

**STANDING COMMITTEE ON PUBLIC ADMINISTRATION**  
**INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Monday, 15 September 2014**

**Department of Health**

*Supplementary Information No A1 (page 2): Hon L. Behjat (Chairman) asked –*

*For each of the last five (5) financial years (2013/14; 2012/13; 2011/12; 2010/11; 2009/2010), please provide the following information:*

- a) The total costs of payments made under the scheme, broken down by transport, by type and accommodation payments;*
- b) The total costs to administer the system;*
- c) The amount of money spent on advertising and promoting the scheme in total and by region;*
- d) How many patients submitted applications for assistance after travel;*
- e) The financial contribution to PATS from the Royalties for Regions fund;*
- f) How many patients access the scheme by medical condition;*
- g) How many trips were subsidised broke down by single trip versus multiple trips*
- h) The number of patients in each WACSH region who access the scheme;*
- i) A breakdown of the number of recipients who accessed the scheme who have a concession card, by type if possible.*

**Answer:**

***Please Note:***

Patient Assisted Travel Scheme (PATS) data is captured in the WA Department of Health's (DOH) general ledger and a PATS information system. A number of changes in the administration and recording of PATS information have been introduced over the past two (2) years resulting in improved data capture and level of reporting capability. These changes have included:

- Implementation of a new accounting classification system in 2012/2013 allowing PATS costs to be classified by payment type. Prior to 2012/2013 PATS costs were grouped in a patient transport classification in the general ledger. Therefore, it is not possible to accurately breakdown total PATS costs by payment type prior to 2012/2013.
- A new PATS information system was implemented across all regions on the 4 December 2012. Prior to that time data was not being captured or recorded consistently across all sites.

It has not been possible to provide complete responses for each of the years identified in the request due to the reasons provided above.

- a) The total costs of payments made under the scheme, broken down by transport, by type and accommodation payments.

<b>Payment Type</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
PATS Escort Accommodation	NA	NA	NA	1,511.60	1,979.30
PATS Escort Travel	NA	NA	NA	4,159.00	3,981.80
PATS Patient Accommodation	NA	NA	NA	8,240.00	7,020.60
PATS Patient Travel - Airfares	NA	NA	NA	13,315.50	11,724.90
PATS Patient Travel - Surface	NA	NA	NA	727.10	469.20
PATS Patient Travel - Fuel Cards	NA	NA	NA	1,585.10	1,558.60
PATS Patient Travel - Mileage Reimbursement	NA	NA	NA	2,446.90	4,434.30
PATS Patient Travel - Other	NA	NA	NA	685.00	104.10
PATS Patient Travel - Taxis	NA	NA	NA	568.20	629.80
<b>Total Cost</b>				<b>33,238.40</b>	<b>31,902.60</b>
<b>General ledger Total</b>	<b>24,233.00</b>	<b>27,847.00</b>	<b>33,555.00</b>	<b>33,238.40</b>	<b>31,902.60</b>

- b) The total costs to administer the system.

PATS represents only a portion of the duties performed by the majority of health service staff associated with the administration and processing of PATS applications. Prior to the general ledger classifications changes in 2012/13, PATS administration costs were not separately identified from the position's core function.

The direct administration cost apportioned to PATS for 2012/13 and 2013/14.

2012/13 - \$3.35 million (excluding corporate overheads).

2013/14 - \$3.51 million (excluding corporate overheads).

- c) The amount of money spent on advertising and promoting the scheme in total and by region.

Region	2009/10	2010/11	2011/12	2012/13	2013/14
	\$	\$	\$	\$	\$
Goldfields	0	0	0	0	0
Great Southern	0	0	0	0	0
Kimberley	0	0	0	1,257	563
Midwest	200	0	639	883	129
Pilbara	0	0	0	0	0
South West	1,057	1,543	0	0	0
Wheatbelt	0	0	0	0	795
<b>Total</b>	<b>\$1,257</b>	<b>\$1,543</b>	<b>\$639</b>	<b>\$2,140</b>	<b>\$1,487</b>

Note: Costs include production costs for PATS material including brochures, posters pamphlets and forms.

PATS information is available on the WACHS Internet and Intranet sites, which are prime sources for PATS information for consumers and health services. A summary of the number of "Hits" against the PATS sites is shown below.

Web Site	2009/10	2010/11	2011/12	2012/13	2013/14
Intranet	1,725	3,153	4,524	7,765	5,492
Internet	5,606	25,965	20,166	30,628	47,234

- d) How many patients submitted applications for assistance after travel?

Not available.

The PATS information system does not capture the date that applications are actually received. The date the PATS application is entered into the system is automatically generated, however the work practices in several regions hold the application until all information is received and the application is ready to be completed before entering into the PATS Online System.

- e) The financial contribution to PATS from the Royalties for Regions fund.

2009/10 - \$8.7 million.  
 2010/11 - \$9.0 million.  
 2011/12 - \$8.9 million.  
 2012/13 - \$9.3 million.  
 2013/14 - \$9.7 million.

f) How many patients access the scheme by medical condition?

<b>Medical Speciality</b>	<b>2012/13 (part year from 4 December 2012)</b>	<b>2013/14</b>
Acupuncturist (not eligible)	0	0
Addiction Medicine	23	36
Anaesthetics	224	320
Artificial Eye	4	12
Artificial Limb	42	68
At risk pregnancy / Obstetrics	91	121
Audiology (not eligible)	16	17
Bone Densitometry	119	220
Cardiology	1,769	3,006
Cardiothoracic Surgery	184	251
Chelation Therapy (not eligible)	0	0
Child Birth	233	271
Clinical Genetics	22	48
Clinical Genetics	11	15
Clinical Haematology	2	4
Clinical Immunology and Allergy	20	47
Continence Nurse (not eligible)	0	1
Dental Treatment	111	174
Dermatology	692	1063
Diagnostic Nuclear Imaging	206	334
Diagnostic Radiology	0	7
Diagnostic Radiology CT	945	1,695
Diagnostic Radiology X-Ray	726	1,234
Diagnostic Ultrasound	978	1,846
Dialysis	29	29
Dietetics (not eligible)	1	2
Dressing Clinic (not eligible)	0	0
Emergency Medicine	15	23
Endocrinology	480	775
Endocrinology	23	31
Gastroenterology and Hepatology	919	1,586
Gastroenterology and Hepatology	9	20
General Medicine	540	701
General Paediatrics	482	625
General Practice - GP (not eligible)	1	8
General Surgery	2,093	3,659
Geriatric Medicine	46	64
GP Anaesthetist (not eligible)	0	1

<b>Medical Speciality</b>	<b>2012/13 (part year from 4 December 2012)</b>	<b>2013/14</b>
GP Proceduralist	0	2
Gynaecology	618	1,030
Haematology	656	953
Hand Surgery	35	44
Immunology and Allergy	347	637
Infectious Disease	45	81
Infectious Disease	5	4
IVF	209	395
Magnetic Resonance Imaging (MRI)	1,023	2,213
Mammography	277	501
Maternal – Fetal Medicine	41	66
Midwife (not eligible)	0	0
Mother Baby Unit (not eligible)	0	0
Neonates and Perinatal Medicine	0	1
Neonatology and Perinatology	50	80
Nephrology (Renal Medicine)	21	34
Neurology	934	1,855
Neurology	96	60
Neuropsychology (not eligible)	0	0
Neurosurgery	773	1,247
Next Step	18	24
Nuclear Medicine	2	2
Obstetric and Gynaecological Ultrasound	312	494
Obstetrician	0	8
Obstetrics - Gynaecology	0	26
Obstetrics / Pre-natal Care	344	470
Occupational Medicine (not WC)	6	8
Occupational Therapy (not eligible)	3	2
Oncology - Radiation	860	1,227
Oncology (medical, surgical and gynaecology)	1,415	2,121
Ophthalmology	2,219	3,669
Optometry (not eligible)	0	2
Oral and Maxillofacial Surgery	188	330
Orthopaedic Surgery	3,246	5,192
Orthoptist (Eye) (not eligible)	0	0
Orthotist (not eligible)	2	1
Osteopath (not eligible)	0	0
Otolaryngology	1,538	2,548
Paediatric Cardiology	22	51
Paediatric Dentistry	0	3

<b>Medical Speciality</b>	<b>2012/13 (part year from 4 December 2012)</b>	<b>2013/14</b>
Paediatric Surgery	262	378
Pain Medicine	441	671
Palliative Medicine	16	17
Pathology (NOT ELIGIBLE)	0	0
Pedorthist (not eligible)	7	7
PET Scan	195	402
Physiotherapy (not eligible)	22	11
Plastic and Reconstructive Surgery	861	1,419
Podiatric Surgeon (not eligible)	3	1
Podiatry (not eligible)	2	4
Psychiatry	106	133
Psychiatry	191	317
Psychology (not eligible)	8	6
Public Health Medicine	4	2
Registered Nurse (not eligible)	0	0
Rehabilitation Medicine	45	85
Rehabilitation Medicine	55	85
Renal Medicine	287	489
Reproductive Endocrinology & Infertility	7	39
Respiratory and Sleep Medicine	20	62
Rheumatology	130	160
Rheumatology	331	641
Sexual Health	10	11
Sleep Studies	58	101
Speech Pathologist (not eligible)	0	10
Sports and Exercise Medicine	19	24
Test /Assessment (not eligible)	3	18
Thoracic	13	8
Thoracic and Sleep Medicine	759	1,245
Treatment of Cleft Lip / Palate	56	80
Urogynaecology	100	195
Urology	1,114	1,810
Vascular Surgery	606	914
Wheelchair Assessment and Review	3	3

- g) How many trips were subsidised broke down by single trip versus multiple trips?

	<b>2012/13</b>	<b>2013/14</b>
single trip	24,457	37,917
multiple trips	26,602	54,691

*Note: 2012/13 data is from the 04/12/2012 onwards.*

- h) The number of patients in each WACSH region who access the scheme.

<b>Region</b>	<b>2012/13</b>	<b>2013/14</b>
Goldfields	2,898	4,596
Great Southern	3,716	5,520
Kimberley	3,282	4,795
Midwest	4,222	6,314
Pilbara	3,724	5,070
South West	3,091	4,607
Wheatbelt	3,274	4,546
<b>Total</b>	<b>24,207</b>	<b>35,448</b>

*Note: 2012/13 data is from the 04/12/2012 onwards*

- i) A breakdown of the number of recipients who accessed the scheme who have a concession card, by type if possible.

Concession card possession or type is not an eligibility criteria for PATS and is not routinely captured. Concession card information is requested where the health service is making the travel booking for the applicant and a discounted fare may be available for some concession card holders i.e. bus and train travel. Details of the concession cards recorded are shown in the table below, however these numbers would be understated.

<b>Concession Card Type</b>	<b>2012/13</b>	<b>2013/14</b>
Health Care Card	768	944
Pension Concession Card	1	2
Pension Concession Card (Aged)	1,763	1,992
Commonwealth Seniors Health Card	262	332
WA Seniors Card	2	5
DVA Gold Card	6	5
DVA White Card	11	17
DVA Card No Identified colour	9	6
Veterans	2	6
Pension	78	103
Pension Concession Card (Carer)	41	53
Pension Concession Card (Disabled)	407	493
Pension Concession Card (Parent Pension Support)	140	148
Pension Concession Card (Service)	33	35

*Note: 2012/13 data is from the 04/12/2012 onwards.*

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**Monday, 15 September 2014**

**Department of Health**

*Supplementary Information No A2 (page 14): Hon J. Boydell asked –*

*Please provide the PATS Working Party Terms of Reference and associated time lines.*

**Answer:**

The Terms of Reference for the PATS Working Group established within the WA Country Health Service and the Working Group's Work Plan are attached.





## **PATIENT ASSISTED TRAVEL SCHEME (PATS) WORKING GROUP TERMS OF REFERENCE 2014**

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### **1. PREAMBLE**

To review the PATS Policy and consider options to improve the administration, management and governance for submission to the PATS Inquiry by the Standing Committee on Public Administration.

### **2. NAME / REPORTING**

The Patient Assisted Travel Scheme (PATS) Working Group. The working group will report to the Chief Operating Officer South (COO South) as the executive sponsor and will make recommendations through the COO South to the WACHS Executive.

### **3. PURPOSE**

The PATS working group is to consider PATS strategically and provide recommendations addressing the terms of reference specified for the PATS Inquiry.

The scope will include, but not be limited to;

- PATS policy changes;
- Improved PATS governance
- Alternate service models and funding projections needed to provide access to specialist services closer to home.
- Alternative administration arrangements that will lead to streamlined access and consistency in service provision.

#### **4. MEMBERSHIP**

Membership of the PATS Working Group will comprise of the following members.

- PATS Program Manager
- PATS Senior Project Officer
- Regional Representative (Nominated by the RD)
- Project Officer, Finance (WACHS)
- Manager, Planning & Evaluation
- Manager Governance
- DHAC representative
- Representative SMAHS
- Representative Country Health Connections

Internal or external persons may be invited to attend meetings at the request of the Chairperson/PATS Program Manager to provide advice and assistance considered necessary.

Medical representation on the working group will be sought as needed to ensure relevant clinical input.

#### **5. CHAIRPERSON**

Chief Operating Officer Southern

Key roles of the Chair include:

- Facilitating the effective contribution of all members
- Encouraging behaviour consistent with the Code of Conduct and Code of Ethics
- Encouraging expression of a diversity of opinion

#### **6. PROXIES**

In the event there is not a position identified specifically as a Regional representative, the region will nominate a representative to fill this role.

Proxy attendees at the PATS Working Group meetings is permitted, however the member nominating a proxy is to inform the Chairperson/PATS Program Manager.

#### **7. CONFLICT OF INTEREST**

A Member of the PATS Working Group who has duties or interest which might result in a perceived or actual conflict with the duties or interests as a member of the PATS Working Group, whether direct, indirect, financial, material or otherwise are to declare the possible conflict of interest to the chair.

## **8. CONFIDENTIALITY**

The proceedings of any particular meeting are confidential to members and are not to be disclosed except to the extent requires of members to enable them to comply with any decisions and directions

## **9. FREQUENCY OF MEETINGS**

The PATS Working Group meetings will be held during working hours on a convenient date as arranged by the Chair, via teleconference or videoconference and will generally be for approximately one hour as determined by the Chair.

The Chair has the authority to call an out of session meeting or to circulate items out of session if the need arises.

## **10. MEETINGS**

The minutes, agenda and any supporting material will be distributed to the PATS Working Group prior to the meetings.

## **11. ADOPTION, REVIEW AND AMENDMENT OF TERMS OF REFERENCE**

The Terms of Reference shall be altered only with the approval of Chief Operating Officer - Southern.

These Terms of Reference were first adopted by TINA CHINERY on 03/04/14.

Subsequent revision dates:

No.	Date	Nature of change(s)
1	13052014	Additional membership- DHAC, SMAHS, Country health Connection
2	15052014	Amendment: Statement regarding invites moved from section:6 to section 4

Most recently declared by [Signature] to be still current on 7/10/2014



Action Category	Action Plan	Progress	Notes	OAG ID	RISK Asse	Tracking Status	Priority Low medium High	Assigned To	Target Completion Date
Governance	Develop a plan for PATS Administrative reform	WACHS Business Case -Completed Sept 2013 WACHS submission- Parliamentary Inquiry- completed- May 2014 PATS Workshop- June 2014- completed June 2014		<u>1</u> 11	9 14 31	Completed	High	PATS AO	Ongoing
Governance	Conduct Formal Risk Assessment- PATS	Risk Assessment Workshops- completed Nov 2013 Review of OAG recommendations conducted -June 6th 2014 Plan to address regional risks- developed and sent to regions- June 10th 2014 Regional Risk Assessment for completion June 30th Risk Assessment ratings reassessed June 18th.		1-11(all)	1-35(all)	Completed	High	PATS AO	Nov-13
Governance	Develop staffing structure for administration of PATS - 2014/15	Initial staffing plan developed for discussion - June 2014	Draft structure prepared, awaiting outcome of WA Health Patient Transport Strategy project	<u>1</u> 11		In Progress	Medium	COO	Aug-14
Governance	Development of Risk Action Plan	In development -commenced May 2013 Review and discussion PATS Workshop June 2013 Action Plan will inform PATS priorities and actions		1-11 (all)	1-35(all)	Completed	High	PATS AO Regional Rep PATS Working Group	Jul-14
Governance	Establish PATS Working Group for improved PATS governance and service reform	Commenced March 2013- ongoing	Inclusion of consumer reps- June 2014 Inclusion- Aboriginal rep- May 2013 Inclusion- SMAHS rep- May 2013	<u>11</u> <u>12</u> <u>15</u> <u>17</u> <u>22</u>		Completed	High	PATS AO PATS Working Group	Ongoing
Governance	Revise WACHS Delegation Schedule revised to align business process requirements of PATS to delegation schedule	Completed		<u>1</u> <u>2</u> <u>4</u> <u>7</u> <u>8</u> <u>11</u>	17 19	Completed	High	PATS AO	2013
Governance	Develop/Implement PATS Application Tracking form and record management procedures to comply with retention and disposal schedule.	Subsequent episodes to be recorded on PATS Application Tracking Form. Notes for consultation with Clinical Managers and PATS budget holders must be completed- completed August 2013 Memo/communication to regions -PATS applications are completed and entered online and PATS Application Section C is completed for all applications.		<u>1</u> <u>2</u> <u>5</u> <u>7</u> <u>8</u> <u>11</u>	17 19 33	Completed	Medium	PATS AO	2013



Governance	Review the security and confidentiality controls to ensure that consumer information is secure and can not be viewed by other consumers.	Correspondence to WACHS sites confirming compliance with medical records storage standards- completed August 2013		<u>11</u> <u>14</u>	12	Completed	Medium	Regional PATS staff	2013
Governance	Access and record Medicare numbers via Medicare Online	Agreed Action June 2014 - Regional PATS Clerks will strengthen controls to access and record Medicare numbers in PATS Online. PATS Area Office will send quarterly reports- Medicare numbers HIN to investigate improved controls in recording Medicare Numbers- PATS Online	OAG recommendation: Not all PATS eligible referrers are allocated Medicare provider numbers. Medicare will only disclose a Medicare Number to a Dr Provider or a Hospital Provider and it has to be in relation to a Medicare Claim. Some vulnerable clients do not carry their Medicare card.	<u>5</u> <u>11</u>	6	In Progress	Medium	PATS AO	Ongoing
Governance	Update records management systems and processes to ensure compliance with state records Act and confidentiality- migrate records to TRIM	TRIM folders established TRIM training completed Migration to TRIM commenced- May 2014		<u>11</u> <u>14</u>	12	In Progress	Medium	PATS AO	Ongoing
Policy	Conduct a review and update PATS Policy 2009	Review 70-100km eligibility in WACHS Submission- Legislative Inquiry- completed Request ATO residency definition- permanent country resident for 6 months WACHS submission- Legislative Inquiry- completed Commence review of policy-June 2014	Await Standing Committee On Public Administration Inquiry Into PATS	<u>14</u> <u>17</u>	8 23 24 25 27 29	In Progress	Medium	PATS AO PATS Working Group	Jun-15
Policy	Conduct review and update PATS User Manual	Include: Management of conflict of interest Mandatory recording of medicare numbers where practicable Management of complaints/compliments Storage and retention of medical records Patient Confidentiality	PATS Manual to be included in Policies Online	<u>2</u> <u>9</u> <u>10</u> <u>16</u>	9 21	In Progress	High	PATS AO PATS Working group	Sep-14
Policy	Develop and trial new PATS Application/Certification Form and PATS Instructions sheet, PATS process form (internal)- prospective and retrospective travel- Pilbara and Wheatbelt	Include: Recording of Medicare Numbers Verification -residency status Signed Declaration - not receiving other travel benefits Requirement to verify travel. Authorisation of application Consider alternative formats/electronic form Update SW PATS form- certification Consumer feedback- form design Draft PATS Application Form tabled- PATS Workshop June 2014	Trial 2 regions- Wheatbelt/Pilbara Trial to commence September 2014	<u>5</u> <u>6</u> <u>7</u> <u>15</u>	2 5 6 8 9 20 21	In Progress	High	PATS AO PO SIHI PATS Wheatbelt PATS- Pilbara	Oct-14





Policy	Review administration of IHPT PATS processes/documentation		Awaiting outcome of WA Health Patient Transport Strategy project and Standing Committee On Public Administration Inquiry Into PATS Scheme		10 11 12 13	Not started	Medium	PATS AO	TBA
Policy	Develop Exceptional Ruling Guidelines- decision-making tree	ER Guideline developed- circulated to regions, RMD and RNDs for comment/feedback Tabled June 18th 2014 For sign off WACHS Executive August 2014	Draft developed and circulated for review. Legal input sought	12	15 16 17 19	In progress	High	PATS AO PATS Working Group RDs	Nov-14
PATS Systems	System Improvements PATS Online	Include: Segregation of duties- PATS Online- completed Payment file modification in transit to oracle- completed PATS Application data entered into PATS online Payments to third parties- completed Subsidy rates aligned to policy- completed Medicare numbers -completed	Still Awaiting a number of 'fixes' and SOW from vendor. Ongoing communication with HIN and WACHS to resolve issues	2 3 7 8 10 16 17	19 30 33 34 35	In progress	High	PATS AO HIN	Sep-14
PATS Systems	Review and development of business rules for data entry PATS online	Review and update PATS Online User Manual Include: Segregation of duties/delegation- completed Disaster recovery Business Continuity Plan Payments to third party	Not achievable under current MMEx/DoH arrangement	2 3 4 8 9 10 11 12 16 17	14 15 16 17 33 34 35	Not started	Medium	PATS AO HIN	TBA
PATS Systems	Ensure controls are in place for recovery for PATS Online data in collaboration with HIN	Back ups of database are run nightly and daily transaction logs maintained by HIN.	The DoH to liaise with HIN to ensure back up plan in place. SHaRE (PATS Online) databases are housed at DCM, so in the event of a disaster they will fail over to DC1 minimizing the risk of loss of production services.	9 10 11	34	Completed	High	HIN	2013
PATS Systems	Conduct Disaster failover test in collaboration with HIN.		SHaRE (PATS Online) databases are housed at DCM, so in the event of a disaster they will fail over to DC1 minimizing the risk of loss of production services.	9 10 11	34	Not started	Medium	PATS AO HIN	TBA



PATS Systems	Establish/support PATS User group in collaboration with HIN to monitor and improve PATS Online		Awaiting HIN to complete initial fixes to PATS Online	9 10 11 16		Not started	Medium		TBA
PATS Systems	Develop data extract/cube in collaboration with HIN	Meeting with HIN and WACHS to review reporting PATS reporting held April 2014. Plan to commence work on data extract June 2014	Unable to progress due to incomplete reports from vendor	1 2 7 8 11 12 16 17		Not started	High	PATS AO HIN PATS ICT	TBA
PATS Systems	Develop PATS Business Continuity Plan	Agreed Actions- PATS Workshop June 2014. Regions will complete and fwd PATS BCP to PATS AO. Records to be stored in TRIM.		9 10 11	34	Not started	Medium	PATS AO HIN	Dec-14
Quality Performance Monitoring	Conduct monitoring and review of PATS administration system annually. Include: Conflict of Interest PATS Application processing times PATS compliance with WACHS delegation schedule PATS compliance with retention and disposal schedule PATS Exceptional ruling PATS Application form trial	PATS AO to Develop audit tools Conduct audit of trial for PATS Application Form Agreed Action- PATS Workshop- develop Quarterly reports		1 2 3 4 11 12		In progress	High	PATS AO Regional PATS staff Safety and Quality	TBA
Quality Performance Monitoring	Review and improve PATS reporting- Provide quarterly reports to regions. Include: Compliments/complaints Medicare numbers- PATS Online Performance measures- time periods for data entry - PATS Online to payment	Compliments/complaints reports- commenced quarterly-May 2014 Regional Reports - discussed PATS Workshop - June 2014		1 2 7 8 11 12 16 17		In progress	High	PATS AO HINWACHS Performance and reporting	Ongoing
Quality Performance Monitoring	Improvements to WACHS dashboard reporting of PATS	Discussed PATS Workshop - June 2014	Standard reports identified and will commence in October 2014	8 11 12		In progress	High	PATS AO HIN WACHS reporting	Ongoing
Internal- Processes Communication Workforce development	Conduct/ process mapping of regional PATS processes document performance variation	Include: All regions Completed-PATS Workshop 5-6th June 2014 Regional variations to be documented and circulated to regions		11 12	17 22	Completed	High	PATS AO WACHS Planning Regional PATS staff	Jul-14
Internal- Processes Communication Workforce development	Provide clarification and support to regional PATS Clerks on interpretation PATS Policy	Ongoing support and guidance to PATS Clerks on interpretation of PATS Policy		4	19	In progress	High	PATS AO	ongoing



Internal- Processes Communication Workforce development	Improve regional support for PATS administration	1. Clarification of work/roles PATS Clerks- review JDFS 2. Establish/reconvene meetings PATS Clerks regions- assess training/support needs 5. Develop PATS internal newsletter for improved communication with PATS regional staff	Copy of regional JDFS obtained	<u>11</u> <u>12</u>	14 15 16 17	In progress	Medium	PATS AO Regional PATS staff	ongoing
Internal- Processes Communication Workforce development	Development PATS E-learning training package and processes and controls to ensure compliance with completion of modules	Audit conducted- 98% staff completed education- completed April 14		<u>11</u> <u>12</u>	14 15 16 17	Completed	High	PATS AO	Apr-14
Internal- Processes Communication Workforce	Development processes and controls to ensure completion of WACHS essential training - Accountable and Ethical Decision-Making and record Keeping training	Audit conducted- 98% staff completed education- completed April 14		<u>11</u> <u>12</u>	15 16 17 19	Completed	High	PATS AO	Apr-14
Internal- Processes Communication Workforce development	Develop resources to support regional PATS Clerks	Suggestion form SW- develop FAQ and common scenarios to provide guidance to regional PATS staff		<u>11</u> <u>12</u>	14 15 16 17	Not started	Medium		TBA
Internal- Processes Communication Workforce development	Review PATS Administration for travel bookings	1. Establish consistent processes for booking flights across regions- retrospective/prospective processes	Process mapping - June 5th	<u>11</u> <u>12</u>	17 20 22 25 26	In progress	Medium	PATS AO Regional PATS Clerks	Sep-14
Internal- Processes Communication Workforce development	Implementation of controls and processes for PATS Clerks to record and register the Conflict of Interest as required	Controls implemented August 2013 Memo instructing the education of staff for adherence to the Operational Directive 0264/10 Managing Conflict of Interests Policy and Guidelines. Staff required advise their direct supervisor of an actual, possible or perceived conflict of Interest and complete Assessment Guide and record and register the Conflict of Interest.		<u>1</u> <u>2</u> <u>3</u> <u>7</u> <u>8</u> <u>11</u> <u>14</u>	17 19	Completed	High	PATS AO	
Internal- Processes Communication Workforce development	Review and update PATS information/resources WACHS Intranet to consistent and appropriate information is available internally			<u>11</u> <u>12</u> <u>15</u>	11 14	In progress	Medium	PATS AO	Ongoing
Internal- Processes Communication Workforce development	Implement processes/controls in place for information on PATS Application Form is entered in to PATS Online and additional information/decisions are recorded in notes section per episode.			<u>2</u> <u>8</u> <u>11</u>	16	Completed	Medium	PATS AO HIN	2013
External Communication and engagement	Increase consumer engagement in PATS Administration Consider options to improve consumer access to PATS services	Engage consumers in PATS Working Group- completed May 14 Seek consumer feedback in PATS forms/ resources and tools Consider alternative options: 1800 number, iphone/android apps	Discussed at PATS Workshop - June 2013	<u>11</u> <u>12</u> <u>13</u> <u>15</u>		In progress	High	PATS AO	Ongoing



External Communication and engagement	Develop and conduct annual consumer survey	Agreed Action June 2014 - PATS Workshop Draft consumer satisfaction survey developed Survey scope document developed Tabled at PATS Working group -August 2014	Survey tool developed and circulated to DHACS for review. Survey to commence in Oct 2014	<u>11</u> <u>12</u> <u>13</u> <u>15</u>		In progress	High	PATS AO	December 2014
External Communication and engagement	Review and update consumer information- internet resources	Ensure information is available in alternative formats	Consumer survey to commence in Oct 2014, will inform communication strategy.	<u>12</u> <u>13</u> <u>15</u>	21	In progress	Medium	PATS AO	Ongoing
External Communication and engagement	Conduct Review and update PATS printed consumer resources	Review Pilbara Toolkit Development of PATS Toolkit for consumers/patients develop FAQ Review and update information on PATS client's rights.- develop patient responsibilities charter Include information on PATS clients rights as well as responsibilities and reference to Patient's First Brochure		<u>12</u> <u>13</u> <u>15</u>		Not started	Medium	PATS AO	TBA
External Communication and engagement	Ensure consumer information surrounding the appeal and complaint procedures to is readily available to consumers.	Create a link from the DoH complaints page to the WACHS complaints page - consumers can access the electronic form from both sites Ensure there is a distinction between the two processes and that the information		<u>12</u> <u>13</u> <u>15</u>		Completed	Medium	PATS AO	TBA
External Communication and engagement	Conduct quarterly review/audit of PATS compliments and complaints	Email to regions 26/05/2014 to request compliments/complaints 2012/13 and first 3 quarters 2014. Data presented PATS Workshop - June 2014		<u>12</u> <u>13</u> <u>15</u>		In progress	High	PATS AO Regional Coordinators	Ongoing
External Communication and engagement	Establish relationships with external agencies to strengthen controls in non attendance at medical appointments	1. Establish/Strengthen relationship with Country Health Connections/AO PATS/Regions 2. Establish/formalise relationships with tertiary hospitals-Aboriginal liaison, social work, discharge coordinators 3. Develop consistent processes for managing non attendance across regions		<u>11</u> <u>12</u>	27 28 29	In progress	Medium	PATS AO Country Health Connections tertiary Hospital- social workers, Aboriginal Liaison, Discharge Coordinators	Ongoing
External Communication and engagement	Develop communication strategies for improved communication with tertiary hospitals	Develop a communication/distribution list for PATS communication- WACHS regional and tertiary stakeholders Enhance discharge planning/PATS communication -tertiary hospitals Develop PATS toolkit for tertiary providers	Consumer survey to commence in Oct 2014, will inform communication strategy.	<u>11</u>	11 12 13	Not started	Medium	PATS AO	Ongoing





External Communication and engagement	Enhance GP/specialist provider awareness of PATS Program	Review how PATS forms accessed by GPs in regions Review and develop PATS provider promotional material Develop Communication/marketing strategies for increasing GP awareness PATS	GPs and providers contacted as part of new PATS application trial. PATS consumer survey will also inform promotional material and information requirements	11	1 2 5 7	In progress	Medium	PATS AO Regional PATS staff	TBA
Finance	Implement controls to ensure financial decisions are made and recorded within delegated authority	Changes to PATS online WACHS delegation schedule amended		3 7 11 16 17	32 33	Completed	High	PATS AO	2013
Finance	Improve controls over payments generated by the PATS Online system including payments to third parties.	Directive sent to regions that payments (reimbursements) are only to be made to patients and not a third party.	However, to be noted that when two or more applicants are travelling in a minibus, or similar group transport vehicle, owned by a community or organisation, the fuel subsidy is 25 cents per kilometre, per vehicle payable to the relevant organization. LPO's also an exception.	11 16 17	32 33 35	Completed	High	PATS AO HIN	2013
Finance	Conduct a Review of PATS financial model	Not commenced	Pending Inquiry outcomes	3 11 16 17	31 32 33 34 35	Not started	Medium	PATS AO WACHS Finance	Jul-14
Finance	Implement and expand EFT trial	Commenced- trial in place in Denmark- plan to include other regions July 2014	Trial in SW completed and expansion to Wheatbelt and Pilbara being implemented	3 11 16 17	33 35	In progress	Medium	Vern Williams Regions WACHS Finance	Jul-14
Finance	Develop controls for financial backups in case of network failure	Not commenced		9 10 11 16 17	34	Not started	Medium	HIN	TBA
Finance	Ensure controls in place to ensure subsidies are calculated according to to PATS Policy	Controls in place PATS Online- completed	PATS Online, the statewide web based computer system used to administer and record PATS applications. PATS Online prohibits the payment of fuel and accommodation subsidies beyond that of eligibility as per PATS Policy.	17	33	Completed	High	PATS AO WACHS Finance HIN	TBA



**STANDING COMMITTEE ON PUBLIC ADMINISTRATION**  
**INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Monday, 15 September 2014**

**Department of Health**

*Supplementary Information No A3 (page 22): Hon L. Behjat (Chairman) asked –*

*Access to the Milliya Rumurra Detox and rehabilitation service in Broome. This is a program for Aboriginal people, however, Carnarvon residents can not travel to Broome for this treatment under PATS they must travel to Perth. Why?*

*What is the PATS' policy/ruling for drug and alcohol rehabilitation services?*

Answer:

The Patient Assisted Travel Scheme (PATS) policy includes a 'special ruling' covering Next Step (Alcohol and Drug Authority) applicants. The special ruling allows applicants referred to Next Step specialist medical services delivered by a medical specialist in addition to be eligible to receive PATS assistance for the initial consultation for admission into a treatment or therapy program.

To be eligible for PATS assistance under this special ruling the applicant will need to meet the normal eligibility criteria under PATS including:

- Eligible permanent country resident.
- Distance to the treatment centre is greater than 100km.
- The referral is from an eligible referrer; and
- The referral is to the nearest eligible specialist service.

The following is a list of Sobering Up Centres in Western Australia:

- Milliya Rumurra Aboriginal Corporation – Broome.
- Garl Garl Walbu Alcohol Association Aboriginal Corporation – Derby.
- Bega Gambirringu Health Service – Kalgoorlie.
- Waringarri Aboriginal Corporation – Kununurra.
- Salvation Army (Bridge House – Highgate.
- Bloodwood Tree Association Inc - South Hedland.
- Yaandina Family Centre Inc – Roebourne.
- Ngnowar- Aerwah Aboriginal Corporation – Wyndham.
- Midwest Community Drug Service – Geraldton.

Residential Rehab Services include:

- Palmerston Farm - South of Perth.
- Cyrenian House - North Perth.
- Teen Challenge – Esperance.
- Rosella House – Geraldton.
- Serenity Lodge – Rockingham.
- Salvation Army Bridge Program – Highgate.
- Drug and Alcohol Youth Service - East Perth.
- Milliya Rumurra – Broome.
- Ngnowar Aerwah Aboriginal Corporation – Wyndham.
- Goldfields Rehabilitation Service – Kalgoorlie.

Each service provider runs their own program and access criteria, however most allow self referral or accept referrals from general practitioners or other health services.

Most of the sobering up and rehabilitation services are not serviced by specialist i.e. Consultant Psychiatrist, or Drug and Alcohol Specialists and therefore do not automatically qualify for PATS assistance. However, WA Country Health Service (WACHS) provides assistance to people wishing to access rehabilitation services and PATS is used for people to attend a hospital for the purpose of detox or referral to Next Step for detox or stabilisation on pharmacotherapy.

In the case of the individual in Carnarvon, the referral would be to either a Geraldton or Perth based Next Step service provider. An exceptional ruling with medical justification and support would be required for approval to access PATS to travel from Carnarvon to Broome to access an alcohol rehabilitation service.

In Carnarvon, a new dual-purpose centre to provide community alcohol and drug service by day and sobering-up service overnight is being constructed and is scheduled to open in October 2014. The Carnarvon Family Support Services will manage the Carnarvon sobering-up service and the day-time operation of the Midwest Community Alcohol and Drug Service will be provided by WACHS.

**STANDING COMMITTEE ON PUBLIC ADMINISTRATION**  
**INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME**  
**QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

**Monday, 15 September 2014**

**Department of Health**

*Supplementary Information No A4 (page 26): Hon L. Behjat (Chairman) asked –*

*Please provide a copy of the Expression of Interest that was circulated for the provision of accommodation for PATS recipients.*

**Answer:**

The market survey tool to identify options for low cost accommodation to support access to health services by country residents is attached.

The survey was promoted by Aged Care Services WA [ACSWA] to not for profit organisations and by Leading Aged Services WA [LASA-WA] to profit organisations.

The Survey Link was also distributed to all aged care organisations who were members of these organisations. There were only three (3) responses to the Survey. All three (3) have now withdrawn their interest.

# DRAFT WACHS Planning - Accommodation Market Research Survey

## Background to the survey

WA Country Health Service (WACHS) is investigating the potential options for low cost accommodation to support access to health services by country residents.

Access to affordable metropolitan accommodation for patients, their families and carers is a key factor in achieving equitable access to specialist inpatient and outpatient healthcare for country people, particularly for more vulnerable residents.

The investigation by WACHS has recently highlighted a current under utilisation of low care residential aged care facilities across Perth. Preliminary discussion with the Chief Executive of Aged and Community Services WA (ACSWA) indicates there may be interest within the aged care sector in providing short term accommodation for country patients in under utilised facilities.

This survey has been developed to ascertain the general level of interest within the aged care sector, in exploring the potential for short term accommodation for country residents. Please note this is initial market research only, not a formal expression of interest to provide accommodation.

## Facility Name (optional)

### 1. Please note the name of your facility / agency - OR - provide your contact details

### 2. Please indicate if you are responding for a single facility, or an agency with multiple facilities:

- ☐ Single facility
- ☐ Agency with multiple facilities
- ☐ Other (please specify)

## Location

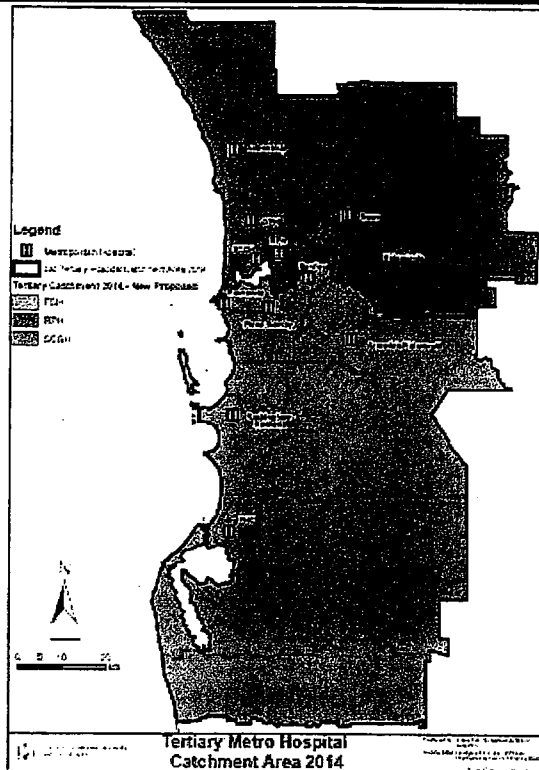
### 3. What is the general location of your facility / facilities within the metropolitan area?

Refer to the map provided

You can select more than one answer

- ☐ Fiona Stanley Hospital Catchment area (blue)
- ☐ Royal Perth Hospital Catchment area (purple)
- ☐ Sir Charles Gairdner Hospital Catchment area (red)

## DRAFT WACHS Planning - Accommodation Market Research Survey



### Facility type and range of accommodation

#### 4. Please indicate the type of accommodation provided at your facility

You may choose more than one answer

- ☐ High care residential
- ☐ High secure residential
- ☐ Low Care residential
- ☐ Independent living accommodation
- ☐ Other (please specify)

## DRAFT WACHS Planning - Accommodation Market Research Survey

### 5. With regard to the type of low care / independent options provided, your facility has:

**You may choose more than one answer**

- ☐ Single rooms with communal / shared bathrooms
- ☐ Single rooms with bathrooms
- ☐ Self contained single units
- ☐ Self contained double or family units
- ☐ No low care or independent residential options (no further response required)
- ☐ Other (please specify)

### Additional services available

#### 6. Please indicate other services / facilities that are available at your facility that could be utilised by country residents while at your facility

- ☐ 24 hour Reception / Booking
- ☐ Kitchen / Dining facilities
- ☐ Laundry Services
- ☐ Linen Services
- ☐ Television / DVD within room
- ☐ Common room with shared entertainment options available
- ☐ Separate access
- ☐ Security
- ☐ Public transport located nearby
- ☐ Bus transport available through facility
- ☐ Shopping opportunities close by
- ☐ Not applicable as facility / agency not interested in providing accommodation
- ☐ Other (please specify)

### Accommodation Utilisation



## DRAFT WACHS Planning - Accommodation Market Research Survey

### 7. Does your residential care facility / facilities experience under utilisation on a 'regular' basis?

Please select one answer

- ☐ Yes, each night there are under utilised rooms
- ☐ Yes, at least twice a week there are under utilised rooms
- ☐ Yes at least once a week
- ☐ Yes at least once a fortnight
- ☐ No, most nights accommodation is fully occupied
- ☐ Other (please specify)

### Potential room availability

#### 8. If you answered yes to question 7, on average how many rooms would be under utilised?

- ☐ 1-5 rooms
- ☐ 6-10 rooms
- ☐ 11-15 rooms
- ☐ 16-20 rooms
- ☐ more than 20
- ☐ Other (please specify)

### Level of interest in providing accommodation

## DRAFT WACHS Planning - Accommodation Market Research Survey

**9. Please indicate your facility/agency level of interest in providing short term accommodation options for country residents accessing health services in the metropolitan area:**

**Please select one answer**

- ☐ Very interested in exploring options with WACHS
- ☐ Interested, but with some concerns
- ☐ Interested, but with a number of concerns
- ☐ Some interest
- ☐ Not interested in provision of short term accommodation options for country residents
- ☐ Other (please specify)

### Final comments

**10. If you have any further comments regarding this survey please note in the comments box below**

### Thank you

Thank you for taking the time to complete this survey.

Please note that this is not a formal expression of interest in providing accommodation options for Country residents, rather it provides an indication of the viability of this option for accommodation.

For further information regarding this survey please contact the WACHS Planning Unit:

Email - [wachsplanning@health.wa.gov.au](mailto:wachsplanning@health.wa.gov.au) or Phone - Marea Gent on (08) 6145 4147