

Inquiry into improving access to early childhood health and development checks

Supplementary question

Can you provide more information on the potential impact of lifting the community transport restriction on the Isolated Patients Travel and Accommodation Scheme, including how it might lead to 'double dipping'?

Response

The Isolated Patients Travel and Accommodation Scheme is intended to support individuals with their out-of-pocket costs in travelling long distances to access healthcare in NSW via a subsidy system. For many of these individuals, community transport may be the only viable travel option in their region.

NCOSS understands that community transport providers in NSW are block funded to provide services either through the Commonwealth Home Care Support Program or through the NSW Community Transport Program. However, the block funding to provide community transport services currently does not cover the true operational costs to deliver these services so the providers often must charge the community members a co-payment to use these services. As an example, community transport block funding is determined on a fixed rate per trip basis, which does not account for different travel distances (effectively disadvantaging those people in more remote locations).

The community transport restriction under IPTAAS was originally established under the belief that IPTAAS subsidies should not be provided for a mode of transport that is already 'subsidised' through a block-funded service (which could be seen as 'double dipping'). However, the gap between block funding and the true cost of service delivery often means that there are still significant out-of-pocket costs for individuals using community transport to travel long distances with no other transport options, affordable or otherwise.

IPTAAS subsidies are determined by a fixed amount per kilometre travelled – therefore, patients travelling longer distances receive a proportionate subsidy. From an equity perspective, NCOSS believes IPTAAS is a superior model in supporting patients to cover the cost of travel for healthcare. Lifting the community transport restriction under IPTAAS would mean that individuals using community transport to travel long distances for healthcare – the only transport option for many – would have their out-of-pocket travel costs more adequately and equitably subsidised.

While NCOSS understands the original intention of the community transport restriction was to avoid 'double dipping', NCOSS does not believe the above scenario should be seen as 'double dipping' but rather expanding the limited transport options available to people already disadvantaged by distance. Alternately, this could be addressed by the government choosing to adequately fund community transport to reflect the true operational costs and meet the full community needs.