



ANF SUBMISSION ON PATIENT ASSISTED TRAVEL SCHEMES

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The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses, with branches in each State and Territory of Australia. The ANF is also the largest professional organisation in Australia, with a membership of over 150,000 nurses, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and nursing.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

The ANF would like to endorse the submission as provided to the Committee of Inquiry by the National Rural Health Alliance (NRHA).

In particular the ANF would like to highlight the importance of a well resourced patient accommodation and travel assistance scheme in achieving equity of access to health services for people living in rural and remote Australia. There is substantial evidence to demonstrate the poorer health outcomes of rural and remote communities compared to metropolitan communities in Australia. People in rural and remote areas have a shorter life expectancy, higher death rates, and are more likely to have a disability than their urban counterparts. Poor access to care negatively affects health outcomes for people in rural and remote areas, and patient travel and accommodation assistance schemes are often the only means for some people to access certain health services. Access to health care also means access to services to assist with normal life events, such as maternity and birthing services; the ANF is very concerned that people in rural and remote Australia are being denied access to birthing services with over 130 birthing services in country areas closed in the last decade.

The ANF advocates extending the existing patient travel and accommodation schemes to provide a national framework to deliver nationally consistent reimbursement and benefits; to provide a more equitable and efficient service for rural and remote communities; to help to improve health outcomes for people living in

rural and remote communities; and reduce the financial burden of accessing health services outside of the community in which they live.

In relation to the specific issues raised in the Inquiry's terms of reference, the ANF provides the following responses:

a) There is definitely a need for greater national consistency and uniformity of Patient Assisted Travel Schemes across all Australian jurisdictions, including the processes used to determine eligibility for travel schemes covering patients, their carers, escorts and families, and for the level and types of assistance provided. For those people required to travel interstate for health care it would also be valuable to have nationally consistent reciprocal arrangements for interstate patients and their carers.

b) Nationally consistent arrangements would help people in rural and remote areas to access to health services throughout Australia that are not locally available i.e. dental or specialist care.

c) A reciprocal arrangement between jurisdictions would be very helpful in improving access to care and health outcomes, as well as delivering financial efficiencies for funders.

d) There is currently a lack of awareness in the community of the availability and eligibility of patient assisted travel schemes and it is vital that schemes are promoted to ensure those needing assistance are aware of the services available.

e) As indicated above, the ANF has serious concerns about the variations in health outcomes between people living in metropolitan and rural and remote areas and advocates the extension of current patient travel and accommodation support to reduce these inequalities.

f) There is substantial evidence about the benefit to patients in having access to a multidisciplinary team and the ANF is of the view that equity of access should also provide access to a specialist where necessary and the option to seek a second opinion.

g) There is significant potential to improve health outcomes in rural and remote areas by improving access to e-health services; however these should always be viewed as

complementary to essential health services and consideration given to the risks of substituting face to face services with virtual consultations.

h) It is the view of the ANF that people in rural and remote communities should have equitable access to health services, therefore ANF supports the provision of patient assisted travel reimbursements to enable people to access all treatments listed on the Medicare Benefits Schedule.

i) The ANF is of the view that charity and non-profit organisations should not be burdened with the financial responsibility of supporting people from rural and remote areas who are forced to travel to access health services but should be considered as partners to governments in providing services, and eligible for subsidies to enable them to do so.

The ANF thanks the committee for undertaking this important inquiry and in particular acknowledges the efforts of Senator Judith Adams in bringing the issue to the attention of the parliament.