

# Deputy Premier of Western Australia Minister for Health; Tourism

Our Ref: 25-46997

Mr Grant Hitchcock Acting Usher of the Black Rod Legislative Council Parliament House WEST PERTH WA 6005

#### Dear Mr Hitchcock

Thank you for your e-mail of 16 June 2015 providing a copy of the Standing Committee on Public Administration's – Report 25 – Report on the Patient Assisted Travel Scheme in Western Australia (WA).

As the Minister for Health, I am the responsible Minister for the Patient Assisted Travel Scheme (PATS) in WA and I welcome the Standing Committee on Public Administration's report. My response to the Report's 21 recommendations is attached.

Firstly, I would like to acknowledge and commend the Standing Committee on Public Administration for their extensive community consultation and comprehensive review of the PATS program. The findings and recommendations will provide a vital and valuable reference in considering future reforms and enhancements to the scheme to ensure it meets the needs of country residents in WA.

As noted in the Report, PATS is a valued government policy by country residents that provides much needed travel and accommodation assistance to ensure that the general standards of health services in the regions and access to services is comparable to that available in the metropolitan area. It is acknowledged that further reforms can be made to the scheme that will make the scheme more accessible and reduce the financial cost for patients in accessing specialist medical services that are not available locally.

The Report's recommendations raise a number of complex and challenging issues that will need to be worked through in some detail to clearly identify the policy changes necessary to achieve the best outcomes. The financial implications of these changes will also need to be determined.

A number of the recommendations will require the development of detailed business cases for future budget consideration. Therefore, at this point I have provided general responses to each of the recommendations.

Once again I thank the Standing Committee on Public Administration for their work in preparing this comprehensive report and for providing a solid foundation for future reforms to the PATS program.

Yours sincerely

Dr Kim Hames MLA
DEPUTY PREMIER
MINISTER FOR HEALTH

17 AUG 2015

Att

# Standing Committee on Public Administration – Report 25 on Patient Assisted Travel Scheme (PATS) - Recommendations.

Recommendation	Response
	Subsidies
Recommendation 1:	Noted. The Committee should be aware that the current natrol subsider at 40 and
The Committee recommends that	kilometre is greater than the cost of fuel for the majority of vehicles.
the current fuel subsidy provided	grand and allo obot of facility of verifices.
by the Patient Assisted Travel	
Scheme be increased to reflect a	
more realistic proportion of fuel	
costs incurred by patients.	
Recommendation 2:	Supported
The Committee recommends that	
the fuel subsidy provided by the	
Patient Assisted Travel Scheme be	
reviewed annually.	
Recommendation 3:	It is recognised that additional funding would enhance the Scheme, but any additional funding
The Committee recommends that	needs to be considered in the context of all other competing demands for Government funding.
the accommodation subsidies	and the same same same and the sovernment funding.
provided by the Patient Assisted	
Travel Scheme be increased to	
ensure they reflect a realistic	
proportion of accommodation	
costs incurred by patients.	
Recommendation 4:	Supported
The Committee recommends that	
the accommodation subsidies	
provided by the Patient Assisted	
Travel Scheme be reviewed	
annually.	

Recommendation 5: The Committee recommends that	Escalation adjustments will be considered as part of the annual reviews (refer recommendations 2 and 4)	
the Patient Assisted Travel Scheme be amended to include an		
annual escalation adjustment to subsidy rates to reflect changes to fuel and accommodation costs.		
Recommendation 6: The Committee recommends that	Supported	
the current Patient Assisted Travel Scheme arrangements applicable		
to patients with treatment modalities greater than six months in duration be reviewed.		
Recommendation 7: The Committee recommends that the Patient Assisted Travel Scheme be amended to include additional subsidies for return to home visits during long-term treatment.	It is recognised that additional funding would enhance the Scheme, but any additional funding needs to be considered in the context of all other competing demands for Government funding.	
	Service Eligibility (Allied Health and Dental)	
Recommendation 8: The Committee recommends that the Patient Assisted Travel Scheme be amended to make allied health services eligible for Patient Assisted Travel Scheme funding where they are provided.	Noted – Recommendation raises a number of complex service delivery and service impact challenges. The recommendation has been referred to WA Country Health Services to consult with the Chief Health Professions Officer to identify and analyse the allied health service models that may by supported by PATS and will achieve the best health outcomes.	
funding where they are provided as an essential component of an integrated health care plan.		

Recommendation 9: The Committee recommends that the Patient Assisted Travel Scheme eligibility criteria be reviewed every two years to ensure that advances in medical	Supported
technologies are taken into account for the purposes of	
Patient Assisted Travel Scheme eligibility.	
Recommendation 10: The Committee recommends that the Patient Assisted Travel Scheme be amended to expand the scope of dental services eligible for funding.	Noted – Recommendation raises a number of complex service delivery and service impact challenges. The recommendation has been referred to the Chief Dental Officer for further industry consultation and analysis of dental and oral health service models that may by supported by PATS and will achieve the best health outcomes
	Maternity and Child Birth
Recommendation 11: The Committee recommends that Schedule 6: Special Rulings of the Patient Assisted Travel Scheme be amended in relation to child birth to provide accommodation assistance for three weeks prior to their due date for applicants who live in remote areas where no birthing facilities exist.	It is recognised that additional funding would enhance the Scheme, but any additional funding needs to be considered in the context of all other competing demands for Government funding.

Recommendation	4	2.	
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The Committee recommends that the Patient Assisted Travel Scheme eligibility criteria be amended to provide funding assistance for a patient escort for all pregnant women travelling to their nearest birthing centre for delivery.

It is recognised that additional funding would enhance the Scheme, but any additional funding needs to be considered in the context of all other competing demands for Government funding.

#### Recommendation 13:

The Committee recommends that a means other than the distance threshold be identified to determine eligibility for the Patient Assisted Travel Scheme.

## Recommendation 14:

The Committee recommends that the Patient Assisted Travel Scheme be amended giving consideration to adhering to the provisions of the National Healthcare Agreement 2012 with regard to the definition of regional Western Australia.

## **Distance Thresholds**

Not supported – PATS currently covers all WA Country Health Service regions and the Peel region. Distance is considered to be the most consistent and equitable means for determining eligibility and will be retained until a more equitable definition is identified.

However, WA Health will investigate a provision to be included for residents in country area to be eligible to claim PATS, where they have accumulative travel of more than 200 kms for two or more trips per week to access an eligible medical specialist service.

Not supported – as per Recommendation 13.

Recommendation 15: The Committee recommends that the Patient Assisted Travel Scheme be amended to replace the requirement for 16 hours surface travel for eligibility for automatic air travel to bring it in line with current Western	It is recognised that additional funding would enhance the Scheme, but any additional funding needs to be considered in the context of all other competing demands for Government funding.		
Australian Country Health Service policy.			
Public - Private Referral			
Recommendation 16: The Committee recommends that the first option for the Patient Assisted Travel Scheme should be to give patients access to the public health system even if that access is further away than the closest private specialist.	Not supported – It is important to retain a primary focus on the delivery of services as close as possible to where people live. Therefore the closest available medical specialist service shall be retained as an underlying principle for PATS eligibility.		
	Administration and Forms		
Recommendation 17: The Committee recommends that the Patient Assisted Travel Scheme Application Form be amended to provide clear notification of the required time frame for lodgement.	Supported.		

Recommendation 18:	It is recognised that additional funding would enhance the Scheme, but any additional funding
The Committee recommends the	I needs to be considered in the context of all other competing demands for Covernment funding
implementation of an electronic	desired some and the covernment failuling.
Patient Assisted Travel Scheme	
application and claims form	
system to support the Share	
online data system.	
Recommendation 19:	Supported.
The Committee recommends that	
the appeals process be clearly	
defined on the Patient Assisted	
Travel Scheme Application Form.	
Recommendation 20:	Supported.
The Committee recommends that	
information regarding claiming for	
exceptional circumstances be	
clearly set out on the Patient	
Assisted Travel Scheme	
Application Form.	
D- III	Suitable Accommodation
Recommendation 21:	Supported. Note that WACHS is already working to increase affordable accommodation
The Committee recommends that	available for PATS patients both in the urban and regional environment.
there needs to be further suitable	
accommodation facilities provided	
for Patient Assisted Travel	
Scheme patients.	