

**Submission
No 710**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Regional Accommodation Providers Group and Can Assist

Date Received: 15 June 2021

The Hon Brad Hazzard MP
Minister for Health and Medical Research
GPO Box 5341
Sydney, NSW 2001
Email : office@hazzard.minister.nsw.gov.au

RE: Isolated Patients Travel and Accommodation Assistance Scheme, instruction to NSW Health to review the issues. NSW Parliament, 11th February 2021.

Copies to:

Director, Aged Care, NSW Ministry of Health, Ms Stephanie Williams

Member for Albury, the Hon Justin Clancy MP

Member for Barwon, the Hon Roy Butler MP

Member for Bathurst, the Hon Paul Toole MP

Member for Clarence, the Hon Christopher Gulaptis MP

Member for Coffs Harbour, the Hon Gurmesh Singh MP

Member for Cootamundra, the Hon Steph Cooke MP

Member for Dubbo, the Hon Dugald Saunders MP

Member for Goulburn, the Hon Wendy Tuckerman MP

Member for Lismore, the Hon Janelle Saffin MP

Member for Murray, the Hon Helen Dalton MP

Member for Myall Lakes, the Hon Stephen Bromhead MP

Member for Northern Tablelands, the Hon Adam Marshall MP

Member for Oxley, the Hon Melinda Pavey MP

Member for Port Macquarie, the Hon Leslie Williams MP

Member for Port Stephens, the Hon Kate Washington MP

Member for Richmond, the Hon Tamara Smith MP

Member for Tamworth, the Hon Kevin Anderson MP

Member for Wagga Wagga, the Hon Dr Joe McGirr MP

Dear Minister,

We thank you for agreeing to review the current terms of IPTAAS and note the timeliness of this activity given the concurrent NSW Upper House inquiry into health outcomes and access to health services for rural, regional, and remote NSW.

We write to table the views of the seven members of the Regional not-for-profit Accommodation Providers Group (RAPG) who provide accommodation for patients and carers across Regional and Rural NSW, and the views of Cancer Assistance Patients Network (Can Assist) – the largest cancer support group for all residents outside of metropolitan NSW. The RAPG provides a critical gateway to the major hospitals in rural/regional NSW, operating north to the Queensland border, south to the Victorian border and west through to Orange and Dubbo. Can Assist is a grass roots charity that operates in 55 rural and remote locations across the State with the single-minded purpose of helping country people pay the extra bills associated with accessing cancer treatment.

Distance matters and the financial cost of accessing treatment is paramount. We accept that IPTAAS is not a full reimbursement scheme, but rather a scheme designed to assist patients in rural and remote locations access and utilise medical services to improve health outcomes. Life expectancy, however, continues to be some 5 years lower ⁽¹⁾ for remote residents of NSW, rates of

hospitalization and injury are higher (2). Cancer patients are diagnosed later (3), more likely to die (4) and 17 times more likely to report geographical or financial barriers to care (5).

As a group, the RAPG typically accommodates over 10,000 patients (and carers) seeking medical treatment each year. With patients travelling up to 1500km return from remote parts of NSW, distances over 200km return are common. We accommodate patients accessing a wide array of treatments including oncology, orthopedic, maternity, pediatric, heart as well as accident and emergency. We typically assist around 50% of our guests with their IPTAAS claims; a combination of bulk billing, third party payments and claim processing.

Can Assist typically delivers between 2.0 and 2.5 million dollars in financial aid across rural, regional, and remote NSW delivering more than 10,000 instances of assistance to patients seeking cancer treatment. Approximately 50% of this financial aid is comprised of travel and accommodation assistance.

The RAPG and Can Assist are key stakeholders in this IPTAAS review and we would welcome any opportunity to engage with you further on these issues. We consider ourselves to be in a unique position to provide perspective across the State from a wide array of sources.

There are two broad issues we seek to discuss –

1. **Form Complexities** “..... *these forms are really daunting at a time when you are fighting for your life*” MaryAnne Munsie, President Can Assist Uralla.

We must simplify these forms.

Confusion abounds, not only amongst the patients but amongst the medical profession and allied health workers; “our guests receive contradictory advice from various medical professionals”

Margaret Dalmau, Manager Lillier Lodge. A different form or forms per referral, unclear questions, understanding various definitions, understanding who can sign what and the difference between them; general practitioners/ medical practitioners/ authorised representatives, when is it the cumulative kms that are relevant and when is it the single trip kilometres? There are 33 pages to read in the guidelines alone.

Additionally, given staff turnover in the local offices we sometimes find even IPTAAS staff cannot answer our queries in the first instance.

Practice has allowed our facilities to master the complexities. “In my time as manager of the Lodge, I have very rarely had a guest arrive with a signed referral form from their local GP”. Margaret Dalmau, Manager Lillier Lodge. First time consumers of the scheme are bewildered. Whilst our accommodation facilities across the State have the computer equipment/ faxes etc... to facilitate referrals, it would otherwise be near impossible for the guest to arrange. The RAPG estimates that it costs approximately \$25 to process and submit one IPTAAS form on behalf of a client. On average the RAPG processes around 500 IPTAAS forms per month.

We acknowledge that there are cases whereby IPTAAS provides discretionary subsidies (e.g., being under the 100km rule), however, the general public are not aware of the flexibility, nor how to access it.

We must increase awareness of the scheme – some 35% to 40% of our guests across the State have never even heard of IPTAAS.

2. Inadequacy of subsidy amount – Last revision 2015

(a) Travel

Whilst the tax office rebate for work travel exceeds 70c/km, the current IPTAAS rate is 22c/km.

The charity Can Assist delivers \$1 million dollars per annum in travel and accommodation assistance to cancer patients across country NSW and this is not closing the out-of-pocket gaps.

“Many of my patients would simply not be able to afford to access treatment was it not for the work of Can Assist” *Allied Health worker, Hunter New England LHD.*

The 100km cut off is arbitrary – and whilst weekly cumulative km concessions apply for travel rebates (of which very few people are aware) they are tightened unnecessarily for accommodation; treatment must be in consecutive days to qualify for accommodation but not for travel. Some patients are seeing specialist doctors as late as 8-10 pm or as early as 6am. Time of appointments, time of hospital discharge, incapacity to drive due to the procedure, livestock, wildlife, and weather conditions can make it nigh impossible and dangerous to drive home. The lack of public transport limits alternative options. Some 15-20% of the guests who stay at our facilities fall short of the 100km rule and therefore receive no assistance.

(b) Accommodation

Since the last IPTAAS review (2015) the overall expense base for all accommodation providers has increased significantly. The RAPG estimates that their cost base has increased some 25% to 35%

Rates vary across our group, but with three facilities reporting patient stays between 150 - 200 nights and stays around 50 nights not uncommon, the value and importance of our bulk billing options (around 20% of all stays) cannot be underestimated. Even small increases in copayments over long periods of time can make treatment unaffordable for every day middle class Australians.

Members of the RAPG source up to 70% of their entire income from IPTAAS rebates. In the absence of IPTAAS revisions it is only a matter of time before copayments are lifted. As a result, some people will delay or opt out of treatment altogether. Travel and accommodation costs explain only part of the country-city health inequities – country NSW residents are disadvantaged right across the health system.

Already our facilities are supplementing our incomes with fundraising, donations, and grants in varying degrees across the group. Since the last IPTAAS review Lillier Lodge, for example, has sourced near an additional \$600,000 from these sources to keep rates as low as possible. Such sources of funding are unreliable and subject to unforeseen volatility (eg Drought, Fires, COVID-19).

The distinction in the single/double room rate subsidy has no basis in cost terms and discriminates against single people. For example, a single guest staying at a commercial facility for two weeks is some \$259 worse off than a couple. Commercial operations charging different single and double rates are very few and far between - there is just no sensible justification for a lower single IPTAAS rebate.

Low-cost accommodation facilities play a critical role in reducing unfair and inequitable cost outcomes associated with rural, regional, and remote patients. IPTAAS rates need to be increased to maintain the value and impact of our offering.

We urge the Minister to consider our views and would welcome any opportunity to discuss potential solutions to the issues tabled.

Yours Sincerely,

Phil Hafey
Chairman
Rotary Lodge
Port Macquarie



Rod Crowfoot

www.macquariehomestay.com.au

Ruth Harrison
Our House Manager



Paul Englart
Treasurer
Cancer Care Western NSW

Peter Veryard
Chairman
Shearwater Lodge Inc

Margaret Dalmau
Manager | Lilier Lodge

Majella Gallagher
Relationship Manager, Can Assist



Emma Phillips
Executive Director, Can Assist

14 June 2021

References:

1. HealthStats NSW Life expectancy by remoteness category
2. Rural and remote health - Australian Institute of Health and Welfare (aihw.gov.au)
3. Rural-Urban Disparities in Time to Diagnosis and Treatment for Colorectal and Breast Cancer - PubMed (nih.gov)
4. Press Release: NEW GARVAN REPORT HIGHLIGHTS POOR CANCER OUTCOMES IN RURAL AUSTRALIA (prwire.com.au)
5. The cost of cancer: How much are Australian's paying for essential treatment? (smh.com.au).