



Northern Territory Council of Social Service Inc.

Working for a fair and inclusive Northern Territory

NTCOSS Submission to the NT Department of Health: Review of the Patient Assistance Travel Scheme - July 2013

INTRODUCTION

NTCOSS is a peak body for the community sector in the NT and is a voice for people affected by social and economic disadvantage and inequality. The community sector in the NT is made up of community managed, non-government, not for profit organisations who work in social and community service delivery, sector development and advocacy. The community sector plays a vital role in creating social wellbeing for all Territorians and in building safe and healthy communities by providing services that enable people to access and participate in health services, education, employment, economic development, and family and community life.

Access to health services for Territorians is an issue which NTCOSS has highlighted over many years, and is critical to the health and wellbeing of all Territorians. NTCOSS is particularly concerned about low income and disadvantaged Territorians in this context.

NTCOSS therefore welcomed the May 2013 budget announcement of an additional \$7.5M funding for the NT Patient Assistance Travel Scheme (PATS), which is fundamental to assisting all Territorians to access appropriate health services in a timely and affordable fashion. NTCOSS also welcomes the Government commitment for the review of PATS, to guide how the additional funding is spent. We believe that the commitment of funding and the review is very significant, as steps to make the scheme more generous, clearer and simpler will benefit all Territorians and provide for growth in the scheme to cater for an ageing and growing Territory population.

NTCOSS POLICY AND ADVOCACY WORK RE: HEALTH TRANSPORT AND PATS

Each year NTCOSS consults with non Government, community based organisations in developing its Pre-Budget Submission. Over the last decade, these consultations have highlighted issues related to health access, lack of transport services and issues related to the PATS scheme - which have been highlighted in many of NTCOSS Pre-Budget submissions.

In addition to these annual consultations, NTCOSS conducted a Transport Survey in Alice Springs (2008); conducted Regional Transport Forums (Katherine, Tennant Creek and Alice Springs, 2009), has presented at Conferences in relation to transport issues (NTCOSS Conferences 2008, 2011, 2013; CDU Symposium 2010); and most recently, auspiced a Community Transport Project in Tennant Creek (2012). This latter project led to the establishment of Tennant Creek Transport Inc. (TCT), a not-for profit transport organisation¹

While some improvements have been made in recent years, and we anticipate further significant improvements as a result of the current review, this submission documents some of the major issues which non-Government organisations have brought to NTCOSS' attention over a long period of time, which we believe will provide useful information for the PATS Review.

¹ The purpose of Tennant Creek Transport Inc is to:

- Address transport disadvantage in the Barkly region in whatever form it takes through the provision of passenger transport services;
- Assist people, who have no ready access to private transport, to access services and take part in activities of their choice;
- Encourage healthy, active transport options such as walking or cycling; and
- Facilitate the development of suitable transport infrastructure such as transit centres or bus stops

TCT will also work to establish a vehicle register and driver pool and provision of information about transport options. TCT website: www.tennantcreektransport.org

Some of the issues highlighted may be outside of the capacity of the Current PATS review to directly influence – such as increasing and improving transport service provision in the NT – however without such improvements, making the PATS system equitable and accessible for all Territorians will continue to be compromised. We highlight these issues here in the hope that they can be brought to the attention of other decision makers.

This submission has a heavy slant towards issues in central Australia (and particularly Tennant Creek), which reflects the amount of policy work and consultation which has been done there. But it is our belief that many of the examples provided have resonance across the whole of the Northern Territory.

MAJOR ISSUES HIGHLIGHTED IN NTCOSS CONSULTATIONS

1. Accommodation Subsidy and lack of accommodation options

NTCOSS acknowledges that the intention of the \$35 per person per night contribution towards a patient's accommodation is designed as a subsidy, and not designed to cover the full cost of accommodation.

This subsidy is clearly a helpful and appropriate subsidy for people who can access Aboriginal Hostel accommodation or accommodation linked to hospitals - such as and those found interstate (e.g. Samuel Way accommodation at Adelaide's Women's and Children's Hospital, the Cancer Council accommodations in Adelaide) and that at Darwin's Barbara James House.

However the \$35 subsidy is inadequate for people who have to rely on more expensive motel or apartment accommodation. In the NT, outside of Darwin there is no equivalent dedicated low cost medical accommodation like Barbara James House, apart from Aboriginal Hostels. There is simply a lack of affordable accommodation facilities for many people, particularly non-Aboriginal people, in many parts of the Territory. Some conditions (e.g. cancers) allow for specific accommodation - but if patients do not fit the required criteria finding accommodation is very difficult. NTCOSS consultations have identified situations where some patients have been unable to keep medical appointments due to a lack of accommodation (for patients and escorts). In addition, NGOs report appointments being cancelled by Health Department staff for the same reason. The reality is that delays exacerbated by an inability to access medical tests as a result of a lack of beds, could potentially be life threatening when, for example, a cancer is an aggressive form.

This is why the building of further accommodation facilities is critical. While it is positive that there are generally sound and available options for cancer patients, which is a clear priority, a lack of affordable accommodation affects non urban patients (both Aboriginal and non-Aboriginal people) with chronic diseases, those needing day surgery, ante natal women etc.

NTCOSS is aware of concerns raised over the years about the inadequacy of the \$35 per person per day subsidy – but we believe that the real issue is the lack of affordable accommodation options. The problem is that commercial accommodation in the NT is very expensive, and can at times be fully booked. There is a critical need for the development of appropriate and dedicated facilities for NT health consumers (and their carers), close to the relevant hospital, charged at the PATS subsidy rate. In Tennant Creek for example there is no dedicated medical (or general transient) Aboriginal Hostel; while in Alice Springs there are several Aboriginal hostels (though often booked out), but no equivalent affordable accommodation facilities for non-Aboriginal people who have to travel there for treatment. Katherine has one Aboriginal hostel with 28 medical beds, but no equivalent facility which non-Aboriginal people can access.

Aboriginal Hostels provide a distinct advantage for people who can stay there, as 3 meals a day are included with the accommodation. While costs for meals are the responsibility of the patient, having accommodation services

which include meals reduces the financial burden on families, many of whom are on low incomes. The development of further options of this type should be explored.

While an increase in the accommodation subsidy would clearly be helpful, and might be more financially lucrative for accommodation providers to make more beds available for PATS patients, it may also have the unintended consequence of further stretching an already pressured accommodation system across the Northern Territory, unless more accommodation beds are actually built.

NTCOSS understands that addressing the need for more accommodation per se, is not in the ambit of the review, however it is critical that this issue be highlighted at the highest level of government, and that a whole of Government solution to this issue be sought. In this light, we note in the *Highway to health: better access for rural, regional and remote patients, Senate Committee Report, Community Affairs, September 2007, Recommendation 7*

7.123 “That the Australian Health Ministers' Advisory Council determine transport and accommodation subsidy rates that better reflect a reasonable proportion of actual travel costs and encourage people to access treatment early.”;

and [Recommendation 8](#)

7.124 “That the taskforce identify appropriate mechanisms against which to review subsidy levels on a regular basis to keep pace with changes in living costs.”

and [Recommendation 15](#)

7.134 “That State and Territory Governments work proactively with charities and not-for-profit organisations to provide affordable patient accommodation and services. This should include:

- developing administrative arrangements that facilitate organisations' access to PATS funding;
- establishing memoranda of understanding with charitable organisations, which set out commitments to quality service delivery; and
- developing partnerships with the non-government sector to provide suitable patient accommodation.”

Recommendations:

1.1 Establish further medical ensuite accommodation close to treating hospitals - of which there are four in the NT aside from the Royal Darwin Hospital.

1.2 Implement a whole of Government approach to find a solution to the lack of accommodation for medical patients across the Territory.

2. PATS approval for Escorts

NTCOSS acknowledges that in (2008) additional PATS funding was provided for escorts for every patient travelling interstate for surgery or intensive therapies e.g. radiation therapies, non surgical cancer treatments, cardiology and neurosurgery, and this was welcomed. However this development did not address all the issues in relation to the policy and practice around escorts. In particular, it provides automatic approval of escorts for interstate travel for certain treatments – but not if they occur intrastate, which seems quite an arbitrary decision – as issues of isolation and communication may be the same regardless of where the patient is travelling to.

NGOs describe escort rules as being too rigid and cite a lack of consistency regarding approval – i.e. generally the rules only cover having a baby; or accompanying a child under 16, or people with disability and senior Territorians. In addition NGOs report that often a strong advocate is required to ensure a patient is granted an escort. Consultation with Katherine agencies raised significant concerns that women with high risk pregnancies were not

allowed an escort to travel with them to Darwin². The reality is it can be a 'scary' experience for people arriving in Alice Springs, or Darwin, on their own, when they come in from a remote location.

Agencies have also highlighted concerns about the high costs families face when they accompany a patient on a medical trip, where an escort has not been approved, but where the family believes it is important to accompany the patient. Family members may find themselves paying up to \$120 per night in accommodation costs in Adelaide, Alice Springs or Darwin.

*Quote from Service Provider: "Generally PATS appears to work for our clients however some family members often require additional support but are unable to have another person accompany them e.g. a mother of a sick child will be required to travel interstate without her partner or other children."*³

We need to work towards a system where guidelines are developed in such a way that the same decision would be reached, irrespective of which clinician or manager is making the decision about whether to approve an escort or not – so that patients and families have some certainty about what they can expect. NTCOSS therefore welcomes the NT Government's commitment to the future publishing of the PATS Guidelines which will improve patient understanding of eligibility and rationale for decision making, and be an important part of providing consistency in decision making. There is also a need for some flexibility in the approval process for escorts - with each application considered individually and not subject to a blanket interpretation – with provision for not just physical and language needs, but practical and emotional needs as well (and clear guidelines around this).

In relation to these issues we note in the Highway to health report Recommendation 2,

7.112 "Development of the national standards should include (but not be limited by) consideration of the following areas:

- patient escorts including approval for:
 - psycho-social support;
 - approval for more than one caregiver to accompany a child; and
 - approval for a caregiver to accompany a pregnant woman."

and Recommendation 16

7.138 "That State and Territory Governments, in consultation with Indigenous representatives and Indigenous Health Services, identify and adopt best practice standards and develop programs to improve Indigenous patients' access to medical services by: ...

- accommodating the cultural and language needs of Indigenous patients from remote communities, particularly in respect to the provision of escorts and translators..."

Recommendations:

2.1 Flexibility in assessment of decisions regarding escorts - with each application considered individually and not subject to a blanket interpretation – with provision for not just physical and language needs, but practical and emotional needs as well

2.2 Extension of the automatic provision of escorts for certain interstate treatments/therapies to cover the same conditions/treatments for intrastate trips

2.3 Clear parameters provided to guide decision making when requests for escorts are outside of the current guidelines, so that approval is not conditional on a particular medical practitioner's emotional or non-emotional response to the patient's circumstances.

² Excerpts from 2009 NTCOSS Transport Consultations

³ Excerpts from 2008 presentation at NTCOSS Conference ('Fair Transport How do we get there?'), based on 2008 NTCOSS Transport Survey

3. Up-front costs and the reimbursement system

The requirement to provide upfront payment when people are using their own car or paying for their own accommodation costs is a barrier for some people in accessing medical services. NTCOSS is aware that where an accommodation provider approves, PATS can pay the \$35 per night component of a patient/carer's accommodation up front, and the patient will be required to pay the balance – which reduces some of the cost burden on patients and their families. However, not all accommodation providers accept the upfront payment of the subsidy, and patients are often required to provide a credit card number to secure the room even if the accommodation approves advance payment from PATS.

Where people do not have sufficient funds to cover their up-front costs for a trip, treatment can be compromised. A service provider has reported that "Some people (particularly seniors) are choosing not to have treatment in Alice Springs because they are not in a financial position to cover costs."⁴ NTCOSS has also been made aware of situations where financial hardship has meant lack of money for a taxi fare has meant travel has not been possible. Where this is the case, it can often lead to a greater financial burden on the health system down the track, if a patient's condition worsens – and requires further and prolonged treatment than would have originally been required. It does seem extraordinary that the PATS system can spend hundreds of dollars on travel for patients to reach their destination and accommodate them, but not pay for a taxi fare to get someone to an airport so they can fulfil their travel requirements.

Agencies in Tennant Creek have also highlighted the inadequacy of the petrol reimbursement rates for someone who drives their own car (despite the increase in reimbursement rates to 15c per km in 2008). Under current guidelines, someone who chooses to drive their own vehicle (where there are no clinical reasons requiring this), rather than take the option of the bus, will be reimbursed at the lower of the two rates of the petrol cost or the bus fare (currently \$250 return fare from Tennant Creek to Alice Springs, as of July 2013). However, it costs much more than \$150 for the 1000 km round trip from Tennant Creek to Alice Springs. It seems an anomaly that PATS will cover \$250 for a bus fare, but won't meet the full cost of petrol for a return Tennant Creek to Alice trip, even though the petrol costs would likely be under \$250. Agencies in Katherine also identified that many people cannot afford the up-front costs, and raised the concern that mileage reimbursement doesn't happen until 6 weeks after travel. *(See also page 3 above with reference to Rec 7.123 from the Highway to health report.)*

The lack of maternity services in Tennant Creek and the resultant cost of travel and accommodation also creates financial hardship, as people living in the town and surrounding communities have to arrange transport to Alice Springs and accommodation for the period before and after the birth. Generally women from the Barkly need to come to Alice Springs 2-4 weeks before the baby is due, and must pay out of their own pocket⁵. This can be very costly if people are paying commercial rates, even after the PATS subsidy is taken into account. Aboriginal women can generally stay in Aboriginal Hostels, where the \$35 per day PATs subsidy covers the full accommodation costs, but non-Aboriginal women do have access to such cheap accommodation. In addition, agencies have raised concerns that reimbursement takes up to 6 weeks after travel, creating further financial hardship for some families.

In this light we also note the Highway to health report Recommendation 9,

"7.125 That all States and Territories adopt a pre-payment system, whether by vouchers, tickets or advance bookings, for patients experiencing financial difficulty with the initial outlay."

⁴ Excerpts from 2008 presentation at NTCOSS Conference ('Fair Transport How do we get there?'), based on 2008 NTCOSS Transport Survey

⁵ Example of a family who spent \$4000 in Alice Springs (baby overdue); and a family who spent \$10,000 in Darwin

Recommendations:

- 3.1 Overcome obstacles to prepayment of accommodation for any accommodation providers who currently don't accept this**
- 3.2 Establish a system for prepayment of reimbursement for use of own car, where it is deemed necessary due to financial circumstances of the patient**
- 3.3 Improve the turnaround time for reimbursement of costs**
- 3.4 Develop protocols around assessing financial hardship – where it may be an obstacle to someone receiving timely medical attention (including referral system to Emergency Relief providers)**
- 3.5 Increase the petrol subsidy to reflect the true costs for patients who drive their own car**

4. Ground transport – interstate and Intrastate

Under the current PATS system, if someone is required to travel interstate they are eligible to be reimbursed \$40 ground transport per interstate trip – but this does not apply to intra-state trips. This seems an anomaly in the system, as patients who fly intrastate for appointments may still require ground transport and these costs are equivalent to costs interstate.

Recommendation:

- 4.1 Extend the \$40 subsidy for ground transport at interstate destinations to cover ground transport at intrastate destinations, where patients have flown in.**

5. Travel Arrangements – lack of appropriate transport options and supports

NTCOSS Regional Transport Forums in Alice Springs, Katherine and Tennant Creek (in 2009) highlighted that transport links between regional centres and remote communities and outstations are simply inadequate. There are safety issues for passengers arriving at or departing from the Greyhound bus stop in Tennant Creek around 2 am (arrival) or 3 am (departure) where there are no toilets or public phones, creating obvious safety concerns. There is currently no way for people to get from home to the bus, as there is no night patrol after midnight and no taxi service after 6 pm. Many Tennant Creek support agencies believe that it is inappropriate for their clients to travelling on the greyhound bus, from a safety perspective. In addition it is highly inappropriate for people who are in pain or who have just had chemo treatment⁶ to travel on a bus (either at night or during the day). While there has been the introduction of a regular day time Centre Bush Bus service servicing Alice to Tennant Creek (and return) and Tennant Creek to Elliott (and return), there are still occasions where clients are booked to travel on the Greyhound Bus. Efforts are being made to develop a local solution to this situation in Tennant Creek, with Tennant Creek Transport currently planning to oversee a late night drop off/pick up service at the Greyhound bus stop. (See below: 11. Positive Examples highlighted about PATS).

NGOs also have reported a lack of support when a bus arrives at its destination and a lack of transport links to get people to hospital. Attendance rate from remote areas are low – and valuable specialist time is wasted when patients cannot attend. There is also the opportunity cost and the real financial costs of loss of income. Attendance rates would increase significantly if there were more efficient transport services and supports. Where patients have to catch a bus on their own (if no escort has been approved), or organisations provide transport and must bear the costs. Katherine agencies highlighted the need for support for patients when they get off the bus in Darwin and expressed concern about how people were getting transported to Casuarina hospital. The meet and greet' service provided by the Nganampa Health Liaison service (Alice Springs) which supports patients from the APY lands is good example of the type of support needed for some remote patients, and further services like this are required across the NT.

In relation to these issues we note the Highway to health report Recommendation 16

⁶ Examples 3 young ladies (under 20 yo) with 4 day old babies, had to catch the bus home from Alice Springs to Tennant Creek. One got off at Stirling Station, and had to walk 600-800 metres to the Community at 4.30 am (there may also have been a waiting time for the bus in Alice Springs Hospital, post discharge

PO Box 1128, Nightcliff NT 0814 • 1/18 Bauhinia Street, Nightcliff, NT 0810.

Ph 08 8948 2665 • Fax 08 8948 4590 • Email: admin@ntcoss.org.au • Website: www.ntcoss.org.au ABN: 19 556 236 404

“7.138 That State and Territory Governments, in consultation with Indigenous representatives and Indigenous Health Services, identify and adopt best practice standards and develop programs to improve Indigenous patients' access to medical services by:

- ensuring continuity of care for Indigenous patients by establishing liaison services and improving coordination in, and between, remote communities and treatment centres;”

There have also been concerns raised that at times travel arrangements are made at the 11th hour, despite appointments made well in advance. This creates uncertainty and stress for patients and families.

Recommendations:

5.1 Provide a ‘meet and greet’ service where required – along the lines of the Nganampa Health Liaison service which supports patients from the APY lands

5.2 Research the cost of missed transport and missed appointments – and explore of the financial benefits of improving transport services (in order to reduce missed appointments).

5.3 Allow access to air transport and provision of adequate support to assist remote people with disability/health issues to travel to appointments if the health status of patients requires an alternative to road travel

5.4 Ensure processes are in place and the system sufficiently resourced so that trips are booked well in advance, where possible.

6. Limited access to specialists in the NT and lack of specialists who service remote communities

The 2007 Commonwealth Senate Committee Report into the PATS scheme, ‘*Highway to Health*’⁷, identified alarmingly high rates of non-attendance at outpatient clinics in regional centres amongst residents of remote communities. NTCOSS believes taking some services to the community may ultimately be more effective and suggest the NTG explore the merits of sending specialists out to remote communities to see patients on location.

In addition, NTCOSS supports the use of telehealth conferencing. As an example, with Orthopaedics appointments, with an x-ray on screen with the patient there, a specialist could consult by teleconference and save cost/time of travel.

Where specialists do attend regional and remote locations in the NT, their clinics occur infrequently (e.g. 6 monthly) and services try to ensure as many remote patients as possible attend. This means staff expend additional time and money (outside core business) to ensure clients attend appointments, which effectively means they are taken off line (often for a whole day) to effectively provide a taxi service⁸

Recommendations:

6.1 Explore options for more specialists to visit more regional and remote locations

6.2 Explore options of Medicare funded teleconferences for consultations.

7. Regional & Remote Issues

A greater level of support for people in regional and remote centres is needed, as well as for seniors and people with disabilities. (See Tennant Creek case study in Appendix). The PATS scheme does not adequately recognise -the real cost of transporting people from remote and regional areas for individual patients as well as for support organisations. As an example there may be instances where travel on a commercial bus is not viable due to a client's level of physical disability so staff members in Tennant Creek, may be away for several days to take a client

⁷ Highway to health: better access for rural, regional and remote patients, Senate Committee Report, Community Affairs, September 2007

⁸ Example given of a health service who had to go out and pick up people from a remote community to get to specialist appointments (700 km round trip)
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to a medical appointment in Alice Springs, but the service is not compensated for this. A specific funding program is required to cover these costs.

Residents of larger remote communities like Wadeye and Maningrida with populations approaching that of Tennant Creek, have even less choices around transport. In the context of the national Social Inclusion and NT Social Participation agendas, people on smaller remote communities and the 10,000 Territorians who live on outstations need effective transport links if they are to access medical treatment, shops and services. Part of the solution is the further development of transport services, as well as improving coordination of trips for people from the same areas to improve economies of scale. This could include subsidised (and accessible) transport within some of the geographically larger communities – in the same way that transport in urban areas is accessible and subsidised by government.

Despite additional services to remote communities (e.g. Centre Bush Bus in the Barkly; and Bodhi Bus around the Katherine area), many remote communities still have no public or commercial transport options. Transport for people in wheelchairs in remote areas is also very limited as transport services are often unable or unwilling to cater for them. Services that do exist are still infrequent, and often won't take a client without a carer, which doubles the cost of the transport. The development of bus services offering day trips to and from communities for essential medical appointments, for example could also reduce pressure for accommodation (and reduce costs) where travel and appointments could be completed in a day.

In relation to regional and remote issues we note, in the Highway to health report [Recommendation 2 7.110](#) "That as a matter of urgency, the Australian Health Ministers' Advisory Council establish a taskforce comprised of government, consumer and practitioner representatives to develop a set of national standards for patient assisted travel schemes that ensure equity of access to medical services for people living in rural, regional and remote Australia."

Recommendations:

7.1 Fund a specific funding program to enable services outside of the Darwin and Alice Springs regions to be to transport their clients to medical appointments.

7.2 Explore the development of community transport options across the NT, so local transport/support services can be developed in towns and communities/outstations and between them link remote communities with major regional centres.

**7.3 Coordinate patients from remote areas to attend regional centres on the same day as far as possible
Establishment of transport services offering day trips (where appropriate) for essential medical appointments**

8. 200km zone eligibility criteria for PATS

The 200km zone creates another barrier for some patients to access health care. NTCOSS is aware of instances where cancer patients who required accommodation in Alice Springs post treatment, until they were fully well enough to go home – but because they lived less than 200 km from Alice Springs, would have been required to meet the total costs of their accommodation, even though it was recommended they remain in town for health reasons. In situations like these, community agencies often have to rally support so that patients and families have somewhere appropriate to stay, given medical circumstances.

Even where people reside within 200 kms of a major hospital, it does not mean that returning home after treatment is an appropriate (from a medical perspective) or affordable option at the time. Families may not always have access to a motor vehicle, nor the financial means to pay for bus transport (if indeed it exists), and often face poor conditions on roads. The 200 km regulation may be appropriate in some jurisdictions in Australia, but given

the high levels of disadvantage and poverty, poor health status of a large percentage of people and limited infrastructure (transport/sealed roads) in various parts of the NT, re-evaluation of this regulation seems warranted.

The eligibility for PATS should take into consideration person's condition, not just their location. As an example, if someone lives on a remote community within 199 kms of a major centre, they will not be able to access PATS support, however, their condition (cancer treatment for example) may necessitate someone to accompany them. They will still have accommodation requirements in the major centre, and would be forced to cover all accommodation costs for at least 2 people, and possibly others depending on their family circumstances (i.e. if they have dependent children). If someone is required to be near a hospital for medical treatment, and is too far away to return home each night, accommodation costs are the same whether one lives 50 kms or 500 kms away.

The NT has the harshest eligibility zone in the country – with every other state/territory having a limit of 100 km or less. The current review presents a timely opportunity to reassess this eligibility guideline.

State/Territory comparisons of distance eligibility for accessing Patient Travel subsidies

	Qld	NSW	Vic	Tas	ACT	NT	SA	WA
Name	Patient Travel Subsidy Scheme	IPTAAS (changes announced Sept 2011)	VPTAS	Patient Travel Assistance Scheme	Interstate Patient Travel Assistance	Patient Assistance Travel Scheme	South Australian Patient Assistance Transport Scheme	Patient Assisted Travel Scheme
Distance eligibility	Treating specialist must be more than 50 km from patient's nearest public hospital and be the nearest available.	100km one way or more than 200km in one week.	100km one way, more than 500km in one week for more than 5 weeks.	More than 50 km from nearest dialysis/oncology centre or 75km for specialist medical service/ lymphoedema treatment. *	Available to permanent residents of ACT who are required to travel interstate for specialist medical treatment which is not available in ACT.	200 km from the nearest treating specialist.	More than 100km from the nearest treating specialist.	100 km from nearest treating specialist or more than 70 km for cancer treatment.

* Interstate benefits payable if treatment not available in Tasmania.

This Table comes from TRANSPORT PROGRAMS: STATE COMPARISONS FOR COSS TRANSPORT NETWORK (see Attachment A)

In relation to these issues we note [Recommendation 2, 7.112](#) in the *Highway to health report*

Development of the national standards should include (but not be limited by) consideration of the following areas:

“... ”

- eligibility:
 - identify a means other than the distance threshold to determine eligibility that takes into account a broader range of factors such as public transport access and road conditions; and
 - referral on the basis of the nearest appropriate specialists where an appointment can be secured within a clinically acceptable timeframe.
 - appeals processes.”

Recommendation:

8.1 Reduce the 200 km zone for eligibility for PATs to 50 km, in line with Queensland, with whom the NT shares similarities in terms of size and remoteness

9. Communication of information re appointments/use of Interpreters:

NGOs report that often people get lost in the system⁹, and there is a concern that interpreters not used enough – in NT or interstate (often interpreters are not available in the appropriate language at interstate hospitals). Many instances of people being stranded at Alice Springs airport¹⁰ have been reported. In addition, remote nurses end up doing a lot of organisation for PATS trips, as worried patients present at the clinic, but it is not their role. There have also been concerns raised that on occasion, hostels are not always informed about transport arrangements, which is particularly problematic for early morning pick-ups.

Communication is also crucial to ensure patients and families are given as much information as possible about the level of service they can expect (transport assistance), and what they need to pay for (e.g. meals), so that they can make prior arrangements or seek support prior to travel - to avoid unnecessary stress. However we concede that 11th hour travel arrangements for many trips compromises the capacity to ensure clear information provision.

NTCOSS is aware of situations where communication breakdown has led to worsening conditions for patients – including no wheelchair arranged for a patient who was not ambulatory and no communication (including discharge information) about the patient's return from Adelaide to the NT hospital.

Recommendations:

9.1 Improve communication and information provided, and ensure delivered in an appropriate way (simpler language) and ensure interpreters involved where required

9.2 Improved procedures in place to ensure coordination of drop offs and pickups at both ends

9.3 A clear system for PATS staff in terms of who to contact for follow up – e.g. case manager/clinic

9.4 PATS admin staff to meet with community organisations on a regular basis to discuss issues

10 New fully electronic travel management system

NTCOSS notes the Government's announcement of a new fully electronic travel management system, to make the scheme paperless increasing ease and certainty for patients and their escorts as their entitlements will be known prior to travel.

NTCOSS believes that it is crucial that any electronic system has built in checks and balances to minimise problems that would impact on timely arrangements being made for patients and escorts. Given the difficulties with human error with the paper system in the past – for example situations where escorts should have been approved, but were not included on the form - NTCOSS is interested in knowing whether the electronic system will ensure such mistakes - which can prove very costly – do not occur.

Recommendation:

10.1 checks and balances built into the new electronic travel management system.

11 Positive Examples about PATS (including some past and future initiatives):

Despite the number of issues NTCOSS has highlighted here, which require some attention, a number of positive aspects of PATS are apparent, and there are a number of positive initiatives which complement the PATS system.

-Some services felt that the PATS scheme works well generally – but it would be better if people did not have to travel for health care.

-Where flexible support arrangements are allowed i.e. support persons for interpreting/emotional support, it works well.

⁹ Excerpts from 2009 NTCOSS Transport Consultation - An example was given of a woman who came back to Tennant Creek on the next bus – because no one there to meet her when she arrived in Alice Springs

¹⁰ Example provided of a woman with 2 babies with no transport arranged for when she landed in Alice Springs;

- The hospital waiting area in Tennant Creek for people catching the bus at 2.10 am (no longer operating)
- Anyinginyi Health (Tennant) staff coordinates all medical appointments in Alice Springs and contacts patients
- Wurli clients (from Katherine) arriving in Darwin are met by Mission Australia
- The Tennant Creek Hospital employs a PATS clerk who manages the scheme from an office at the reception area in the hospital.
- The Anyinginyi Health Service employs a Patient Travel Officer who assists patients to fill in the application forms. The hospital Aboriginal Liaison Officer, where appropriate, delivers forms to patients and explains the details to them. The PATS Travel Clerk also writes additional instructions on the form to assist the patient some of whom find the process confusing.
- The 'meet and greet' service provided by the Nganampa Health Liaison service, in Alice Springs, which supports patients from the APY lands
- Tennant Creek Transport Inc plans to commence as soon as possible, a late night pick up/drop off transport service – to/from Greyhound bus stop (2 am approx)
 - The service will accept pre booked appointments, and accept passengers on arrival at Tennant Creek, without pre-booking.
 - A donation will be requested of passengers
 - Passengers will be dropped home/hostel/motel
 - TCT envisage contracting an organisation to provide this service

NTCOSS, July 2007

Please find further information in the Appendices & Attachment

Appendix A: Excerpts from 2008 presentation at NTCOSS Conference ('Fair Transport How do we get there?'), based on 2008 NTCOSS Transport Survey

Appendix B: Excerpts from 2009 NTCOSS Transport Consultations

Appendix C: Excerpts from 2012 Transport and Mobility in Tennant Creek and the Barkly (NTCOSS)

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14

Appendix E: Current Update on Tennant Creek Transport Project

Attachments:

Attachment A: TRANSPORT PROGRAMS: STATE COMPARISONS FOR COSS TRANSPORT NETWORK

Attachment B: NTCOSS Update re Tennant Creek transport 15.7.13

Appendices:

Appendix A: Excerpts from 2008 presentation at NTCOSS Conference ('Fair Transport How do we get there?'), based on 2008 NTCOSS Transport Survey

SECTION ON PATIENT TRAVEL ASSISTANCE SCHEME (PATS)

Issues/Barriers

- PATS reimbursement scheme prohibits many from utilising scheme (if they do not have money up front in their budget)
- Nightly assistance cost of \$33.00 per night, totally inadequate in today's current economic climate, not realistic & creates a considerable burden on consumer as well as family. (The \$33 per night does work well for Indigenous clients as full cost of accommodation at Aboriginal Hostels is covered by PATS fee.) But other accommodation much more expensive.
- Often accommodation for people with disability is twice as expensive due to the need for wheelchair access which is often not available at cheaper rental accommodation places.

Quotes from Service Provider: "Generally PATS appears to work for our clients however some family members often require additional support but are unable to have another person accompany them e.g. mother of a sick child will be required to travel interstate without her partner or other children."

- Better monitoring of private taxi services. Education campaign about rights to do with fares.
- PATS don't pay for family members to be with the client (unless they are deemed a medical escort). If an escort is not provided for, a family member may find themselves paying \$80-120 per night in accommodation costs in Adelaide, Alice Springs or Darwin.
- Actual costs not covered if individuals take their own cars (Tennant Creek Service Provider) - 15c per km reimbursement for car travel. And patients have to wait significant periods for reimbursement of costs (up to 2 months). If people have insufficient funds for a subsequent trip – then treatment is compromised.
- PATS don't always cover costs for the entire trip i.e. taxis from and to the airport not covered – but taxis trips to and from Greyhound bus are subsidised.
- Lack of accommodation facilities for non-Aboriginal people in many centres

Specific issues for Barkly residents:

- The PATS Scheme is mainly limited to the use of buses, which have an unsuitable timetable.
- Government services have expectations that people leave Tennant Creek at 3.10 am to attend medical appointments in Alice Springs the same day and travel back to Tennant Creek late in the evening.
- Winter time is another big issue as people do not want to travel and the worry is that they won't come back to Tennant Creek - but people may not have anywhere safe to stay in Alice Springs for the day.
- Additional issue – paying for fuel and accommodation in advance and waiting for reimbursement. Some people (particularly seniors) are choosing not to have treatment in Alice Springs because they are not in a financial position to cover costs.

- *Quotes from Service Provider: "Transport is not accessible and is often not taken into consideration by the hospital in Alice Springs. Personal situations not taken into consideration."*

Things that work well with PATS

- Some services felt that the PATS scheme works well generally – but obviously it would be better if people did not have to travel for health care.
- Where flexible support arrangements are allowed i.e. support persons for interpreting/emotional support, it works well.
- The \$33 per night works where accommodation is charged at this same rate – i.e. at Aboriginal Hostels

Appendix B: Excerpts from 2009 NTCOSS Transport Consultations

In mid 2009, NTCOSS staff conducted regional Transport Forums with non-Government organisations (NGO's) in regional centres across the Territory, namely in Alice Springs (26 May), Tennant Creek (28 May) and Katherine (2 July). The results of these discussions indicate that transport services within regional centres and transport links between regional centres and remote communities and outstations are simply inadequate. This report provides a summary of the main issues identified and potential solutions.

Section on Patient Travel Assistance Scheme (PATs)

Issues Identified (Issues other than transport were also raised)

Transport

- Lack of choice/limited options given to people. e.g. Tennant Creek must catch bus at 2.10 am
- Safety issues in Tennant Creek for people travelling on the bus. There is no way for people to get from home to the bus (Security costs \$50 per trip); There is no night patrol after midnight; no taxi after 6 pm
- Inappropriate for Tennant Creek patients to travelling on greyhound bus. Very inappropriate for people who are in pain; or had chemo treatment¹¹
- Transport arrangements often made at the 11th hour, despite appointments made well in advance
- Lack of support when bus arrives at destination and lack of transport links to get people to hospital.

Accommodation

- \$35 per night insufficient to cover accommodation costs (and difficulties in finding accommodation)
- Some conditions (e.g. cancers) allow for specific accommodation - but if you do not fit that criteria finding accommodation is very difficult

PATs approval for Escorts

- Escort rules too rigid and lack of consistency re approval - generally only covers having a baby¹²; or a child under 16, or people with disability/aged.
- Often a strong advocate is required to get an escort. It can be a 'scary' experience for people arriving in Alice Springs on their own

Communication of information re appointments/Use of Interpreters:

- People get lost in the system¹³
- Interpreters not used enough – in NT or interstate
- Issue of people being stranded at Alice Springs airport¹⁴
- Remote nurses do a lot of organisation for PATs trips, as worried patients come in (but not their role)
- Hospital/PATs don't always inform Hostels about transport arrangements, e.g. early morning start

Reimbursement System

12 Upfront payment system for use of own car and accommodation costs is a barrier for some people

13 Reimbursement takes some weeks after travel. Many people cannot afford upfront costs.

14 Petrol reimbursement rates inadequate - i.e. 15c per km if drive own car, but it costs much more than \$150 provided for the 1000 km round trip from Tennant Creek to Alice Springs

¹¹ Examples 3 young ladies (under 20 y.o.) with 4 day old babies, had to catch the bus home from Alice Springs to Tennant Creek. One got off at Stirling Station, and had to walk 600-800 metres to the Community at 4.30 am (there may also have been a waiting time for the bus in Alice Springs Hospital, post discharge).

¹² Examples given of women with high risk pregnancies not allowed an escort to travel to Darwin.

¹³ An example was given of a woman who came back to Tennant Creek on the next bus – because no one there to meet her when she arrived in Alice Springs

¹⁴ Example provided of a woman with 2 babies with no transport arranged for when she landed in Alice Springs

Appendix B: Excerpts from 2009 NTCOSS Transport Consultations (cont...)

- 15 Huge costs for women from Tennant Creek who must have their baby in Alice Springs who must leave 2-4 weeks before baby due, and must pay out of their own pocket¹⁵

Impact of issues on clients and non-Government organisations

- 16 As specialists often only come up every 6 months – NGO's try to ensure as many remote patients as possible attend and expend time and money (outside core business) to ensure clients attend appointments, which means staff are taken off line (often for a whole day) to effectively provide a taxi service¹⁶
- 17 It is a waste of specialist time when patients do not turn up/loss of income
- 18 Currently it appears a lot of money is wasted when patients miss appointments
- 19 Attendance rate from remote areas are low – but would increase significantly if there was a bus service
- 20 If no escort, patients must catch the bus on their own, or organisations provide transport, which costs.
- Comment: NGO's have vested interest in getting clients to specialist appointment, commercial providers don't*

What is required? Possible Solutions Identified

Transport

- 21 PATS system needs to be flexible and responsive and funded appropriately e.g. along the lines of the PATS funded Nganampa Health Liaison service which supports patients from the APY lands ('meet and greet')
- 22 Need to be more options, such as air travel, for people (depending on their health issue)
- 23 Need research on cost of missed transport – must look at the systemic reasons why people miss

PATS approval for Escorts

- 24 Consistency in assessment for escorts

Communication of information re appointments/Use of Interpreters:

- 25 Improved communication and information required, delivered in an appropriate way (simple language)
- 26 Coordination required for drop offs and pickups at both ends
- 27 Clear system for PATS staff in terms of who to contact for follow up – e.g. case manager/clinic
- 28 Need system to coordinate appointments and transport for clients from particular areas – e.g. Tennant Creek (might need more PATS staff /or to look at a different model for coordinating PATS trips)
- 29 PATS admin staff to meet with community organisations on a regular basis

Reimbursement System

- 30 System to cover petrol/accommodation/taxi costs up front

Other

- 31 Explore option of Medicare funded teleconferences for consultations. Currently, doctors cannot get paid for talking on the telephone. But for example, with Orthopaedics appointments – with a good doctor; and the x-ray on screen with patient there, you could consult by teleconference and save cost/time of travel.
- 32 Fund organization(s) to run a local transport/support service – to pick people up from remote areas to bring into Tennant Creek/Alice Springs and try to get all of the patients in on same day

Positive Examples highlighted:

- 33 The hospital waiting area in Tennant Creek for people catching the bus at 2.10 am
- 34 Anyinginyi Health (Tennant) staff coordinates all medical appointments in Alice Springs and contacts patients
- 35 Wurli clients (from Katherine) arriving in Darwin are met by Mission Australia

¹⁵ Example of a family who spent \$4000 in Alice Springs (baby overdue); and a family who spent \$10,000 in Darwin

¹⁶ Example given of a health service who had to go out and pick up people from a remote community to get to specialist appointments(700 km round trip)
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Appendix C: Excerpts from Tennant Creek Transport Project - Final Report

4.7 Patient Assistance and Travel Scheme (PATS)

This scheme assists Northern Territory residents to access a range of essential specialist medical/ surgical services where services are not available locally or from a visiting service. PATS provides assistance with travel and where applicable, accommodation costs to residents of the Northern Territory who are required to travel more than 200kms to the nearest specialist medical treatment. If the person's doctor is of the opinion that the patient requires assistance during their travel or treatment, they may approve an Escort to travel with them. The Tennant Creek Hospital employs a PATS clerk who manages the scheme from an office at the reception area in the hospital.

Unsurprisingly, a great many people in the region qualify for this scheme as Tennant Creek hospital only has a limited range of services and visiting medical specialists.

Air and bus travel is paid at the lowest available discount fare (there are no air services to Alice Springs) or an allowance of 15 cents per kilometre is allowed for the use of a private car. Accommodation is subsidised at \$35 per night for commercial accommodation and \$10 per night if the patient stays in private accommodation.

In practice the PATS travel clerk offers the patient the choice of travel by private vehicle, or by the Greyhound Bus or the Bush Bus whose fares are much the same. Some people prefer the night bus as it cuts down on accommodation costs, others prefer to travel during the day.

The Anyinginyi Health Service employs a Patient Travel Officer who assists patients to fill in the application forms. We were told that this can take up a lot of time. For Aboriginal hospital patients the hospital Aboriginal Liaison Officer delivers the forms to the patients and explains the details to them. The PATS Travel Clerk also writes additional instructions on the form to assist the patient some of whom find the process confusing.

It was suggested by a number of people that the PATS scheme strongly underpins long distance bus services through Tennant Creek although the Centre Bush Bus indicated that only about 20% of their business comes through purchase orders.

See full version of Final Project Report Transport and Mobility in Tennant Creek and the Barkly

Late night pick up/drop off transport service – to/from Greyhound bus stop (2 am approx)

The TCT Committee plans to progress this service as soon as possible

- The service will be able to be pre booked, or accessed upon arrival at Tennant Creek, without pre-booking.
- A donation will be requested of passengers
- Passengers will be dropped home/hostel/motel
- TCT envisage contracting an organisation to provide this service

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14

2007-08 NTCOSS Budget Submission

Health

The health sector is varied and there are many areas that are seen as underfunded. **As with many other sectors, transport is a major issue and the Patient Assistance Travel Scheme needs major changes to ensure that it is fair for all.**

Disability

Transport in remote area communities and regional areas (Tennant Creek, Katherine and Gove) needs to be a priority as their access to alternative options are extremely limited.

This includes the access to air transport and the adequate support required to assist people with a disability and people with health issues to travel. There also needs to be a focus on providing subsidised and accessible transport within some of the geographically larger communities – in the same way that transport in urban areas is accessible and subsidised by government. A transport system in the communities would be of great benefit to all community members including those who are frail, elderly, for people who have a disability or those with young children.

Rec 2. We recommend the NT Government provide subsidised transport options outside of the urban areas for people with a disability.

Aged Care

We recognise that many issues related to the provision of aged care services are funded by the Commonwealth Government, however if the NT Government wants to encourage people to retire in the NT, then they must take responsibility for ensuring that services and supports are available to meet this sector's needs. Adequate support and preventative services will then ensure that there is less burden placed on crisis services, health and nursing homes. When there are a lack of support services in place such as a lack of affordable transport options, many older people are confined to their home which impacts on their health and social well being.

2008-09 NTCOSS Budget Submission

Transport

BACKGROUND

Transport has been identified as a major issue for people in urban, regional, and remote areas of the NT. "Poor access to transport is a defining characteristic of poverty and social disadvantage. An inability to access transport, either because of cost, availability of services or poor physical accessibility leads to isolation from jobs health services and treatment, as well as social and recreational activity. The limited availability of public and community transport, forces many low-income people to rely on other forms of transport such as private motor vehicles and taxis. These modes of transport are expensive and can impact significantly on low-income people". (NCOSS Paper, Building a National Transport Agenda: AusLink and Beyond, Gary Moore, 2005)

2. Travel to medical appointments

Currently, there are few options available in the urban areas for older people and people with disabilities requiring transport to medical appointments and other commitments. Taxis are often used by people in urban areas to get to and from medical appointments. In some cases the majority of the individual's taxi vouchers are being spent, with minimal vouchers left for shopping, social or recreational purposes. Taxis are not the best solution. A

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

‘community bus’ model (such as the Aboriginal Medical Service (AIMS) Bus) which would transport people to and from medical appointments is required, as older people and people with disabilities may require more assistance than just the transport.

14.2 We recommend the establishment of a ‘community bus’ model in regional areas for seniors and people with disabilities requiring transport to medical appointments.

3. Patient Assistance Travel Scheme (PATs) – Regional & Remote Issues

The Patient Assistance Travel Scheme (PATs) needs to provide a greater level of support for people in regional and remote centres, and for seniors and people with disabilities. Organisations need to receive adequate funding to support clients in aged-care services to attend medical appointments in urban centres.

For people in areas such as Tennant Creek, PATs is inadequate in its assistance. (see Tennant Creek case study). The scheme does not adequately recognise the real cost of transporting people from remote and regional areas for individual patients and support organisations. For example, in Tennant Creek, staff members may be away for several days to take a client to a medical appointment in Alice Springs, however the service is not compensated for this. A specific funding program is required for this purpose – to enable services outside of the Darwin and Alice Springs regions to be funded for a vehicle so that they are able to transport their clients to medical appointments.

14.3 A review of the PATs scheme to ensure equity for people from rural and remote settings. More flexibility with the PATs Scheme – to tailor to the specific needs of seniors and people with disabilities, and people from rural and remote settings – including the funding of specific transport programs.

Case Study:

The case study of a family member travelling from Tennant Creek to Alice Springs to receive treatment for cancer highlights the inadequacies of the PATs scheme. The parents in the family in question have needed to travel to Alice Springs every twenty-one days over a period of four years, at an estimated out-of-pocket cost of around \$35,000 for travel, accommodation and food. Sometimes more tests were required after specialist visits, necessitating expensive stay-overs, and logistical issues in arranging childcare. Additionally, in one instance, the patient was required to spend five months in Adelaide receiving radio-therapy, which occasioned further expenses beyond those covered by existing schemes.

In addition, the local doctor in Tennant Creek does not bulk bill, thus upfront payment and gap fee costs have to be met. The PATs scheme contributed towards patient travel and accommodation costs, but \$33 is not enough to pay for accommodation and food - especially when the hygiene standards required for chemotherapy treatment require a high standard of accommodation. In addition, the PATs scheme does not cover travel and accommodation for the caregiver and children to visit, though this travel was considered essential.

2009-10 NTCOSS Budget Submission

Health

The distressingly high morbidity and mortality rates amongst Aboriginal people in the NT are well-documented. In this context, NTCOSS acknowledges the commitment of the Federal and NT Governments to ‘Closing the Gap of Indigenous Disadvantage’ in seeking to address the entrenched

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

disadvantage faced by many Indigenous Territorians. **The poverty and disadvantage which underlies the chronic disease suffered by many Indigenous Territorians is exacerbated by the lack of access to basic health services, particularly for residents of remote communities.**

The Patient Assistance Travel Scheme (PATS) was again identified as needing critical attention – particularly in relation to accommodation. NTCOSS welcomes the additional PATS funding for escorts on interstate trips, and the reimbursement of some travel costs for interstate trips, and calls upon the NT Government to make similar provision for trips within the NT. However, the reality is that for many health consumers, there are very few realistic accommodation options which allow them to take advantage of the PATS scheme.

In addition, services report that an increasing number of people are choosing not to have treatment and thus compromising their health because they are not in a financial position to cover up-front costs. A prepayment system for people driving their own vehicles to appointments would help overcome this issue. Extra Bush Bus services have been established in some areas, however agencies report that the infrequency of services still involves long delays for clients waiting to return home after treatment. This factor may contribute to a decision not to attend an appointment.

Finally, NTCOSS suggests that careful consideration be given to the merits of sending specialists out to remote communities to see patients on location. The *Highway to Health*¹⁷ report into the PATS scheme has identified alarmingly high rates of non-attendance at outpatient clinics in regional centres amongst residents of remote communities. Taking services to the community may ultimately be more effective.

RECOMMENDATIONS:

9.1 Improve patient transport options by (i) expanding accommodation options for people using the PATS scheme to attend medical appointments and (ii) introducing a pre-payment system for people traveling to appointments in their own vehicle.

9.2 Develop a comprehensive framework for the NT Aboriginal health workforce to include adequate workforce numbers and effective recruitment and retention strategies for Aboriginal health workers, allied health staff, GPs and other health professionals.

Transport

Transport continues to be a major issue for people in urban, regional, and remote areas of the NT. There is no public transport system outside of the two major centres of Darwin and Alice Springs. Transport options to and from remote communities are minimal, with residents often forced to rely on expensive taxis and minibuses to meet basic needs. These services are often slow to respond and unsuitable for people with disabilities. Some NGO's are left with no option other than to purchase buses to transport clients.

Last year's NTCOSS Pre-Budget Submission recommended a review of public bus timetables and routes in Darwin and Alice Springs, to make them more accessible for seniors and people with disabilities. However, while a scoping work on the NT public bus system has occurred in the last two years, the system continues to be constrained by limited hours of operation, long periods between buses and large distances between stops.

NTCOSS applauds the recent announcement by the NT Government of the expansion of routes around Darwin, and the provision of free public bus services across the NT for all seniors and students from 2009. While we understand

¹⁷ Highway to health: better access for rural, regional and remote patients, Senate Committee Report, Community Affairs, September 2007

PO Box 1128, Nightcliff NT 0814 • 1/18 Bauhinia Street, Nightcliff, NT 0810.

Ph 08 8948 2665 • Fax 08 8948 4590 • Email: admin@ntcoss.org.au • Website: www.ntcoss.org.au ABN: 19 556 236 404

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

that a proposal is under consideration to improve public transport in Alice Springs, NTCOSS believes that urgent action is required. The provision of public transport in locations like Katherine and Tennant Creek, which currently have no service, must also be addressed.

NTCOSS also recommend the establishment of a 'community bus' model for seniors and people with disabilities to get to medical appointments in towns, particularly in regional locations where there is a lack of public transport. This issue remains a priority. An in- town service could revolve around regular service points such as hospitals, NGOs, and government services, and could be aligned for efficiency with existing NGO bus services. There is also a need to address transport requirements for people traveling between major centres within the Territory.

While Bush Bus in Central Australia now provides some additional services, many remote communities still have no public or commercial transport options. **Bush Bus services are infrequent, and often won't take a client without a carer, which doubles the cost of the transport. Transport for people in wheelchairs is also very limited as transport services are often unable or unwilling to cater for them.** In addition, the NT Emergency

Response, has led to residents of remote communities to make more frequent, expensive trips into regional centres to access store cards and do shopping. A bus service offering day trips to and from communities for essential journeys and major events is urgently required. Such a service could also reduce pressure on extended family members to provide accommodation – which is already at a premium - for visitors.

The lack of transport options greatly affects people visiting town and potentially places their safety at risk. For example, women may be at greater risk of domestic violence. Despite funding for safe-houses in many remote communities, no vehicles - or sometimes staff - have been provided to transport clients to safe environments, after domestic violence has occurred.

NTCOSS also recommended a review of the PATS scheme to ensure maximum equity and flexibility for people living in rural and remote locations. We acknowledge the 2008 NT Budget allocation of \$2 million for PATS to help Territorians traveling interstate for health care. However PATS must also provide more support for people living in regional and remote centres to travel to other locations within the NT for treatment. Seniors and people with disabilities are currently experiencing major difficulties with transport.

RECOMMENDATIONS:

15.1 Expand existing public bus timetables and routes to make the system more accessible to low-income and disadvantaged people.

15.2 Establish community bus models in regional areas, and increase the frequency of services and the number of routes.

2010-11 NTCOSS Pre-Budget Submission

Health

The extreme morbidity and mortality rates amongst Indigenous people in the NT are well documented. While NTCOSS acknowledges the commitment of the Federal and NT Governments to 'Closing the Gap' of Indigenous disadvantage, the urgency of this task cannot be overstated. The poverty and disadvantage underlying the chronic disease suffered by many Indigenous people is exacerbated by the lack of access to basic health services, especially on remote communities.

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

In last year's Pre-Budget Submission, NTCOSS identified an urgent need for Government to improve the Patient Assistance Travel Scheme (PATS) by expanding accommodation options and implementing a pre-payment system for car travel. Reform of PATS is now critical, and measures must be put in place to address the recommendations of the 'Highways to Health' national report on patient travel. Prohibitive accommodation costs prevent many patients from taking advantage of PATS, especially in Darwin and Alice Springs. There are huge unmet needs for accommodation for any patient with a compromised immune system (e.g. chemotherapy patients) who requires accommodation of a particular standard to ensure their health is not further threatened. NTCOSS calls on the NTG to ensure that the new accommodation linked to the Radiation Unit in Darwin, is suitable for such patients. Further, in relation to the new radiation unit, we urge the NTG to adopt a borderless approach, adopting patient centred care principles to maximise referrals from remote WA and Queensland, and allowing people from Central Australia the choice to receive treatment interstate where support networks are available.

Transport

NTCOSS has recently conducted regional transport forums in Alice Springs, Katherine and Tennant Creek and the results of these discussions indicate that transport links are simply inadequate. The NT Government has recently appointed a consultant to begin work on the development of an 'integrated regional transport strategy' for the Territory. The tender document notes that "transport to connect remote communities with major regional service centres is critical for the social and economic development of the NT".

Those who suffer most from the lack of availability of transport are from already marginalised groups such as those on low incomes, women, the elderly, Indigenous Australians, and people with a disability. Wheel-chair users

and people with other disabilities who have special transport requirements, find their mobility severely restricted even in the large regional centres because of the absence of suitably designed vehicles. **Lack of access to transport reduces people's ability to gain access to work, health services, shops and commercial services, and importantly, recreational and social activities.** Where affordable public transport is not available, those on low incomes are often forced to use expensive taxi and minibus services for essential travel. New school bus-stops were set up near Alice Springs town camps early in 2009, however intensive support is still required to assist children to access this transport.

RECOMMENDATIONS:

- 17.1 Provide a safe, affordable public transport system to link remote communities with major regional centres.**
- 17.2 Improve the accessibility and quality of public transport within larger regional centres. Review routes and timetables to facilitate a more effective service. Increase services between Darwin and the growth areas of Palmerston and the planned City of Weddell.**

2011-12 NTCOSS Pre-Budget Submission

Health Access

The Territory 2030 Strategic Plan identifies the "relatively affluent middle class lifestyle" of most Territorians, where the major threats to good health are chronic disease, mental illness, and "lifestyle inspired" conditions such as obesity, alcoholism, smoking-related illness and heart disease. **However, the 2030 Plan also notes that a large proportion of Indigenous people experience "appalling health outcomes which are linked to social disadvantage and poverty."** In the NT, Indigenous children are more than twice as likely as non-Indigenous children to die before the age of one. Life expectancy for Indigenous people is 16 to 20 years lower, largely due to non-communicable diseases such as heart disease, diabetes and cancer, exacerbated by poor access to primary health care (NTG

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

‘Closing the Gap of Indigenous Disadvantage’ Action Plan). The NTG has developed plans to address these disparities, but targets must be closely monitored to ensure outcomes are being achieved.

The absence of effective public transport in remote NT and the crisis in affordable accommodation combine to make it very difficult for people living in the bush to gain access to medical treatment. The lack of maternity services in Tennant Creek, for example, means that people living in surrounding communities, have to arrange transport to Alice Springs and accommodation for the period before and after the birth. This can be very costly if people are paying commercial rates, even after the PATS subsidy is taken into account.

Darwin’s newly established Barbara James House has been of benefit to many patients. However, there is no equivalent accommodation in Alice Springs. It is of great concern that there are times where some patients are unable to keep medical appointments due to a lack of accommodation (for patients and escorts). In addition, at times appointments are cancelled by Health Department staff for the same reason. The accommodation crisis is also a significant disincentive in the recruitment and retention of staff for medical and ancillary services. People will simply not relocate to the Territory if they can’t find a place to live.

NTCOSS has called for renal health issues to be addressed by increasing accommodation options for dialysis patients in centres where renal services are provided, and by expanding dialysis options in major remote communities. These needs remain. Despite a recent inter-governmental agreement, the circumstances of renal patients from SA and WA in central Australia have generally not improved. While eight dialysis chairs in Alice Springs have been guaranteed for South Australian patients, currently sixteen people from SA receive treatment in Alice Springs, so the notion that demand is being satisfied is illusory. Patients from the large WA Community of Warburton must still travel to Perth for dialysis, even though they have traditionally looked to Alice Springs for services.

RECOMMENDATIONS:

1. Establish additional accommodation centres for people traveling to medical appointments.

Transport

Transport continues to be of significant concern to each sector NTCOSS consulted. In our previous Pre-Budget Submission, NTCOSS recommended the provision of a safe, affordable public transport system to link remote communities with major regional centres. Some new funding was made available in the May Budget to trial remote passenger transport services in Katherine and Yirrkala, and fund some road and air strip upgrades. However, it is disappointing to note that the NTG’s ‘regional transport strategy’ report has not been placed in the public domain.

Last year, we also called for improved public transport in regional centres, and we welcome the \$3.2M for improved bus services in the Greater Darwin area, and an additional \$650,000 towards public transport in the Alice Springs area. In addition, \$800,000 was allocated in the budget to construct bus turnaround areas at town camps in Alice Springs. These are promising first steps, however additional resourcing is still required to further improve access for all Town Camps.

More funding is urgently required for transport for remote community residents, both between communities and major centres, and within regional centres. While there has been an increase in the bush bus service between Tennant Creek and Alice Springs, one service stops only on the side of road at community turnoffs, and the other bus takes nine hours. Locations like Epenarra and Canteen Creek still have no service. Residents of Tennant Creek using the other commercial service must wait in a roadhouse for the 3am bus to depart. The return service arrives back at 2am at a pizza shop, where there are no toilets or public phones, creating obvious safety concerns.

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

While we welcome the recommencement of a Tennant Creek to Darwin airline service, the \$600 one way cost will be prohibitive for most people.

Residents of larger remote communities like Wadeye and Maningrida with populations approaching that of Tennant Creek, have even less choice. In the context of the national and NT Social Inclusion agendas, people on smaller remote communities and the 10,000 Territorians who live on outstations need effective transport links if they are to access medical treatment, shops and services. The lack of appropriate transport services means that families from communities can't get back home after major events, increasing the risk of social issues arising through increased alcohol consumption. There are also additional costs to agencies that end up filling the gap left by the absence of transport.

Those who suffer most from the lack of transport are already marginalised. Wheel-chair users and people with other special transport requirements find their mobility severely restricted, even in large regional centres due to a shortage of suitable vehicles. In the Barkly region, where there is no public transport, getting into town for things like urgent dental appointments is highly problematic. Lack of access to transport reduces people's ability to access work, health services, shops, and recreational activities. Where affordable public transport is not available, those on low incomes are often forced to pay for taxis or minibuses for essential travel. Yet in Alice Springs and Darwin public transport is free for pensioners, and heavily discounted for Health Care Card Holders. These inequities must be addressed or many poor will continue to pay more.

Community transport options exist in all other jurisdictions in the country, and provide special care, using small group transport for the Home and Community Care target group, including frail aged, people with disabilities, and their carers. Short term assistance is also provided for people to attend medical appointments. A similar model of transport for the NT needs to be explored, and could include using existing agency vehicles.

RECOMMENDATIONS:

- 1. Provide a safe, affordable public transport system to link remote communities with major regional centres.**
- 2. Provide funding for a community transport model in regional areas such as Tennant Creek and Katherine**

2012-13 NTCOSS Pre-Budget Submission

Introduction

In the NT, groups such as Indigenous Australians, people living with disability, people with a chronic disease and people with mental health issues are among those missing out. Barriers to inclusion such as remoteness, poor health, lack of transport, and limited education must be tackled if all Territorians are to be enabled to make their full contribution.

Recommendation 5 Fund an evidence-based application of a hub and spoke model for larger communities (including Territory Growth Towns), homelands and other communities to ensure that families and children in all communities have improved access to services

Appendix D: Excerpts from NTCOSS Budget Submissions – 2007-08 to 2013-14 (cont...)

‘Closing the gap’ in health, social and economic opportunities requires action on the social determinants of health in the Northern Territory., This requires appropriate services that are accessible to all Aboriginal children and families to support the growing Aboriginal population.

...Best practice also requires a significant investment in transport services to improve delivery of, and access to, services in remote communities to achieve better outcomes in many areas such as health, employment and education.

2013-14 NTCOSS Pre-Budget Submission 2010-11

Introduction

NTCOSS is keen to ensure that all Territorians will enjoy an equitable share of the gains from future economic development in particular aboriginal people in remote areas. Investment must be made in critical areas such as housing, education, employment, health and the safety and well being of children and families.

In the NT, groups such as Indigenous Australians, people living with disability, people with a chronic disease and people with mental health issues are among those missing out. Barriers to inclusion such as remoteness, poor health, lack of transport, and limited education must be tackled if all Territorians are to be enabled to make their full contribution. The demographics of the Territory’s population are changing, as the proportion of Indigenous Territorians continues to grow. We will also see a steady increase in the number of older Territorians.