Transport to Access Health Services in Rural and Remote NSW: a Community Perspective

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The Council of Social Service of NSW (NCOSS) is a community organisation which advocates for disadvantaged communities and individuals in NSW. In 1999–2000, NCOSS undertook a project on transport to access health services in rural and remote communities.[1]

NCOSS chose to investigate this issue after numerous community organisations expressed concern to NCOSS about the lack of transport to access health services in country areas. The aims of the project were, firstly, to place the issue on the Government agenda and, secondly, to undertake a preliminary investigation of the issues to assist in developing effective responses. As with many non-government organisations, this project was undertaken with limited resources.

METHODOLOGY

NCOSS commenced the project by distributing a survey on rural health-related transport issues. The survey asked how the organisation defined rural, health-related transport, what problems the organisation had encountered, what were the causes of those problems and what the organisation had attempted to do about them.

This was sent to 94 rural Community Transport Organisations, and to 36 members of rural and regional Home and Community Care Forums, who in turn distributed this to member groups at their discretion.

The survey was also sent to six NSW Government departments (NSW Health, Ageing and Disability Department, Department of Transport, Department of Local Government, Premiers Department and Department of Community Services) and eight rural Area Health Services.

Responses were received from 73 community organisations and local councils, six Area Health Services and two Government departments (NSW Health and Ageing and Disability Department).

A teleconference was conducted with the New England Community Transport Forum.

Once this information had been analysed, NCOSS held two public meetings in Mungendi and Moree in November 1999. These were attended by community members and by local service providers. They provided a valuable opportunity to discuss the survey findings and directions.

THE SPECIFIC CHARACTERISTICS OF TRANSPORT TO ACCESS HEALTH SERVICES

Transport to access health services covers a range of journeys. These include attending appointments with General Practitioners, specialists, allied health, Community Health, community-based services and hospital outpatient services; going to and from hospital for inpatient services; attending Emergency Departments; and getting prescriptions filled at pharmacies.

Some of the things which differentiate this set of transport needs from others are:

- the consumer is often sick and can have high support needs. Where the transport follows discharge from hospital, the consumer can be extremely frail and unwell.
- appointments and hospital admissions are generally for fixed times, and the timing is generally made to fit in with the needs of the health practitioner or hospital rather than the convenience of the consumer.
- some journeys can be planned well in advance, but there are many which occur at short notice when a consumer falls ill or a condition worsens

In rural and remote communities, there is the added complexity of distance. Health services are not evenly distributed across the State. People living in smaller communities often need to travel long distances to reach basic primary health care services such as General Practitioners and dentists. Where specialist medical services are required, there is generally a journey to a regional centre or to Sydney.

TRANSPORT TO ACCESS HEALTH SERVICES OR "HEALTH-RELATED TRANSPORT"

When discussing transport to access health services, the term most commonly used by government agencies and community organisations is "health-related transport". This was the term used in the original survey, however it became apparent that there were different views about precisely what types of journeys it referred to.

One view, most commonly expressed by NSW Health staff, was that health-related transport was transport to access health services. In some cases, this was interpreted even more narrowly to refer to transport to access health services provided by Area Health Services.

A second view, most commonly expressed by community transport providers, was that health-related transport was transport which provided access to the full range of services and facilities needed to maintain a healthy life in the community. This approach was based on the broad definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Transport, by this approach, would include journeys to reach employment, to maintain supportive social networks, to purchase health and affordable food, as well as access to health services.

To distinguish between these views, the project used the term "transport to access health services" to refer to journeys to access services whose role is to prevent or treat illness. The term "health-related transport" is used to refer to journeys to access the full range of services required to maintain a healthy life within the community.

It was clear that different views about the scope of "health-related transport" were impeding discussions between NSW Health staff, community transport organisations, and other community organisations. This emphasised the importance of getting agreement about terminology.

It was also clear that health-related transport in the broader sense was also an issue requiring consideration and it was not apparently on the agenda of survey respondents working in the health system.

INCREASING NUMBER, LENGTH, AND COMPLEXITY OF JOURNEYS TO ACCESS HEALTH SERVICES

Respondents to the survey pointed to a dramatic increase in the number and length of journeys to access health services. They noted that this was resulting in growing demands upon existing service providers.

Loss of local health services

Many respondents pointed to the loss of local health services as a major source of increasing demand for transport to access health services. This was a particular problem for smaller communities.

> The centralisation of medical services is the greatest problem for our service. Existing local services are being abolished and visiting specialist are now non existent in our area. Everybody who lives in the area we service who is referred to a medical specialist has to travel to another town for that service.

A number of respondents considered the driving force behind the loss of local health services to be cost cutting in the rural Area Health Services.

There was a strongly held view that the introduction of telemedicine was not going to solve the problem.

> You still have to get patients to where the telemedicine service is available. They don't take the satellite into peoples homes.

Earlier discharge

Survey respondents commented on the impact of changing hospital admission and discharge practices on transport. Again, there were comments that pressures to cut costs were impacting on demand for transport.

This project uses the term "earlier discharge" to refer to shorter hospital stays, same day procedures and alternatives to hospitalisation. Earlier discharge strategies are being actively pursued by the NSW Health system. The average length of stay in NSW hospitals has declined from 6.1 days in 1993–94 to a projected 4.8 days in 1999–2000,

a reduction of 21.3% over this period. NSW Health has a goal of providing 60% of all surgery on a same day basis by the year 2001, compared to the 1999–2000 figure of 39.9%. These rapid changes constitute an enormous shift in the way health services are provided.[2]

In commenting on the impact of earlier discharge on demand for transport, this project is not arguing for a return to extended hospital stays. What is of concern is the shortfall in services in the community, such as transport, to meet the needs of consumers and carers which are generated by shorter hospital stays.

Shorter hospital stays tend to mean that people require transport when they are still very sick. These consumers have higher support needs while they are travelling. They are rarely capable of driving themselves, and are generally too ill for public transport where it is available. Community transport organisations responding to the survey expressed concern about transporting very sick people as the community transport staff are not trained health professionals.

Once discharged, consumers need transport to reach their GP, specialist, pharmacy, allied health providers and others for follow-up care. These constitute new journeys as, had the consumer remained in hospital for a longer period, these practitioners would have provided care in the hospital.

Same day procedures mean consumers are often required to attend hospital early in the morning, which creates enormous difficulties for those travelling long distances. Discharges late in the afternoon or evening create similar difficulties.

The push to earlier discharge means that the time of discharge is not necessarily predictable, often leading to hospitals providing short notice for discharge, and therefore to those providing transport.

TRANSPORT OPTIONS

The main options for transport to access health services are:

- private car;
- taxi;
- public transport;
- community transport (which includes organisations which are funded as "community transport organisations" and other community-based, charitable and service organisations which provide transport services); and
- Area Health Service transport services.

In the case of longer distances, air transport is also an option.

There are also direct subsidy schemes which assist with the costs of transport to access health services. The primary scheme in NSW is the Isolated Patients Travel and

Accommodation Assistance Scheme (IPTAAS). New policies and procedures, including changed eligibility criteria were introduced in June 2000. This scheme provides assistance to permanent residents of NSW who usually live more than 200km away from the nearest treating specialist. It is limited to specialist medical and oral surgical health care. There is some scope for the local Area Health Service to exercise flexibility in applying the 200km requirement, but this is not commonly exercised.

Private cars

Private cars offer the greatest flexibility, and health service providers often assume that an individual can call upon a private car to meet their transport needs. There is a substantial up-front cost in purchasing a car and fuel costs for long distance travel can be considerable. Further, cars need drivers, and people who are sick are often not in a position to drive themselves.

A strong finding of the survey was the impact of an ageing population on the capacity of rural and remote communities to organise transport by private car. Respondents commented on the growing numbers of frail older people who were unable to transport themselves and the departure of young people from rural and remote communities meant fewer people available to assist with private transport.

Declining socioeconomic status was also identified as a key reason for many people being unable to purchase or maintain private cars.

Taxis

Taxis offer much of the flexibility of private cars, but were not identified as a major source of transport to access health services.

Public transport

A strong response from those surveyed was that public transport was not an adequate answer to the challenge of providing transport to access health services. One respondent gave this example:

> ... the public transport system is of very little use. People being referred to either Armidale or Tamworth are required to leave Tenterfield at 6:00 am and return home at 10:00 pm provided the rail bus is not late. The people of Glen Innes are more fortunate as the bus departs at 7:30 am and returns at 8:30 pm. Armidale is 100km south of Glen Innes. This is a better situation than for people in Tenterfield who are referred to a specialist in Lismore. The public transport leaves Tenterfield at 2:00 pm each afternoon and arrives in Lismore at 5:00pm. The bus then leaves Lismore at 9:00 am and arrives in Tenterfield at 11:00 am. To visit a specialist then requires two nights' stay in Lismore. This results in 44 hours away from home for what is possibly a 15 minute appointment.

Even where public transport is available, there are many sick people for whom it is not the most appropriate transport option. This can relate to timing, discomfort and lack of skilled support.

In many areas, public transport is run by private operators and these are often more expensive than Government run services, creating an additional barrier to access.

Transport provided by Area Health Services

The provision of transport services by Area Health Services in rural and remote communities is extremely variable. These are provided on a local basis rather than being part of a State-wide program, and there is no attempt at comprehensive service provision. These are, at best, a supplement to the range of other transport services in the local area and there was little comment about these services from survey respondents.

Community transport

The community transport organisations surveyed identified themselves as the service provider called upon to fill the gaps when a consumer had no access to private car, taxi, public transport, or an Area Health Service transport service.

NSW Health acknowledged that much of the growing demand for transport to access health services has been directed at community transport organisations.[3] As a result, these organisations have been a focus of policy development within NSW Health.

Survey respondents identified a number of challenges to community transport organisations expanding their role in providing transport to access health services.

Funding arrangements

Community transport organisations are subject to a complex system of funding. They receive Government funding through a series of funding programs which are administered by several different government agencies, and each program has different objectives, which generally centre on transport disadvantage.

The main Government funding programs for community transport are:

- Home and Community Care (HACC)Transport Program which is a joint Commonwealth State Program targeting frail aged and people with disabilities. This program is funded through the Ageing and Disability Department;
- NSW Community Transport Program (CTP) aims to address the needs of transport disadvantaged people at the local level. It is administered by the Department of Transport; and
- Health Related Transport Scheme which is funded by NSW Health.

Health-related transport guidelines

In 1999, NSW Health and the NSW Community Transport Organisation jointly developed *A Framework for the Development of Local Health Related Transport Guidelines*.[4] These guidelines were to facilitate the development of effective relationships between Area Health Services and local community transport organisations.

As the framework was being implemented at the time of the survey, it was difficult to assess its impact. The preliminary response was that this was a potentially very positive step.

Lack of funds

Survey respondents emphasised that a major challenge for community transport organisations in addressing the need for transport to access health services was finding sufficient funds.

> With the Health department constantly cutting budget, the problem can only get worse. Because of the lack of public transport our service feels we have an obligation to assist clients to hospital and return. We are however reaching the limit of our resources and will have to reassess our position shortly. Something needs to be done about this because there is continual pressure to provide increasing levels of service without additional resources.

Vehicle replacement

Survey respondents emphasised the high cost to community transport organisations of purchasing and replacing vehicles.

> This year has been the year that economic rationalism has really bitten. The cost of everything has risen. The bus that cost $45,000 seven years ago now costs more than $100,000. Our first van cost $25,000, to buy our new one was very close to $50,000. We receive no monies from the funding bodies to run or replace any of its vehicles. To achieve this, money has to be put aside from income earned.

Vehicles which have been modified to accommodate people with a disability were particularly expensive items. One respondent stated:

Fees

Respondents commented on the difficulty of raising revenue from clients, and noted that these raised serious concerns about equity.

Consumers of community transport are generally on a pension, benefit, fixed income or are otherwise financially disadvantaged. As costs increase with the distance travelled, those who are most geographically isolated can face the highest costs. Where a person is sick, they are often already facing substantial costs for health care and associated services which further reduce their ability to pay fees for community transport services.

Paid staff and volunteers

Community transport organisations are staffed by a combination of paid and volunteer workers, and many community transport groups make extensive use of volunteers to bring down the cost of transport services.

While supportive of the role of volunteers in service provision, respondents were critical of expectations that volunteers could take on further work to meet the growing need.

Respondents commented on the decreasing availability of volunteers. This was resulting from demographic changes; an increasing number of women working outside the home; a higher level of transience in rural population; and the loss of family support networks.

Concerns were also expressed about the average age of volunteers. The average age of volunteers used by organisations in the New England Community Transport Forum was

between 60 and 80. This raised concerns about replacing volunteers as they retired. Some respondents also expressed concern about the legal implications of relying on people who may be at some risk both to themselves and to clients when asked to meet the long and arduous demands of extensive travel over long days.

Many respondents commented that health-related transport meant that a higher level of skill was required from the staff member. The sorts of skills identified were: medical skills for very sick people, first aid skills, advanced driving skills, and planning and co-ordination skills.

Respondents commented on the inadequacy of funding to provide support to volunteers.

> We get $400 dollars in our grant money to support volunteers. We spend more like $4000 each year in trying to keep them supported with sustenance in the trips etc. We are totally under funded we cannot take on any more.

CO-ORDINATION BETWEEN GOVERNMENT AGENCIES

Transport to access health services has historically involved a range of Government agencies and a myriad of private, public and community-based providers, but there is little evidence of effective co-ordination across Government agencies.

Key Government agencies with an interest in transport to access health services include NSW Health, Ageing and Disability Department, and Department of Transport. The Premiers Department had also taken an active interest in transport to access health services through its regional co-ordination projects.

The project was unable to identify any high level document which clearly articulated the responsibility of the different Government agencies in relation to transport to access health services, or in relation to transport disadvantage generally.

Working at a local and regional level, survey respondents made it very clear that they did not see evidence of co-ordination between these agencies.

> If there is planning taking place then we do not know about it. These Departments may believe they are working together, but in terms of services on the ground and service providers there is no indication of that at the ground level.

There were many comments about agencies “passing the buck” to one another rather than finding a solution. This was resulting in widespread community frustration.

A major problem identified by respondents is the lack of data about local transport need.

While Government agencies showed little sign of co-ordination, community transport providers had formed regional networks. They reported little or no participation in these structures by the Government agencies.

In addition to co-ordination on transport disadvantage, survey respondents called for transport planning to be linked to wider human services planning. It was clear that respondents did not see this occurring at present.

RECOMMENDATIONS

Emerging from the project was a complex series of issues for analysis, underpinned by the clear need for cross-government co-ordination work to identify solutions. A number of general recommendations were developed.

- That NSW Health clearly distinguish in its policy work between transport to access health services and "health-related transport" (which provides access to the full range of services and facilities needed to maintain a health life in the community); and that NSW Health pursue effective policy responses to both sets of needs.

- That NSW Health integrate transport issues into health service planning in rural and remote communities, and particularly in relation to location of services, role, rostering, admission and discharge practices, and arrangements for appointments.

- That the upcoming Ageing and Disability Department review of community transport services address the issues of: complex funding arrangements, lack of funds, inappropriateness of relying on fees for revenue, and adequately supporting an appropriate mix of paid staff and volunteers.

- That there is community involvement in any discussions about transferring responsibilities for funding and administration of community transport programs between Government agencies.

- That NSW Health establish a second tier transport service within the ambulance system to provide a transport service with skilled staff to return people home from hospital when they cannot use their own transport.

- That NSW Health review the impact of the new IPTAAS arrangements on consumers and carers after twelve months of operation (June 2001).

- That the NSW Premiers Department facilitate co-ordination between Government agencies working on transport disadvantage. This should take place at three levels:

  - State-wide framework to address transport disadvantage: This framework would clarify the responsibility of each Government agency and community providers in the planning, funding and delivery of transport to the transport disadvantaged;

  - identification of need at a local level: This process would involve local service providers (public, private and community based) and communities in identifying the transport needs of local communities. It would provide information to assist all providers in developing services to meet local needs, and would feed into a regional process; and

– co-ordination at a regional level: Based on the State-wide framework, Government agencies and community providers would develop co-ordinated plans for service delivery.

A minimum first step towards co-ordination would be the development of a State-wide framework which clarifies the roles and responsibilities of the different Government agencies which fund community transport organisations.

REFERENCES

1. A copy of the full project report is available from NCOSS. Contact (02) 9211 2599 or info@ncoss.org.au

2. Liz Reedy and Ros Bragg, *Earlier discharge: issues paper*, NCOSS 2000

3. *A Framework for the Development of Local Health Related Transport Guidelines*, NSW Health 1999

4. As above

AUTHORS

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