

## MOTION

House of Assembly\_ Patient Assistance Transport Scheme\_17.10.13\_Page 7360

### PATIENT ASSISTANCE TRANSPORT SCHEME

**Mr BROCK (Frome) (12:04):** By leave, I move my motion in amended form:  
**That this house strongly urges the state government to undertake a complete review of the current Patient Assistance Transport Scheme (PATS) to ensure that the budget ensures that the level of reimbursement for rural patients is relevant to today's cost of living and that persons requiring to attend specialist services that are not available within their own location are not disadvantaged, as is the case under the current system.**

Before I speak, I understand that since I put this on the *Notice Paper* the state government has instigated a review. I congratulate the government on doing that before we debate it in this house, and I am very thankful. However, I would also acknowledge that the introduction of the PAT Scheme was a great initiative when it was first introduced, and it has certainly assisted rural patients to be able to afford to visit the required specialist services in Adelaide that may not be available at rural hospitals.

At the time of the introduction, the amount able to be claimed was realistic to the cost of living; however, the cost of living—in particular, the cost of utilities and also council rates—has increased dramatically and the reimbursement has now lost the desired effect. I might add that, from my understanding, the scheme is available to all South Australians who reside within the distance required under the conditions of the scheme, irrespective of any income.

The previous review of the PAT Scheme, which was conducted in 2011, was a review of the administrative process to enable clients using the scheme to have easier access to application forms and quicker turnaround rebate times, which is arguably still not happening in many instances. A few of the other so-called benefits were also introduced as a result of that review but nothing tangible that will assist rural people to pay for their medical needs.

Recently, a constituent reported to my office that he now has to pay up-front for bus fares and accommodation and then send the receipts to PATS, waiting from four to six weeks for his rebate. This constituent is his wife's carer, and they have to travel to Adelaide regularly for her appointments. He told me that it is making it very difficult for them, on top of all the increases in power and water they have to pay. In October 2011, the South Australian Council of Social Service's 'Cost of living summit: post-summit report' stated:

Utilities such as electricity, gas, water and sewerage are an essential household cost, but price rises over the last 10 years have meant that they are also one of the key drivers of cost of living pressures. This is particularly the case for low income households for whom utilities form a much greater proportion of household expenditure.

In this report, on page 6, table 5, it was stated that utilities increases over the last 10 years for the following were: electricity, 137.1 per cent; gas, 100.3 per cent; water, 114.4 per cent; utilities, 124 per cent; and CPI, all groups, 33.3 per cent. These increases have hit the less fortunate very hard and yet the costs of the reimbursement have remained constant for the last 11 years. I ask: is this fair?

This report came out at the end of 2011, and these same utilities that were spoken of have increased enormously over the past two years, as we are all aware. The ABS 2003-04 Household Expenditure Survey states:

Indicators of financial stress occurred in greater proportions among low economic resources households than other households in 2003-04. For example, 38% of low economic resources households reported that within the last 12 months they could not pay utility bills on time and 26% had sought financial assistance from friends or family [or NGOs], while for other households the proportions were 11% and 8% respectively.

The same report went on to say:

Going without meals in the last 12 months due to a shortage of money was experienced by 12% of low economic [resource people], compared with 2% among all other households.

Fast forward nine years and many of my constituents report to me that they are in the very same position, and they have this added burden of having to travel to Adelaide regularly to attend specialist appointments that are not available in Port Pirie, Clare or other regional hospitals and trying to pay for the cost of their health care.

I would add that I am very grateful, as are the people in my electorate of Frome, for the extra services, particularly chemotherapy beds and the dialysis chairs at Port Pirie and Clare; however, there are still numerous services that are only available in Adelaide. The biggest issue with PATS is the amounts of rebates paid: the fact that people have to pay for the first \$30 of any claim and what is not covered. Access and equity should be the key points of this scheme.

I know the government may say that \$30 is equitable to what people would have to pay if they lived inside the 100-kilometre radius from the place of appointment, but what is not equitable is that people living in Adelaide or towns where treatment is available pay very little, if anything, to attend these appointments, and this in itself is not equitable. Why must there be a 100-kilometre distance travelled limitation? I certainly am not advocating that this 100-kilometre distance be increased.

Since PATS was introduced in 2001, the fuel subsidy has not increased and the scheme users are still being paid a rebate of 16¢ a kilometre, but in fact unleaded petrol has increased by an average of 72.4 per cent in rural areas across South Australia from 2001 to 2012. This information came from the Australian Automobile Association. Once again, it is a question of equity. In addition to this increase in fuel costs, general cost of living expenses continue to surpass all concessions and rebates, including the PATS rebates, and therefore these erode in value over time. So, the gesture of the PATS reimbursements ends up being negligible. I hark back to October 2011 with the SACOSS Cost Of Living Summit report that I mentioned earlier. It states:

...health expenditure can be a real challenge—with the real danger that those without sufficient income simply miss out on services. For some people, such as these with chronic illness, the cost of allied health services can be as crippling as the cost of direct health care.

It is my opinion that the limitation of claims for reimbursement from the PATS is ridiculous; so many procedures cannot be claimed for, including specialist dental treatment, specialist sport treatment and allied health procedures, such as assistance from dieticians and physiotherapy. Many of these specialist procedures are not available in rural areas or there are lengthy delays to get an appointment, and this is not beneficial to patients who have urgent medical needs.

Quite often, there are specialists who visit regional areas but a patient cannot get an appointment for six months or more, and the patient cannot claim for the PATS rebate because they choose to attend an earlier appointment in Adelaide. Or, if a person has had a previous procedure done in Adelaide, they cannot claim the PATS rebate for the

continuation of the treatment appointments with that particular doctor if a specialist of that field visits the area they live, even though it may not be their treating doctor.

This is a bone of contention, especially with one of the organisations which has various specialists who, when they go to the country, are coming out for individuals, not as a doctor treating any general person who has visited one of the previous doctors there. Once again, this is an issue of access and equity.

It is a well-known fact that the most vulnerable and disadvantaged people who are on low or limited incomes are also, for the most part, more likely to suffer from ill-health and require specialist or hospital treatments that are not generally available in rural areas, which gives them no option but to travel to attend appointments in Adelaide. People who find themselves in a situation where they have to travel to Adelaide for specialist or hospital treatments that are not available to them at their local hospitals or medical practices quite often defer treatment because they simply cannot afford to travel.

I know people who have been asked to go to talk to a specialist in Adelaide and they have had to save up two or three pensions to ensure they have enough money to be able to have that pre-treatment. Those same people ultimately end up being a bigger drain on the healthcare system because they end up being admitted to hospital.

I have said to the current Minister for Health, 'Prevention is better than cure.' If you allow a person to go down and receive preventative medication and treatment, then that person does not have to go into the hospital system. For example, the \$150 allowance is not any great financial drain on their budget and it is far cheaper than having somebody in the hospital system where it costs about \$1,000 a day, and again, it is an impost which I believe is false. I know it comes out of another budget, but the point is we need to prevent these things from happening.

I strongly suggest that prevention or early diagnosis would save SA Health in hospitalisation costs. As I said earlier, there is an old saying that prevention is better than cure. The SACOSS report mentioned previously states:

There is growing anecdotal evidence that points to an increasing number of people on low and middle incomes deciding either to not seek needed medical care because of co-payment requirements at local surgeries, or not filling prescriptions in order to have money to pay for other essential services.

I would go further and say that, if the PATS rebates did cover the cost of people having to travel to get medical assistance, more people would do so and health costs would not increase: quite the opposite, in fact. By keeping people healthy and out of hospital, this state government and the new government coming in, whoever it may be, would face far less impost and financial burden.

Again, I welcome the current review, but I call on this government to play fair and make the health system accessible and equitable by giving rural people reasonable rebates through the PAT Scheme. Everyone, regardless of where they choose to live, should be entitled to basic levels of living standards, and this includes the provision of timely and cost-effective health care.

I strongly recommend to this government that the review that is being carried out look at increasing the rebates for fuel and accommodation and deleting the co-payment for treatment, to ensure that this scheme is targeted to rural patients who need it most and that the level of assistance is relevant to today's cost of living.

In closing, I again thank the Minister for Health for arranging the current review. I have had a great response from constituents in my electorate. Dr David Filby, who is undertaking the

review, came into my electorate and we held public forums in Clare and Port Pirie with relevant key stakeholders, which gave him a better understanding of the issues. We were able to put facts and figures directly to him.

10Those people have put in submissions, and I encourage everybody else to put submissions in, because if you do not put a submission in and do not argue about it then the government of the day will say that there are no issues. I strongly recommend that the review come out positive for constituents.