

# Review of Transport for Health

## Report

Regional Health Division

February 2026



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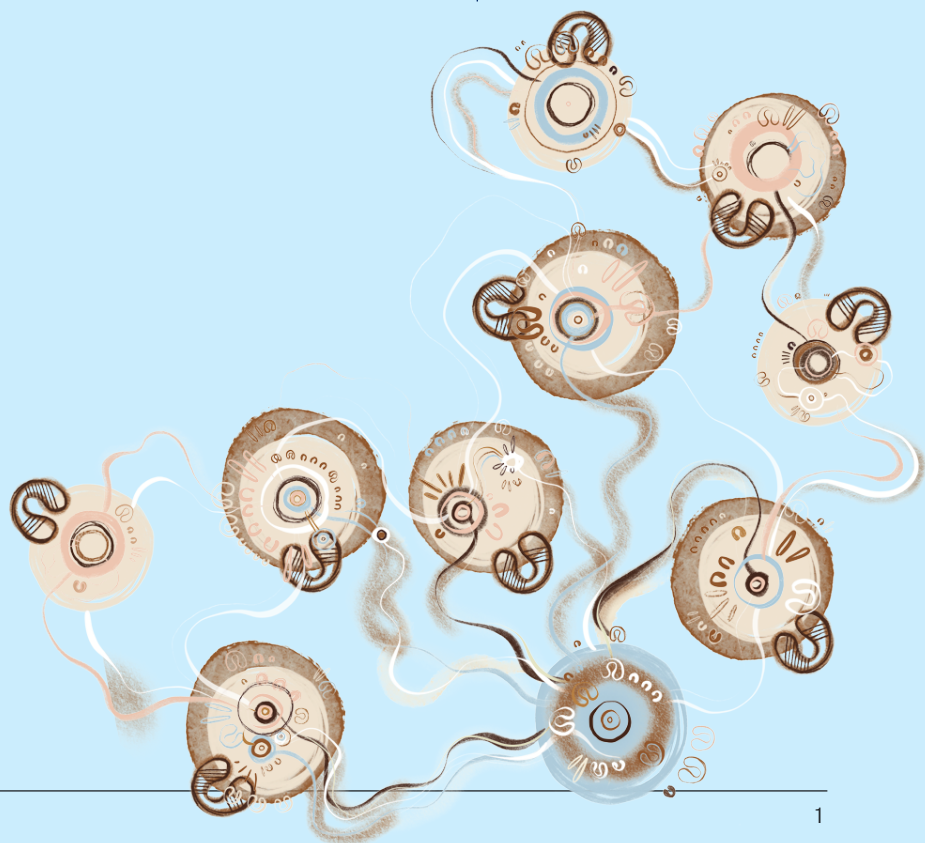
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# Glossary

<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>ACT</b>	Australian Capital Territory
<b>AMS</b>	Aboriginal Medical Service
<b>CALD</b>	Culturally And Linguistically Diverse
<b>HSNSW</b>	HealthShare NSW
<b>HSPB</b>	Health and Social Policy Branch (NSW Ministry of Health)
<b>IPTAAS</b>	Isolated Patients Travel and Accommodation Assistance Scheme
<b>LGBTQIA+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and Extended Community
<b>LHD</b>	Local Health District
<b>NDIS</b>	National Disability Insurance Scheme
<b>NGO</b>	Non-Government Organisation
<b>NSW</b>	New South Wales
<b>PTS</b>	Patient Transport Service
<b>RHD</b>	Regional Health Division (NSW Ministry of Health)
<b>TSI</b>	Transport Security Index
<b>TTSS</b>	Taxi Transport Subsidy Scheme

# 1

## Executive Summary



# Executive Summary

In 2023, NSW Health agreed to refresh its approach to non-emergency transport for health with a focus on improving access to care for all NSW residents, particularly those in rural, regional and remote communities.

This project was initiated in response to two key drivers:

- The [NSW Regional Health Strategic Plan 2022-2032](#), strategic objective 2.1 to *improve local transport solutions and travel assistance schemes*
- Recommendation 3 from the [Rural Health Inquiry](#), that calls on NSW Health and Transport for NSW to improve access to medical appointments in rural and remote areas by enabling more frequent, well-timed and affordable transport services, where feasible.

The Regional Health Division in collaboration with Transport for NSW, NSW Ambulance, HealthShare NSW, Ministry of Health branches and Local Health Districts (LHD), agreed to apply a value-based healthcare lens to review the current state of non-emergency transport for health and to develop recommendations to enhance transport for health.

The review will inform upcoming updates of relevant policy documents in particular the Transport for Health [Policy Directive](#) (PD2006\_068) and program guidelines.

To oversee and guide this work, a Steering Committee was established to provide expert advice and guidance on the review of transport for health and to endorse the project's direction at key stages.

The review and has been delivered in three phases: review, explore and recommend.

## Phase 1: Review the current state

To inform the review phase, the following activities were completed: establishment of a Steering Committee, review of existing data, semi-structured interviews, a community survey, transport provider survey, a literature search and an initial policy review.

Consultation was conducted with community members, transport providers and both regional and metropolitan LHDs through surveys and interviews. In-depth interviews involved 17 organisations, while 2,162 responses were obtained from the community survey and 12 responses were received from the transport provider survey.

The review identified 5 barriers in accessing transport for health:

1. Limited transport options for people with specific needs.
2. Even with the subsidies available, affordability of transport is a barrier for some.
3. Transport availability is constrained in some areas, especially rural, remote and cross-border communities.
4. Services often lack flexibility to meet individual needs.
5. The complexity of the current transport options can be challenging for consumers, providers and health professionals to navigate.

The review also explored what is working well in non-emergency patient transport to identify initiatives that could be expanded.

## Phase 2: Explore the future state

This phase involved conducting workshops with 23 organisations to allow for a deeper exploration of issues and potential future actions of transport for health in NSW, focusing on 5 priority populations:

- Regional, remote and cross-border communities

- Aboriginal Communities and the role of Aboriginal Medical Services (AMS)/Aboriginal Community Controlled Health Organisations (ACCHO)
- Aged care and older people
- Frequent users of transport (such as renal dialysis and cancer patients)
- People with a disability.

Key themes emerged such as the tyranny of distance, transport access literacy, the complexity of individual and community needs, service costs and quality, cultural sensitivity and safety, and eligibility barriers.

Small group sessions generated over 40 constructive suggestions, with recurring themes such as improving health transport literacy, scaling up good ideas, reviewing eligibility criteria, addressing workforce issues and reducing demands for transport.

### **Phase 3: Develop recommendations for next steps**

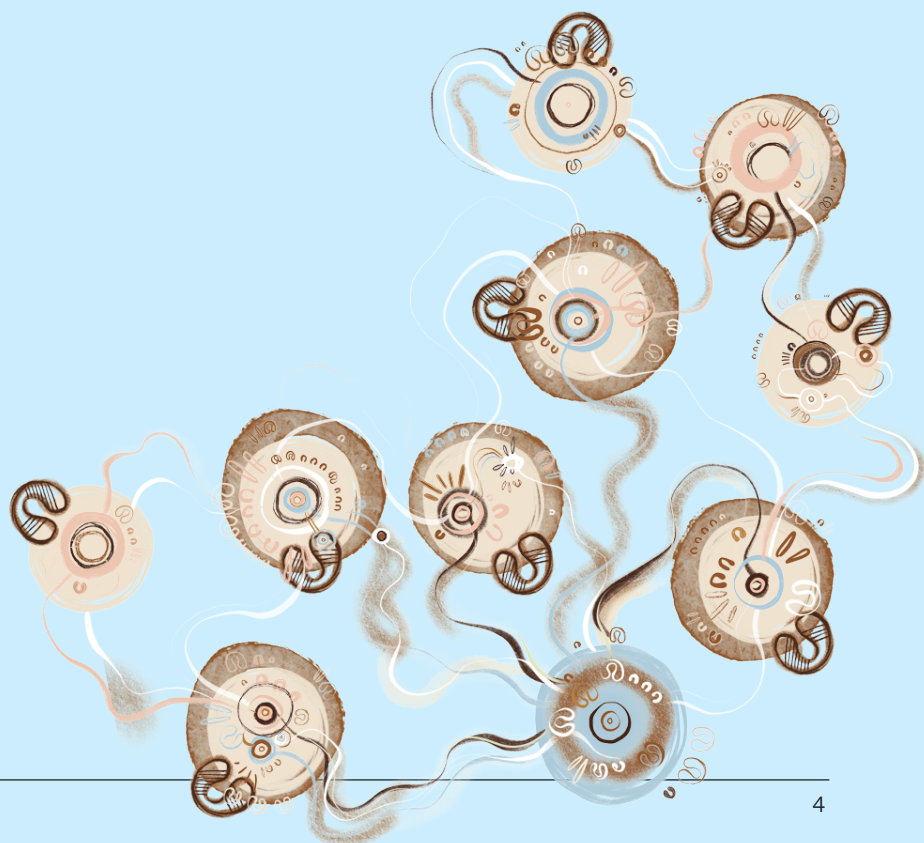
Based on findings from Phase 2, 19 recommendations have been made. These aim to:

- Improve community awareness of available health transport services
- Increase availability of services to address identified service gaps (e.g. outside of business hours)
- Improve coordination between stakeholders to maximise use of existing resources, where possible.

The recommendations will be incorporated into future policy updates and program improvements. During the implementation of the policy document and program changes, specific leads and timelines for each recommendation will be defined. Several recommendations are already being progressed through broader system-wide initiatives, including the Future Health Strategy and the Regional Health Strategic Plan.

# 2

## Background



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## Context

In 2006, NSW Health developed the Transport for Health Policy Directive to provide an overarching framework for health-related transport. The Transport for Health 2006-2011 Policy [Directive](#) (PD2006\_068) aimed to integrate all non-emergency health-related transport services into one multifaceted program.

This policy directive expired in 2011. The Ministry of Health had previously started work to review this policy directive, but this work was impacted by the availability of resources, parallel reform processes and competing priorities.

In 2023, the Regional Health Division (RHD), Health and Social Policy Branch (HSPB) and HealthShare NSW (HSNSW) agreed to revise NSW Health's approach to non-emergency transport for health using a system-wide approach.

The purpose of this Transport for Health review was to inform NSW Health's approach to non-emergency health-related transport through the development of a strategic document such as a framework, strategy, guidelines, or the revision of the 2006-2011 policy directive.

An emphasis on rural, regional and remote communities and a value-based healthcare lens was used for this review. The review was led by the RHD, as regional communities are a key group facing transport disadvantage.

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## Strategic alignment

The Transport for Health Review has strong links with:

- The [NSW Regional Health Strategic Plan 2022-2032](#), strategic objective 2.1 to *improve local transport solutions and travel assistance schemes and address their affordability, to strengthen equitable access to care.*
- [Future Health: Guiding the next decade of health care in NSW 2022-2032](#), key objective 2.4 to *strengthen equitable outcomes and access for rural, regional and priority populations.*
- Recommendation 3 from the [Rural Health Inquiry](#), that calls on *NSW Health, the rural and regional Local Health Districts and Transport for NSW to work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas.*

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## Vision and goals

NSW Health is committed to ensuring people living in all areas of New South Wales (NSW) can access high quality, reliable and timely healthcare. The Transport for Health Review aimed to improve patient experiences and health outcomes of vulnerable populations, such as regional, rural and remote communities, by improving access to transport for health. This project also aimed to strengthen the value and sustainability of NSW Health's community and patient transport services, while reducing access barriers for patients and communities.

NSW Health was also seeking to better understand the transport needs and expectations of Aboriginal people and communities, through the process of engaging and consulting with local communities. Some of these needs related to travelling for regular treatment such as renal dialysis, cross border care, and accessible and affordable transport options.

The vision for the Transport for Health Review is a refreshed approach to transport for health which effectively facilitates access to care for all NSW residents, particularly those in regional communities. The approach needed to:

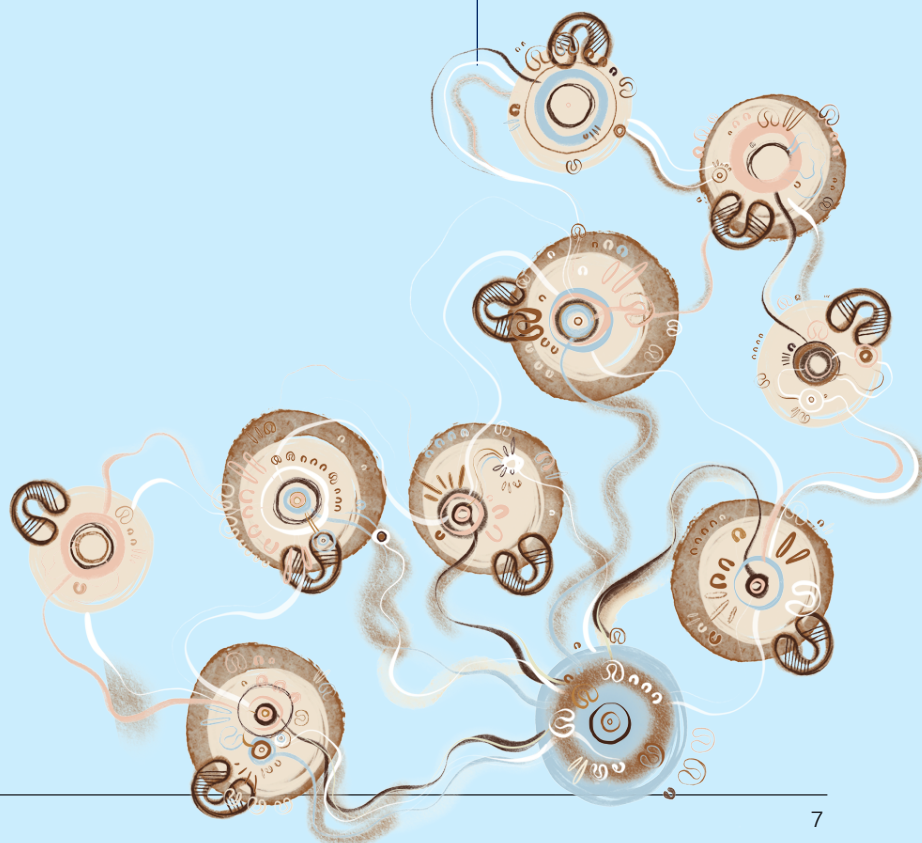
- reflect strategic priorities
- improve community awareness of available services
- increase availability to addresses identified service gaps, and
- improve coordination between stakeholders to maximise use of existing resources.

By increasing access to non-emergency patient transport, in collaboration with key stakeholders, regional, remote and vulnerable communities may be more likely to access and use healthcare.

Results of this project will inform the development of a new strategic document such as a framework, strategy, guidelines to define NSW Health's approach to transport for health going forward. This will replace the expired Transport for Health Policy Directive (2006 to 2011) – included at [Appendix C](#).

# 3

## Methodology and scope



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## Project scope

The Regional Health Division collaborated with Transport for NSW, NSW Ambulance, HealthShare NSW (HSNSW), Ministry of Health branches and local health districts (LHD), to deliver this Transport for Health review. The review was undertaken from December 2023 to November 2025.

### In scope were:

All regional and metro services, but with a focus on regional including:

- Non-emergency patient transport including Patient Transport Service and LHD-led transport
- Non-emergency ambulance transport
- Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and other subsidy schemes
- Point-to-point transport e.g. Uber, taxis
- Community transport
- Public transport.

### Out of scope were:

- Non-emergency air transport
- Emergency health transport
- Transport for staff
- Active transport
- Parking.

In some sections the report considers the difference in experience between regional and metropolitan residents. For the purposes of this project and report we have used the term regional to encompass all regional, rural and remote areas of NSW. This includes areas within the regional and rural LHDs which are: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW.

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## Steering Committee

A Transport for Health Steering Committee was established to provide expert advice and guidance on the review, to identify focus areas and endorse recommendations. The committee was convened bi-monthly with membership from internal and external stakeholders:

- Regional Health Division (Chair)
- HealthShare NSW
- Health and Social Policy Branch
- NSW Ambulance
- Local Health Districts
- Climate Risk and Net Zero Unit
- Cancer Institute NSW
- Transport for NSW
- Aboriginal Community Controlled Health Organisations

- Cancer Council NSW
- Consumer representation.

As well as providing governance for the project, the steering committee meetings were used to share updates on current transport initiatives from transport providers within the group.

The Terms of Reference for the Steering Committee are in [Appendix A](#).

## Methodology

The project was separated into three phases to inform the development of the final report: Review, Explore, and Recommend, as outlined below in Figure 1.

Review	Explore	Recommend
<ul style="list-style-type: none"> <li>• In-Depth interviews</li> <li>• Community survey</li> <li>• Transport provider survey</li> <li>• Literature scan</li> <li>• Review existing data</li> <li>• Policy Review</li> </ul>	<ul style="list-style-type: none"> <li>• Workshops to define the desired state, and test and iterate solutions for moving forward</li> <li>• Focused workshops for specific target / 'at-risk' groups with expert stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a report with:               <ul style="list-style-type: none"> <li>• Summary of current state</li> <li>• Assessment of gaps, barriers and enablers</li> <li>• Exemplars and opportunities</li> <li>• Recommendations</li> </ul> </li> </ul>

Figure 1: Project Phases and Descriptions

Material used to review the current state of non-emergency health transport came from diverse sources including a literature review, policy review, quantitative transport data and consultation with both community, transport providers and other relevant stakeholders.

## Literature search

A literature review covering the past 10 years was carried out, examining Australian jurisdictions as well as comparable international jurisdictions including Canada and New Zealand, with an emphasis on:

- Non-emergency patient transport to hospital or healthcare appointments
- Best practice community transport models, in particular integrated models
- Transport policies and strategies for other Australian or comparable international jurisdictions
- Innovative patient / community transport solutions / models in regional or rural locations.

Search terms used were: health transport, regional healthcare access, health transfer, medical transport, transport disadvantage, transport infrastructure, regional transport, rural transport, remote transport, community transport, health travel, geographic access, patient transport. The search excluded: emergency transport.

The findings of this review are incorporated into the current state report. A summary of the review is included at [Appendix B](#).

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## Policy review

An initial desktop review and analysis of the Transport for Health Policy Directive (2006 to 2011) was conducted to understand the background and context of transport for health. Insights gathered from this analysis inform the review of the current state of transport for health.

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## Review of existing transport data

The current state of transport for health also incorporates insights from existing qualitative and quantitative data sets including:

- IPTAAS claims data (provided by HealthShare NSW)
  - Community Transport service activity (provided by Transport for NSW).
  - Existing consultation findings from other projects e.g. development of the NSW Regional Health Strategic Plan (provided by RHD).
- 

## Phase 1: Review the current state of non-emergency transport for health

Broad consultation was undertaken with the community, transport providers and regional and metropolitan LHDs via a combination of surveys and interviews.

The findings of this consultation are provided in [Chapter 4](#).

### In-depth interviews

The semi-structured interviews were conducted between July and October 2024 and were held virtually for approximately 45 minutes. The questions covered gaps and barriers, enablers and what is working well.

Interviews were conducted with:

<b>Ministry of Health</b>	Climate Net Zero Unit
<b>Local Health Districts</b>	South East Sydney, South Western Sydney, Central Coast, Southern NSW, Nepean Blue Mountains, Hunter New England, Western NSW, Northern Sydney
<b>NSW Health entities</b>	HealthShare NSW, NSW Ambulance, Cancer Institute NSW, NSW Refugee Health Service
<b>Other stakeholders</b>	Awabakal Aboriginal Medical Service, Tharawal Aboriginal Medical Service, Transport for NSW, Community Transport Organisation.

Interview questions are included in [Appendix D](#).

### Community survey

The community survey aimed to understand user experience with non-emergency patient transport, community awareness of non-emergency patient transport, barriers to accessing non-emergency

patient transport, what the community wants from non-emergency patient transport and ideas for future improvements.

The survey was hosted on the Department of Customer Service “Have Your Say” platform and was open from 8<sup>th</sup> August to 30<sup>th</sup> September 2024. The survey was promoted to community members through interagency networks and via social media. It was also shared with LHDs, Health Consumers NSW, Elevating the Human Experience Consumer Council, Non-Government Organisation (NGO) Coordinators, Community transport providers and the NSW Health Engagement Leaders’ Network. There were 2,162 responses to the survey and 34 stories shared. The Department of Customer Service noted that this was a high response rate, compared with other Have Your Say surveys they have run.

Of the 2,162 responses:

- 66% were completed by regional residents
- 3.6% were completed by Aboriginal people
- 9% identified as LGBTQIA+
- 49% of people were aged 65+

The community survey questions are included in [Appendix E](#).

### **Transport provider survey**

The Transport Provider survey aimed to capture information from providers who offer transport services for people accessing healthcare. It focused on understanding the demand and utilisation of the service, barriers to service provision, improvement opportunities and funding requirements.

The survey was open from October 2024 to December 2024. It was distributed to Community Transport Organisations, the Transport for Health Steering Committee and the Aboriginal Health and Medical Council – for sharing with relevant community transport providers.

There were only 12 responses to the survey. This survey had a low response rate despite extending the opening time and circulating broadly, however, provider perspectives were also captured through the interviews.

The survey questions and findings are included in [Appendix F](#).

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## **Phase 2: Explore the future state of non-emergency transport for health**

The second phase of the project was a series of workshops focused on the desired future state of Transport for Health in NSW. They allowed a more detailed exploration of the identified issues and potential future actions through the lens of five priority populations:

1. Regional, remote and cross-border communities
2. Aboriginal people and communities and the role of Aboriginal Medical Services (AMSs)/Aboriginal Community Controlled Health Organisations (ACCHOs)
3. Aged Care and older people
4. Frequent users of transport (such as renal dialysis and cancer patients)
5. People with disability.

These priority populations were identified based on the information gathered in Phase 1 and were endorsed by the Transport for Health Steering Committee.

## Participation

A preliminary briefing session was provided to all stakeholders before the workshops commenced. The 5 two-hour virtual workshops were held in April and May 2025.

Stakeholders identified by the Project Team were drawn from Government and community sectors across NSW, including consumer representatives. Group sizes ranged from 8 to 27 participants, many of whom attended more than 1 workshop.

The Project Team and Steering Committee identified and invited stakeholders to participate, including:

- Access Sydney Community Transport
- Armajun Aboriginal Health Service
- Cancer Council
- Cancer Institute NSW
- Community Transport Organisations
- Consumers
- Cross-Border Commissioners Office
- Eleanor Duncan Aboriginal Services
- HealthShare NSW
- LHDs: Central Coast, Far West, Hunter New England, Mid North Coast, Northern NSW, Northern Sydney, Southern NSW, Sydney and Western NSW
- Ministry of Health: Centre for Aboriginal Health, Health and Social Policy Branch, Health System Performance and Regional Health Division
- Transport for NSW.

## Workshop structure

Small groups at each workshop discussed the key issues of transport for health through the lens of their focus population. Small groups then explored potential actions for the future, reflecting on the context and issues they had raised earlier. Finally, each group selected one potential action they deemed to have high feasibility and probable high impact.

The ideas were further workshopped in the small group discussions, with a focus on the basic elements of what, how, who, when and where. This was only a brief discussion and was not intended to be a comprehensive response; rather, to start the next stage of planning by providing positive, concrete ideas.

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## Phase 3: Develop recommendations for non-emergency transport for health

The third phase of the project focused on the development of recommendations. These recommendations are shaped by insights from the Phase 2 workshops on the desired future state of Transport for Health in NSW. The recommendations have been further refined through stakeholder feedback.

# 4

## Phase 1: Review the current state of non-emergency transport for health



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## Introduction

This chapter describes the current state of transport for health in NSW as captured through the review phase of the project. Data sources included a literature review, quantitative data analysis and consultation findings. As well as capturing the current state, the review noted areas of opportunity or exemplar initiatives.

Transport is a known social determinant of health and the ability to access transport has been shown to improve health and wellbeing outcomes for individuals and communities.<sup>1</sup>

The suitability, availability and affordability of transport for health in NSW have been raised as a concern by all stakeholders during this review: by communities, by health professionals, by government and non-government transport providers and by staff from Aboriginal Community Controlled Health Organisations. The impact of transport disadvantage is of state-wide concern, with the recognition that rural and remote communities experience the most significant barriers due to limited public transport options and significant geographical distances.

At present, access to health transport is available through a range of different options: public transport; specific health transport programs; community transport providers; and reimbursement/subsidy schemes. The administration of these options by numerous organisations with different application processes and eligibility criteria present a challenge for individuals and carers seeking to find suitable transport for health services.

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## NSW Health Transport for Health Policy Directive

In 2006, NSW Health developed the Transport for Health 2006-2011 Policy Directive to provide an overarching framework for health-related transport and it integrated all non-emergency health-related transport service provision into one multifaceted program.

This policy directive has since expired creating a gap in the consistency of broader planning for transport for health. This is particularly important given the cross-agency approach required to collaborate on better transport outcomes.

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## Current landscape

Non-emergency patient transport is provided by a range of organisations including Transport for NSW, NSW Health services, charities, community groups, local councils and Aboriginal Community Controlled Health Organisations.

These organisations also have a range of different funding sources including Transport for NSW, NSW Health, the Australian Government, grant agreements, charitable donations and consumer contributions.

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<sup>1</sup> [1] Artiga S, Hinton E. 2018. *Beyond Health Care: The role of social determinants in promoting health and health equity* <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

The complexity of the health transport landscape is outlined in Table 1 and 2 Table 1 below. No single agency has oversight of all the different transport options and eligibility for transport services and eligibility for funding varies between individuals and services respectively.

Table 1: Summary of transport types and descriptions

Transport type	Owner	Eligibility	Cost to patients
<b>Public Transport</b>	Transport for NSW	For everyone.	Low-cost
<b>Community Transport</b>	Private, generally non-for-profit providers	Varies, primarily for individuals who are transport disadvantaged due to factors like age, disability, or limited access to public or private transport. It aims to ensure these individuals can access essential services, social activities and medical appointments.	Variable depending on distance
<b>Charities and Community groups</b>	Non-Government Organisations ( <i>NSW Health's community transport grants are provided by charities/NGOs</i> )	Generally, for patients with a specific condition related to the charity or group's purpose e.g. Cancer.	Free or low-cost
<b>ACCHO/AMS</b>	ACCHO/AMS	For ACCHO patients who do not have transport.	Free or low cost
<b>NSW Ambulance</b>	NSW Health	For emergency patients, used for non-emergency transport as a last resort.	Free if covered by private health insurance or at cost

Table 2: Summary of programs and funding sources

Program	Owner	Eligibility	Cost to patients
<b>IPTAAS</b>	NSW Health	For travel to access specialist services greater than 100km (one way) or greater than 200km in a week.	Subsidy scheme
<b>Patient Transport Service (PTS)</b>	NSW Health, either run by HSNSW or LHD	For patients requiring stretcher transport and/or clinical supervision who are travelling to, from, or between NSW Health facilities.	Free or low-cost

<b>National Disability Insurance Scheme (NDIS)</b>	Commonwealth Government	For individuals with permanent and significant disabilities who cannot use public transport without substantial difficulty because of their disability.	Subsidy scheme
<b>Commonwealth Home Support Program or as part of a Home Care Package</b>	Commonwealth Government	For older Australians through the Commonwealth Home Support Program or as part of a Home Care Package.	Subsidy scheme
<b>Taxi Transport Subsidy Scheme</b>	Service NSW	For individuals with severe or permanent disability.	Subsidy scheme
<b>Integrated Team Care (ITC)</b>	NSW Health and ACCHOs	For Aboriginal and Torres Strait Islander patients that have chronic illness with a GP Management plan and referred by their GP.	Subsidy scheme

## Public transport

Access to public transport is available in metropolitan and some regional areas of NSW and largely affordable for most consumers, however, use will depend on an individual's ability (physical and/or functional ability), the affordability and availability which is highest in metropolitan regions and reduces with rurality and in some rural and remote locations is not an option at all.

Results from the community survey showed that 76% of regional respondents rated their access to public transport as "poor" or "very poor" in comparison to only 29% of metropolitan respondents. 47% of metropolitan respondents believe their access to public transport is "good" or "very good" in comparison to 12% of regional respondents. These results are shown in Figure 2 below.

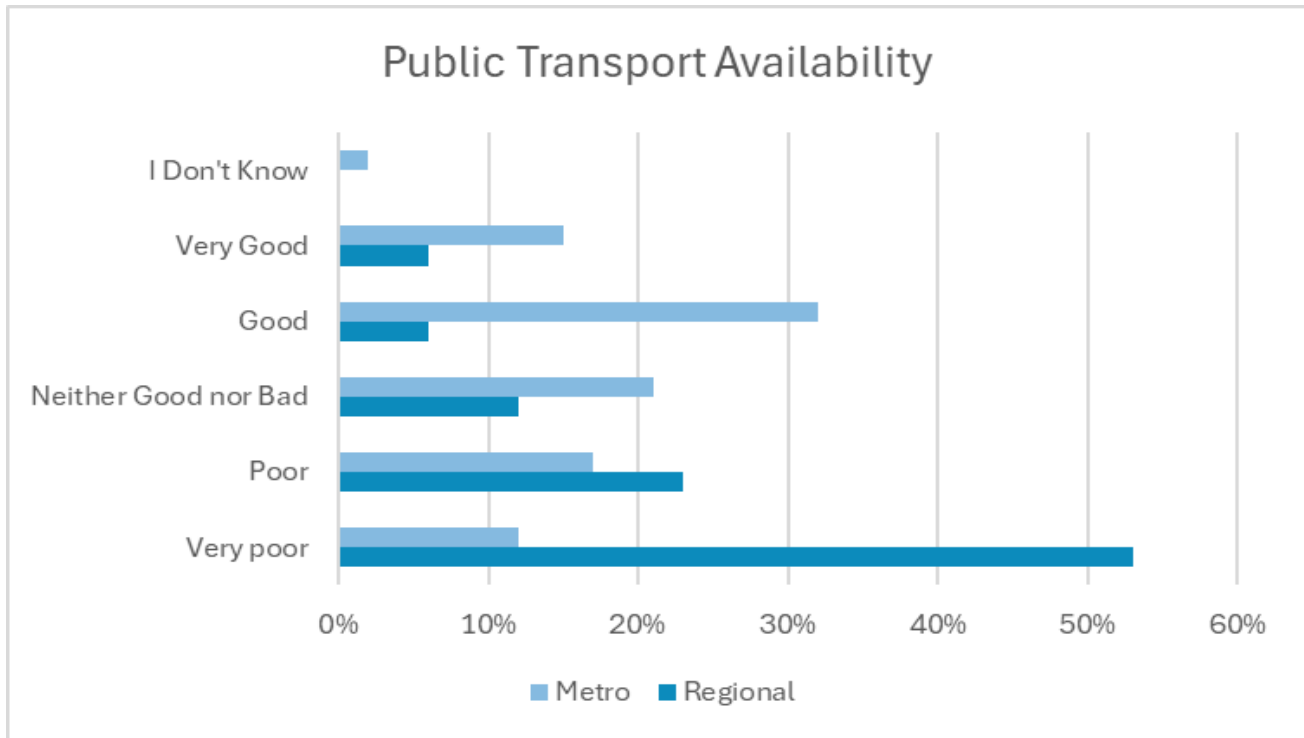


Figure 2: Responses to Public Transport Availability from the community survey

## Community-based transport programs

### Community transport providers

Community transport providers across NSW are funded via a mixture of state (e.g. Transport for NSW, NSW Health), Commonwealth and self-funded revenue. Typically designed to support vulnerable population groups such as the aged or disabled, access depends on both availability of local providers and eligibility criteria. Funding arrangements and eligibility criteria vary significantly between providers.

In FY 2024/25, there were a total of 579,830 community transport trips for medical purposes across the state constituting 33% of all community transport activity (1,730,836 million trips). The 579,830 trips were provided for 68,526 individuals of whom:

- 31% were male and 69% were female,
- 5% were Aboriginal, and
- 7.5% were from Culturally and Linguistically diverse communities.<sup>2</sup>

The community survey responses showed that when individuals were able to access a community transport service aligning with their needs, they reported improved health transport access.

*'I am grateful for the services they provided to assist me with the care of dad'.*

Responses from the community survey highlighted that 55% of respondents are unsure of their options when accessing community transport.

Additionally, 24% of regional respondents believe their access to Community Transport to be "very poor" and very few regional (6%) or metropolitan (9%) respondents believe their access to community transport is "very good".

<sup>2</sup> Transport for NSW (2025), *Community Transport trips - Medical Purposes FY24-25*. Retrieved November 2025.

## NSW Health NGO Health Grants Program for health-related transport

Community transport providers may receive funding from NSW Health to provide non-emergency health related transport for eligible clients. The NGO Health Grants program aims to improve access to non-emergency health related transport for people who are transport disadvantaged, whilst supporting system and patient flow. The Ministry of Health provides 24 Ministerially Approved Grants (MAG) which are administered by Transport for NSW on behalf of NSW Health, under a memorandum of understanding. Local Health Districts may provide additional grants or funding arrangements.

### FY2024-25 Performance:

- 21 community transport providers received \$1.02 million for health-related transport.<sup>3</sup>
- Grants ranged from \$11,200 to \$214,000 annually
- Over 14,600 single trips delivered<sup>4</sup>
- 8 Local Health Districts serviced, including 5 metropolitan LHDs and 3 regional LHDs.

Service providers assess eligibility to receive health-related transport assistance. Clients are ineligible for this service if they are entitled to transport support under another arrangement, for example a Commonwealth Home Support Package (if aged >65 years) or through the National Disability Insurance Scheme. The cost of a single trip varies provider to provider. Community transport providers have identified key issues impacting service delivery:

- Funding has not significantly increased whereas cost and demand has.
- There is an increasing number of high-risk patients with the ageing population, increasing acuity and co-morbidities.
- Volunteer base is decreasing and recruitment and retention is difficult.
- There are unknown impacts to provider sustainability from NDIS and Support at Home reforms.

There are opportunities for NSW Health to map the need for these services to ensure funding levels are appropriate and to support LHDs and providers to undertake service planning for the future. Alongside this grants program, some local health districts have local arrangements in place to provide these health-related community transport services. These may be delivered through grant arrangements or directly delivered. Currently it is not known if there are areas in NSW that are not serviced at all by a NSW Health funded community transport service. These are mainly historical arrangements and there is not a statewide governance approach that takes the whole service offering into account.

### Voluntary and Local Ad Hoc Programs

Voluntary and Local Ad Hoc Programs are community-based initiatives supported by NSW Health and local partners to assist people who face transport barriers in accessing health care services. Programs are typically coordinated by local health districts, councils or community organisations and rely on volunteer drivers or locally available vehicles to provide flexible on demand transport options for patients who are unable to use public transport.

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<sup>3</sup> The grants to provider ratio is unbalanced due to several factors, including mergers of community transport providers or a provider taking over a novated lease of another service. CT providers operating across different LHDs will receive separate grants allocated to their activities in a particular LHD.

<sup>4</sup> Single trip is defined as a one-way trip i.e. from Point A to Point B. Two providers did not provide trip data for FY2024-25.

## Charities, Non-Government Organisations and Local Community Groups

Local community groups and charities provide a key role in supporting important community health and wellbeing initiatives, including in transport for health in some locations. They have the advantage of local knowledge and personal investment in the regions. They may participate in the above programs.

One example is the Cancer Council NSW Transport to Treatment program<sup>5</sup> which offers free transport for patients in regional, rural and remote NSW who cannot use community transport or have other barriers to travel to cancer treatment sessions. The service includes transport and the involvement of local volunteers who provide both transport and a listening ear. The Transport to Treatment program is funded through a combination of government advocacy, grants and community donations. Eligible patients can access Transport to Treatment through a referral from a healthcare professional or via Cancer Council NSW directly.

## NSW Ambulance

In regional locations, non-emergency transport demands may compete with the allocation of local ambulance resources. While NSW Ambulance's primary responsibility is to respond to medical emergencies, they are frequently required to provide patient transport services when alternative options are unavailable.

Non-emergency transport can include stretchered transfers, bariatric transfers and transfers requiring some clinical oversight. These demands can affect emergency response capacity, particularly in regional areas. Strategic collaboration with LHDs, PTS and other transport providers helps optimise the use of ambulance resources while ensuring patients' non-emergency transport needs are met.

## Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

IPTAAS is a NSW Health funded subsidy scheme designed to support individuals who need to travel longer distances to access specialist health care (including specialised medical, dental and allied health and voluntary assisted dying services). Patients receive a subsidy for travel and accommodation costs if travelling at least 100km (one way) or at least 200km in a week.

In the 2024-2025 financial year, there were 122,700 IPTAAS applications processed (up from 99,600 in 2023-24), assisting 49,800 patients. Of these, 9.5% of IPTAAS applications were submitted by patients who identify as Aboriginal and/or Torres Strait Islander. During this time, the top 5 specialist types applied for were: orthopaedic surgery, ophthalmology, general surgery, obstetrics and gynaecology and diagnostic radiology.

Concurrent to this transport project, NSW Health continues to make improvements to the IPTAAS program including increasing subsidies, expanding eligibility, simplifying the application process (e.g. removing the requirement signature of a medical practitioner), increasing awareness of the program, making it easier and quicker to claim online and increasing access for priority populations (e.g. Aboriginal specific pilot in collaboration with Aboriginal Community Controlled Health Organisations).

## Patient Transport Service (PTS)

PTS is a NSW Health funded service for people who require a stretchered mode of transport to, or from, a health facility such as a hospital or rehabilitation unit but do not need a time-critical emergency ambulance. A person must be assessed by a medical practitioner or registered nurse as medically unsuitable for community, public, or private transport before being eligible for PTS.

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<sup>5</sup> <https://www.cancercouncil.com.au/get-support/transport-to-treatment/>

PTS is administered via HealthShare NSW for all metropolitan LHDs and 5 regional LHDs (Illawarra Shoalhaven, Hunter New England, Central Coast and, most recently, Mid North Coast and Northern NSW). In the other 4 regional LHDs, a mixture of LHD-led and private providers are utilised to deliver the PTS for the district.

Historical arrangements and funding structures have made it difficult for PTS to scale and support the transfer of demand from NSW Ambulance to PTS in regional LHDs. In recent years, PTS has increased capability to deal with a broad scope of work including bariatric transfers and the transport of children, as is the case for metropolitan LHDs.

As with the IPTAAS program, there are a range of strategic initiatives being implemented in PTS to improve service delivery. This includes recommendation 28 of the Rural Health Inquiry that recommends an expansion of PTS into remaining regional LHDs to ensure consistent and streamlined service delivery across the state, reducing reliance on NSW Ambulance services in these regions. Other initiatives include implementing a reservations operating model to provide greater transparency of arrival times and strengthening rideshare partnerships to offer more timely transport offerings to patients.

### **Taxi Transport Subsidy Scheme (TTSS)**

The NSW Government funded travel subsidy scheme<sup>6</sup> supports individuals who are unable to use public transport due to a severe and permanent disability. Eligible residents receive a subsidy of up to 50% of taxi fare, up to a maximum of \$60. This includes travel in a wheelchair accessible taxi.

### **Specific Care Programs**

Numerous State and Commonwealth funded programs exist which have contingency for travel support for eligible participants. Examples include Aged Care packages, the NDIS program and health programs such as the Commonwealth Government's Integrated Team Care program<sup>7</sup> for Aboriginal people living with chronic conditions.

### **National Disability Insurance Scheme (NDIS) Aged Care**

The NDIS is a Commonwealth funded subsidy that provides supports for younger participants under 65 years or under 50 for Aboriginal and Torres Strait Islander peoples who reside in or are transitioning out of residential aged care. Transport funding is included in participants' NDIS plan to assist in accessing essential health services, attend medical appointment and maintain connection with community-based supports. Ensuring continuity of care and access to necessary health services.

Participants are assessed to determine transport needs and eligibility for funded supports to ensure safe and appropriate travel. Transport supports are coordinated through NDIS providers, residential aged care facilities and relevant health services to meet individual requirements and promote independence.

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<sup>6</sup> <https://www.service.nsw.gov.au/transaction/apply-for-the-taxi-transport-subsidy-scheme>

<sup>7</sup> The Integrated Team Care program supports Aboriginal and Torres Strait Islander people with chronic conditions to access the health care they need. This program is funded under the Commonwealth Government's Indigenous Australians' Health Program.

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## Identified barriers in accessing transport for health

Through the review phase, we have identified specific gaps that create difficulties for consumers in accessing transport for health. These themes are supported by all consultation sources and the literature. They include:

- 1) **For those with specific needs, the range of transport options can be very limited** – this could include disability or illness, bariatric patients, wheelchairs, vehicles with child restraints, or immunocompromised patients.
- 2) **Even with the subsidies available, affordability of transport is a barrier for some** - especially where frequent treatment is required (e.g. cancer or renal dialysis patients) or as user contributions for services like community transport are increasing due to the rising cost of service delivery.
- 3) **Availability of transport can be a barrier in some locations** – either communities don't have access to suitable transport options, or existing services are oversubscribed. This is heightened in regional and cross border communities.
- 4) **Services often lack flexibility to meet personal needs** – including accessing travel outside of hours if that is when the clinic of dialysis finishes, same day transport if being discharged, or needing medications collected on way home.
- 5) **The complexity of the current landscape can be challenging for consumers, providers and health professionals to navigate** – this includes navigating eligibility criteria, awareness of available services in their location and not knowing where to go to find this information.

### Theme 1: Specific user needs and priority populations

For those with specific needs, the range of transport options can be very limited.

Consultation identified that access to transport for health is particularly problematic for specific patient populations. Identified vulnerable patient groups include:

- People requiring renal dialysis
- Immunocompromised patients
- Cancer patients
- People living with chronic disease
- People living in residential aged care settings
- Bariatric patients
- People living with mental illness.

These groups were likely to have specific accessibility needs that may not be catered to by all forms of available transport. This could include the frequency and timing of their healthcare appointments or a requirement for a specific type of vehicle or support to use transport.

772 (35.7%) of the community survey respondents said they had accessibility requirements. This included: 471 (61%) requiring mobility assistance, 185 (24%) wheelchair users, 101 (13%) requiring cognitive assistance and 15 (2%) who use a service animal.

Vulnerable population groups identified through the review included:

- Aboriginal people
- Socio-economically disadvantaged groups
- Older people
- Culturally and Linguistically Diverse groups

- Refugee and Asylum seekers
- People living with a disability.

These groups were more likely to face transport disadvantage. Often this was a result of lower health literacy, financial limitations and the inability to drive themselves.

There has been an ongoing decline in the number and availability of Wheelchair accessible taxis (WAT) services across NSW. Reasons for the decline in WATs include the reported decreasing commercial viability of operating or driving a WAT, rising costs associated with purchasing, maintaining and operating wheelchair accessible taxis, ageing vehicles, difficulty purchasing or modifying a vehicle to comply with safety standards, an increasing trend for vehicles to be driven on a single shift basis, a shortage of drivers, as well as impacts of broader reforms in disability and transport sectors.

Where WATs are available, they are often significantly delayed and unreliable. In regional areas, these issues are heightened, due to the smaller pool of wheelchair accessible taxis, access to relatively fewer accessible public transport options and the need to travel longer distances for essential services and care<sup>8</sup>.

The literature review also specifically identified people undergoing cancer treatment<sup>9</sup>, renal dialysis patients<sup>10</sup> and older people<sup>11</sup> as priority populations.

Mid North Coast LHD collected a series of consumer stories from renal dialysis patients. This report demonstrates how challenges are increased when consumers belong to more than one of these priority groups (in this case, renal dialysis patients and socio-economically disadvantaged groups).

*“Of this cohort of people with chronic renal disease, it is evident that those with stable accommodation, sufficient finances and their own means of transport are able to manage their transport needs with more ease than those who don’t have some of these same stabilising factors in their lives.”*

*Consumer, Mid North Coast LHD*

## Theme 2: Transport affordability

Even with the subsidies available, affordability of transport is a barrier for some. Difficulty in accessing transport creates additional stress and financial burden for individuals and carers. The cost related to ambulance transport particularly where distance-based fees apply also presents further barriers, deterring some individuals from seeking timely and appropriate care.

*“Community transport is also expensive for many and not practical especially if a clinic is in the afternoon and community transport is finished.”*

*Anonymous, Community Survey.*

<sup>8</sup> <https://www.transport.nsw.gov.au/system/files/media/documents/2024/Availability-of-Wheelchair-Accessible-Services-Roundtables-Key-Findings-Report-October-2024.pdf>

<sup>9</sup> Graboyes E et al, 2022. Addressing transportation insecurity among patients with cancer. *Journal of the National Cancer Institute*, 114 (12).

<sup>10</sup> Kamboj et al, 2021. An exploration of how persons receiving in-centre haemodialysis describe how access to transportation for treatment influences their overall health. *Nephrology Nursing Journal*. Mar/Apr 2021, Vol. 48.

<sup>11</sup> Lee E.A.L et al 2018. An accessible and affordable transport Intervention for older people living in the community. *Home Health Care Management and Practice*. 30 (2) (pp 54-60), 2018.

### **Case study: Renal dialysis patient, Mid North Coast LHD**

*Emma lives in Coffs Harbour. Emma began dialysis two years ago. She has never desired home dialysis due to her phobia of needles and self-administering.*

*Emma does not drive. She lives 6 km from the dialysis unit. This would ordinarily be a 15-minute journey for those with their own transport, but a 40-minute journey in a bus that departs every hour. This local privately owned bus, of course, is a much cheaper alternative but they are sometimes unreliable too. Missing a bus could mean missing the start of dialysis by an hour.*

*For a time, Emma was using Community Transport which picked her up from her home. The cost per day is \$15. Emma eventually accumulated some debt with community transport and she was refused service until it was repaid.*

*On at least one occasion Emma has walked the ninety-minute journey back to her home at night after missing the bus.*

*Finding community transport too expensive, Emma elected to ride a motorised scooter to and from dialysis. This was despite the concerns raised by nursing staff of the risks inherent in her riding home in the dark and the risks of bleeding out should her fistula be subject to trauma.*

*Emma is pregnant now. She says “I stopped using the scooter because of the pregnancy. I didn’t want to risk anything. People (staff) had told me that it was unsafe before I stopped, but if I’m honest, the reason I stopped was the pregnancy”*

*Emma is using public transport again now. Her backup contingency is her mother-in-law, who is not guaranteed to be available. “We don’t have the money for taxis”, she says.*

*Dependence on public transport has meant Emma has missed several dialysis sessions.*

Increasing costs of fuel and workforce are increasing the cost of operating for many transport providers. Without corresponding increases in available subsidies they are often being forced to pass these costs onto users through user contributions, which for some can make community transport unaffordable.

Consultations provided a specific example where the user contribution has tripled in 1 year:

*To bring a patient from Taree to John Hunter Hospital (regular transport trip), it was \$70, and it is now \$217.80. That’s the contribution they are asking from patients. Patients can’t afford this contribution amount, and 90% of the people we’re moving are pensioners.  
Consumer, Hunter New England LHD*

### **Theme 3: Transport availability and priority locations**

Availability of transport can be a barrier in some locations. For some communities this is a lack of access to suitable transport options, or in others existing services are oversubscribed. In some instances, people are reporting going without recommended health care due to lack of transport.

People living in rural and remote locations have greater barriers to accessing transport for health including limited or no public transport options, greater geographical distances, poorer road quality and additional driving risks.

*“Travelling to healthcare appointments is expensive due to my high needs and location in rural NSW.”  
Anonymous*

Of the 2,162 community survey respondents, 23% had travelled more than 3 hours (on average) for healthcare. 19% of regional respondents travel over 3 hours to access healthcare in comparison to only 4% of metropolitan respondents.

Additionally, 28% of metropolitan respondents travel less than 30 minutes to gain access to healthcare in comparison to only 16% of regional respondents. Distribution of reported travel time is shown in Figure 3 below.

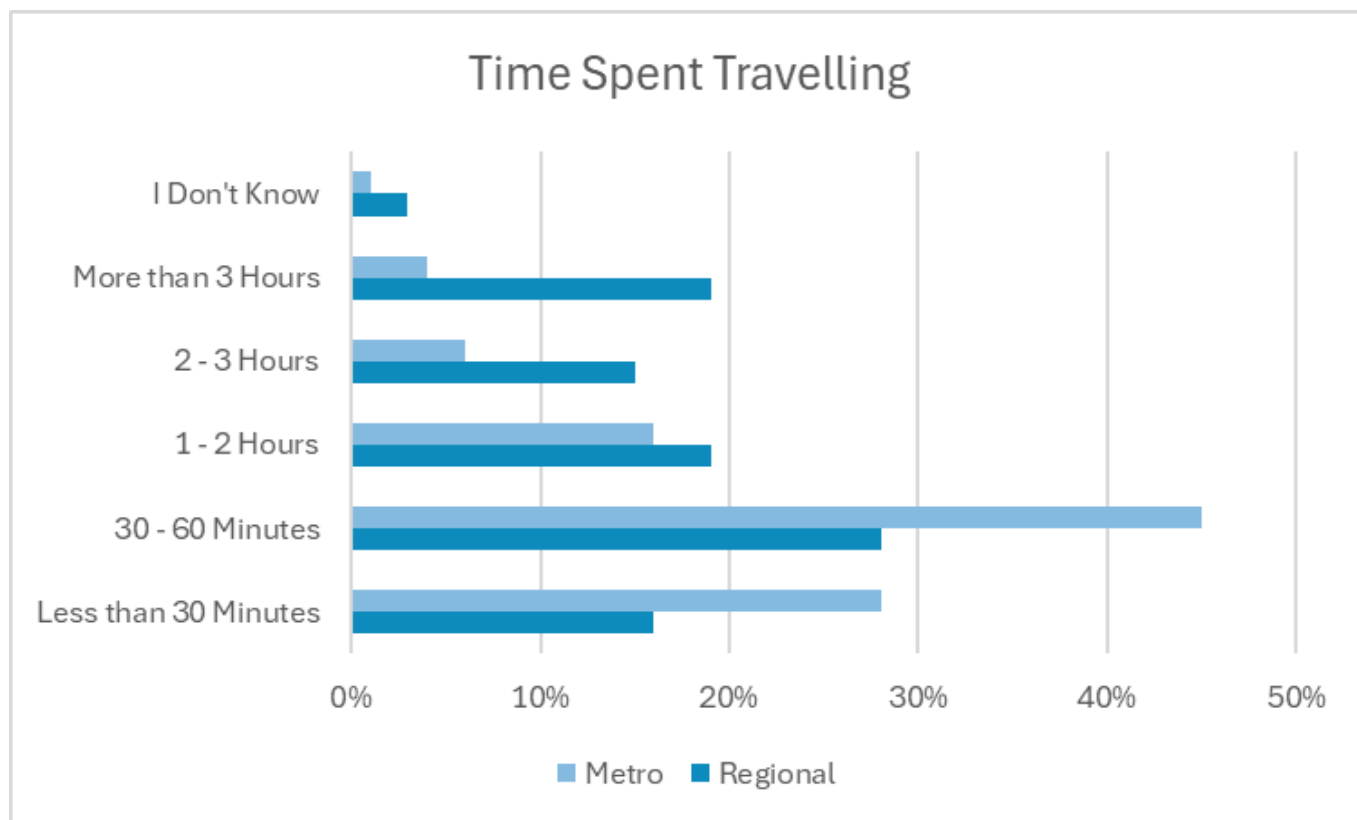


Figure 3: Reported travel time to healthcare from the community survey

*“It’s a 3 hour round trip to get my husband to John Hunter Hospital for infusions for his [Chronic Inflammatory Demyelinating Polyradiculoneuropathy].”*  
*Anonymous, Community Survey.*

An identified eligibility gap in the IPTAAS program is communities located just under 100km from their nearest health service as they are driving significant distances but are ineligible for reimbursement through IPTAAS. While this is currently addressed through discretionary approvals, not all users may be aware that they can contact their IPTAAS office about this.

In the community survey, 47.8% of respondents reported they had cancelled or postponed a healthcare appointment in the past year due to a lack of transport. The most frequently reported reason for this was availability of transport.

Other vulnerable locations identified in the review included:

- Very remote areas
- cross border communities
- regions experiencing high population growth
- regions with limited public transport

- regions with a higher-than-average proportion of vulnerable populations
- areas with high rates of natural disasters.

Several transport providers reported having more demand than they were able to meet with their current resourcing.

*“[We] always have increased capacity for any transport required however capacity to supply subsidised fares is not possible due to funding short falls.”*

Transport providers also noted that challenges retaining an adequate volunteer workforce are impacting their ability to meet demand.

*“We rely upon volunteers to provide services. There are so many people needing their help, and few volunteers”.*

If the appropriate service is unavailable for any reason, demand can often default to a higher level or unsuitable service. For example, in regions without adequate PTS capacity, patient transport demand can default to NSW Ambulance, with a subsequent negative impact on resourcing available for emergency care through NSW Ambulance. The review identified a significant gap in PTS for several rural LHDs.

#### **Theme 4: Service flexibility**

Services often lack flexibility to meet personal needs. Many clinics may finish at times which do not align with available public transport or community transport hours of operation. Same day transport for discharge can be challenging to access, as many providers prefer at least 48 hours’ notice to book trips.

Prioritisation of eligible clients, while necessary for services who may be oversubscribed, creates barriers for other users who may wish to use these services.

Mid North Coast LHD collected a series of consumer stories from renal dialysis patients.

#### **Case study: Renal Dialysis patient Mid North Coast LHD**

*Ramesh is too young for an aged care package and does not qualify for NDIS assistance. As such, he has no access to support services. Ramesh said he does not utilise community transport as “it is just like catching a cab – you’ve still got to pay for it”. At “least with a cab you know that it is coming when you call. With community transport, you need to pre-book. In emergencies, there is no time to book”.*

*Ramesh has access to Taxi Transport Subsidy Vouchers, stating the process to access this was “easy” for him.*

*He does not use public transport acknowledging that there would be no bus that could get him to dialysis on time at 8am and that he is limited in his mobility. “I can’t walk far and I wouldn’t be able to stand waiting for the bus”.*

The Mid North Coast case studies noted transport challenges, particularly in the afternoon:

*“Those who dialyse in the afternoon have less options available to them when considering transport home in the evening. Community transport ceases service before dialysis finishes each day, and public transport runs less frequently at night too”.*

Returning home after hospital discharge was noted as a particular challenge, as this requires coordination between hospital discharge timing and community transport availability or the public transport schedule.

## Theme 5: Complexity of service landscape

Largely covered in the “current landscape” section above, this complexity of stakeholders and variation in eligibility criteria can be very challenging for users to navigate.

There is a significant opportunity to improve access to health transport by investing in promotion of options available. The community survey and other consultation processes clearly identified that the community are seeking assistance with obtaining information regarding their transport options, eligibility and associated costs.

Additionally, this information can be difficult to access for transport providers and health professionals seeking to refer consumers.

*“Make sure information about what is available is widespread and easily accessed”.*

Mapping of local transport options needs to be undertaken and maintained to be able support communities with better awareness.

In the community survey, most respondents said that they use Google or a Search Engine (32.1%) or Family / Friends (26.9%) to identify information about health transport services. Community Health Services (14.4%) or their General Practitioner (15.5%) were also used by many. 23% of respondents said that they do not look for this information.

Other factors that impact on consumers navigating this complexity include:

- Variation in eligibility criteria between services
- Complex booking systems or timetables
- Requirements for referrals or registration to use specific services
- Navigating health transport and booking systems requires some level of health and computer literacy which not all users have.

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## What is working well in transport for health

The consultation also asked what was currently working well in non-emergency patient transport and requested case studies of effective strategies that may be relevant for other areas. Opportunities and potential solutions were also further explored in the second phase of the project.

### **Multiloading and rideshare**

The historical practice of multiloading in HSNSW PTS has been identified by LHDs and HSNSW as an opportunity to provide more timely services to patients, improve efficiency, reduce carbon footprint and reduce costs.

The opportunity to expand rideshare transport options was raised through consultation by community and providers. There are also opportunities to centralise these services currently booked via ad hoc arrangements. HSNSW PTS are progressing with the HealthRide initiative that will centralise rideshare bookings, ensuring consistency of service and improved competitiveness of suppliers.

There is limited centralisation of commissioning and governance arrangements for non-emergency patient transport across NSW. Through greater centralisation, PTS could create market contestability even if it does not exist within a specific geographic region to improve service availability and outcomes. As patient cohorts in all areas of health have greater needs, PTS needs to evolve and leverage economies of scale to support the NSW Health system.

NSW could also consider the recent non-emergency patient transport review in Victoria<sup>12</sup> which, in summary, recommends:

- planned and unplanned non-emergency patient transport services should be separated
- centralised booking and dispatch of planned non-emergency patient transport resources should be introduced
- the existing model can be improved by centralised strategic commissioning of services to consolidate contracts; central intervention to maintain and improve market contestability; and social procurement to improve environmental sustainability and workforce conditions
- expectations, roles and responsibilities for non-emergency patient transport services need to be clearly outlined.

### **Communication and collaboration**

Those LHDs which reported having effective transport programs often included the following reasons as enablers:

- effective communication with users (including providing a single point of access)
- dedicated staff to provide transport or assist consumers to navigate transport options and book transport
- Coordination of appointments in alignment with patient and transport provider needs
- effective communication with other transport providers
- integration of transport functions into one unit.

### **Virtual care and outreach services**

Ensuring virtual care modalities are provided as options, where appropriate, can reduce the travel burden for many individuals especially those with complex needs, mobility restrictions, or who are immunocompromised. For those needing treatment, diagnostics or other services that cannot be delivered virtually, outreach clinics can also reduce the need to travel. Virtual and outreach care was also identified as an opportunity to deliver more sustainable healthcare that also reduces other access barriers for patients.

### **Environmental sustainability**

The literature reviewed as part of the project identifies the importance of considering the environmental impact of transport for health<sup>13</sup> which aligns with the NSW Government commitment to reach a target of net zero emissions by 2050<sup>14</sup>.

In the 2024 Net Zero Commissions report, transport was highlighted as the second-highest emitting sector in NSW, with road transport responsible for 87% of these emissions<sup>15</sup>. Increasing the sustainability of services through reducing the need for transport where clinically appropriate (in home and virtual care) and using low emissions vehicles (e.g. Hybrid, Electric vehicles) was also identified as an opportunity to reduce emissions and fuel costs<sup>16</sup>.

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<sup>12</sup> <https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport-review>.

<sup>13</sup> Rodriguez-Jimenez L et al, 2023. *The carbon footprint of healthcare settings: a systematic review*. *Journal of Advanced Nursing*, 79.

<sup>14</sup> <https://www.energy.nsw.gov.au/nsw-plans-and-progress/government-strategies-and-frameworks/reaching-net-zero-emissions/net-zero>

<sup>15</sup> Net Zero Commission, 2024. *2024 Annual Report*. <https://www.netzerocommission.nsw.gov.au/2024-annual-report>

<sup>16</sup> Ibid

## **Charities and the local community sector**

In line with the NSW Health Position Paper, [Understanding the charity and local community sector in regional NSW](#)<sup>17</sup>, there is an opportunity for NSW Health to further collaborate with local community groups and charities around transport gaps and solutions.

## **Place based approaches**

Localised community co-designed transport solutions have demonstrated success in regional NSW.

### **Case study 1: Remote mobile CT van in Northwest sector of Western NSW LHD**

This service brings latest diagnostic imaging technology through a mobile CT van which visits Bourke, Cobar and Walgett, thus reducing the travel burden for remote communities.

A Western NSW report noted that this service was seeing some patients presenting referrals that were two years old due to their former inability to travel for diagnostic services<sup>18</sup>.

### **Case study 2: Shirley Shuttle, Central Coast LHD**

The registered charity, Shirley Shuttle, is a volunteer-operated transport service. The service commenced operation in 2008 and transports oncology clients and their carers, without viable transport alternatives, to treatment centres in Gosford and Wyong. They transport people between Gosford train station and Gosford hospital.

The organisation is funded through charitable donations with the Central Coast Community Transport operation supporting bookings and scheduling. Clients are asked to make a contribution towards running costs for each return trip.

In 2024, the Shirley Shuttle completed over 9000 trips to ensure clients received their life saving treatments.

### **Case Study 3: Centralised access in Hunter New England LHD**

Hunter New England LHD have seen success with streamlining their transport program to provide one central team and one phone number for the community to contact.

Many people are referred to the transport team through their GP, medical specialist, transport providers, My Age Care, Home Support Programs, public and private hospital discharge planners, social workers and local councils. Word of mouth is also popular in the community, with many clients learning about the service from friends, family, or healthcare staff rather than through traditional advertising channels.

The transport team utilises 33 Transport Providers across the Hunter New England region.

### **Case study 4: Strong PTS relationship in Northern Sydney LHD**

Northern Sydney LHD have cultivated a strong relationship with the PTS service, based on regular communication. They highlighted a daily 3pm meeting to review capacity and occupancy for the remainder of the day as an extremely effective strategy. This enables prioritisation to ensure optimal patient flow.

### **Case study 5: Southern NSW integrated transport unit**

The patient transport service for Southern NSW LHD and Ambulance is all integrated into one unit which enables them to look at the whole spectrum of services together and more readily see where

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<sup>17</sup> <https://www.health.nsw.gov.au/regional/Publications/understanding-charity-sector-regional-nsw.pdf>

<sup>18</sup> Reference Western NSW report “The impact of limited transport options when accessing health care in Regional NSW” (recently released)

gaps are across the continuum and work on a future program of work that tries to address those gaps.

Southern NSW residents and community often need to access highly specialised healthcare within the Australian Capital Territory (ACT). Having all services under one umbrella is an effective way to manage cross-border transference between their LHD and ACT.

# 5

## Phase 2: Explore the future state of non-emergency transport for health



## Summary of priority population context and issues

Phase 2 further explored the context and issues that were identified in Phase 1 with each of the 5 priority populations.

The workshops were an opportunity for small groups to discuss the key issues of transport for health through the lens of their focus population. Each group selected their top 3-5 points to bring back to the main group for collation and discussion. Several key themes emerged, as listed in the table below.

### Key issues raised by each priority population group

Priority population group	Overview of issues	Key issues
Regional, rural and remote and cross-border communities	Transport for health in regional and remote communities is a complex challenge. There are fewer taxis, buses or trains. The distances to be travelled may be vast. People from these communities often experience inequitably higher needs both in terms of health issues and their reliance on transport services. Cross-border communities, many of whom are also regional or remote, must navigate a complex and disjointed system.	<ul style="list-style-type: none"> <li>• The tyranny of distance</li> <li>• Coordination</li> <li>• Transport literacy</li> <li>• Access to services versus access to transport</li> <li>• System issues</li> <li>• Fit for purpose?</li> <li>• Changing needs</li> </ul>
Aboriginal Communities and the role of AMSs/ACCHOs	The discussion of this group reflected a strong overlap with other groups in this series of workshops. The subsequent inequities are well documented and this group is a high priority for future focus.	<ul style="list-style-type: none"> <li>• Compounding inequities</li> <li>• Cultural sensitivity and safety</li> <li>• Coordination</li> <li>• Transport literacy</li> <li>• Funding/resources</li> </ul>
Aged care and older people	As the population ages, there is also a potential growth in need for transport for health. The complexity of needs may increase as we age, at a time that it becomes increasingly difficult for individuals to navigate the system and manage this themselves.	<ul style="list-style-type: none"> <li>• Complexity of needs</li> <li>• Accessibility</li> <li>• Transport literacy</li> </ul>
Frequent users of transport	Many of the issues already described in other groups were raised again in the discussion of frequent users of transport. In this case, however, the impact of each issue is multiplied many times. Dialysis and cancer care were discussed in detail, but other health	<ul style="list-style-type: none"> <li>• Compounding impact of multiple trips</li> <li>• Complexities of needs</li> <li>• Risk to patient during transport, especially headed home</li> </ul>

	<p>issues were raised; mental health was noted as an issue frequently overlooked.</p>	<ul style="list-style-type: none"> <li>• Eligibility barriers</li> <li>• Service costs and quality</li> <li>• Transport literacy</li> <li>• Significant issues in rural and remote areas</li> </ul>
<p>People with disability</p>	<p>People with disability may have significant transport for health needs yet poor access to appropriate options. Whilst the discussion often turns to wheelchair access, it is also important to remember that there are many kinds of disability, including sensory disability, intellectual disability, physical disability, psychosocial disability and disability due to head injury, stroke or acquired brain injury.</p>	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Complexities of needs</li> <li>• Eligibility</li> <li>• Dignity and autonomy</li> </ul>

Further details of the key issues are provided at [Appendix G](#).

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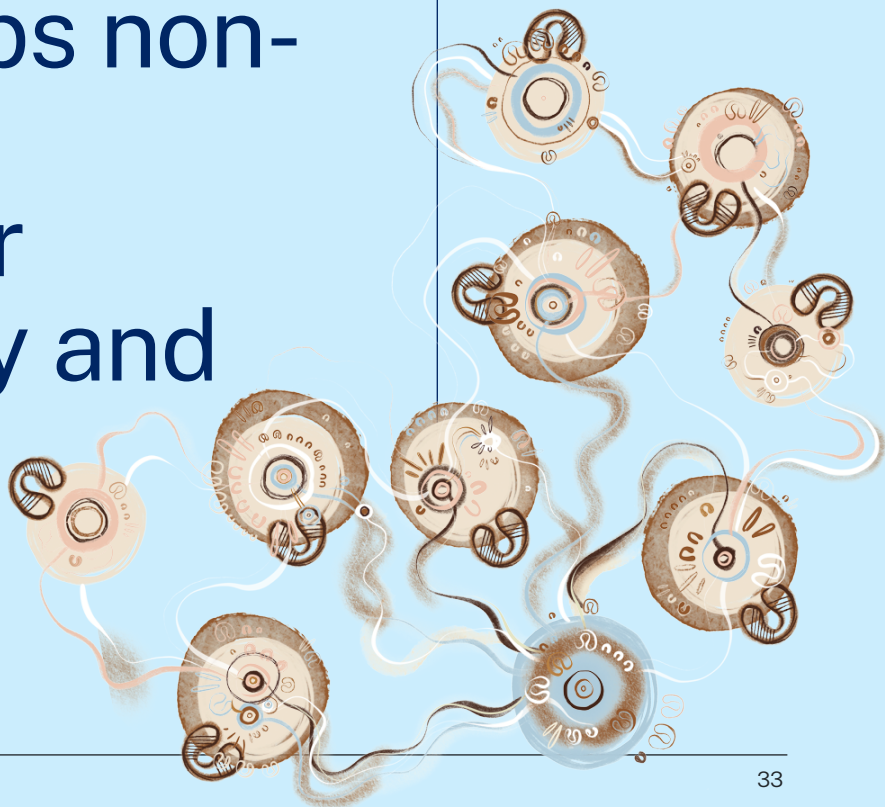
## Potential future actions

At the workshops, the small groups reflected on the context and issues raised and explored potential actions for the future.

Across all the groups, the following themes and potential future actions emerged. Across all themes, it was clear that further discussion will be required to clarify roles and responsibilities in the future. The themes from the workshops are included in [Appendix H](#).

# 7

## Phase 3: Develop recommendations for next steps non-emergency transport for health policy and programs



# Proposed recommendations

The following proposed recommendations have been developed based on insights gathered during the Phase 2 workshops on the future state of non-emergency Transport for Health in NSW. They have been refined through stakeholder feedback to ensure they are practical, inclusive and aligned with community needs.

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## Bring care closer to communities

1. Deliver more preventative and primary care locally, co-locating services, combining services and offering outreach to reduce the need to travel.
2. Provide more virtual care, wearables and monitoring technology, care-at-home and outreach models patients to reduce need to travel, where appropriate. Promote the benefits of virtual care, as effective alternatives to in-person services, early in care conversations with patients.

It is acknowledged that the recommendations under 'bring care closer to communities' are strategic priorities for NSW Health. Broader system-level initiatives in relation to these recommendations are being progressed through other strategic programs, including the Future Health Strategy and the Regional Health Strategic Plan.

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## Improve health transport literacy

3. Make health transport information available and accessible to consumers and educate health staff on transport options that are available locally.

This includes details for public, private, primary health organisations, covering the scope of services, eligibility criteria, associated costs and access requirements across various programs and schemes. Consider the following:

- Where possible, provide this information available through a single access point or hub.
  - When developing this communication material, ensure that it is accessible to all consumers and is culturally sensitive.
  - Utilise existing information sharing solutions to disseminate information to health professionals (such as HealthPathways)
4. Consider a navigator or concierge function at a local or LHD level to support consumers to navigate transport options, especially for very remote locations, consumers with complex or chronic health conditions and those with additional needs. This function may be undertaken by existing staff, for example, patient experience officers.

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## Strengthen cross-border and local transport integration

5. Continue to consult with other jurisdictions on transport for health across borders including:
  - Exploring opportunities to update agreements and processes to streamline cross-border transport

- Mapping cross-border transport needs and potential solutions.
6. Embed consistency in the Transport for Health policy to promote equity, improve clarity and enable seamless consumer movement across LHD boundaries to maximise resources, reduce the travel burden and/or improve their experience.
  7. Establish and maintain localised communication pathways that are responsive to local community needs for transport for health. Facilitate coordination between health and transport providers to proactively manage delays, rather than placing the burden on the consumer. Develop mechanisms for managing and prioritising surges in local demand. Ensure robust business continuity plans are in place to maintain service delivery during emergencies or disasters, when usual transport options are unavailable.
  8. Ensure collaboration between Health, Transport for NSW, local councils and non-government providers to support proactive planning and ongoing maintenance of facility design, including considerations for parking, active travel infrastructure and transport integration.
  9. Explore HealthRide (rideshare) and multiloading options for PTS.

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## Embed transport or alternative care models into care coordination

10. Establish clear processes, timing, roles and responsibilities for integrating transport into routine care planning and discharge planning for all patients, including those who can independently travel home.
11. Integrate transport-related information into the Single Digital Patient Record to support coordinated care planning, improve patient access and enhance service delivery efficiency.

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## Define, improve and innovate service delivery and scale up good ideas

12. Undertake service mapping and collation of operational information and data across Transport for Health program to define:
  - Current funding sources, costings and out-of-pocket patient expenses, cost-effectiveness analysis
  - Eligibility criteria
  - Governance mechanisms, arrangements, performance measures and KPIs
  - Roles and responsibilities of stakeholders
  - Geographical and priority population “hot spots”
13. Review existing schemes and grants, scale effective place-based models and explore innovative approaches that enhance service delivery. Ensure solutions are flexible and responsive to high-frequency needs. Examples of innovative solutions are:
  - Provide free carparking and spaces for carers, particularly for consumers with frequent healthcare appointments (e.g. renal and cancer treatment)
  - Trial service-based transport buses in locations with high demand
  - Trial a renal bus outreach service

- Explore opportunities to maximise use of assets such as school buses, residential aged care buses and courtesy buses in partnership with Transport for NSW.
14. Streamline and standardise eligibility criteria to promote consistency and better meet demand.
  15. Explore opportunities to reallocate funding, for example, consider redirecting taxi voucher funding towards employing and training drivers.

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## Advocate for reform

16. Advocate to the Commonwealth to review and strengthen transport funding across the NDIS, aged care and AMSs, and to enhance community transport funding as part of their responsibilities in Aged Care, Primary Health, Disability and Accessibility. This should include evidence of the potential consequences to health and wellbeing of individuals as well as cost the system when transport needs are not addressed.

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## Improve transport service accessibility

17. Ensure transport access to health services for diverse communities by:
  - Supporting more culturally appropriate and responsive transport options with a focus on greater flexibility
  - Introducing a minimum requirement of wheelchair-accessible vehicles among transport providers
  - Improving the reliability and clarity of transport timetables, particularly to support people with intellectual disabilities or neurodiverse individuals).
  - Improving and simplifying booking processes, ensuring that systems and practices are designed to support both physical and cultural accessibility.

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## Address workforce issues

18. Consider opportunities to better support and strengthen the volunteer workforce by offering incentives and streamlining processes. Incentives may include fuel reimbursements, meal vouchers, small stipends, training and development.
19. Ensure the workforce is equipped to support people with disabilities and Aboriginal, Culturally and Linguistically Diverse (CALD) and vulnerable communities. This may include training on inclusive communication, the role and importance of mobility and other assistive aids, understanding comorbidities and upholding dignity, autonomy and choice for people.

# Next steps

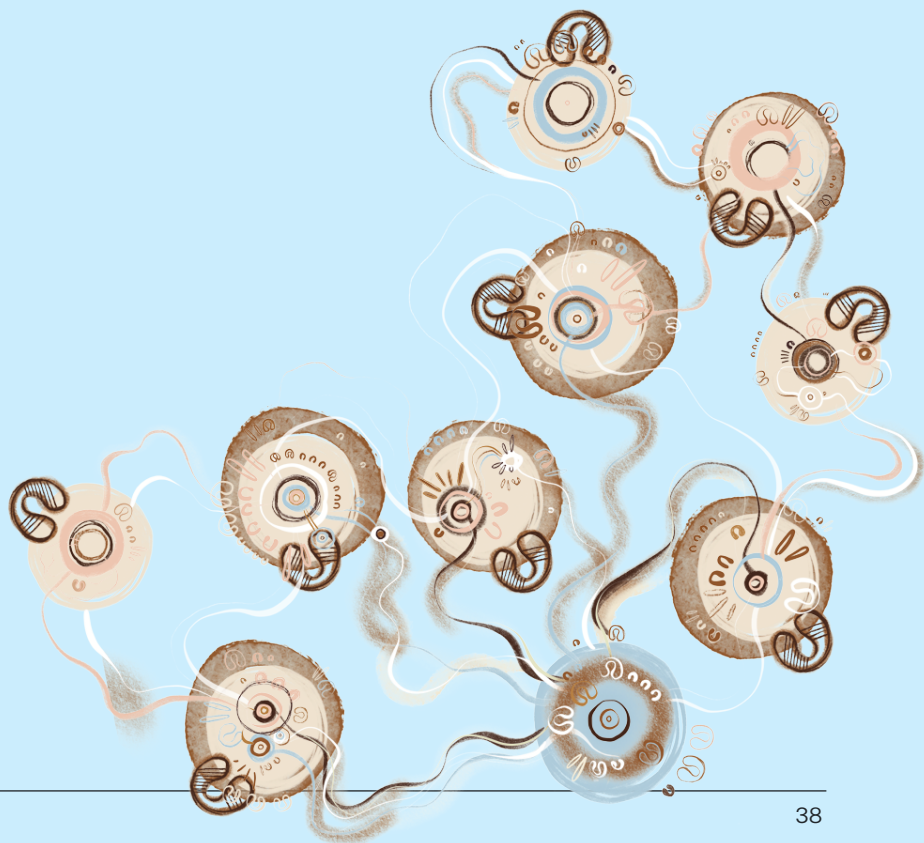
This report will inform a comprehensive review of the Transport for Health Policy Directive to determine the nature of a future strategic document.

The NSW Ministry of Health will lead the development of this future strategic document with oversight from the Transport for Health Steering Committee.

The above recommendations will be incorporated into the future strategic document and/or program guidelines. Specific leads and timeframes for these recommendations will be established during implementation of the strategic document. Some recommendations are already being progressed through broader system-level initiatives including the Future Health Strategy and the Regional Health Strategic Plan.

# 8

## Appendices



## Appendix A: Steering Committee Terms of Reference

<b>Version</b>	Version 2
<b>Frequency</b>	Bi-Monthly, or as determined by the Chair
<b>Venue</b>	Microsoft Teams and 1 Reserve Road St Leonards
<b>Purpose</b>	The Steering Committee will provide feedback and endorsement on project direction at key stages of the project. Members will participate in one of the workshops in phase two and support the identification of additional attendees. The Steering Committee will support the project's alignment with other projects or work across NSW Health or other government or health organisations.
<b>Governance</b>	Outcomes of the meeting are advised to: <ul style="list-style-type: none"> <li>• Deputy Secretary, Regional Health</li> <li>• Regional Health Committee</li> <li>• Chief Executives, Health Share and NSW Ambulance</li> <li>• Air Transport Review Project Steering Committee</li> </ul>
<b>Chairperson</b>	Director – Strategy Governance and Delivery, Regional Health Division
<b>Secretariat</b>	Regional Health Division
<b>Membership</b>	<p><u>Regional Health Division</u></p> <ul style="list-style-type: none"> <li>• Director, Strategy Governance and Delivery (Chair)</li> <li>• Program Support Lead, Program Support Unit (Project Lead)</li> <li>• Project Officer, Program Support Unit (Secretariat)</li> <li>• Other project team members as required</li> </ul> <p><u>NSW Health</u></p> <ul style="list-style-type: none"> <li>• Health and Social Policy Branch, Ministry of Health</li> <li>• HealthShare NSW</li> <li>• NSW Ambulance</li> <li>• Hunter New England LHD</li> <li>• Northern NSW LHD</li> <li>• Southern NSW LHD</li> <li>• South East Sydney LHD</li> <li>• Climate Risk and Net Zero Unit, Ministry of Health</li> <li>• Clinician representative (Murrumbidgee LHD)</li> <li>• Cancer Institute</li> </ul> <p><u>Other organisations</u></p> <ul style="list-style-type: none"> <li>• Bullinah Aboriginal Health Service</li> </ul>

	<ul style="list-style-type: none"> <li>• Aboriginal Health and Medical Research Council</li> <li>• Consumer representative</li> <li>• Transport for NSW</li> <li>• Cancer Council NSW</li> </ul>
<b>Member's roles and responsibilities</b>	<ul style="list-style-type: none"> <li>• Attend meetings and at least one workshop in phase two of the project</li> <li>• Provide advice on project scope and identification of areas of focus, key stakeholders and project direction</li> <li>• Identify any related projects or work relevant to the project</li> <li>• Endorse the project plan and key project deliverables</li> </ul>
<b>Agenda</b>	<p>Standing agenda items to include:</p> <ol style="list-style-type: none"> <li>1. Acknowledgement of Country</li> <li>2. Apologies / Actions</li> <li>3. Project Status update</li> <li>4. Other business</li> <li>5. Next meeting</li> </ol>
<b>Quorum</b>	>50% of membership
<b>Review</b>	Annually or as required

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## Appendix B: Summary of Literature Search

### Non-Emergency Health Transport Literature scan

Transport is identified in the literature as a social determinant of health, meaning that adequate access to transport is linked with better health and wellbeing outcomes<sup>1-3</sup>. Priority transport populations include people undergoing cancer treatment, renal dialysis patients, older people and people with a disability.<sup>3-6</sup>

Despite the importance of transport in promoting health, there is a limited evidence base for transport for health solutions. Researchers in America, responding to the gap in a standardised approach for identification of people at high risk of 'transport insecurity', are developing and validating a *Transportation Security Index (TSI)*<sup>7</sup>. 'The TSI is an individual-level measure that directly captures the experience of transportation insecurity, regardless of geography or mode of transit'<sup>8</sup>. Once fully tested, such a tool could be utilised by health and welfare providers to screen for individuals who are transport insecure and link them with local transportation providers.

Research also identifies the importance of considering the environmental impact of transport for health<sup>9</sup> which aligns with the NSW Government commitment to reach a target of net zero emissions by 2050<sup>10</sup>.

1. Artiga S, Hinton E. 2018. Beyond Health Care: The role of social determinants in promoting health and health equity <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
2. Mirza et al, 2022. The complex nature of transportation as a key determinant of health in primary and community care restructuring initiatives in rural Canada. *Journal of Aging Studies*. Vol. 60.
3. Kamboj et al, 2021. An exploration of how persons receiving in-center hemodialysis describe how access to transportation for treatment influences their overall health. *Nephrology Nursing Journal*. Mar/Apr 2021, Vol. 48 Issue 2.
4. Graboyes E et al, 2022. Addressing transportation insecurity among patients with cancer. *Journal of the National Cancer Institute*, 114 (12).
5. Lee E.A.L et al 2018. An accessible and affordable transport Intervention for older people living in the community. *Home Health Care Management and Practice*. 30 (2) (pp 54-60), 2018.
6. Black, M et al, 2024. Safe transportation of children with disabilities and medical conditions in motor vehicles: Experiences and perspectives of Australian health professionals and organisations. *Journal of Road Safety*. Vol. 35 Issue 1.
7. McDonald-Lopez K et al, 2023. A Driver in health outcomes: developing discrete categories of transportation insecurity. *American Journal of Epidemiology*, Vol 192 (11).
8. Rodriguez-Jimenez L et al, 2023. The carbon footprint of healthcare settings: a systematic review. *Journal of Advanced Nursing*, 79.
9. Murphy AK et al. 2021. Validating the sixteen item Transport Insecurity Index in a nationally representative sample: a confirmatory factor analysis. *Surveillance Practice*, 14(1).
10. <https://www.energy.nsw.gov.au/nsw-plans-and-progress/government-strategies-and-frameworks/reaching-net-zero-emissions/net-zero>

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## Appendix C: Former Transport for Health Policy Directive

[NSW Transport for Health Policy Directive 2006 to 2011.pdf](#)



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## Appendix D: Phase 1, in-depth stakeholder interview questions

### Introduction

1. What role does your organisation play in supporting non-emergency patient transport?
2. How do patients find out about your program / service?

### *Data / evidence*

3. Do you have any data or information on the demographics of patients who access your program / service? (i.e. who uses the service/program, how far do they travel, etc.)
6. Do you have any data or evidence on people's experiences with your transport service or program?
7. Do you have any data or evidence on staff experiences with your transport service or program?

### *What is working well*

4. What works well about your non-emergency patient transport service / program?
5. Are you aware of any exemplary programs that could be scaled or replicated?

### *Gaps and barriers*

8. What gaps are you aware of in availability of non-emergency patient transport?
9. What barriers prevent patients accessing non-emergency transport?
10. Are you aware of any other services or organisations people depend on to provide them transport to access care?
11. What are the linkages and relationships between your service and other providers?

### *Cohorts at risk*

12. Are there any particular cohorts you would say face greater barriers or increased risk of transport disadvantage? (e.g. renal dialysis, Aboriginal, regional etc.)
13. Are there any particular people/cohorts you are aware of whose care quality is impacted due to lack of transport?

### *\*Locations / hot spots*

## Appendix E: Community survey questions

Questions	Response options
<b>About you</b>	
1. Where do you live?	Postcode
2. What is your age?	16-17 18-24 25-34 35- 44 45-54 55-64 65-74 75+
3. Is English the main language spoken in your home?	Yes No, Arabic No, Cantonese No, Greek No, Italian No, Mandarin No, Vietnamese No, other (please specify) Prefer not to say
4. Do you identify as Aboriginal and/or Torres Strait Islander?	Yes, Aboriginal Yes, Torres Strait Islander Yes, both No Prefer not to say
5. Do you have any transport accessibility requirements? (i.e. wheelchair, height adjusted, assisted transport services, vision support.)	No Yes (please specify)
6. How frequently do you travel to hospital or healthcare?	Multiple times a week Weekly Monthly Annually Less frequently
7. Approximately how much time do you spend travelling to access healthcare per trip?	Less than 30 mins 30 mins to 1 hour 1 to 3 hours Greater than 3 hours (please specify)
8. In the past year, what was your main reason for travelling to access healthcare?	Primary care (e.g. General Practitioner visit) Renal dialysis Surgery Cancer services Ophthalmology Obstetrics and Gynaecology (including Pregnancy) Medical scans or testing Rehabilitation Other (please specify) (alphabetical order)
<b>Your transport experience</b>	

9. What types of transport have you used to travel to and/or from hospital or healthcare appointments in the past 12 months?	Personal transport Friends and family Public transport Community transport provider Private transport provider Hospital transport (Patient Transport Service) Rideshare/taxi Other (please specify) (can select multiple)
10. Which transport method do you use most frequently?	As above
11. How would you rate the availability of transport services in your area? (e.g. public transport, community transport, taxis, rideshare, other)	Very good Good Neither good nor bad Poor Very poor
<b>Your transport needs</b>	
12a. When it comes to transport to access health services, what is most important to you?	Accessibility Affordability Availability Comfort Frequency Privacy Quality Other (please specify) (select up to three) (alphabetical)
12b. Why are these important to you?	Open text
<b>Your awareness of transport options</b>	
13. What services or programs are you aware of that can assist you to travel when accessing healthcare in non-emergency situations?	Aboriginal Medical Service transport programs Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) Local community transport Private transport provider Public transport Patient Transport Service (NSW Health) Commonwealth Home Support Program (CHSP) Home Care Packages Other (please specify) None of the above (select multiple)
14. Where do you find information about transport to health services?	Google / Search Engine Local council NSW Health website Your Aboriginal Medical Service Your General Practitioner (GP) Your Community Health Service HealthDirect Other (please specify) I don't look for this information
<b>Challenges accessing transport</b>	
15a. In the past 12 months, have you postponed or cancelled a healthcare appointment due to a lack of transport?	Yes/No

15b. If yes, what is the most common reason for this?	Cost of transport Availability of transport Other (please specify) (select multiple)
<b>Your ideas for future improvements / How can we improve health transport service?</b>	
16. Please share any additional feedback about transport to access health services in your area.	Open text

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# Appendix F: Transport provider survey questions

## Introduction

- What is the name of your organisation
- What geographical area do you service? (LHD)
- How many trips per week does your organisation complete on average?
- What percentage of your trips are health or medical related?
- Are there any eligibility criteria for use of your health-related transport services?

## Demand and Utilisation

- How do people find out about your service?
- Are there any specific locations or trips where demand is higher than average?
- How frequently do you receive requests for trips outside of the LHD you service?
- How frequently do you receive requests for trips to be made outside of your operating hours?
- How frequently is your service at capacity or oversubscribed? (Always, Sometimes, Never)
  - When oversubscribed, how do you prioritise user trips?

## Barriers

- Are there any groups that are not able to access your service due to accessibility needs?
- Are there any patients that are not able to access your service because of high-risk health issues? Where are high risk patients referred to instead (if known)?
- What is the biggest threat to your service continuing? (rising fuel and maintenance costs, workforce availability, funding models, other (please specify))

## Improvements

- Are you aware of any innovative models of collaboration or partnerships that are effectively support patient transport?
- How could NSW Health better support you to deliver health-related transport? – select all that apply (Improving information sharing, increasing timeframes for referral, effective handover processes, additional funding, other - please specify)

## Funding

- What is the approximate cost per kilometre of delivering your service?
- Please select the funding source/s that your organisation accesses:
  - Transport for NSW
  - Commonwealth Government e.g. Commonwealth Home Support Program
  - NSW Health e.g. Health Related Grants Program
  - User contributions
  - Own revenue raising
  - Other please describe
- Approximately, what percentage does each of these funding sources represent?
- Does your current funding meet current client demand for health-related transport?
- Are you raising or planning to raise any additional funding?

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## Survey responses

The Survey responses were largely consistent with the insights from the other consultation sessions. Of the 12 responses received, insights provided were:

- The complexity of navigating eligibility requirements and funding landscape.
- A high proportion of community transport trips are health related (45 to 100%).
- Challenges transporting patients with accessibility requirements and/or high-risk health issues.
- Volunteer availability, funding models and rising fuel and maintenance costs are challenges to these services continuing.
- Opportunities to better support service providers including improving information sharing, additional funding and better communication.

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## Appendix G: Key issues from priority population workshops

### Access to services versus access to transport

Some participants questioned whether patients should need to travel and suggested that alternatives like virtual care should be fully considered.

### Changing needs, the complexity of needs and accessibility

Many people with complex health needs, including those with disabilities and older adults, face major barriers to accessing suitable transport for healthcare — especially in rural and remote areas. Issues such as reduced mobility, cognitive impairment, limited support and environmental factors can worsen these challenges. Physical disabilities and the lack of appropriate vehicles, like wheelchair-accessible transport, are significant obstacles, making it difficult for people to attend essential health appointments.

Many people needing frequent transport for health care have complex and high-level needs, often requiring specialised vehicles or equipment. Limited suitable options and complicated access processes, like assessments for My Aged Care, can further restrict their choices.

### Compounding impact of multiple trips and service costs and quality

Frequent transport for health care comes with significant financial and logistical challenges. Reliable, familiar transport is vital to ease anxiety and those who need regular care often depend on long-term transport options rather than occasional support from carers or family.

Workshop participants raised some concerns about transport quality and driver professionalism. Some reported costs being inappropriately passed onto consumers. From a provider perspective, service capacity is an ongoing challenge, as is recruitment.

### Compounding inequities

Aboriginal people are more likely to have complex and chronic health conditions requiring care. They are more likely to live in smaller, remote communities where access to that care is poor, and transport options are limited. They are also more likely to experience socioeconomic disadvantage and have no access to their own private transport. These things have a compounding impact and transport is a significant equity issue.

### Coordination

Participants highlighted the need for better coordination between health districts and across borders, as confusion over responsibilities often leads to problems for patients and carers. In addition, there were serious concerns raised about the planning and safety of transport for Aboriginal people, with reports of inadequate discharge practices and dangerous delays in accessing care.

The experience of cross-border communities featured strongly in the discussions, further illustrating the need for more effective communication regarding the options and services available across borders. Regulatory environments — such as those governing taxis — vary between jurisdictions and create additional challenges, often limiting options for people living in these communities.

### Cultural sensitivity and safety

Participants highlighted that transport for health has important cultural implications, especially for Aboriginal people who value being “On Country” and often prefer to travel with family for support.

These cultural needs can increase distress if not accommodated, particularly during challenging times.

### **Dignity and autonomy**

The discussion emphasised the critical need to prioritise dignity and autonomy for people with disabilities, highlighting the importance of patient-centred care.

### **Eligibility barriers**

Eligibility for transport services is often confusing and varies depending on living arrangements and care packages. Some people may be ineligible due to short travel distances or quickly exceeding trip limits. There is also widespread misunderstanding about what the NDIS covers, particularly for those with complex needs. Many expect NDIS to fund all transport, but this is not always the case.

### **Fit for purpose?**

In certain cases, transportation options are available but may not be suitable for all individuals. Participants provided examples of situations where transportation cannot accommodate wheelchair users.

### **Funding/resources**

AMs and ACCHOs are often expected to solve transport problems for their communities, but they typically lack sufficient resources, leading to stress for both the organisations and community members.

Risk to patient during transport, especially headed home

Some patients experience health risks during transport home from frequent care, especially on long rural journeys and may be left to drive themselves when unwell, increasing danger.

### **System issues**

Systemic issues with health transport include a lack of person-centred care, difficulties in recruiting volunteers and paid staff and poor timing of available services. Transport options are limited, often costly and do not always align with health appointments, especially in rural and remote areas. There are also concerns over inflated costs by some providers and a reliance on not-for-profit and volunteer groups. Additionally, health workers need better training to support people with both visible and invisible disabilities, as misunderstandings can worsen barriers to care.

### **The tyranny of distance**

Many vital health services are located far from rural and remote communities, making access difficult and expensive. Long travel times pose challenges for those with health issues, while incomplete transport arrangements and late-night long-distance travel increase risks and inconvenience for vulnerable individuals.

### **Transport literacy**

Participants stressed the importance of improving understanding of available transport options among both healthcare workers and patients, noting that services are often underused due to low awareness. They also highlighted misconceptions about community transport's capabilities and pointed out that not all clinicians are aware of specific services or eligibility criteria, especially regarding Aboriginal health organisations. Navigation of the transport for health system can be very hard for people with intellectual disabilities.

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## Appendix H: Potential future actions from the priority population workshops

### Collect facts and advocate for change

- Commission research into cross border needs and potential solutions
- Get a clearer understanding of current funding sources, how it is being used, what works and what does not
- Advocate to the Commonwealth to improve community transport funding as part of their Aged Care responsibility
- Undertake a cost-effectiveness analysis to demonstrate value of investment in community transport
- Advocate to the Commonwealth to review transport funding in NDIS; include evidence of the potential consequences to health and wellbeing of individuals as well as cost the system when transport needs are not addressed

### Scale up good ideas

- Identify and scale up effective services
- Explore to scale up: Dialysis Australia program for in home care
- Explore to scale up: Cancer Council Transport to Treatment program

### Review eligibility

- For IPTAAS, review eligibility criteria for access to existing schemes, focus on being streamlined and consistent
- Review eligibility criteria for access to existing schemes: make sure they consider high frequency needs
- Have a wider discussion of how transport is funded, considering people who are not eligible for NDIS

### Address workforce issues, including volunteers

- Increase funding to reduce red tape and support volunteers, including better training
- Build a future workforce to deliver care closer to home – e.g. support training of local young people
- Improve the support for volunteers
- Enhance support for volunteers to support transport for older people / explore grants to support volunteers
- Recruit young volunteers; simplify processes and incentivise

### Improve transport service accessibility (including physical and cultural accessibility)

- Support more culturally appropriate and responsive options with a focus on having greater flexibility
- Introduce minimum requirement of wheelchair accessible vehicle within providers funded by transport / health transport
- Revisit Community Transport contracts regarding accessibility

- Deliver services in established venues that are already more accessible – e.g. schools and community centres
- Make timetabling more reliable and less confusing (e.g. for people with intellectual disability or who are neurodiverse)

### **Improve coordination and consistency**

- Add more detail and clarity about transport issues in cross border agreements
- Bring local partners together for local solutions
- Improve consistency across LHDs – we still need local solutions, but there are lots of ideas to share and roll out
- Look at the complexity of funding streamline into a more holistic approach (consider a concierge model)
- Enhance communication between Health and Transport to inform better planning including facility design

### **Reduce demands for transport**

- Focus more on delivering care closer to home so the transport needs are less
- Reduce the need for transport through better service design – e.g. combining services and delivering more preventive/primary care locally

### **Innovate/improve service delivery**

- Clearly agree on the transport role of AMSs/ACCHOs: be fair dinkum about what is expected and possible
- Look at the complexity of funding streamline into a more holistic approach
- Advocate for Commonwealth to improve community transport funding as part of their Aged Care responsibility
- Benchmark prices so that access is equitable
- Provide free carparking and spaces for carers for renal and cancer treatment
- Introduce service-based transport buses (more likely in metro/regional areas)
- Introduce a renal bus service like the mammograms (where it comes to you)
- Spend taxi voucher funding on employing drivers instead; train in first aid etc
- Expand existing schemes (e.g. taxi) with improved flexibility and better align to high frequency needs

### **Improve health transport literacy**

- Increase health literacy about available options – for consumers and service providers, navigator role can work across jurisdictions/borders
- Improve understanding across health system consumers re: what community transport services can and cannot do
- Improve health staff access to information (e.g. Patient Flow)
- Empower patients and families to choose their options with better information earlier in the process
- Increase awareness of alternative options – e.g. care at home

### **Embed transport planning into routine care planning.**

- Increase considerations of transport in overall care coordination
- Transport planning to be a default part of all care
- Make transport needs a part of routine care planning

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The Regional Health Division's artwork was created by Lakkari Pitt, a proud Gamilaroi Ularoi yinarr.

Lakkari created a digital artwork representing the Regional Health Division and NSW Health's nine regional Local Health Districts.

