ERHS • NETS 	<ul style="list-style-type: none"> • RFDS • ERHS • NETS 	
Patient Assisted Travel Scheme			<ul style="list-style-type: none"> • PATS as administered by WA Health • Country Health Connection (CHC) supporting PATS and country patients

The services in scope for the Strategy are complemented by a range of other transport services, including: in-hospital patient transport systems, such as orderly and porter systems; services provided through Home and Community Care and the Department of Veterans Affairs; interstate and international transport (except for services provided under a Memorandum of Understanding (MOU) between WACHS and Royal Darwin Hospital (RDH) for WA residents in the East Kimberley); and community services provided by non-contracted not for profit service providers. While not in the scope of the Strategy the valuable role these services play in facilitating the movement of individuals through our health system is acknowledged and recognised by WA Health.

2.3 Methodology and Governance

2.3.1 Governance

The Strategy is a key deliverable of the Patient Transport Strategy Project. The Project is administered by a cross functional Project Team and governed by a Project Board which reports to the Acting Director General.

The Project Board is chaired by the Deputy Director General and consists of the Chief Executives of all Health Services and Fiona Stanley Hospital (FSH) Commissioning, the Chief Medical Officer, the Chief Procurement Officer, the Executive Director Resourcing and Performance, and the Operational Director Innovation and Health System Reform. The implementation of the Action Plan will be appropriately resourced, and governed by an Implementation Committee.

2.3.2 Methodology

The Strategy was developed over a three month period between July and September 2014. The Project Team was chosen on the basis of the diverse experience of each team member and included members with extensive experience with WA Health's patient transport services. The Project Team drew heavily on existing relevant reviews and reports in forming the Strategy and conducted targeted stakeholder consultation with WA Health staff and patient transport service providers where required.

3 An Effective Patient Transport System for WA Health

3.1 An overview of WA Health's Patient Transport Services

Table 2: Overview of WA Health's Patient Transport Services 2014

Service	Brief Description
Road Based Emergency and Non-emergency	<ul style="list-style-type: none"> - WA Health has a contract with SJA for capacity to deliver primary and secondary emergency and non-emergency road based patient transport services across the State. SJA is WA Health's only contracted provider of emergency road based patient transport services. The contract is exclusive of the fee for service SJA charges a public hospital when transport is purchased. WA public hospitals purchase most, but not all, of their non-emergency services from SJA. - WACHS provides services in some areas of the Kimberley. - Non-emergency services will be provided by Serco at FSH. - Emergency neonatal transport is undertaken by the NETS WA, a specialist team of WA Health doctors and nurses. SJA is contracted for provide a driver for the NETS ambulance. - MHC and WA Health entered into an agreement in 2014 for a pilot mental health IHPT service. WA Health 'special constables' provided transport for some patients subject to a transport order.
Non-acute	<ul style="list-style-type: none"> - Many WA public hospitals maintain an in-house hospital based service. Most hospitals also manage the service with private taxi services.
Aeromedical	<ul style="list-style-type: none"> - WA Health purchases fixed wing secondary aeromedical patient transport services from RFDS. - DFES purchases rotary wing ERHS services. When the ERHS used to provide an IHPT service WA Health is charged a fee for service.
PATS	<ul style="list-style-type: none"> - PATS provides an accommodation and/or travel subsidy to assist eligible persons, and if applicable their escorts, to travel more than 100km to the nearest eligible medical specialist service. There is also a subsidy for people to travel 70-100km to access cancer or renal treatment services, and residents of York and Northam. - PATS and country patients are also supported by the WACHS run CHC. CHC is a metropolitan based service that, among other things, meets and provides transport to vulnerable clients who arrive via air, train, or bus and assists PATS clerks to locate suitable accommodation.

Table 3: Each Service as a Percent of Total Cost to WA Health in 2013/14

Service		% Cost
Road Based Patient Transport	SJA contract	51.89%
	Road based IHPT 'fee for service'	7.53%
	Emergency and WACHS run services	0.67%
	Non-emergency NETS (cost of SJA component only)	0.10%
	Pilot Mental Health IHPT service (full year one cost)	0.23%
Non-acute Hospital based services and taxis	2.01%	
Aeromedical Patient Transport	Fixed Wing RFDS contract	21.29%
	Rotary Wing ERHS 'fee for service'	0.01%
PATS	PATS (subsidy only, ex. WA Health operating cost)	16.01%
	CHC	0.27%
Total		100%

3.2 Defining an Effective Patient Transport System for WA Health

The importance of patient transport to WA's health system is evidenced in the significant scrutiny that patient transport services receive. WA Health's patient transport services have been the subject of many reviews and enquiries over the last fifteen years – averaging one a year.

While the scope and purpose of each review and enquiry differs, they all support the premise that an effective patient transport system is safe, transparent, efficient and value for money. The Strategy has adopted these elements as the key characteristics of an effective patient transport system. They are defined in Table 4.

Table 4: Defining Characteristics of an Effective Patient Transport System

Defining Characteristics of an Effective Patient Transport System	
Safe	<ul style="list-style-type: none"> All patients, clinical staff, and crew are protected from, or not exposed to, danger or risk throughout the transport All organisations and personnel involved in the service apply at least the minimum standards and follow agreed operating procedures The vehicles and equipment, and skills and competencies of staff, are fit for purpose, relative to the clinical needs of the patient and the operating environment
Efficient	<ul style="list-style-type: none"> Service models work seamlessly to enhance patient flow, minimise duplication, and result in the best available resource used to meet the clinical needs of the patient Service models meet demand fluctuations and temporary and longer term variations in service requirements Service providers work with other service providers, hospitals, health practitioners and emergency service organisations to meet the operational and clinical needs of patients

Understood	<ul style="list-style-type: none"> • The service models are fair, transparent and impartial • Funding and purchasing responsibilities are clear and enable accountability for outcomes • Data is collected and available to inform a quality management framework that assists purchasers and service providers to monitor services against agreed standards and ensure continuous improvement
Value for money	<ul style="list-style-type: none"> • The services are sustainable across the State and deliver the expected outcomes while providing value for money • The governance and funding model supporting the services is sustainable • The most effective service using the minimum of resources

These characteristics were used to analyse each patient transport service and identify the strategic opportunities that exist across WA Health's patient transport system. The characteristics are expected to guide decision makers throughout the implementation of the Action Plan and will form the criteria to evaluate the impact of the Strategy.

3.3 Creating an Effective Patient Transport System for WA Health

The Action Plan is a comprehensive three year plan to enhance WA Health's provision, procurement, and utilisation of patient transport services, and ensure that the WA community has access to an effective patient transport system.

Three years is an adequate, but not excessive, timeframe to complete the program of work set out in the Action Plan. This timeframe will ensure the momentum that has gathered through the development of the Strategy is maintained, and enable the findings of the current Legislative Council, Public Administration Committee Inquiry into PATS to be incorporated in the implementation of the Action Plan. All actions are mapped back to one of the six identified action areas in Table 5.

These action areas are the building blocks for the Action Plan and will form the work streams for the Implementation Plan.

The next round of contracts with SJA and the RFDS will commence on 1 July 2015 and have three year initial contract terms. WA Health will also seek to establish a panel contract for the provision of NEIHPT road based patient transport services in metropolitan Perth and select areas of country WA, from 1 July 2015 with a three year initial contract term. These three year initial contract terms will align the commencement of the next round of sourcing arrangements with the commencement of the 2018-25 Strategy, allowing WA Health to take advantage of the foundation and reforms of the 2015-18 strategy.

Table 5: Action Areas

Action Areas	
Governance	Enhance our strategic management of the services and ensure all consumers receive the most appropriate service
Standards	Ensure all services are provided in accordance with appropriate standards
Information	Improve our access to information and the way we use it to make decisions
Finance	Improve our understanding of the price and cost of services and ensuring best value-for-money
Provision and Procurement	Ensure the ongoing provision of appropriate services to the Western Australian community
Partnership	Improve our partnerships to better understand and procure our services

Acronyms and Abbreviations

CHC	Country Health Connection
DFES	Department of Fire and Emergency Services WA
ED	Emergency Department
ERHS	Emergency Rescue Helicopter Service
FSH	Fiona Stanley Hospital
GP	General Practitioner
HACC	Home and Community Care
IHPT	Inter-Hospital Patient Transport
MHC	Mental Health Commission
MOU	Memorandum of Understanding
NEIHPT	Non-Emergency Inter-Hospital Patient Transport
NEPT	Non-Emergency Patient Transport
NETS	Neonatal Emergency Transport Service
PATS	Patient Assisted Travel Scheme
RDH	Royal Darwin Hospital
RFDS	Royal Flying Doctor Service (Western Operations)
SJA	St John Ambulance (Western Australia) Pty Ltd
the Action Plan	WA Health Patient Transport Strategy Action Plan 2015-2018
the Strategy	WA Health Patient Transport Strategy 2015-2018
WA	Western Australia
WACHS	WA Country Health Service
WA Health	As of 2013-14 WA Health incorporates: Department of Health, North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, Quadriplegic Centre, and Queen Elizabeth II Medical Centre Trust.



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