To view any policy document as published on the Policy Distribution System click the link on the policy number in the table below.

Patient Matters Manual

CHAPTER 25 – TRAVEL ASSISTANCE / TRANSPORT SERVICES

TABLE OF CONTENTS

TRANSPORT FOR HEALTH - JULY 2006 (PD2006_068)

Contents

Executive Summary

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

NSW Health, *Transport for Health*

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

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

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

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

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

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

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

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

Individuals who are not eligible for assistance through *Transport for Health* are:
1. People who require transportation by the Ambulance Service of New South Wales.
2. People whose medical condition or behaviour constitutes a danger to themselves, others or property.

Transport for Health, subsidies are available for patients who are disadvantaged by distance and isolation, and need financial assistance to use transport services. *Transport for Health* provides assistance to transport disadvantaged patients by:
- Purchasing or providing direct transport assistance through either brokerage/contractual arrangements or direct service provision.
- Subsidising the cost of patient transport to medical specialists, dental surgeons and, audiologists (for babies screened under the Statewide Infant Screening-Hearing (SWISH) program).

This assistance was provided under the former programs:
- Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)
- Statewide Infant Screening-Hearing (SWISH) Travel

New provisions for the *Transport for Health - Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)* will commence on 1 July 2006. These will:
- cut the eligibility distance for *Transport for Health - IPTAAS* from 200 kilometres to 100 kilometres; and
- increase the vehicle allowance from 12.7 cents per kilometre to 15 cents.

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

Transport for Health, which includes transport service providers and financial assistance schemes, reflects NSW Health's commitment to promoting fairer access to health services and increasing equity in health outcomes. The reforms promoted by this document will provide efficiency gains for Health Services and more effective and equitable delivery of health care to rural and metropolitan communities. Transport for Health will also enable NSW Health to make a valuable contribution to the development of a whole of government approach to better meet the passenger transport needs of communities across NSW.

Part 1: Policy Framework

1. Why transport is important for NSW Health?

Fairer access to health care and increasing equity in health outcomes are key objectives of the New South Wales health system. Two important NSW Health reports (Ministerial Advisory Committee on Health Services in Smaller Towns, 2000 and NSW Health Council, 2000) established that timely and appropriate access to health facilities for transport-disadvantaged people is essential for the cost effective and equitable delivery of health care. These reports highlight that a shortage of affordable transport and the centralisation of specialist medical services were the most significant barriers to achieving this goal.

Transport for Health presents an opportunity to integrate all NSW Health funded non-emergency health transport programs under one umbrella within each Area Health Service. With all key stakeholders working collaboratively to improve the planning, coordination and provision of health related transport services, patients will directly benefit from improved access to the health care they need.

Health related transport demand

NSW Health is a major generator of passenger transport demand. Current public transport services and private transport are often not available or accessible to a significant number of people living in NSW. This can at times result in people experiencing considerable disadvantage in accessing transport. Transport disadvantage is one of many underlying social factors impacting on people's everyday lives that contribute to health inequalities and impacts on NSW Health's capacity to reduce health inequities. The impact of transport disadvantage is often greatest for people who are already vulnerable to the effects of broader social inequalities such as people living in remote communities, housing estates, urban fringes, or Aboriginal or Torres Strait Islanders, the unemployed and those living with a disability etc.

In addition, patients are often required to travel between health facilities to access necessary specialist diagnostic and treatment services. Non-emergency inter-facility transport services have been established at many health facilities to meet this need.

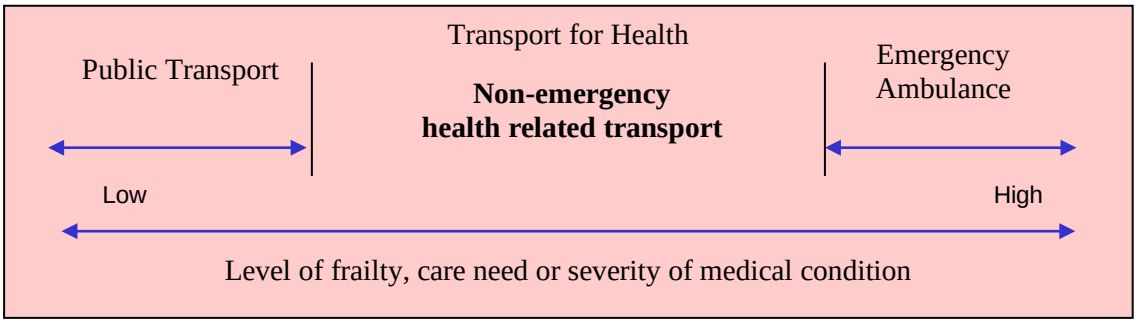
The *Transport for Health* policy provides a guide to the principles of non-emergency health related transport and the steps involved in developing a coordinated and efficient system for responding to patient transport demands.

2. What is *Transport for Health*?

Transport for Health will integrate all non-emergency health related transport into a single streamlined and efficient program in each Area Health Service. It aims to improve patient access to health services across NSW and subsequently to improve health outcomes.

Transport for Health is concerned with demand responsive non-emergency health related transport, which caters for the travel needs of people who cannot reasonably get to or from local health facilities by their own arrangements, and whose condition is not of an acute nature requiring Ambulance transport. The spectrum of *Transport for Health* services is illustrated in the following diagram.

Transport for Health



At the lower end of non-emergency health related transport are people who have a short-term medical condition or a frailty that prevents them from using conventional private or public transport. Many of these people have minimal requirements for assistance and are often capable of using public transport if these services are available at a suitable time, location and cost. Children can also present unique health transport issues including the need to accommodate siblings, secure a transport setting that complies with child protection measures and the fitting of vehicles with appropriate child restraints.

In certain special circumstances such as when a patient has to be transported on a stretcher or requires active (clinical) monitoring or management, the Ambulance Service of New South Wales may provide a non-emergency patient transport service. In some cases an appropriately fitted and monitored Area Health Service vehicle can also provide such services.

Non-emergency health related transport service providers

The needs of transport-disadvantaged patients are addressed by a diversity of transport service providers with support from a range of government agencies. NSW Health is committed to working closely with all key stakeholders to develop integrated solutions that reduce the negative impacts of transport disadvantage upon the health of individuals and communities.

Transport for Health, non-emergency health related transport services include:

- Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) - Rural Area Health Services.
- Transport for Health - Rural Area Health Services and South Eastern Sydney Illawarra Area Health Service.
- Statewide Infant Screening-Hearing (SWISH) Travel.
- Health Related Transport Program - Rural and Metropolitan Area Health Services.
- Inter-facility transport services.
- Greater Metropolitan Clinical Taskforce (GMCT) Inter-facility Transport - Metropolitan Area Health Services and Hunter New England Area Health Service.

A significant volume of health related transport is provided by community based non-government organisations funded by NSW Government programs such as Home & Community Care (HACC) and the NSW Community Transport Program.

Aboriginal community controlled health services and Aboriginal transport organisations also provide health transport and in many cases Aboriginal communities are best served by such specialist non-emergency transport services.

Mainstream public transport including taxis, buses and long distance coaches are also an important source of transport for persons travelling to health facilities, and there is potential to significantly increase this sector's contribution to health transport services.

Transport Assistance

Transport for Health - subsidised travel schemes are financial reimbursement schemes for patients who are disadvantaged by distance and isolation and need financial assistance to use transport services to access specialist medical services not available locally.

Transport for Health provides assistance by either purchasing or providing direct transport assistance through brokerage, contractual arrangements, or by direct transport provision by an Area Health Service for example. The program also provides assistance by subsidising the cost of patient transport to medical specialists, dental surgeons and, audiologists (for babies screened under the Statewide Infant Screening-Hearing (SWISH) program).

Transport for Health subsidised travel schemes currently funded by NSW Health include the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and the Statewide Infant Screening-Hearing (SWISH) Travel.

Non-emergency inter-facility transport services

Non-emergency inter-facility transport services are health related transport services for transporting admitted and/or non-admitted patients between health facilities. This may include stretcher equipped transportation, operated by an Area Health Service.

Non-emergency services provided by the Ambulance Service of New South Wales do not form part of the NSW Health, Transport for Health program.

3. Why a transport policy for NSW Health?

Transport for Health is the key strategy through which NSW Health is working to improve access to health facilities for transport-disadvantaged patients and between facilities for those needing to travel to other sites for health services. The *Transport for Health* (2006) policy recognises that both transport disadvantaged patients and the NSW health system will derive considerable benefit from a comprehensive and consistent approach to non-emergency health related transport service planning across the State.

Transport for Health has been developed to improve patient access to health services by:

- addressing the non-emergency health related transport needs of patients in a strategic manner;
- integrating all non-emergency NSW Health funded or operated transport services or financial assistance schemes (eg IPTAAS, SWISH Travel, Health Related Transport Programs, non-emergency inter-facility transport programs and *Transport for Health*) into a single multi-dimensional health related transport program;
- developing, strengthening and maintaining effective working partnerships with all transport providers and stakeholders;
- facilitating recognition and consideration of the important role of non-emergency health related transport in service planning and delivery within the New South Wales health system.

Transport for Health will play a valuable role in the development of a whole of government approach to meet the transport needs of rural and metropolitan communities in an efficient and cost effective manner. *Transport for Health* is intended to contribute to the process of integrating a range of NSW Health resources and strategies by bringing them into operational alignment, with the broader resources and systems supported by the NSW Government, public transport system and community services sector. Integration of non-emergency health related transport programs will result in improved patient access to health services, better health outcomes, and provide for operational efficiencies in the administration, planning and management of patient care.

Transport for Health recognises the role of the NSW Aboriginal Health Partnership Agreement 2001 in improving the health outcomes for Aboriginal people by promoting cooperation and collaboration between NSW Health and Aboriginal community controlled health services. The *Transport for Health* policy supports and encourages the development of partnerships between Area Health Services and Aboriginal community controlled health services that will promote the provision of culturally appropriate non-emergency health related transport services for Aboriginal people.

4. The policy outcomes

Transport for Health supports whole of government responses to transport needs by supporting a partnership approach between NSW Health and other transport funders and providers. It aims to provide a more efficient use of non-emergency health related transport resources through the improved coordination and integration of transport programs.

The *Transport for Health* (2006) policy aims to improve access to health services for transport-disadvantaged people, particularly in relation to those with the greatest needs, and ensuring a consistent NSW Health approach to this objective. The intention is to support:

1. Consistency and transparency in the processes and standards relating to non-emergency health related transport operations, including eligibility, passenger and service classifications, purchasing decisions, performance management frameworks and quality assurance.
2. Effective utilisation of transport systems and networks to cater to non-emergency health related transport demand.
3. Development of non-emergency health related transport service systems comprising of a mix of service types appropriate to the unique needs of each Area Health Service.
4. Improved information on and understanding of non-emergency health related transport need, levels of service provision, costs and expenditure.
5. Consolidation and integration of Area Health Service transport budgets and programs into a single multifaceted Area based program.
6. A single point of access for clients requiring transport assistance.
7. Statewide dissemination of information on best-practice *Transport for Health* program coordination and delivery.
8. Development of mechanisms for improving the coordination between the scheduling of outpatient appointments, admissions and discharges and available non-emergency health related transport services.
9. Area Health Services being equipped to more effectively identify, consider and address the transport implications of all strategic, service and facility planning and review processes.

5. The core principles

Transport for Health draws on the following core principles.

1. The availability and accessibility of appropriate and affordable transport is a fundamental determinant of a patient's ability to receive timely and appropriate health care.
2. Improved access to health facilities for transport disadvantaged patients is fundamental to achieving the goal of reducing health inequities within the community.
3. Effective and well coordinated non-emergency inter-facility transport is important for patients who need to access health interventions at other sites.
4. Considerable benefits will be derived by establishing a comprehensive and consistent approach to non-emergency patient transport issues across New South Wales.
5. Through effective partnerships NSW Health will add value to and derive value from services funded or provided from other (non-health) sources. This will improve overall system efficiency and community wellbeing.
6. Non-emergency health related transport services should respond appropriately to the cultural requirements of communities and of individual patients in order to facilitate access to health care.

6. The policy objectives

The *Transport for Health* (2006) policy provides a structure to promote the following objectives:

1. Document NSW Health's approach to planning, funding, coordinating, providing and monitoring non-emergency health related transport programs that promote improved access to health care.
2. Describe the role of NSW Health in supporting and funding the planning, development and delivery of non-emergency health related transport programs by Area Health Services.
3. Support NSW Health in establishing and consolidating effective working partnerships with other government agencies.
4. Support Area Health Services in establishing and consolidating effective working partnerships with transport providers, including community based operators.
5. Provide standard approaches to the planning, management and delivery of non-emergency health related transport programs.
6. Facilitate coordination of non-emergency health related transport services and financial assistance schemes within and across Area Health Service boundaries.
7. Maximise opportunities for operational efficiencies across all non-emergency health related transport programs.
8. Provide a standard approach to the monitoring and evaluation of non-emergency health related transport program delivery.
9. Provide clear guidelines for utilising non-NSW Health providers of non-emergency health related transport.
10. Provide stakeholders including health care providers, transport providers, consumers and community representatives, with mechanisms for consultation on and participation in the planning and monitoring of non-emergency health related transport programs.
11. Establish safety and risk management standards relating to non-emergency health related transport services.

7. Roles and responsibilities

This section outlines the roles and responsibilities of the NSW Department of Health and the Area Health Services implementing this policy.

Department of Health

1. Develop and maintain the *Transport for Health* (2006) policy and convene as necessary a statewide *Transport for Health* Implementation Group.
2. Coordinate implementation of the *Transport for Health* (2006) policy and support Area Health Services to implement and develop *Transport for Health* at a local level.

3. Develop in consultation with Area Health Services and other key stakeholders appropriate performance indicators to evaluate program effectiveness.

4. Work in partnership with other agencies to facilitate a whole of government response to the transport needs of communities.

5. Facilitate communications between government and community agencies and industry sectors relevant to *Transport for Health.*

Area Health Services

1. To provide executive support and leadership by the Chief Executive delegating responsibility for *Transport for Health* to a member of their executive management team. These responsibilities include the requirement to:
   - Develop, implement and monitor an Area Health Service, Transport Implementation Plan.
   - Establish arrangements for Area-wide coordination of *Transport for Health* through a Health Transport Unit.
   - Progressively consolidate administration of non-emergency health related transport resources, budgets and funding from internal and external sources into a single, multifaceted *Transport for Health* program.
   - Provide consumers with a single point of access to *Transport for Health* services.
   - Ensure compliance with non-emergency health related transport funding and regulatory requirements.
   - Provide reports to Department of Health on the Area Health Service implementation of *Transport for Health*.

2. To establish a Health Transport Network to facilitate communication between Area Health Service and non-Area Health Service stakeholders, and provide a mechanism to inform the development, operation and enhancement of *Transport for Health* systems and services.

8. Health Transport Units

Functions

Health Transport Units are to provide a means to consolidate the expertise, resources and administrative systems necessary to facilitate access to health services for transport disadvantaged patients. The primary functions of these units are to develop, enhance and sustain an Area Health Service based non-emergency health transport system that includes:

- Health transport services and transport assistance schemes provided by Area Health Services and non-government organisations.
- Spare capacity within transport services funded under other non-health government programs which can cater to health transport need.
- Health transport sourced through mainstream public transport systems.

The Health Transport Units will provide a major coordination role in the Area Health Service for non-emergency health related transport provision and related transport operations within the Area.

Scope of operation

Health Transport Units are to provide a focus for health transport coordination and are responsible for recognising and responding to the needs of key stakeholders including patients, a patient's carer or immediate family, health service staff and transport providers.

This role will involve among other things:

- Managing Area Health Service health transport resources.
- Providing information on health transport assistance.
- Providing information on mainstream public transport services.
- Supporting the implementation of the *Transport for Health* (2006) policy.
- Negotiating with clinical service providers to ensure complementary alignment of appointment or treatment times and health transport operations.
- Supporting efficient discharge planning processes.
- Taking health transport bookings.
- Providing transport referrals as appropriate.
- Administering non-emergency health related transport assistance schemes.

It is the Health Transport Unit's role to ensure effective utilisation of all available resources within and external to NSW Health funded services, in order to maximise the productivity of Area Health Service transport resources and to assist the efficient delivery of health services. The key tasks are to:

- Develop, implement and monitor the Area Health Service, *Transport for Health* Implementation Plan using the NSW Health, *Transport for Health* Implementation Plan Development Guideline as a reference.
- Pursue a whole-of-government approach to addressing the health transport needs of local residents, including improving network efficiencies and economies of scale in service provision across all modes of transport, and sectoral and funding programs.
- Ensure that *Transport for Health* strategies and systems are, wherever possible, aligned to and integrated with the transport coordination initiatives of other government agencies.
- Hold the budget for the Area Health Service transport funding.
- Negotiate and manage contracts and/or agreements for the provision of Area Health Service funded health transport services by non-Area Health Service transport providers.
- Collect and analyse health transport service data in order to account for funding expenditure, identify demand and service use trends, and be able to respond to opportunities for improvement in service coverage or efficiency.
- Establish and maintain links with Health Transport Units in other Area Health Services to ensure appropriate and efficient cross border transport services and to support effective inter-Area networking of health services.
- Maintain a register of health transport services that could be used by transport disadvantaged people within Area Health Service boundaries.

9. Health Transport Networks

Function

Each Area Health Service (AHS) is to establish a Health Transport Network, which will provide a formal channel of communication between AHS and non-AHS health transport stakeholders. These networks are to provide a mechanism to inform the development, operation and enhancement of *Transport for Health* systems and services. Area Health Services that receive *Transport for Health* enhancement funding are required to resource and support a Health Transport Network.

The primary function of a Health Transport Network will be to achieve and maintain better collaboration between the Area Health Service and other health transport providers contributing to the Area's service system. The aim is to facilitate coordination of non-emergency health transport resources to:

- Optimise access to health services for transport disadvantaged patients.
- Maximise the quantity of available health transport services.
- Ensure the quality of health transport services.
- Identify gaps in health transport service provision.
- Identify duplication or over-supply of health transport service provision.
- Ensure health transport services and transport financial assistance schemes are delivered by the most efficient and equitable service mode.
- Identify and address barriers to cross-sector resource coordination.
- Inform the planning, development and delivery of health services and facilities and non-emergency health related transport.

Membership

Health Transport Networks are to include representatives from the following groups:

1. Health transport providers including the Ambulance Service of New South Wales, community transport organisations, taxi operators, bus and coach service operators.
2. Major generators of health transport demand including Area Health Service (AHS) discharge planners, AHS day surgery departments, rehabilitation departments, aged and extended care departments, community health services, oncology departments, renal services departments and Aboriginal Hospital Liaison Officers.
3. Agencies that fund health transport and/or provide financial assistance schemes including the NSW Department of Ageing Disability and Home Care (DADHC) and NSW Ministry of Transport (MOT).
4. Health transport stakeholders including consumer, local government and divisions of general practice representatives, as well as representatives of any significant equity groups within the Area.

Meetings

Health Transport Network meetings should be chaired by the Area Health Service designated *Transport for Health* director and convened at least twice a year. Health Transport Network sub-groups may be established to manage regional or local based issues in Area Health Services covering larger geographical areas. Area Health Services will, where appropriate, convene a reference group with Aboriginal community stakeholders, reporting to the Area Health Transport Network and the Area Health Service designated *Transport for Health* director.

10. Area Health Service - Implementation Plans

As a key element of implementation of *Transport for Health*, Area Health Services will develop a Transport Implementation Plan that describes how the Area Health Service is addressing the *Transport for Health'* (2006) policy objectives. Implementation Plans will focus on the potential to utilise all available transport solutions to meet the non-emergency health related transport needs of the Area's communities. The plan will also demonstrate how NSW Health non-emergency transport funding will be used to complement and enhance existing local and community transport service

systems. Area Health Services will need to liaise with key stakeholders such as the Ambulance Service of New South Wales during this process as changes in transport service systems within the Area Health Service may impact on the workload of other organisations. The *Transport for Health,* Implementation Plan Development Guide (2006) can be used to assist Area Health Services in developing a Transport Implementation Plan. A copy of this guideline is available from NSW Department of Health.

The Area Health Service Implementation Plan is to identify and address the following key issues:

1. The significant demographic, geographic and health service related factors influencing health related transport demand and delivery in an Area Health Service.
2. Current non-emergency health related transport service delivery, including, the services provided by mainstream public transport, local and community transport and other funded transport services.
3. Current provision of health related transport assistance schemes, including IPTAAS, SWISH Travel, non-emergency health related transport programs, Greater Metropolitan Community Transport (GMCT), non-emergency inter-facility transport assistance and any other similar schemes.
4. Gaps in current non-emergency health related transport program delivery and the opportunities to develop services and/or programs. This should include strategies to improve efficiencies through better coordination and integration of existing services and programs.
5. A description of structures and systems either established or planned for the coordination of non-emergency health related transport programs. This may include the identification of key partnerships as well as establishing program development and delivery goals, timeframes etc.
6. Ensure that a risk management plan is in place to ensure patient safety.

Area Health Service, *Transport for Health,* Implementation Plans are to inform and may well be part of the Ministry of Transport's Integrated Transport Plans, Service Planning Guidelines and other instruments developed by the Ministry of Transport such as the recommendations outlined in the *Review of Bus Services in NSW 2004*.

Area Health Services may, where appropriate, develop local operational policy that is consistent with the NSW Health, *Transport for Health* (2006) policy to address unique regional or local non-emergency health transport issues.

11. Monitoring and review

The Area Health Service in consultation with its Health Transport Network is responsible for monitoring the effectiveness of the NSW Health, *Transport for Health* (2006) policy. This includes promoting equitable access to health services to residents. Area Health Services are to establish local mechanisms for the effective measurement of user satisfaction rates and improved patient outcomes within the NSW Health, *Transport for Health* services.

The Department of Health will monitor the effective implementation of the *Transport for Health* (2006) policy by reviewing Area Health Service reports on service delivery and the Area Health Service, Implementation Plans. The *Transport for Health* (2006) policy will be reviewed in consultation with Area Health Services and key stakeholders every three years. Additional requests for review of any specific aspect of the Policy should be referred to the Director, Primary Health and Community Partnerships Branch, NSW Department of Health. The Department will establish a formal mechanism for monitoring the overall implementation of *Transport for Health.*

Part 2: *Transport for Health* - Policy Implementation

1. Eligibility

Decisions concerning priority of access to Transport for Health assistance will be informed by reference to considerations such as the availability of other alternative transport options, a person's eligibility to receive transport assistance from other government programs, their destination and how their health might be affected if transport or financial assistance to the requested destination is not provided or obtained.

The *Transport for Health* (2006) policy provides a framework for Area Health Services to assist people who cannot reasonably gain access to local health services by either public or private transport means, or to assist people who need to access specialist medical or oral surgical treatment services not available locally.

It is also recognised that the incidence of transport disadvantage is considerable and that demand for health transport services is likely to exceed NSW Health's capacity to respond. The policy's eligibility provisions provide a practical guide to help to ensure that the allocation of finite resources is prioritised to those most in need.

1.1 Who is eligible for *Transport for Health* services?

Transport for Health (non-emergency health related transport) services are to be provided on the basis of a patient's inability to reasonably gain access to local health services by either public or private transport, rather than convenience.

The appropriateness of a request for *Transport for Health* services may not always be readily apparent. Expert advice from relevant health professionals or appropriate community representatives may be required to clarify eligibility for services, particularly requests from or made on behalf of mental health patients, patients with disabilities, patients with challenging behaviours, members of specific cultural groups, and day-surgery patients.

Transport for Health services do not include transport services provided by the Ambulance Service of New South Wales.

1.2 Capacity to use private or public transport to access local health services

Persons seeking access to *Transport for Health* services should be encouraged to make use of private transport options or alternative mainstream public transport services where these forms of transport can be reasonably accessed and utilised. The factors that should be taken into account when assessing what is 'reasonable' include:

- A person's ability to physically gain access to a vehicle or service.
- The impact of a person's health condition.
- Distances and duration of travel.
- Waiting times and times of operation, departure and arrival times.
- Number of transfers between services, or different modes involved in making a journey.
- Physical and mental stress involved in organising or making a journey.
- Conditions of roads.
- Availability of suitable assistance or support by a carer or appropriate helper.

- A person's capacity to meet the costs associated with the journey.
- Impact of using public transport on the wellbeing of carers or helpers.
- A person's ability to safely drive to and from the destination.
- The ability of the friends or relatives to safely drive the person both to and from the destination.
- Availability of suitable parking and/or waiting facilities at destination.
- The frequency of a particular journey and the cumulative effect of the above factors involved in multiple journeys.

1.3 Patients who are not eligible for *Transport for Health* services

There are certain categories of patients who are generally not eligible to receive *Transport for Health* services. These groups are:

1. people who may require an Ambulance service because of the acute nature of their health condition;
2. people whose medical condition or behaviour constitutes a danger to themselves, others or property.

1.4 Priority setting for service delivery

A key question is how the health of a person will be affected, if transport to the requested destination is not provided or obtained?

Priority is to be given to requests for assistance that will have the effect of preventing the development of a medical condition or reducing the chance of an existing health condition becoming more severe. Decisions concerning priority of access will also be informed by reference to the availability of alternative transport options including public, local and community transport services, and a person's eligibility to receive transport assistance from other government programs.

1.5 Additional *Transport for Health* eligibility & prioritisation considerations

NSW Health recognises that accommodating cultural needs can significantly contribute to the recuperation and/or overall health and wellbeing of patients. Transport for Health services should, as far as possible, be responsive to the cultural needs of individuals.

The following is a guide for managing requests for assistance from groups that may require additional considerations when determining priorities for transport assistance:

1. A patient's carer, particularly in the case of children, where it is necessary for them to accompany the patient during their journey and/or to remain with them during the period of treatment.
2. Persons seeking to visit relatives or friends staying within Area Health Service facilities who cannot reasonably gain access to those health facilities by either public transport or private transport. Where service capacity is limited, a person who is seeking assistance to attend a medical appointment or treatment will have priority over a person seeking assistance to visit a friend or relative.

3. Every effort should be made to accommodate culturally related requests for particular health transport service attributes (eg drivers of a particular gender). Where a person requests, for cultural reasons, to be accompanied in transit by friends or relatives, and where it is determined that this may impact on their accessing health services, all efforts should be made to accommodate that request. Relevant staff should be provided with appropriate cultural awareness training when dealing regularly with specific groups.
4. The capacity of transport-disadvantaged patients to access transport assistance through other government funding programs such as the Home & Community Care (HACC) Community Transport Program, and the Department of Veterans' Affairs' Booked Car with Driver Scheme, should be taken into account when prioritising a person's access to *Transport for Health* services. Such decisions should also be supported by a local non-emergency health related transport service system that is planned and implemented in partnership with these other programs.
5. Persons whose care and support needs are fully funded from government or private sector sources such as workers' compensation or insurance payments are eligible to utilise *Transport for Health* services. Area Health Services should seek full cost recovery from those funding sources for any service provided.

2. Approved destinations

Ongoing improvements in the organisation and delivery of services by NSW Health means that many aspects of health care that were traditionally delivered in hospital settings are now provided in community or private settings. These services, including primary health care services, remain part of an Area's extended network of health care services and are important in maintaining the health of the community.

Transport for Health reflects NSW Health's commitment to promoting access to health services for residents of New South Wales. Approved *Transport for Health* destinations include any health facility or health care that:

- caters to the needs of Area Health Service residents with acute or chronic health conditions;
- provides a recognised diagnostic, therapeutic (including oral health) or primary health care service;
- provides a recognised service that promotes good health or prevents illness.

The term 'recognised' refers to any health service that is considered to be beneficial to a person's health or wellbeing by a suitably qualified health professional. Where demand for *Transport for Health* services to "approved destinations" exceeds capacity, priority should be given to requests in accordance with the provisions outlined in 1.4 and 1.5.

3. Patient contributions

Transport for Health aims to balance an expectation, promoted by the Australian Government's approach to the Home & Community Care (HACC) program, that community transport services should involve a co-payment with the reality that some transport disadvantaged patients, particularly those with chronic illness, have limited capacity to make a financial contribution towards the cost of the transport they require to access the health services they need.

Income derived from patient contributions can increase the scope and capacity of *Transport for Health* service provision within an Area Health Service. Contributions can also be effective in discouraging inappropriate use of non-emergency health related transport services and might in some cases provide an incentive for patients to pursue alternative public and private transport. There is a need to balance the potential revenue and other benefits derived from patient contributions for use of *Transport for Health* services against the costs of administration and management.

It is important that any approach adopted in relation to personal contributions does not inadvertently preclude a transport-disadvantaged patient from seeking assistance through *Transport for Health* even when no suitable transport alternatives are available.

The following principles aim to support a consistent approach to the use of personal contributions for *Transport for Health* services delivered within an Area Health Service and between different health transport service providers.

3.1 Principles of patient contribution

Health transport providers should seek a financial contribution from patients as currently occurs with the Home & Community Care (HACC) program transport providers but no eligible person shall be denied access to a service on the basis of inability to pay a requested contribution.

1. Providers of health transport services should normally seek a financial contribution from a patient.
2. Patient contributions relate to an occasion of service and do not include donations and bequests that may from time to time be provided to a service provider.
3. The level of a contribution will as far as possible match that applying to comparable non-Area Health Service providers of similar transport service types.
4. No eligible patient shall be denied access to a *Transport for Health* service on the basis of inability to pay a requested contribution.
5. Providers of health transport services may reduce or waive user contributions based on a reasonable and informed assessment of a patient's ability to pay and the effect of payment upon their general circumstances.
6. Health Transport Units and providers of *Transport for Health* services should as a matter of standard practice consider reducing or waiving user contributions for members of identified equity groups such as Aboriginal communities or other very disadvantaged groups.
7. All service providers should make available to any interested party on request a schedule of recommended user contributions and advice regarding provisions for reducing or waiving an individual's contribution.
8. Health Transport Units should in conjunction with Health Transport Networks and through contracts and/or agreements with non-Area transport providers attempt to minimise significant variance in contribution rates for similar service types across the Area's health transport system.
9. Health transport service user contributions will not incur GST as long as the patient is accessing the services of a fully qualified health professional.

4. Health transport purchasing by Area Health Services

Area Health Services should purchase health transport services in a manner that optimises the outputs derived from available funds. The sustainability of service delivery needs to be taken into consideration. Transport services purchased should produce quantifiable outputs, supported by accountable and transparent decision making processes. Financial contributions made by passengers shall be treated as being part payment to the provider towards the full cost of service delivery.

Each passenger trip is comprised of three cost components:

- Administration as a portion or multiple of an hourly rate.
- Vehicle staffing as a portion or multiple of an hourly rate.
- Distance being a multiple of a kilometre rate.

Area Health Services should use the *Transport for Health* Costing Framework (Appendix 3) to:

- Identify accurate output costs for *Transport for Health* service delivery.
- Identify cost differentials between *Transport for Health* services catering to different Passenger Classification levels (see Part 2, Section 5).
- Inform decisions related to purchasing and commissioning *Transport for Health* services.
- Assist in determining the relative merits of in-house or out-sourced *Transport for Health* service solutions.
- Assist in developing service solutions using funding from different government agencies and programs.
- Assist in planning or facilitating service partnerships, where different *Transport for Health* sub-tasks can be carried out by different agencies and the total service payments apportioned to different agencies working in partnership (eg a community transport organisation provides administration, including bookings and data capture, for a *Transport for Health* service and a mainstream bus operator provides the vehicle and driver).

Where non-emergency health related transport is purchased by Area Health Services using *Transport for Health* funds purchased from external sources, the terms should be recorded in contract/or agreement in line with the AHS Procurement Process documented in the Purchase and Supply Manual for Public Health Organisations (January 2006.) Health transport providers should periodically invoice Health Transport Units for services provided under the terms of their agreements and compile invoices using the cost components identified within the *Transport for Health* Costing Framework (see Appendix 3).

It is recognised that some non-emergency health related transport providers, particularly community based services, have developed services and financial systems dependent upon grant funding paid in advance. In such cases, Area Health Services are encouraged to investigate the establishment of volume purchase agreements that provide health transport providers with necessary levels of stability and security, and also allow Area Health Services to align *Transport for Health* funding to units of service purchased at a specified price.

There may be opportunity for Area Health Services to benefit from NSW Ministry of Transport initiatives for regional integration of purchasing strategies across NSW Government agencies in accordance with the recommendations of the 2004 *Review of Bus Services in NSW*. Area Health Services are encouraged to explore strategies for streamlining the purchase of health transport or improving the value of these purchases in partnership with the Ministry of Transport and other NSW Government agencies.

5. Classification Framework

The care and support needs of eligible Transport for Health passengers vary greatly as do the levels of skill, understanding, and ability of health transport service providers to respond to these needs. A service solution that is appropriate and cost effective for one passenger may be unsafe for another.

The care and support needs of eligible *Transport for Health* passengers vary from those who are relatively able-bodied and may simply not have access to public or private transport, to those who are frail or have multiple care needs and require the assistance of skilled and trained staff. Accordingly, a service solution that is appropriate and cost effective for one passenger may be unsafe for another.

There is considerable variation in the levels of skill, understanding, medical knowledge and ability to respond to the spectrum of patient care needs among potential health transport providers. The potential therefore exists for misunderstanding, and for situations where passengers are referred to inappropriate service solutions.

The *Transport for Health* Classification Framework provides a uniform standard for communication and risk management to promote the development of effective and appropriate health transport service solutions. The Framework should be used by all *Transport for Health* stakeholders in order to:

- Ensure that health transport services are appropriate to the care and assistance needs of each patient.
- Minimise risk to patients and health related transport providers.
- Establish a common language used by all *Transport for Health* stakeholders to assist booking, referral, purchasing, planning and monitoring activity.

There are two principal components of the *Transport for Health* Classification Framework.

1. The **Passenger Classification** system is used to assign eligible passengers through a simple screening process to one of three levels of need (low, medium or high) based on their functional ability and care or assistance requirements (see Appendix 2, Table 1). This process, which may be assisted by the use of the Passenger Screening Tool, provides the basis for all decisions made regarding *Transport for Health* bookings or referrals (see Appendix 1).
2. The **Service Classification** system is used to assign *Transport for Health* services to one of three levels (low, medium or high) based on the ability of a service type to appropriately cater for the care and assistance requirements relevant to Passenger Classification System levels (see Appendix 2, Table 2 & 3).

All *Transport for Health* passengers are to be assigned a classification level in accordance with the content of the screening tool. The screening tool may be applied to patients remotely (by telephone) or as part of a comprehensive assessment activity. While the screening tool does not need to be completed for each applicant, all patient classification determinations should be able to be explained in terms of the screening tool's elements.

Transport for Health service providers are responsible for ascertaining any changes to a passenger's classification level each time a booking is made in order to take account of changed capabilities or care needs following treatment. In addition to advice provided by the applicant, information relevant to the screening and classification process should also be obtained, where appropriate, through information or feedback received from drivers and other service staff, health professionals, carers and their immediate family.

Health Transport Units should develop Fitness to Travel Certificates for use by non-Area Health Service *Transport for Health* providers. These documents should be consistent with and incorporated within Area Health Service discharge policy and procedures. They should record the certification of an appropriately qualified Area staff member that a patient is fit to travel on a *Transport for Health* service of a particular Service Classification level after receiving a particular treatment or medical intervention.

Health Transport Networks should aim to ensure that *Transport for Health* service systems contain an appropriate mix of service classification levels to address the full range of patient needs. The NSW Department of Health will work with other government agencies to promote uniform adoption of policy and processes compatible with the Classification Framework across funding programs contributing to *Transport for Health* service systems.

6. Training and accreditation

The Training and Accreditation standards for *Transport for Health* services are linked to the *Transport for Health* Classification Framework and are consistent with the requirements of the *Passenger Transport Act 1990*. NSW Health will work with other NSW Government agencies to streamline, standardise and enhance the availability of training relevant to the provision of *Transport for Health* services. Details of the registration, training and accreditation requirements relating to services operating at the low, medium and high levels of the *Transport for Health* Classification Framework are outlined in Appendix 2, Table 2 and 3.

7. Physical accessibility of services

NSW Health acknowledges its obligations under the *Commonwealth Disability Discrimination Act 1992* and has ensured that these are reflected in all aspects of this Policy Framework. *Transport for Health* service providers should make every effort to ensure that, wherever possible, vehicles providing *Transport for Health* services are equipped with wheelchair/passenger lifts, and that these devices are used in order to minimise manual lifting and handling, and to reduce the risk of falls for passengers with restricted mobility or balance problems. Any *Transport for Health* service providers not utilising accessible vehicles for service delivery should be able to demonstrate clear financial or operational reasons why an accessible vehicle cannot be used.

8. Information and reporting systems

A passenger trip is an international standard for measuring outputs of passenger transport services. It is defined as one-way travel between two points. Commonly an episode of health care delivery will involve two passenger trips: one inbound and one return. All service delivery data must be reported in relation to passenger trips.

NSW Health, *Transport for Health* commitments

1. To work in collaboration with relevant government agencies to develop a common minimum data set for funding programs contributing to *Transport for Health* services.
2. To work in consultation with Area Health Services, government agencies, peak bodies, and other stakeholders to develop a common reporting framework that will be used to monitor and evaluate performance for *Transport for Health* services funded by NSW Health. The reporting system will be designed for electronic data collection and transmission and will be flexible enough to address the breadth of service types and organisations contributing to *Transport for Health* service systems. It will be comprehensive enough to facilitate efficient evaluation of both service and network efficiency at local, Area and State levels.

3. To identify an appropriate computer based *Transport for Health* information management program and support the acquisition of this software by Area Health Services and provide all necessary training in its use to staff.

Principles

The following are principles for guiding the development of an appropriate and effective *Transport for Health* information system:

1. The provision of individual *Transport for Health* services that are safe and efficient requires the efficient management of data.
2. Integrated coordination of *Transport for Health* service systems involves the efficient transfer of specified data between separate service providers and other stakeholders.
3. Effective information sharing, to facilitate cooperative service delivery and planning depends upon the compatibility of the data collected.
4. Effective planning, monitoring, review and enhancement of government funding programs is dependent upon the efficient collation and analysis of accurate and comprehensive service delivery data.
5. Effective cross-program planning and resource coordination, necessary to avoid duplication and yield network efficiencies at local, area and state levels, is dependent upon compatibility of service provision data across government funding programs.
6. Streamlining accountability requirements across funding programs offers considerable opportunity to improve efficiency in service administration by *Transport for Health* providers and to improve upon the effectiveness of integrated coordination of *Transport for Health* service system components.

Area Health Services

Area Health Services have distinct geographic and demographic features, which provide unique challenges and many opportunities for the development of service solutions to meet the needs of transport disadvantaged people and those who need to travel between health facilities for health interventions. These variations will influence and lead to diversity in *Transport for Health* priorities established by each Area Health Service.

Factors that contribute to an Area Health Service's individual needs and service profile are:

- Population demographics including Aboriginal population, health status and socio-economic status of communities.
- Number, nature, size and distribution of health services.
- Geographical area and topographic features.
- Availability of mainstream public transport services and resources.
- Availability and nature of community transport services and resources.
- Nature and levels of non-NSW Health non-emergency health related transport provision.
- Baseline resources for in-house provision or purchasing of non-emergency health related transport services.
- Baseline resources for in-house and external non-emergency health related transport planning and coordination.

- Strategies that reduce the need for non-emergency health related transport such as Telehealth systems.
- Groundwork completed by previous transport development initiatives or projects.

Area Health Services are to endeavour to collect as a minimum the following data in relation to *Transport for Health* services in relation to each passenger trip purchased or provided:

- Name of Passenger.
- Age of Passenger.
- Equity status (ATSI, CALD, disability).
- Passenger Classification Level (for trip).
- Service Classification Level.
- Service mode used (eg. community bus, taxi etc.).
- Date of service delivery (passenger trip).
- Purpose of trip.
- Trip point of origin.
- Trip destination (including information on health facility or hospital department).
- Patient co-contribution.
- Trip cost (if possible).

Assessment and monitoring data

All providers participating in the health transport system will contribute to determining the process for the initial and any ongoing assessment of a person's eligibility under *Transport for Health*. This includes non-health transport providers such as community transport organisations that may determine on an Area's behalf an individual's eligibility to receive *Transport for Health* services.

The collection of a minimum data set including core user data is an essential requirement for the effective planning and efficient delivery *Transport for Health* service systems. It is expected that a person's eligibility will be monitored in order to take account of any changes in their care and support needs. Non-Area Health Service health transport services funded under *Transport for Health* should be able to provide Health Transport Units with relevant patient and service delivery records upon request. The minimum information to be collected for each patient should include:

- Date of initial assessment of eligibility.
- Person and organisation conducting the assessment.
- Assessment eligibility status; and
- Grounds for determining eligibility.

Health Transport Units should also collect and analyse data on unmet non-emergency health related transport demand. This will assist the identification of coordination efficiencies and make valuable contributions to whole of government strategies to improve efficiency and effectiveness of local and community transport networks. Data on unmet demand should include:

- Intended destination.
- Classification of intending passenger.
- Point of trip origin.
- Purpose of trip.
- Frequency of transport requested.
- Representation of a specific disadvantaged group (eg people of Aboriginal or Torres Strait Islander origin, people with a disability, people with a chronic illness and their carers).

The *Transport for Health* - Reporting Framework for periodic reporting to NSW Health is provided at Appendix 3.

9. Effective transport coordination

Effective transport coordination is essential in order to optimise the use of available health transport resources. Effective coordination of health transport will promote:

- Equity of access to health services for transport disadvantaged patients.
- Improved choice, quality and flexibility in health transport for transport disadvantaged patients.
- Health transport demand being met efficiently and cost effectively.
- Balance in responding to the wide range of needs for access to health services.
- Better value being derived from government transport funding programs, coordination initiatives, and transport systems catering to the broader needs of communities.
- Minimise risk to patients being transported.

The core elements associated with effective transport coordination are:

1. Program integration.
2. System-wide coordination.
3. Modal efficiency.
4. Aggregation of patient flows.
5. Demand coordination.
6. Mobility management.

Each of these elements is an essential part of overall effective coordination and should be applied in appropriate combinations based on local context and needs.

9.1 Program integration

Program integration refers to the financial and operational integration and co-location of the range of programs to assist transport disadvantaged patients and those requiring transport assistance to travel between health facilities for treatment or assessment.

9.2 System-wide coordination

System-wide coordination refers to the utilisation of overall health transport capability available through all commercial, non-commercial and community sector resources and service modes. The effective working partnerships required to achieve this objective will be facilitated and supported by the systems and structures promoted in the *Transport for Health* Policy. The main aim of system-wide coordination is to align existing parts of existing health transport programs in a complementary manner, in order to:

- Optimise system coverage and capacity.
- Minimise duplication.
- Reduce the unit costs of provision across the system.
- Increase viability for operators within the system.
- Minimise “silos” of inefficient resource deployment and operation.

System-wide coordination of health transport programs requires Health Transport Units to identify all existing and potential programs and to maximise their use by developing close partnerships with all relevant funding agencies and transport providers.

9.3 Modal Efficiency

Modal efficiency refers to the different service modes within a transport system (volunteer transport, cars, taxis, community buses, public transport buses, charter buses, spare capacity in Area Health Service patient transport vehicles etc) and the need to recognise the relative merits of these modes in responding to different health transport needs. Modal efficiency recognises that:

- Transport modes have different capabilities, limitations, flexibility and operating costs.
- Carrying more passengers in multiple occupancy modes (buses) than in low occupancy modes (cars) reduces the average unit cost of provision.
- The need for flexibility and demand responsive services also means that there is an important, cost effective and ongoing role for low occupancy modes of health transport.

Modal efficiency requires Health Transport Units to identify accurate operational costs for all components of an Area's non-emergency health related transport service system in a format that allows for meaningful comparisons (see Part 2, section 4). It is also important to ensure that there is an appropriate balance between multiple occupancy health transport services and low/single occupancy services, and between high-level and low-level services.

9.4 Aggregation of Passenger Flows

It is essential to develop strategies to aggregate passenger flows wherever possible, and appropriate. This generates greater efficiencies in travelling to and from key destinations within an Area Health Service. Travel arrangements will be generated at specific times of the day and may involve particular transport corridors and/or modes of transport.

Aggregation of passenger flows recognises that certain destinations or groupings of destinations within an Area Health Service will generate regular and predictable volumes of non-emergency health transport demand. Travel to and from these key destinations should be generated at specific times of day and may involve particular transport corridors.

If passenger flows to common destinations are fragmented, then transport will generally occur in low passenger occupancy modes (cars) at a relatively high unit cost. If the flows are aggregated then multiple occupancy mode transport solutions, such as bus services, can be employed at a lower unit cost. Groupings of destinations can be based on locality, rather than purpose such as in attending health services. Flows that accumulate in towns and communities along a transport corridor to a regional centre might mean that patients are only one category of transport-disadvantaged persons that can benefit from a more broadly coordinated passenger transport solution.

9.5 Demand coordination

Demand coordination refers to health services being responsible for ensuring that, wherever possible, appointment and treatment scheduling practices take account of the difficulties that transport disadvantaged patients can experience in travelling. Transport scheduling arrangements need to complement the availability of transport options. This is critical to the aggregation of passenger flows and achievement of modal efficiencies across a service system.

Health facilities can greatly assist the work of Health Transport Units and health transport providers by:

- Identifying patients' needs to access health transport services prior to scheduling appointment or treatment times.
- Setting appointment or treatment times in consultation with the Health Transport Unit or transport provider.
- Setting or altering appointment times to align with the availability of transport.
- Setting or altering appointment times to "smooth out" peak demand times for transport.
- Grouping or prioritising blocks of appointment times for health transport passengers from particular localities to allow them to travel on scheduled services.
- Allocating appointments to allow patients to use existing, scheduled health transport or other transport services.

9.6 Mobility management

The best value that can be derived from NSW Health transport funding and the greatest benefits to be gained by local communities occurs when service solutions are developed that focus upon desired outcomes, rather than inputs.

Mobility management involves matching patient need to the most cost effective and appropriate transport service, rather than the most immediate or expedient, transport solution. This will normally involve referral to an existing transport service but can also include the development or commissioning of new service solutions.

A Health Transport Unit fulfilling a mobility management function becomes a "travel agency" where the destination is a health service or home. It will "shop around" to satisfy each instance of transport need in the most appropriate and cost effective way. It does this by taking into account and considering all available transport solutions. Mobility management applied cooperatively and uniformly by stakeholders across a health transport service system can create a "virtual" one-stop shop for patients. In this situation a patient is seamlessly referred to an appropriate transport solution irrespective of their point of entry to the system.

Key considerations in mobility management are:

- **Patient care and support needs**. The Classification Framework outlined in Part 2, Section 5 provides a mechanism through which patient care and support needs can be identified and matched to appropriate transport services.
- **Cost comparisons**. Service solutions that provide best value for money for both Area Health Service budgets and for patients should be utilised subject to these arrangements being able to appropriately cater to a patient's care needs.
- **Spare capacity** should be utilised wherever possible before allocating or procuring fresh resources to cater to a health transport need. Spare capacity within services that are not necessarily health focused should always be considered.
- **Transfer of passengers needing different levels of care** between health transport services may be examined as an option where appropriate. This can include the transferring of passengers between services or operators.
- **Referral of a passenger to services funded under other programs** that gives priority to the passenger's needs is also an option where appropriate. A frail older person living independently in the community who needs to visit a general practitioner may be a low priority for *Transport for Health* but is eligible for Home and Community Care (HACC) services and may be a higher priority for the HACC transport sub-program.

- **Service partnerships** offer a means to harness the relative strengths of different transport providers. Examples of these partnerships include use of mainstream bus fleet resources supported by the bookings and funding administration systems of local community transport services, and taxi voucher schemes provided cooperatively by local taxi providers and Area Health Services.
- **Standardised coordination** is required in a broad based health transport service system comprising Area Health Service, community based and private sector providers.

10. Subsidised travel

Transport for Health has two former assistance schemes under its jurisdiction these are (1) the NSW Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and (2) the Statewide Infant Screening-Hearing (SWISH) Travel.

10.1 Travel subsidies to visit medical specialists and oral surgeons includes the *Transport for Health - Isolated Patients Travel and Accommodation Assistance Scheme* (TFH-IPTAAS).

For detailed information on the administrative and procedural requirements of *Transport for Health - IPTAAS*, see the *Transport for Health* - Isolated Patients Travel and Accommodation Assistance Scheme - Procedures Manual available from the NSW Health at http://www.health.nsw.gov.au

The *Transport for Health - Isolated Patients Travel and Accommodation Assistance Scheme (TFH - IPTAAS)* is designed to assist people in rural communities to gain access to specialist medical treatment and oral surgery not available locally.

Transport for Health - IPTAAS provides direct financial assistance to patients to help them meet the costs associated with this travel.

The patient's local doctor plays a key role in applying for assistance under *Transport for Health - IPTAAS*. The doctor makes sure that if specialist treatment is not available locally the patient is referred to the nearest relevant specialist. The patient's doctor is also required to confirm in the application form that the patient meets the eligibility requirements for assistance.

Transport for Health - IPTAAS is not a full reimbursement scheme. The scheme provides financial assistance towards the cost of travel and accommodation where the patient needs to travel more than 100km (each way) to access specialist care. The cost of meals and incidental expenses, such as parking costs and booking fees, are not reimbursable.

Transport for Health - IPTAAS financial assistance can only be used for travel to access specialist medical treatment where the patient is referred by a local medical practitioner. It is not to be used for travel that is undertaken for other reasons.

Residents of New South Wales (including metropolitan areas) who need to travel interstate to access specialist medical treatment that is not available in NSW are also eligible for assistance.

Eligibility for assistance

Assistance under *Transport for Health - IPTAAS* is only available to permanent residents of NSW or Lord Howe Island and applies to the patient's usual place of residence.

Financial assistance may also be provided for an escort where a patient is less than 17 years old or where it is medically necessary for an escort to accompany the patient during the journey and period of treatment.

Aboriginal health

An Aboriginal Health Organisation may claim assistance under *Transport for Health - IPTAAS* if it provides transport for the patient and if the patient is eligible to receive assistance.

Referral to specialists

A patient may only be referred for treatments listed in the Commonwealth Medical Benefits Schedule Handbook, which are not available in their own locality. The referral can only be made by:

- A medical practitioner
- An optometrist
- An accredited dental practitioner

Nearest specialist requirement

Transport for Health - IPTAAS is limited to patients living in isolated areas who need to travel at least 100km from where they live (by the most direct route) to receive specialist health care.

Exemption from the nearest specialist ruling may be granted where referral to a more distant specialist is required due to the waiting time for treatment or the patient's medical condition.

Who is not eligible for assistance?

The following persons are not eligible for assistance:

- Overseas residents seeking specialist medical treatment including residents of other countries that are subject to reciprocal health care arrangements with Australia.
- NSW residents seeking specialist medical treatment outside Australia.
- Residents of Norfolk Island.
- Persons receiving living expenses under Commonwealth, State or Territory Schemes.
- Patients who have been transported under another Government funded program such as the Department of Ageing, Disability and Homecare (DADHC), Home & Community Care (HACC) funded community transport program.
- Patients are not eligible for Transport for Health - IPTAAS financial assistance if the injury or illness is the subject of Workers Compensation or Third Party Insurance Claim. If such patients require interim assistance with travel and accommodation costs prior to the settlement of the claim they should apply to the relevant insurer.

Inquiries concerning residents of Norfolk Island and referrals to or from overseas should be referred to the Australian Government Department of Health and Ageing.

Veterans and War Widows

Veterans and war widows can only claim financial assistance under *Transport for Health - IPTAAS* if they are not eligible to receive assistance to access specialist medical treatment assistance through the Repatriation Transport Scheme (administered by the Australian Department of Veterans' Affairs).

10.2 *Transport for Health - Statewide Infant Screening-Hearing (SWISH) Travel*

The *Transport for Health - SWISH Travel* assists parents with the costs of travel (100km one way) to access diagnostic audiology services associated with the NSW SWISH Program.

Eligibility criteria for obtaining assistance under the Scheme

To be eligible to obtain financial assistance under the Scheme the following criteria apply:

- Distance - travel at least 100km (one way) from their place of residence to the assessment facility.
- Referral a formal referral must be made by the SWISH Area Coordinator to one of the three identified tertiary assessment facilities.

The SWISH program provides screening for all babies within the first few weeks of being born, at their local hospital or community health centre. It enables the early identification of newborns with potentially significant hearing impairment, which requires follow-up diagnostic audiology services.

Travel assistance available under the Scheme

- Wherever possible, the diagnostic assessment facilities should ensure that appointment times for rural patients are scheduled with due consideration given to travelling time, thereby avoiding the need for an overnight stay.

11. Glossary

Aboriginal Community Controlled Health Services	Aboriginal Health Care Organisations that are party to Area Health Service Partnership Agreements reflecting the agreement at a State level between the AH&MRC and the NSW Department of Health.
Accreditation	Systems for quality assurance and regulation of services provided for under legislation and associated regulations.
Ambulance Service	Transport services provided by the Ambulance Service of New South Wales.
Area Health Service Facility	Area Health Service premises (and mobile centres) used for the direct provision of health services including hospitals, community health centres, outpatient clinics and other locations from which Area Health Service funded services are provided.
Area Health Service transport provider	A health transport service that is provided directly by an Area Health Service.
Community Transport	A community based passenger transport service that receives some form of financial operating subsidy either government, non-government or private.
Designated Director	A member of an Area Health Service executive management team, nominated by the Chief Executive with primary responsibility for *Transport for Health.*
Fully qualified health professional	"A fully qualified health professional" would include health professionals with a medical background such as doctors (including psychiatrists, dentists, medical specialists etc), nurses, midwives and allied health professionals such as psychologists, social workers etc.
Health Related Transport Program	NSW Health funding initiative.
Health transport	Non-emergency health related transport primarily catering to the needs of sick or injured persons who are not inpatients and are not eligible for transport provided by the Ambulance Service.
Non-emergency inter-facility transport service	A non-emergency inter-facility transport service is primarily concerned with the transporting of in/out patients needing to attend (a) diagnostic services not available at the referring health facility or (b) those in/out patients who need to be transferred to another health facility for treatment not available at the referring health facility and not requiring the services of the Ambulance Service of NSW.
Non-Area provider or non-Area Health Service provider	A health transport service that is provided by any organisation other than an Area Health Service.
Non-Area Health Service Facility	Premises other than an Area Health Service facility used by health professionals in providing health services, including general practitioners, medical specialist private consulting rooms, diagnostic and therapeutic providers, dentists and other private health care providers.
Not for profit services	Services provided on a non-commercial basis by State government agencies, local government, incorporated associations and other charitable organisations.
Passenger Trip	A standard measure of transport output representing the conveyance of a single passenger one way between two given points eg home and hospital. A trip from home to hospital, followed by a return trip will equate to a total system output of two passenger trips.

Passenger contribution	A contribution made by a passenger towards the cost of a trip (or trips) provided by a community transport service. The transport provider records this for budgetary reporting purposes as a 'service contribution'. It does not include gifts or donations.
Patient Transport Service	A service, usually stretcher equipped, operated by an Area Health Service for inter-facility transport of inpatients.
Service system	A network of individual services and service types working together to jointly cater to a specific area of need or demand.

Appendix 1

***Transport for Health* - Patient Screening Tool**

SERVICE PROVIDER or REFERRAL AGENCY			
PASSENGER NAME		**DATE OF TRAVEL**	

Please tick appropriate answer

QUESTION	YES	WITH HELP *	NO
1. Passenger is alert and oriented to time, place and person			
2. Can walk from home to car/bus			
3. Can manage 2 steps			
4. Can get in and out of a car/bus			
5. Can manage alone during appointment			
6. Carer going and will provide all necessary help			
7. Will need to travel with mobility or personal medical aid**			
8. Reason for transport request - To/from medical treatment			

* "WITH HELP" is defined as any form of non-weight bearing physical assistance the passenger may require.
** mobility or personal medical aid includes wheelchairs, walking frames and portable oxygen equipment but excludes walking sticks or other light weight items.

Question 8 should be linked to a document maintained by Health Transport Units that aligns commonly received medical interventions to levels of post procedural risk relevant to health transport service provision. This document should be regularly reviewed and updated by Health Transport Units and distributed to all registered *Transport for Health* providers within the Area. The Department of Health will assist in ensuring the uniformity of this document across the State.

Appendix 2

Transport for Health - Classification Framework Tables

Passenger Classification

Table 1. Passenger Classification - passenger/service match

Level	Passenger	Service
Low	▪ Requires door to door transport ▪ Requires empathy and reassurance.	▪ From door to door. ▪ Can provide sympathetic and reassuring service.
Medium	▪ As for low level, plus: ▪ Requires some limited (non-weight bearing) assistance to enter/exit vehicle or destination. ▪ Requires some awareness of care needs related to their condition	▪ As for low level, plus: ▪ Can provide limited, non-weight bearing physical assistance ▪ Can provide some assistance to manage/cope at destination.
High	▪ As for low level, plus: ▪ Requires significant (weight bearing) assistance to enter/exit vehicle or destination ▪ Requires trained staff to deal with care needs ▪ May need observation for post procedural complications ▪ ***May require management of challenging behaviour or formal supervision***	▪ As for low level, plus ▪ Can provide weight bearing physical assistance ▪ Can provide trained staff to deal with passenger care needs ▪ Can undertake observation for post procedural complications ▪ Can manage challenging behaviours or provide formal supervision
Very High	▪ Requires a stretcher and appropriate clinical and/or behavioural management	▪ Can provide appropriately trained clinical staff to deal with passenger care needs

Service Classification

Table 2. Service Classification - requirements for providing Low to Medium classification services

Component	Requirements
Services	***1. Registered with the Area Health Service Health Transport Unit***
Operators	1. Satisfy all requirements of the *1990 Passenger Transport Act* and associated Regulations relevant to the service type to be delivered. 2. Apply NSW Health's Transport for Health Classification Framework to assess passenger eligibility for services and carry only passengers who conform to the Classification of the Service type being provided. 3. Not carry any person who is eligible to receive transport from the Ambulance Service of NSW unless specifically approved by the Ambulance Service. 4. Able to demonstrate adequate provision of passenger awareness training appropriate to the care needs or conditions of passengers who are subject to a medium level service.
Drivers	1. Satisfy all requirements of the NSW *Passenger Transport Act 1990* and associated Regulations relevant to the service type to be delivered. 2. Have satisfactorily completed basic training in the capabilities of the Classification of health related transport service being provided. 3. Satisfactorily completed passenger awareness training appropriate to the care needs or conditions of the passengers who are subject to medium level service.
Vehicles	1. Must satisfy all requirements of the NSW *Passenger Transport Act 1990* and associated Regulations relevant to the service type to be delivered.

Service Classification

Table 3. Service Classification - requirements for providing

High classification services

Component	Requirements
Services	***1. Registered with the Area Health Service Health Transport Unit***
Operators	1. Satisfy all requirements of the *1990 Passenger Transport Act* and associated Regulations relevant to the service type to be delivered. 2. Apply the Transport for Health Classification Framework to assess passenger eligibility for services and carry only passengers who conform to the Classification of the Service type being provided. 3. Not carry any person who is eligible to receive transport from the Ambulance Service of NSW. 4. Able to demonstrate the provision of a training program to drivers and other relevant personnel, sourced from a recognised training provider or from a qualified health professional in: ▪ Senior First Aid ▪ Manual lifting and handling of patients ▪ Management of challenging behaviours (excluding those that may constitute a threat to person or property) ▪ Other training relevant to the care needs and health conditions of, or treatments being received by, passengers transported by the service 5. Ensure that drivers and other relevant personnel have attained the competency levels set for satisfactory completion of each of the listed training programs including any requirements for refresher training associated with maintaining currency of competency or qualification.
Drivers	1. Satisfy all requirements of the NSW *Passenger Transport Act 1990* and associated Regulations relevant to the service type to be delivered. 2. Satisfactorily complete basic training in the capabilities of the Classification of health related transport service being provided. 3. Satisfactorily complete training and refresher training as required to maintain qualification or currency of skill, in accordance with point (4) above.
Vehicles	1. Must satisfy all requirements of the NSW *Passenger Transport Act 1990* and associated Regulations relevant to the service type to be delivered.

Appendix 3

***Transport for Health* - Reporting Framework**

The reporting framework will include the number and proportion of trips for patients requiring:
- Cancer treatment
- Renal dialysis
- Other

The reporting frequency is quarterly.

The provisional Key Performance Indicators are as follows:

How much?	How well?
▪ Number of individual people assisted (some people are assisted more than once but are only counted once for the purpose of this measure ▪ Number of trips provided ▪ Number of multiple passenger trips ▪ Number of CALD, ATSI, concession card holders	▪ Proportion of multiple passenger trips ▪ Proportion of CALD, ATSI, concession card holders
Is anyone better off?	
▪ Amount of funding spent on direct patient assistance ▪ Number of patients who find out about TFH - IPTAAS after their trip commences	▪ Proportion of funding spent on direct patient assistance ▪ Proportion of patients who find out about TFH - IPTAAS after their trip commences

A *Transport for Health,* reporting framework template is provided to Area Health Services in the *Transport for Health* Implementation Plan Development Guide.

Definitions

How Much	
Trips	One-way travel between two points by one person
Mode	The type and capacity of vehicle used for a trip usually categorised as either Low Occupancy and Multiple Occupancy

Is anyone better off?	
Number and distance of trips by mode	The number of trips provided by Low and High Occupancy vehicles and the total distance of journeys undertaken in each category
Number of available transport options	Total number of vehicles and available service journeys within each transport mode

Appendix 4

NSW HEALTH

Transport for Health

Service Costing Framework

June 2006

Transport for Health Costing Framework

	Low/Medium Service Classification				High Service Classification			
	Single Passenger		Multiple Passenger		Single Passenger		Multiple Passenger	
	rate/item	charge	rate/item	charge	rate/item	charge	rate/item	charge
Administration	1	2	1	2	1	2	1	2
Driver	3	4	3	4	3	4	3	4
Carer	3	4	3	4	3	4	3	4
Kilometres	5	6	5	6	5	6	5	6
Total service cost		7		7		7		7
Total capacity			8				8	
Practical capacity			9				9	
Contributions		10		10		10		10
Total Invoice Charge		11		11		11		11
Trip Cost		12		13		12		13

Note: Number points below correspond to numbered cells in the table. Bullet points provide general information or comment.

Overview

- This framework is designed to assist Non Emergency Health Related Transport providers develop costings for the delivery of services funded under the *Transport for Health* program and to assist Area Health Services understand how charges for service are calculated by service providers.
- The framework is not intended to be used to cost each unit of service for which an Area Health Service is charged. It should however, be used to provide Area Health Services with information on how providers charge for services and can be used to explain how a charge for a particular service, if queried, has been determined.
- Uniform application of this framework will assist Area Health Services compare the costs of different service providers and service solutions.
- This framework only addresses the delivery of services that commence and conclude within the same day.

Cost Categories

- Two primary categories of service provision are catered to: Low/Medium and High (refer to *Transport for Health* Classification Framework).
- The main difference between Low and Medium level services is experience and training of a volunteer. This is an operational consideration and not necessarily indicative of any major cost difference, therefore the two are grouped for costing purposes.
- Two secondary categories are identified within each primary category: single passenger and multiple passengers. With single passenger services, all costs are attributed to one passenger. With multiple passenger services, total service costs should be shared between the total number of passengers. Cost sharing between passengers facilitates readily accountable multiple funding sources for single services.

Administration Cost Component

The *Transport for Health* program does not support administrative costs being levied on a per kilometre basis. Administrative costs are generally not related to the distance travelled by a particular service. They are represented in this framework as a (relatively) fixed cost per unit of service.

1. The Administrative cost should be based on an ***hourly*** rate for administering a unit of service for a particular type of service. This should include all wage and overhead components. Service providers should be able to break down and account for the components of this cost if required.

2. The total charged for administration of a passenger trip. This should be a portion or multiple of the hourly rate.

    - This cost component provides a means to factor in the overhead cost component of service delivery on a per-booking or per trip basis
    - There is provision for addressing and difference in administrative inputs between service types. Eg. a request that would need to be catered to in single service provided by volunteer car would normally require more administration than a request that could be allocated straight onto a scheduled bus run.
    - In day to day operations, it is assumed that a fixed rate per service would be levied for ease and efficiency of administration. This would be based on an average administrative time per service type request. It is however feasible that a particularly administration intensive request for service could be reflected as an abnormal charge.
    - NOTE: The average admin charge per booking provides a benchmark against which comparisons can be made and improvement targets set.

Variable Operational Costs

A "trip" can be 5 or 500 kilometres. Distance and duration of a trip should, in every case, be the most variable factors in determining the actual cost of the service.

3. It the case of high level services, this would be an hourly wage rate, inclusive of on-costs (for either driver, carer or both). In the case of volunteer services, this may only include an amount for reimbursement of meal or refreshment costs for services above a minimum duration, as set by the service provider.
    - Under the *Transport for Health* model, it is assumed that any paid employee engaged in service delivery will be trained to provide a high level service (in accordance with the *Transport for Health* Classification Framework). Payment for waged staff providing low level classification services should not generally be approved. (Note: this does not mean that a high level service cannot provide transport to a low or medium level passenger.)
    - A high level service may be provided with a volunteer driver, provided that a suitably qualified carer is engaged who is capable of providing level of care and assistance commensurate with *Transport for Health* high level Service Classification descriptors.
    - High Level Services can, particularly in the cases of multiple passenger services, be a cost effective source of health transport for people who conform to the low and medium levels of the *Transport for Health* Passenger Classification Framework. Having a low or medium level passenger classification should not automatically exclude a person from receiving transport on a high level NERHT service.

4. The total charged for personnel costs for the passenger trip. This should be a portion or multiple of the hourly rate noted in 3.

5. The kilometre rate for the service. This should incorporate both fixed costs (insurance, registration etc) and variable costs (fuel, maintenance, depreciation). This amount might be based on historical operational costings determined by the service provider or identified from a source such as the NRMA. This figure should reflect average or projected annual kilometres travelled by the service vehicle/s, as the higher this figure the lower the cost per kilometre.

6. The total service kilometre charge. This will be a multiple of the figure noted in 5. This framework assumes that depreciation is a variable cost factored into the kilometre rate of service delivery.

7. The subtotal of administrative and operational costs. This should represent the final (gross) cost of service delivery.

Costing for Multiple Occupancy Services

8. The total passenger capacity of the service vehicle, eg. 10 seats, 20 seats.

9. The practical passenger capacity of the service or, the number of passengers who are normally carried eg a 20 seat bus may normally carry 10 passengers on a particular service run. To carry more may be impractical for reasons of trip duration, passenger fatigue etc.
Items 8 & 9 commence the difficult process of apportioning the operating costs of multiple occupancy services and attributing them to individual passengers/funding programs by acknowledging that it is virtually impossible, for a wide range of reasons, to fill any service all the time and that it is normal for some spare capacity to exist in a multiple occupancy service.
   - Practical capacity does provide an important measure, or benchmark for of operational efficiency. The higher the practical capacity, the lower the final cost per passenger.
   - The practical capacity can also represent the target capacity for full cost recovery, with additional (above normal operating) capacity being available at marginal cost.
   - An inflated practical capacity figure will disadvantage the operator. A deflated practical capacity figure will disadvantage the Area Health Service. The onus will rest upon operators to ensure that practical capacity figures reflect the operational norm, and that this figure is checked regularly to identify changes in service use trends. Area Health Services will reserve the right to review operational documentation from time to time to ensure that practical capacity figures are reasonable.

Passenger (Fare box income) and a Revenue Guarantee Purchasing System

9. Income received from the passenger/s through contribution.

11. The net cost of the service. The total amount for which the Area Health Service will be invoiced for the trip. This will be the cost of the trip, less the income received from the passenger. This represents the amount the provider will invoice the purchaser. The deduction of passenger income from payment for service supports a **Revenue Guarantee** model for *Transport for Health* model and is consistent with a subsidy based service funding model and policy guidelines which ensure patient entitlement to access services regardless of ability to pay.

Determining cost of Passenger Trip outputs

12. The full cost to the Area Health Service per Passenger Trip (the primary output measure for the service or funding programs) in a single occupancy service, being the invoice charge (cell 11) divided by the number of trips provided (usually two for a return journey).

13. The full cost to the Area Health Service per Passenger Trip (the primary output measure for the service or funding programs) in a multiple occupancy service, being the charge (cell 11) divided by the practical operating capacity (cell 9) divided by 2 (representing a return journey being the norm).
    - The method outlined in 12 is a compromise, which endeavours to achieve efficiency in the financial planning and administration of multiple occupancy services and which recognises the many variable factors in catering to individual health transport needs in such a service mode. It also provides the means to plan multiple occupancy services based on program funding from a range of sources (virtual funds pooling).
    - It is not seen that this approach would prevent or obstruct the collection of real data for actual passengers carried for the purposes of accountability or reporting.

ISOLATED PATIENTS TRAVEL AND ACCOMMODATION ASSISTANCE SCHEME (PD2022_041)

PD2022_041 rescinds PD2019_039

POLICY STATEMENT

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

This includes ensuring people living in regional NSW are supported to access specialist health treatment that is not available locally. Highly specialised care sometimes requires significant travel for people living in our regional communities and NSW Health recognises the need to ease the financial burden on those who need to travel significant distances to get the specialist care they need.

SUMMARY OF POLICY REQUIREMENTS

The provision of subsidies must be provided within the eligibility requirements and governance framework outlined in this Policy Directive. To support payment of subsidies detailed information on subsidy rates, eligibility, administrative and procedural matters are outlined in the Isolated Patients Travel and Accommodation Assistance Scheme Assessment Guidelines.

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

The Isolated Patients Travel and Accommodation Assistance Scheme is a subsidy scheme, not a full reimbursement scheme.

Local Health Districts that operate Isolated Patients Travel and Accommodation Assistance Scheme offices, are responsible for operation of the scheme at the local level.

Developing and monitoring the Isolated Patients Travel and Accommodation Assistance Scheme Assessment Guidelines and the operation of the scheme is the responsibility of EnableNSW.

The NSW Ministry of Health is responsible for setting Isolated Patients Travel and Accommodation Assistance Scheme policy in line with government direction, providing funding to Local Health Districts and EnableNSW, and monitoring performance of the Scheme.

To access the full Isolated Patients Travel & Accommodation Assistance Scheme Policy Framework please go to https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_041#

MANAGEMENT OF NSW POLICE FORCE OFFICERS' FIREARMS IN PUBLIC HEALTH FACILITIES AND VEHICLES (GL2013_002)

GL2013_002 rescinds GL2005_035.

PURPOSE

This guideline provides information to staff in public health organisations and in NSW Ambulance about the management of NSW Police Force officers' (**police officers'**) firearms and "appointments" (NSW Police Force terminology for 'Electronic Control Devices' (ECDs), commonly called Tasers, and 'OC Defensive Spray'), in public health facilities and vehicles, including NSW Ambulance vehicles.

KEY PRINCIPLES

Police officers are bound by the legislative requirements of the *Firearms Act 1996* (NSW) (**the Act**) and the policy requirements of the NSW Police Force Handbook to relevantly ensure the safekeeping of firearms and "appointments".

A police officer's decision to remove his or her firearm and/or "appointment" and store it elsewhere is made by the individual police officer taking into consideration operational and environmental circumstances at the time.

Police officers' obligations under the Act override local health facility policies and procedures and NSW Ambulance protocols in this regard. Staff in public health organisations and NSW Ambulance should not make the removal of police officers' firearms and "appointments" a condition of their entry to the facility or vehicle.

USE OF THE GUIDELINE

Public health organisation and NSW Ambulance protocols relating to the management of police officers' firearms and "appointments" must be consistent with this Guideline.

To download the Guideline please go to
http://www.health.nsw.gov.au/policies/gl/2013/GL2013_002.html

CHANGE TO IPTAAS DISTANCE CRITERION FOR RENAL DIALYSIS PATIENTS
(IB2010_063)

PURPOSE

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

KEY INFORMATION

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

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

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

This Information Bulletin is to be read in conjunction with **PD2012_070 Isolated Patients Travel & Accommodation Assistance Scheme Policy Framework.**

Implementation

Eligibility:

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

Health Transport Units are to calculate the distance travelled by claimants using the standard method set out in the Isolated Patients Travel & Assistance Scheme Policy Framework (**PD2012_070**).

Submission of claims:

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

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

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

Monitoring and Evaluation

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

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

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

SERVICE SPECIFICATIONS FOR NON-EMERGENCY TRANSPORT PROVIDERS (PD2023_018)

PD2023_018 replaced PD2018_002

POLICY STATEMENT

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

SUMMARY OF POLICY REQUIREMENTS

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

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

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

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

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

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

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

The full version of the Service Specifications for non-emergency Transport Providers policy is available at: **https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_018**