



**AHCWA**  
Aboriginal Health Council  
of Western Australia

15 May 2014

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



[lcpac@parliament.wa.gov.au](mailto:lcpac@parliament.wa.gov.au)

Dear Ms Mesiti

**RE: Submission Response – Patient Assisted Travel Scheme**

Attached is the Aboriginal Health Council of Western Australia's (AHCWA) Submission Response on the Patient Assisted Travel Scheme Review.

If you require further clarification regarding AHCWA's submission, please do not hesitate to contact:

Nadia Currie – AHCWA Policy Officer  
Email: [nadia.currie@ahcwa.org](mailto:nadia.currie@ahcwa.org)

AHCWA welcomes the opportunity to both receive and provide additional feedback on its submission.

Yours sincerely

**Des Martin**  
**Chief Executive Officer**  
**Aboriginal Health Council of Western Australia**

# Submission Response

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*Patient Assisted Travel Scheme in Western Australia*

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13 May 2014

*\*\*The term Aboriginal will be used respectfully to describe both Torres Strait Islanders and the term Indigenous – unless otherwise stated in a title.*

## **The Aboriginal Health Council of Western Australia**

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal health in Western Australia with 20 Aboriginal Community Controlled Health Services (ACCHS) currently listed as members. AHCWA's mission statement provides a distinct description of its purpose, as such (AHCWA, 2014):

*"The Aboriginal Health Council of Western Australia exists to:*

*Lead the development of Aboriginal health policy, influence and monitor performance across the health sector, advocate for and support community development and capacity building in Aboriginal communities, support the continued development of Aboriginal Community Controlled Services and build the workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in Western Australia".*

Central to AHCWA's core functions is its representation of Aboriginal communities and its 20 member services; with the ability to influence policy and provide state and national level representation. AHCWA is an affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO), as such; AHCWA positively aligns with NACCHO's core values and emphasises its relationship with NACCHO in providing Aboriginal people with the best primary health possible.

In providing high quality access to Aboriginal primary health care, AHCWA is underpinned by Article 24 of the *International Declaration on the Rights of Indigenous Peoples* and Article 12 of the *International Covenant on Economic, Social and Cultural Rights*, whereas both express the right of Aboriginal people "to have access to the highest attainable standard of physical and mental health". Accordingly, AHCWA is representative of the Western Australian Aboriginal population and their rights to access and use primary health care free of discrimination.

## **Rationale**

AHCWA has identified key points for discussion and review in relation to the recently proposed Standing Committee on Public Administration's (SCPA) inquiry into the Patient Assisted Travel Scheme (PATS) in Western Australia. AHCWA will address the terms of reference into this review and provide additional information, which has the potential to impinge on Aboriginal people's access and consumption within the Western Australian public health system. The SCPA's terms of reference are as follows:

- 1) How adequately PATS delivers assistance to regional and 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(s).

These terms of reference will provide a platform for AHCWA to provide relevant information pertaining to Aboriginal peoples' involvement and experience as PATS consumers.

For these reasons, the rationale for this submission is to address the terms of reference and key points identified by AHCWA in relation to PATS funding and the administrative process that both directly and indirectly affect Aboriginal primary health care and sustainable living.

### **PATS Assistance to Regional People Accessing Specialist Medical Care**

On 11 March 2002, the Department of Health of Western Australia presented the '*PATS Review Report*', which sought to identify issues for improvement with the [then current] PATS model. Similarly, the 2002 PATS Review identified main findings which correspond with the [current] 2014 PATS inquiry. As such, the main findings for the 2002 Review were (Department of Health Western Australia, 2002, pp. 3-4):

- Expenditure to be reflective of current fiscal environment
- PATS Focus
- Administration streamlining
- Information being available for community education and awareness
- Scope to be investigated for regions
- Cultural Appropriateness for Aboriginal people using PATS
- Planning, Monitoring and Evaluation is transparent and accountability is paramount

These main findings from the 2002 Review are reflective of the 2014 terms of reference. Consequently, the 2014 terms of reference seek to identify areas of PATS that have already been investigated in 2002. Thus, the question that needs to be asked of the Department of Health of Western Australia is: why have the recommendations of the main finding in the 2002 Review not been acted upon; thus creating a cycle of perpetual disadvantage and homelessness amongst Aboriginal patients?

*The level of funding applied to the transport and accommodation subsidies provided to patients:*

The level of funding applied to the transport and accommodation subsidies provided to patients using PATS, is not relevant to the increased fiscal demand on services and resources. Accordingly, PATS accommodation and transport subsidies (including but not excluding); petrol, airfare costs, taxi vouchers – have only increased by a minimum standard.

*Transport*

PATS fuel subsidy has increased by 3 cents from 13 cents in 2002 to current 16 cents per kilometre (Auditor General of Western Australia, 2013). The difficulty with this is that it is a blanket approach to the whole of Western Australia. In order to estimate the cost of fuel per trip the following formula should be applied (RACQ):

*Fuel Estimation Costs*

- Step 1**            Kilometres divided by 100 = x
- Step 2**            x multiplied by y (litres per 100km) = z
- Step 3**            z multiplied by \$ (per litre) = overall cost

The *Fuel Estimation Costs* above will be applied a person travelling from Geraldton to Perth:

*Geraldton to Perth – Fuel Estimation Costs*

- Step 1**            433.2km divided by 100 = 4.332
- Step 2**            4.332 multiplied by 9 (litres per 100km) = 38.988
- Step 3**            38.988 multiplied by \$1.57 (per litre) = \$61.21

*\*\* The kilometres and petrol price was taken directly from Google searches*

*\*\* Based on a vehicle that is mechanically sound*

*\*\* If vehicle was an older model and not mechanically sound and drove at 11L/100km the costs estimated = \$74.81*

*Geraldton to Perth – 16 cents per kilometre*

433.2km multiplied by 16 cents = \$69.31

It should be noted that if the fuel consumption on a vehicle was high and not mechanically sound the costs of fuel for the trip would be (estimated on 11L/100km) \$74.81.

*Karratha to Perth – Fuel Estimation Costs*

**Step 1**            1,545km divided by 100 = 15.45  
**Step 2**            15.45 multiplied by 9 (litres per 100km) = 139.05  
**Step 3**            139.05 multiplied by \$1.68 (per litre) = \$233.60

*\*\* The kilometres and petrol price was taken directly from Google searches*

*\*\* Based on a vehicle that is mechanically sound*

*\*\* If vehicle was an older model and not mechanically sound and drove at 11L/100km the costs estimated = \$285.52*

*Karratha to Perth – 16 cents per kilometre*

1,545km multiplied by 16 cents = \$247.20

The 16 cents per kilometre is only effective if the patient has a new model car is regularly maintained to maximum efficiency. However, the 16 cents does not take in account the following:

- If the driver and/or passenger uses air-conditioning, which will consume petrol at a quicker rate; and
- Whether the vehicle consumes no more than 9 litres per 100 kilometres.

*Accommodation*

According the Patient Assisted Travel Scheme Policy (Policy) that came into effect on 15 September 2009 [and validated on 14 May 2014] PATS users are provided with the following accommodation subsidies (Schedule 2 of Policy):

- \$20 per night in a private home or \$40 per night if travelling with an approved escort;
- Up to \$60 per night in commercial accommodation and up to \$75 per night if travelling with an approved escort; and
- Up to \$60 per night in commercial accommodation for an approved escort if PATS user is hospitalised overnight.

According to Trenwith (2012) the average Perth hotel price increased to nearly \$210 per night (\$45 more than national average) in 2012. Considering the Policy was effective with the aforementioned accommodation subsidies during 2012, the reality of being subsidised of up to \$60 per night in commercial accommodation is unachievable with PATS users. Hypothetically, PATS users using commercial accommodation in Perth would have to pay the short fall of \$150 per night for an average room. For Aboriginal PATS users in remote communities, paying this shortfall is unachievable due to low socio-economic factors and the fact that Aboriginal [and non-Aboriginal]

PATS users are committed to obligations such as paying their normal rent and bills and being away from home while they are sick.

Interestingly, in 2012, the Determination of the Salaries and Allowances Tribunal on Remuneration of Members of Parliament examined the *Salaries and Allowances Act 1975 (WA)* to increase accommodation for visiting politicians to attend parliament (WA Government, 2012). Thus, the following clauses were discussed the Tribunal which approved the following:

- **Clause 1.4:** “Commercial accommodation” means accommodation in a commercial establishment such as a hotel, motel or serviced apartment;
- **Clause 2.2:** the Accommodation Allowances payable under this section apply to a member of Parliament holding an office mentioned in this section when travelling within Australia on official duty as the holder of that position, for expenses actually incurred on overnight accommodation at a place situated outside a radius of 50 kilometres of the Perth GPO; and
- **Clause 51:** “Metropolitan Expenses of Country Members” – the Tribunal has determined that the accommodation expenses for Country Members of Parliament as set out in Part 5 Section 5 of the *determination shall be increased by 1.1 per cent from \$263 to \$266 per night. The increase is an approximation of the annual average Perth CPI.* This is considered to be an appropriate measure given the nature of the household expenses that Country Members incur while resident in Perth to attend to Parliamentary, electoral or vice-regal matters.

Clause 5.1 stipulates that an increase in 2012 of 1.1 per cent from \$263 to \$266 per night is paid to members, which is above the \$210 average determined by Trenwith (2012). PATS users are being subjected to subsidies that are 159.6% less than members of Parliament. This percentage is based on the subsidies available to PATS users and the 1.1 percent increase for member accommodation.

On top of all of this, PATS users are seeking affordable accommodation while they are ill and seeking assistance. It would be presumed that a member of Parliament would not enjoy staying in a hostel while sick and having to walk to up and down stairs to utilise bathroom facilities.

Eligibility for PATS funding:

The eligibility for PATS funding is stipulated in the Policy and is distinct about eligibility pertaining to: specialities included in the scheme; the medical practitioner referring the patient for PATS; patients and escorts; and planning trips and appointments attended (Auditor General of Western Australia, 2013).

A concern for AHCWA is that the eligibility of escorts is not flexible for Aboriginal people. In the PATS Report (2002), it was noted that the PATS system needed to be more culturally appropriate [and/or inclusive] in order to provide adequate service for Aboriginal patients.

According to clause 2.4 *Eligibility criteria (escort)*, the following applies:

An applicant is eligible for an escort where:

- a) The applicant being escorted is a dependent child
- b) Centrelink has determined that the applicant is under the care of a principal carer
- c) Home dialysis patients are receiving training (a carer is required to attend as a condition of the medical specialist treatment)
- d) The escort is legally required to make decisions on behalf of the applicant and/or
- e) The referring practitioner, prior to departure specifies the reason why an escort's presence is essential, on the *PATS Application* form, based on their assessment that the applicant would be unable to manage their treatment alone particularly if the applicant is undergoing treatment for cancer or is disabled or frail.

The escort eligibility criterion is culturally inappropriate and does not allow for a family member as an escort for Aboriginal people. Accordingly, Aboriginal people are family dependent and rely on the family unit for support and morale. PATS need to take Aboriginal family connection into consideration as Aboriginal patients travelling from remote communities speak English as a second language; are not familiar with Perth or metro processes; and are [to put it bluntly] scared of the system and need family present to assist and feel secure and not constrained or lonely.

*The administration process:*

The following are issues AHCWA has identified regarding the administrative process of PATS:

1. Clause 2.11 of the Policy requests receipts for prepaid trips, which need to be provided to the PATS officer along with the PATS Specialist Certification form within 8 weeks of the appointment date. This is imposing on Aboriginal patients who use PATS, as communication, subsidy rates and discharge barriers have led to circumstances of 'homelessness' for Aboriginal people who would be more concerned with their health, how to get home, not being attacked and family rather than making sure they have receipts.
2. Clause 4.4 of the Policy stipulates that PATS Clerks are to, "*liaise with Social Workers and Carers at hospitals and health services to assist clients with travel and accommodation bookings upon being discharged from hospital*". This currently is not happening and this is evidenced with the high number of Aboriginal patients being discharged with no communication between social workers and carers, thus leading to homelessness (to be discussed further).

Currently, these are the issues AHCWA has regarding the administration process. The administration process (i.e. communication and discharge) will be discussed in the next section.

## Essential Matters

On 28 March 2014, Suzanah Spurling (AHCWA Portfolio Officer: Aboriginal Liaison Program) conducted a meeting with Aboriginal Liaison Officers (ALO) from various regions in Western Australia. The meeting highlighted issues that ALOs are having with PATS (inclusive of PATS employees). As such, the following issues have been noted:

- Patient Journey is disregarded;
- Refusal of family members to assist on patient journey;
- Patients are not being met at airports when they arrive at Perth or when they return home;
- Patients are not being transported between Perth airport and accommodation;
- PATS are not providing patients with enough taxi vouchers;
- PATS will not provide family members with accommodation (leading to people staying in parks);
- Policies and procedures of PATS have not been changed; and
- The discharge procedure lacks communication between the hospital social worker, ALO and the ACCHS.

These issues are concerning, considering the increase in PATS users, which was identified by the Auditor-General (2013, p.6). Aboriginal patients are being lost in the system and the patients are left without support or clear direction of what to do upon discharge.

The discharge procedure is daunting and clinical [to say the least] with Aboriginal patients being discharged without notification to the hospital ALO or local ACCHS. This is evidenced by a recent case study that Suzanah Spurling (Spurling) was involved with when she met with discharged patients (husband and wife) in a local park who were in their 70s. Unfortunately, English was a second language they were from a remote community in the Kimberley with no relatives in the Perth metro area. Three weeks prior to this meeting the couple had been discharged from the Royal Perth Hospital with no information or direction of what to do – suffice to say the couple went to the local park and have been lost in the system since. Spurling who investigated this matter with the Royal Perth Hospital was told the couple were discharged and that their daughter called to find out where they were and the response from the hospital was they [the couple] had been discharged three weeks ago to the daughter's astonishment.

PATS do not liaise with the ACCHS, ALO or social workers effectively and/or adequately and this is demonstrated by the increasing number of discharged Aboriginal patients who end up homeless in the parks waiting for their next appointments or waiting to go home.

Eventually, Spurling contacted a PATS Officer who supported Spurling's endeavours to get the couple home. The couple were returned home with the husband running towards the plane at the airport to ensure that he got on the plane. This should not have happened if there was



communication between PATS and the hospitals leading to ACCHS, ALO and AHCWA communication.

### **Recommendation(s):**

AHCWA recommends the following:

- This submission be taken into consideration;
- Review of the current PATS policy be reviewed to be more culturally appropriate;
- Subsidies be reviewed in order allow Aboriginal patients better access to high quality medical services like non-Aboriginal patients;
- Discharge procedures be drafted with substantial consultation with community groups (including AHCWA) to ensure that Aboriginal patients do not get lost in the system;
- Real engagement between PATS, ALOs, ACCHS and AHCWA to ensure patients are met at the airport in Perth; and their family and community are notified when the patient returns home;
- Specialist consult with referral person as to whether check-up can be done at the patient's service provider without having to travel to Perth again;
- Take the specialist medical treatments to the communities;
- Establish improved and adequate hostels in the Perth area close to the hospitals (especially considering Jewel House in closing down in December 2014);
- Incorporate family provisions into the escort eligibility criteria;
- Reduce administrative procedures to provide a more streamlined and sophisticated system;
- Reinvest funding to employ and engage more ALOs in the hospitals in whatever wards Aboriginal patients are instead of the current procedure of ALOs being restricted to one specific ward only; and
- Substantial engagement from the WA Country Health Aboriginal Health Liaison Officer Statewide Coordinator with AHCWA and ACCHS to achieve real outcomes.

*The Aboriginal Health Council of Western Australia advocates on behalf of 20 Aboriginal Medical Services in Western Australia, to ensure that the health needs of the State's communities are represented at all levels.*

Policy contact:

**Nadia Currie**

Direct line: (08) 6145 1019

Mobile: 0431 950 965

Email: [nadia.currie@ahcwa.org](mailto:nadia.currie@ahcwa.org)

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