

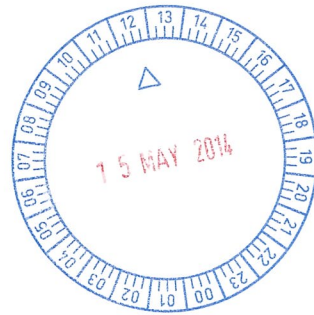
# Hon Dave Grills MLC

Member for Mining & Pastoral Region

Ref: 20141505KRA

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

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Dear Ms Mesiti

## RE: PATS Submission

The community has been invited to provide feedback regarding the PATS program and below are areas that have impacted on constituents in my region.

### 1) How adequately PATS delivers assistance to regional people accessing specialist medical care, including:

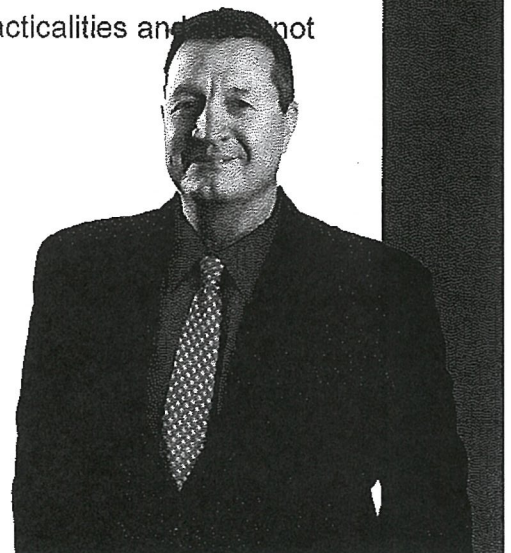
- a) the level of funding applied to the transport and accommodation subsidies provided;

With commercial accommodation rates in Perth and some major regional centres currently at \$200 or more per night, the allowance makes a reasonable contribution to only the cheapest types of accommodation. For those people not able to access a purpose-run medical hostel, choices are few. There are caravan parks further from the city or back-packer or other shared accommodations, but none of these are appropriate for people whose poor health is making them vulnerable.

Where a patient travels with a carer and the carer is not sufficiently intimate with the carer to make it appropriate to share a room, the allowance is of no real benefit.

Where the patient is also a carer or parent, the impact of the cost of travel and accommodation on those who must accompany the patient in order to be looked after is not given consideration in assessing or providing PATS assistance.

The stringent rules governing taxi vouchers creates real impracticalities and does not allow for individual circumstances.



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.

After being approached by an Australian-born constituent who has no reading or writing ability and who, on two separate occasions, was expected to research the route and catch busses from the day surgery centre to his hotel without the assistance of a carer, after procedures to his eyes, I hope that the criteria for allowing PATS taxi vouchers will be extended.

b) eligibility for PATS funding;

The issue of insufficient doctors available to meet the needs of some regional communities should be considered when eligibility guidelines for PATS are developed and when considering the administration of the allowance.

Staff in the Mining and Pastoral office encountered a constituent who, not being able to access a GP in her regional home town, was referred to specialist services, at a later date, by a Perth GP. The PATS Office determined that since the referring practice is within 100km of the specialist service the constituent was ineligible for assistance.

c) the administration process;

The requirement that the PATS form be generated by the referring doctor frequently necessitates a second appointment with the GP in order to have the PATS form initiated. Perhaps a system by which Practice Managers and administrators can authorise those documents after the referral has been made would be more cost and time effective.

It appears that many doctors, particularly specialists, do not understand what the PATS system requires of them. I have seen a number of constituents attend my office with forms which, not having been signed by the specialist, will not be honoured by the PATS office. Consideration of the bureaucratic nature of medical administration and the degree to which it is foreign to patients again suggests better training for medical administrative staff is warranted.

A constituent requested assistance from my office when denied access to PATS subsidy following surgery. The constituent's wound had been stapled and two doctors had certified he was only to travel by air. He was sent home after the surgery and asked to attend a follow up appointment at the treatment centre two days later. The PATS office declined his second application for air travel on the grounds that the appointments were too close together. He was not advised until after he had returned home that he could have rescheduled his booked travel and remained in Perth for the second appointment.

My office is frequently called upon to assist constituents when, having made application for PATS assistance, the application is denied even though the constituent meets the guidelines. PATS officers refuse claims or make an impromptu judgement of need on the basis of the officer's perception of the patient when the application is presented. It is by far the greatest single complaint I hear and I can only conclude they do so in order to ensure the availability of funds.

Many people function effectively in most situations despite having disabilities which are not immediately obvious. However in strange or stressful environments their needs may well be quite different from common expectation. In those circumstances the PATS assessment practice of prioritising claims on the basis of perceived need is particularly unwelcome.

d) whether there is consideration of exceptional circumstances; and  
Patients undergoing cancer treatments are sent home immediately after treatment. Case by case decisions about ability to travel would be beneficial. Air travel in the regions may be extended and take too long to arrive home before the post-treatment nausea begins. In such situations being supported while remaining in appropriate accommodation does not seem unreasonable.

I wish to mention and recognise the consideration given to chemotherapy patients from Esperance by Skywest Airlines (now Virgin Regional) for the creation of a priority access booking system for cancer patients travelling between Perth and Esperance.

## 2) any incidental matter

Inter Hospital Patient Transfers from private city health campuses

Inter Hospital Patient Transfers assist patients being transferred between public hospitals, but apparently not between a private hospital in Perth and a patient's local public hospital. Constituents have reported having to travel by private or commercial means when an inter hospital transfer occurs between a private and a public hospital. Had the constituent been treated in a public hospital the travel would have been covered by PATS.

While many people accessing treatments at private hospitals have private health insurance, those health insurers who provide travel assistance do so only if PATS contributes to the expense.

### **Access to nearest specialist services**

I urge the committee to undertake consideration of the directive which determines where a patient may access specialist treatment. I ask that this consideration include the range of travel methods available to regional people in need of non-urgent medical care.

At present the PATS guidelines will provide travel and accommodation assistance to a patient accessing the "nearest available eligible medical specialist service". For many people, such services are available in a regional city within five hundred kilometres of their place of residence and can be accessed only by road.

However, at the end of 2013 the Public Transport Authority found it necessary to withdraw a number of coach transport services in West Australia. The discontinuation of those coach transport services has made it impossible in many cases to access the nearest medical specialist service except by private motor vehicle.

People who are unwell and driving long distances present a high safety risk to themselves and other road users.

In the best interest of the wider community, deciding on the nearest appropriate specialist service, should include assessment of the patient's fitness to drive, the presence and driving ability of a carer, the road conditions and distance and any alternative travel options. It should not be assumed that general practitioners automatically undertake such assessments when referring patients nor that increasing doctors' administrative workload is in the best interest of patients, the community or the health system.

I believe the information provided will provide areas in the system that are problematic and impact those who use the service regionally.

Yours sincerely

A handwritten signature in black ink, appearing to be 'D Grills', written in a cursive style.

Hon Dave Grills MLC

15.05.2014