

### Patient Matters Manual for Public Health Organisations

### Chapter 25 – Travel Assistance and Transport Services

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#### Note

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# Patient Matters Manual for Public Health Organisations

## Chapter 25 – Travel Assistance and Transport Services

### Transport for Health

Document number [PD2006\\_068](#) rescinds PD2005\_489.

Health services in NSW are major generators of passenger transport demand. Travelling to and from health facilities is often difficult for people who cannot use or have difficulty in accessing public and/or private transport. Transport disadvantaged people are more likely to be those also experiencing the greatest socioeconomic and health disadvantage, or who live in rural and/or isolated communities. This in turn affects NSW Health's ability to reduce the gap between those people in the community with the best and poorest health.

### NSW Health Transport for Health

Transport for Health establishes a policy framework to assist NSW Health to simplify and improve patient access to health services by:

- Responding to the health transport needs of patients in a consistent, strategic and efficient manner
- Developing and maintaining effective working partnerships with transport providers and stakeholders
- Facilitating recognition and consideration of the role and importance of health transport in service planning and delivery within the New South Wales health system.

Transport for Health integrates all non-emergency health-related transport service provision throughout the Area Health Services in New South Wales (NSW) into one multifaceted program. These services are delivered by a variety of transport providers with support from a range of NSW government agencies.

Transport for Health includes the former programs:

- Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)
- Health-related Transport Program (HRTP)
- Inter-facility transport
- Statewide Infant Screening-Hearing (SWISH) Travel • Services funded under the former Transport for Health program

Transport for Health is aimed at supporting Area Health Services to be more strategic in identifying, consolidating and integrating a full range of transport services and resources to increase efficiencies and reduce duplication. It will do this by the creation of:

1. Health Transport Units as a central point of contact within Area Health Services for responding to health transport issues.
2. Health Transport Networks that will provide a formal channel of communication between Area Health Services and health transport stakeholders in order to achieve better collaboration in the planning and provision of improved patient transport solutions.

Priority of access to Transport for Health services will depend on an assessment of how the health of a patient is likely to be affected if transport is not provided or obtained. No eligible person shall be denied access to a service on the basis of inability to pay a requested contribution. Priority is to be given to requests for assistance that will have the effect of:

1. Preventing the further development of a medical condition or,
2. Reducing the chance of an existing health condition becoming more severe.

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Individuals who are not eligible for assistance through Transport for Health are:

1. People who require transportation by the Ambulance Service of New South Wales
2. People whose medical condition or behaviour constitutes a danger to themselves, others or property.

Transport for Health subsidies are available for patients who are disadvantaged by distance and isolation, and need financial assistance to use transport services. Transport for Health provides assistance to transport disadvantaged patients by:

- Purchasing or providing direct transport assistance through either brokerage/contractual arrangements or direct service provision.
- Subsidising the cost of patient transport to medical specialists, dental surgeons and, audiologists (for babies screened under the Statewide Infant Screening-Hearing (SWISH) program).

The assistance is provided under the former programs:

- Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)
- Statewide Infant Screening-Hearing (SWISH) Travel

New provisions for the Transport for Health — Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) commenced on 1 July 2006.

These:

- Cut the eligibility distance for Transport for Health — IPTAAS from 200 kilometres to 100 kilometres; and
- Increased the vehicle allowance from 12.7 cents per kilometre to 15 cents.

This is consistent with Australian Health Ministers' Advisory Council (AHMAC) national standards.

Transport for Health, which includes transport service providers and financial assistance schemes, reflects NSW Health's commitment to promoting fairer access to health services and increasing equity in health outcomes. The reforms promoted by this document will provide efficiency gains for Health Services and more effective and equitable delivery of health care to rural and metropolitan communities.

Transport for Health will also enable NSW Health to make a valuable contribution to the development of a whole of government approach to better meet the passenger transport needs of communities across NSW.

(24/08/06)

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### Isolated Patients Travel and Accommodation Assistance Scheme

Document number [PD2023\\_038](#) rescinds PD2022\_041.

#### **POLICY STATEMENT**

NSW Health is committed to ensuring equity of access to timely, high quality health care for people living in regional, rural and remote areas of NSW.

This includes ensuring people living in regional NSW are supported to access specialist health treatment that is not available locally. Highly specialised care sometimes requires significant travel for people living in regional communities. NSW Health recognises the need to ease the financial burden on those who have to travel significant distances to get the specialist care they require. The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is a subsidy scheme towards the cost of accommodation and travel for patients who need to travel to access specialist healthcare.

#### **SUMMARY OF POLICY REQUIREMENTS**

NSW Health provides subsidies for the cost of accommodation and travel for patients and escorts in regional NSW to access the nearest eligible specialist health care. Provision of subsidies must be provided within the eligibility requirements and governance framework outlined in this Policy Directive. To support the payment of subsidies, information on subsidy rates, eligibility, and administrative and procedural matters is detailed in the IPTAAS Assessment Guidelines.

Subsidies are to be paid directly to patients or to nominated Third Party Organisations. Patients must be residents of NSW or Lord Howe Island and be enrolled with Medicare. Patients must travel from their residence for treatment at least 100km (one way), or at least 200kms in a week by making multiple trips to and from the same treatment location, to be eligible for the subsidy. Applications must be submitted within 12 months of the hospital discharge or appointment end date.

The IPTAAS is a subsidy scheme, not a full reimbursement scheme.

Local Health Districts (LHDs) that operate IPTAAS offices are responsible for operation of the scheme at the local level.

Developing and monitoring the IPTAAS0 Assessment Guidelines and the operation of the scheme is the responsibility of EnableNSW.

The NSW Ministry of Health is responsible for setting IPTAAS policy in line with NSW Government directions, providing funding to LHDs and EnableNSW, and monitoring performance of the scheme.

349 (21/11/23)

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### Change to IPTAAS Distance Criterion for Renal Dialysis Patients

Document number [IB2010\\_063](#).

#### PURPOSE

To provide information on the change to the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) distance criterion for renal dialysis patients.

#### KEY INFORMATION

The Minister for Health has determined that from 1 January 2011, a new IPTAAS distance criterion will apply to renal dialysis patients **only**.

From 1 January 2011, patients who have to travel a cumulative distance of at least **200km per week** to access renal dialysis services will be eligible for IPTAAS travel subsidies. Claims from renal dialysis patients for cumulative travel of at least 200km per week undertaken prior to this date are not to be accepted.

The \$40 co-contribution for non-pensioners/health care card holders will continue to apply, and is to be levied on the cumulative weekly distance travelled by these patients. Patients in this category are advised to contact their local Health Transport Unit to discuss the effect of the co-contribution on their claim **before** submitting an IPTAAS Application Form – refer to Application Form for Health Transport Unit contact details.

This Information Bulletin is to be read in conjunction with PD2009\_042 **Transport for Health – Isolated Patients Travel & Accommodation Assistance Scheme Administration Manual**.

#### Implementation

##### *Eligibility:*

Eligibility to access IPTAAS will be on the same basis as other claimants, except that renal dialysis patients will be eligible if they travel a minimum distance of 200km cumulative per week to access their dialysis (compared to 200km per round trip to access specialist medical treatment for other claimants).

Health Transport Units are to calculate the distance travelled by claimants using the standard method set out in the Transport for Health – IPTAAS Administration Manual (PD2009\_042).

##### *Submission of claims:*

1. Submission of a valid form to cover treatment period
  - Renal dialysis patients claiming under the new rule for the first time must submit an IPTAAS Application Form with all sections completed. As for all patients undergoing continuing treatment over a twelve month period, the referring medical practitioner is not required to complete Section B of the IPTAAS Application Form for subsequent claims. However, a new referral must be provided every 12 months. In the case of renal dialysis, the referring medical practitioner and treating specialist may be the same person.
  - Usually, the treating specialist is required to complete section C of the Application Form for each subsequent claim, as a means of confirming that the treatment took place. However, as renal dialysis is essential and regular treatment, the Travel Diary (available from the local Health Transport Unit) is acceptable as confirmation of attendance **for renal dialysis patients only**.

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- Therefore renal dialysis patients making IPTAAS claims only need to submit a new Application Form once every year, unless their personal and/or payment details change, in which case the relevant Section of the form is to be submitted with the next claim made following the change(s) .

#### **2. Claiming the subsidy after travel**

- Claims made by renal dialysis patients are to be paid on a monthly basis. In circumstances where the requirement to claim on a monthly basis causes financial hardship for the patient, payments may be made on a weekly basis.
- Renal dialysis patients should submit their monthly claims using the single page travel diary, available from their local Health Transport Unit.
- Claims using the Travel Diary must be submitted in the timeframe on their claim form. If a patient is making monthly claims, they will be able to make twelve of these within the one year validity period of their claim form. The final trip on the last monthly claim for that year must fall within the timeframe for validity of the specialist referral on the claim form.
- Claims made using the travel diary will only be valid with evidence from the renal dialysis unit to confirm that the patient used private transport to access their care. Evidence includes a signed notation on the diary by the Nurse Unit Manager of the Dialysis Unit, or system printout providing the necessary validation.

#### **Monitoring and evaluation**

All NSW Health Transport Units are to collect data to enable accurate monitoring of the cost of implementing this change to the IPTAAS distance criterion. The data to be collected is as follows:

- Number of claims made by renal dialysis patients
- Cost of claims made by renal dialysis patients
- Additional administrative costs associated with the change, expressed as additional Full Time Equivalent staff required to process the additional claims received.

The collected data is to be reported to the Department of Health on a six-monthly basis, commencing with data for the period 1 January – 30 June 2011. Reports should be submitted to the Manager, Primary Health and Equity, NSW Department of Health, Locked Mail Bag 961, North Sydney 2059. A copy should be emailed to [PHCPBmail@doh.health.nsw.gov.au](mailto:PHCPBmail@doh.health.nsw.gov.au) marked to the attention of the Manager, Primary Health and Equity.

115 (23/12/10)

# Patient Matters Manual for Public Health Organisations

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### Service Specification for Non-Emergency Transport Providers

Document number [PD2024\\_008](#) rescinds PD2023\_013.

#### POLICY STATEMENT

NSW Health is committed to ensuring the highest standards of non-emergency patient transport. This Policy aims to ensure that all non-emergency patient transport providers across NSW meet consistent service specifications that support safe, timely and reliable patient transport by means of appropriate vehicles, equipment and staff.

#### SUMMARY OF POLICY REQUIREMENTS

Non-emergency patient transport providers assist patients who cannot use, or have difficulty using public and/or private transport, and whose clinical acuity does not require a NSW Ambulance emergency vehicle.

Non-emergency patient transport occurs primarily between NSW public health facilities by means of road or air transfer; utilising appropriately equipped vehicles or fixed-wing aircraft. Suitably trained and skilled staff support each transport booking to ensure patient safety and wellbeing.

There are various providers delivering non-emergency patient transport across NSW. All non-emergency patient transport providers must gain authorisation from the Secretary of NSW Health under Section 67E of the Health Services Act 1997 (NSW) to undertake non-emergency patient transport in NSW.

The Policy outlines minimum service specifications for all non-emergency transport providers in NSW including; vehicle and staff specifications, patient care requirements and clinical governance and record keeping specifications.

Vehicle specifications include equipment, maintenance and communication technology requirements.

Staff specifications including required training, skills and professional registration for the type of transport booked, as well as conduct requirements aligned with NSW Health CORE values.

Patient care requirements are in accordance with patient acuity, additional health needs, preferences and comfort.

Clinical governance specifications include infection prevention, escalation protocols and handover requirements.

Record keeping specifications include patient and staff records, incident management and complaint management protocols.

Vehicles and staff allocated to non-emergency patient transport should be determined based on the patient's clinical condition and requirements during transport.

The vehicle used in non-emergency patient transport must follow minimum specifications which enable the transportation of a patient in a safe, comfortable, and clinically appropriate environment. Staff assigned to each transfer must meet the minimum training, skills and professional registration requirements related to the type of transport booked and act in a manner consistent with the NSW Health CORE values.

Clinical governance requirements are to be in place to ensure staff and patient safety. Non-emergency transport providers must also adhere to requirements for recordkeeping, incident, and complaints management which are open to audit and inspection on request to ensure compliance with the policy.