3rd November 2014

Beverley Hamerton
Western Wheatbelt Operations Manager - WA Country Health Service
Regional Coordinator: Patient Assisted Travel Scheme

Statement to:

Standing Committee on Public Administration; Inquiry into the Patient Assisted Travel Scheme

I have been employed as the Operations Manager, Western Wheatbelt for 20 months. In this role I hold the executive portfolio of Regional Coordinator of the Patient Assisted Travel Scheme (PATS). This is my first experience of managing a PATS program.

In general, the scheme works very well and it is appreciated by those who use the assistance offered to access medical specialist care. A consumer satisfaction survey conducted in the Wheatbelt in the last quarter of 2013 revealed 98% of persons using the scheme found if very helpful, however, the qualitative data within this survey clearly illustrated patients found the application process confusing and the frequent delays in receiving the subsidies irksome.

Some of the complexity of the scheme lies in multiples of case scenarios that do not quite fit the parameters of the policy guidelines and therefore require a decision maker to balance the health needs of the client with the intent of the policy, whilst complying with the governance structures inherent in the necessarily narrow scope of a public policy of this nature.

Early this year broad stakeholder consultation was held with relevant sectors of the WA Country Health Service (WACHS) to help inform the Department of Health Submission to the Standing Committee on Public Administration; Inquiry into the Patient Assisted Travel Scheme. This document covers the majority of issues that I deal with daily. I believe the suggested solutions related to

- The level of funding for transport and accommodation
- Eligibility for funding
- The administrative process
- Exceptional Ruling process
- Expanded scope to include non specialist treatments
- Access to Allied Health and Dental Health services
- Maternity service and the newborn, and the
- Administrative process

are practical and would lead to efficiencies through streamlining and standardising across the WACHS regions, however, it must be kept in mind that investment is needed in the recurrent human and financial resources of such improvements.

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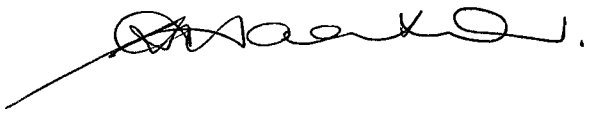
In addition to these solutions, further efficiencies could be realised through the use of smart, contemporary technology by establishing a fully integrated, electronic platform on which to manage each phase of the PATS process from referral through access to validation, payment, system reporting and audit.

In September 2014 the Wheatbelt and the Pilbara regions, following several months of consideration and consultation, embarked on a trial of a simplified application form to manage the processes associated with both prospective and retrospective PATS payments. Concurrently, the Wheatbelt is trialling a centralised and standardised PATS administration process. The trial is due for completion on 12 December. Early indicators from the mid-point evaluation suggest both arms of the trial will have successful outcomes, albeit with need to make small remedial adjustments in accordance with the final evaluation findings.

In conclusion, the most important principle of PATS is to provide assistance to ensure access to medical specialist services is a reality for rural residents. In my opinion, considerations should also be given to those specialties and tertiary services that are non-medical but have a clear capacity to improve the quality of the client's life, particularly if an appropriate service is not available in the resident's local area. Many of these services have the potential to provide early intervention efficiencies by preventing or ameliorating longer term chronic conditions that may require expensive, ongoing therapies.



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