

Isolated Patients Travel and Accommodation Assistance Scheme.

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ISOLATED PATIENTS TRAVEL AND ACCOMMODATION ASSISTANCE SCHEME

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Mr PETER DRAPER (Tamworth) [5.52 p.m.]: I raise problems with the New South Wales Isolated Patients Travel and Accommodation Assistance Scheme [IPTAAS] at both the local and health industry levels. The scheme supposedly has the interests of patients in rural and regional New South Wales at its heart, being funded by the Department of Health to provide financial help for travel and accommodation costs incurred in accessing specialist medical services that are not available within 200 kilometres of their homes. As with any scheme, IPTAAS has a range of eligibility criteria that aims to ensure those who use the system do not abuse it and that resources are appropriately distributed. But a recent case involving a constituent from my electorate, coupled with representations from the community and the health sector, has led me to believe the criteria do not go far enough.

Last year Mr Keith Peck, a resident of Werris Creek, which is near Tamworth, lodged an application for financial assistance with IPTAAS after suffering a heart attack. Mr Peck was not in his home town when the unexpected took place; he was in Ballina taking care of a family-related matter. Fortunately, he was quickly assessed and transported to a Brisbane hospital for specialised treatment. The hospital staff assured Mr Peck he was eligible for IPTAAS assistance and told him a family member was needed to help with his recovery in Brisbane and when returning home. Accordingly, Mr Peck lodged an application with IPTAAS but was advised that he was unlikely to receive any assistance as he did not meet the eligibility criteria. The so-called problem was that he did not suffer the heart attack at or near his home at Werris Creek. Of the scheme's eligibility criteria the section relevant to Mr Peck is section 3.2.10, which states:

Eligibility for NSW IPTAAS refers to usual place of residence at the time of illness or injury in NSW. Therefore, it does not cover illness incurred during business or recreation travel.

I believe that to be grossly unfair and contrary to the fundamental purpose of this scheme. Mr Peck lives 40 kilometres from Tamworth and more than 400 kilometres from Sydney. Had he suffered his heart attack in Werris Creek, the costs incurred would have been much higher as he would have been transferred from Tamworth to Newcastle, which is significantly further than the distance from Ballina to Brisbane. Furthermore, Mr Peck was not in Ballina for business or recreation purposes; he was attending an urgent family matter. I acknowledge there must be criteria for such schemes to ensure genuine cases receive attention. However, surely such criteria are not put in place to prevent individuals such as Mr Peck from receiving assistance.

In a similar vein the New South Wales Cancer Council has discovered IPTAAS does not always serve the people it is supposed to. Valid problems raised by the council, and which I endorse, include the fact that the nearest treatment centre in

many rural areas might be 100 to 190 kilometres away, making the trip not claimable but the distance and cost so prohibitive that patients might not be able to undertake the required treatment. Patients are able to claim under IPTAAS only once per treatment cycle, meaning that patients are not able to go home to see their families during treatment, and that could take up to six or eight weeks. Some patients experience financial hardship because IPTAAS is a reimbursement scheme and they have to wait weeks for payments to be processed.

In October last year the Vision New England Summit convened in Armidale by Federal Independent member of Parliament, Tony Windsor, passed a five-point resolution asking the New South Wales Minister for Health to increase funding for IPTAAS to enable increased reimbursement for travel, accommodation and living costs, to introduce components into IPTAAS that recognise the increased financial and physical burden associated with repeated episodes of outpatient treatment, to reduce the distance requirement to 80 kilometres one way and provide sufficient funding to enable discretion to be exercised in favour of a patient's claim, to allow the area health service chief executive officers to receive delegation to vary eligibility criteria for people experiencing hardship or when considering people within the 70 kilometre limit when exceptional circumstances exist, and to examine better co-ordination between IPTAAS-funded transport and community transport services so patients not eligible for IPTAAS may automatically access community transport.

This is an important issue for residents of rural and regional New South Wales. I continually receive representations from people who are adversely affected by the current regulations. I ask the Minister for Health to act on the recommendation of the Vision New England Summit. We need to increase funding and address the well-documented problems associated with IPTAAS. Hopefully, we can develop a better scheme.

Private members' statements noted.

[Madam Acting-Speaker (Ms Marie Andrews) left the chair at 5.57 p.m. The House resumed at 7.30 p.m.]

Speakers: [Draper, Mr Peter](#).

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