

Briefing notes for the hearing with the Standing Committee on Public Administration on its Inquiry into the Patient Assisted Travel Scheme (PATS) – Thursday 6 November 2014

Level of funding applied to the transport and accommodation subsidies provided

- Reimbursement for travel – the mileage rate appears to be unrelated to the actual cost of running a vehicle in the country, particularly as by necessity many people own four wheel drive vehicles.
- The need for residents in a WACHS region to travel more than 100km to the nearest eligible medical specialist services.

Eligibility for PATS funding

- There is anecdotal evidence to suggest that some people don't seem to be aware that they may qualify for PATS assistance. Others don't bother because doctors have been reluctant to spend the time to fill the form in. For a member of the MOU Group this was not the case – the doctors have just filled them in when asked. (This person also made the comment that Clinic employee(s) can complete the forms instead of the doctor).
- With PATS now administered in Northam all that is required at the local level is take the forms and hand them on. Before this happened the following problems were experienced:
 - Patients were being refused for seeing specialists in Perth who they had been seeing for several years because a specialist had become available in Northam and they were expected to start seeing them as they were the closest specialist. Most patients are uncomfortable with having to change specialists when they have been seeing one for some time.
 - Whilst patients can receive PATS for x-rays they are not eligible for stress tests, heart monitoring, travelling to have blood tests that are not available at the local hospital.
 - Patients are also not eligible to go to a pre admission clinic that has been requested by their specialist and they must attend before being admitted to the Hospital for procedures. They are eligible when admitted the next week but not for the pre admission. They still have to travel the same distance and they are quite confused and annoyed that they can't claim for this.

The administration process

- Issues around compliance with respect to having the forms signed (am not sure whether this comment might be alleviated to some extent by the form that has been developed by WACHS Wheatbelt and currently under trial in both the Wheatbelt and elsewhere).
- The new trial form is a lot easier to understand and fill in for both patient and doctor. Doctors at Royal Perth hadn't seen trial form before and all have commented that it was better.
- In talking to people from my area, a lot don't bother using PATS because over time they found the previous forms too cumbersome. The older patients don't seem to understand that the forms aren't as difficult as before. Communication is needed to get those that are eligible to apply.
- Since the new trial of the new forms and process a lot of the problems being experienced have reduced. There are fewer delays in getting approval for purchase orders for

accommodation, and processing times have improved. But the reason we are not experiencing problems is because we don't do these things and not because they are not still happening.

- With respect to the new form being trialled some people have experienced problems getting through on the number on the form for queries.

Regional development context

The MOU Group believes that the interest shown by the Minister for Regional Development, in 2009, is an example of the importance of the scheme, beyond simply being a health care access issue.

Western Australia has the most robust regional development portfolio, by structure and/or funding, of any Australian State. The Regional Development Commissions Act 1993 provides a nationally unique model of statutory authorities for each of the nine country regions.

The Act, Section 23, defines the Objects and Functions of commissions, and specifically:

S23 (e) seek to ensure that the general standard of government services and access to those services in the region is comparable to that which applies in the metropolitan area;

The PATS scheme is but one of many services and support mechanisms which have a measurable and fundamental impact on this regional development objective.

In a political and administrative world where the notion of “collaborative government”, was the subject of a Legislative Council Inquiry (Community Development and Justice Standing Committee) 12 March 2008, a program such as PATS is the community face of that concept.

It is of great interest to both the Health and Regional Development portfolios that it should operate optimally.

Other incidental matter

- There have also been comments to the fact that the funding is now coming out of Royalties for Regions (RfR) money when it was funded in its own right before, from the Health budget. They feel this is actually not fair.

Case Study of Jan Court (Lancelin-based; heart transplant in April, 2014)

Administration of PATS

- Telephone enquiries by Jan, seeking clarification on what aspects could be claimed, went unanswered for three months. Subsequently, two minor cheques arrived in the mail without explanation.
- Multiple tests required before transplant. Social Worker recommended the use of PATS. All paperwork signed by surgeons. Not accepted by PATS staff as documents were not signed by GP.
- Social Worker followed up. Much frustration. The view was that PATS staff were not listening.
- The client view is that this service is grossly under-resourced to the point of being ineffective in the Wheatbelt.
- Part of the recovery process was undertaken in Guildford (with family). Social Worker advised that Jan was eligible for a level of subsidy on the basis that Jan could not return to Lancelin (had to stay local to hospital). Social Worker sent an email to PATS staff (Jurien Bay) and received no response.

Overall consideration is that the PATS scheme, in its current form, doesn't meet the needs of the community in the Wheatbelt.

Jan happy to speak with Committee members out-of-session to expand on any points made above.

Opening Statement

The importance of the Patient Assisted Travel Scheme is beyond simply a health care access issue.

It is a fundamental instrument of Government policy, directed at ensuring that the general standard of government services, in this instance health services, and access to those services in the region is comparable to that which applies in the metropolitan area.

The Committee's Terms of Reference are that it will inquire into how adequately PATS delivers assistance to regional people accessing specialist medical care. I would like to make some overview comments in regard to the four focal points identified within the Terms of Reference:

Level of funding applied to the transport and accommodation subsidies provided

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 prices. Given that the current fuel subsidy is as it was announced in 2009, it is understood that no review has been undertaken since the decision in 2009.

The MOU Group understands and accepts that PATS is not intended to meet the full costs of travel and accommodation. In regard to reimbursement for travel and accommodation, the mileage rate appears to be unrelated to the actual cost of running a vehicle in the country, particularly as by necessity many people in regional areas own four wheel drive vehicles. The current rate is viewed as inadequate given the cost of fuel and the fact that the patient (or carer) is using their own vehicle. Furthermore, given the current cost of accommodation within proximity to the major hospitals, the value of the accommodation subsidy is also viewed as inadequate.

Eligibility for PATS

Some people don't seem to be aware that they may qualify for PATS assistance. Others don't bother because Doctors have been reluctant to spend the time to fill the form in.

This may suggest that some form of public information campaign is worth considering.

There were concerns raised about patients needing to change their specialist in order to preserve their entitlement to PATS funding because a specialist had moved into a location that was closer to the patient. This does not seem to be a very patient-centric approach.

Patients reported that they are eligible for PATS funding to attend certain medical services, but not others (when the services are all linked to the one diagnosis); and that they are not eligible for PATS funding to attend a pre-admission clinic that has been requested by their specialist as a necessary requirement prior to admission, but they are eligible for PATS funding for the admission.

There does appear to be a level of inconsistency inherent in the implementation, that is causing an unnecessary level of frustration and irritation.

The administration process

Anecdotally, a lot of patients don't bother using PATS because over time they found the previous forms too cumbersome.

On a positive note, the new trial form is a lot easier to understand and fill in for both patient and doctor. However, some people have experienced problems in getting through on the number on the form, for enquiries.

Perhaps this could be addressed in a public information campaign.

There does seem to be an issue around compliance with respect to having forms signed by the right doctor. One patient, who has undergone a heart transplant, had her application declined by the PATS staff because the document was not signed by the GP.

In this context, I would say that there is no evidence of **consideration of exceptional circumstances**.

In regard to comments about **any incidental matters**, there have been a few comments on the fact that the funding is now coming out of Royalties for Regions when previously it was funded in its own right from the Health budget.

There is a view that this is actually not fair, as Royalties for Regions funding is provided for other purposes.

May I invite supplementary comments from my colleagues.