

NATIONAL RURAL HEALTH ALLIANCE INC

PUBLIC SEMINAR

'KEY ISSUES IN RURAL AND REMOTE HEALTH'

CANBERRA

FRIDAY, 20 OCTOBER 2006

CASE STUDIES IN PATIENTS' TRAVEL:

Alan Neilan, Chair, Mt Isa District Health Council, and Mt Isa District Health Consumers Group Steering Committee

Alan Neilan: Thanks, John, and thanks, Matilda, for the welcome and the opportunity to be here today. The last two weeks I think I've had one night at home, so I've picked up a cold from either Cairns, Brisbane – pick a place where I've left luggage and picked it up off the carousel. But it's good to be in Canberra. By the way, this paper is on the back table if you want to pick up a copy later on.

The Mt Isa Health District services a significant footprint of our state of Queensland, from Normanton, Karumba, Doomadgee, Mornington and Burketown in the north, to Dajarra in the south and across to Julia Creek in the east, and that presents many challenges in the type of care models and service delivery for the district. From the 2001 Census, just over 25 per cent of the population of the district of 31,000 is either indigenous or from non-English speaking background.

The Patient Travel Subsidy Scheme remains a vital link in patients in remote and rural centres accessing appropriate health services. Although it's debatable as to whether the scheme remains to subsidise or reimburse patients and/or carers, the district has an average of 2200 PTS trips per annum. The major PTS component of visitations to Mt Isa from smaller centres is for birthing. We have no birthing centres outside of Mt Isa itself. Our district had 380 deliveries in the 2004-05 year. So for expectant mothers the PTS system gives assistance to accessing scans and other treatments at Mt Isa throughout the period of pregnancy. And you can imagine the expectant mother from a remote centre travelling that PTS

pathway: monthly scans at Mt Isa away from family and support, often carrying the burdens of life at home also, and even perhaps a partner working in the mining industry with shift rosters to meet.

The question that really remains is how do we achieve the best health outcome for this patient? Is there a whole of government approach to assisting expectant mothers and sometimes other siblings away from home and schooling? Whilst the rhetoric may suggest yes, most department programs would be very specific in their funding to the point whereby a facility that did operate at Longreach called Ibis House recently closed due to lack of funding. Ibis House at Longreach provided just that level of accommodation for expectant mothers travelling to Longreach for birthing.

There is also a major concern with respect to during the patient and PTS funding to the nearest available service. While in most cases this may be appropriate, again the health outcomes of the patient should be considered. For example, if a family had relocated to the Gulf on a cattle property and they had originally come from, say, the Atherton Tablelands, it may be well more appropriate for the family to have the delivery of the baby at Atherton where family support exists. I'm not suggesting that patients pick and choose their medical services at the cost of the taxpayer. But what could happen is that PTS pay the equivalent subsidy of the nearest health service centre nominated, and the family meet the difference. The health outcome would be enhanced by a supportive family environment and most likely a reduction of the cost of accommodation and subsequent PTS charges back to the district.

I want to give you a little bit of understanding of public transport, the lack of it, in the Gulf, and we'll do a bit of a tour around the lower Gulf, a fascinating part of the state, but try to get public transport around the place, you'll find it's very difficult. The only public transport to Mt Isa and any centre in the north is with MacAir Airlines. This is a small regional airline receiving operational subsidies from the Queensland state government. It's operates a regular from Doomadgee, Mornington and Normanton. Burketown dips out. It only receives one service per week. And the airstrip at Karumba is unsealed but receives a regular air charter service from Cairns.

So let's look at the limitations of that actual system. If you were to attend an appointment in Mt Isa from Burketown, your minimum stay would be one week, and that's assuming that during that consultation you're not given a further appointment just the day after the plane leaves. If you're residing at Karumba you need to transit to Normanton first, which is some 70 kilometres to the south west. All MacAir flights into these centres are Metroliner services. Metroliners are a small aircraft which seat about 25 people. The aircraft has no toilet, no disability access and no cabin steward. So the flight from Normanton via other centres to Mt Isa will take you approximately four and a half hours.

While some pressure has been placed on Queensland Transport and MacAir to provide hydraulic lifts at airports, no assistance can be provided to incapacitated

passengers to alight or depart the aircraft. Indeed, in the event of an emergency it may not be appropriate for passengers with a disability to be actually accepted as MacAir passengers. The only other option from most centres would be to drive or in fact from Mornington Island to be evacuated by the RFDS.

MacAir recently announced the purchase of additional Saab aircraft to replace the Metroliners, so it's hoped the passengers with a disability will be accepted and they will be able to board and leave the aircraft in a dignified manner. I remember when I worked on Cape York many years ago with the DC3 aircraft and we used forklifts to lift people up and down the steps. I've seen elderly people who have had arm and leg injuries who actually had to squat down the steps on their bottom to actually get off and get on planes.

Until June 2006 a community bus did exist operating from Karumba, Normanton, Cloncurry and Mt Isa. However, that community bus had a loss of \$2000 per week and the service ceased. No public transport exists from Dajarra to Mt Isa, therefore no choice exists for patient travel. Similarly, some time ago the Boulia Shire Council operated a bus from Boulia to Dajarra, but ceased due to the costs and losses. If you're a patient at Camooweal which rests on the Northern Territory border some 100 kilometres west of Mt Isa and you need travel assistance, you will need to catch the only long haul bus service travelling to Mt Isa and it leaves at 3 o'clock in the morning. You get to Mt Isa at about 5 and I guess then you try and find somewhere to stay and then you wander up to the hospital and sit in Outpatients until your appointment is ready.

Another limitation on the PTS is that air travel is only from airport to airport or, if you're travelling by vehicle, the reimbursement in Queensland is from post office to post office. I can cite an instance recently where an expectant mother, an indigenous young woman from Normanton, was due to travel to Mt Isa for a scan appointment. Now, due to her inability to meet the cost of the taxi from the airport to her hostel, which was approximately \$25 one way, she did not attend the appointment and refused to board the aircraft. Whilst there are a number of ad hoc arrangements in place around the state, there needs to be consistency in transport assistance from home to hospital so that the health outcomes are optimised.

We've got some positives in the north west. The Department of Health recognised the problems faced by users of PTS and each district was responsible for establishing a health-related transport reference group. The task of the will be to identify barriers and develop solutions. So the groups will be representative consumer reps, other health transport related stakeholders, including QAS – the Queensland Ambulance Service – the RFDS and Queensland Transport. A blueprint for the Bush Initiative announced recently by the state government will also support rural initiatives. This innovation could be investigated in some smaller centres where we have a central booking system utilising the various public funded buses available. We all know that in smaller centres there's always a HACC bus. There's always a local school bus. The sports body has got a bus and most local government authorities have a bus. An audit of these resources

would result in better utilisation of existing resources and have not only good transport outcomes but better health outcomes. Wouldn't the meagre subsidies for this initiative be viewed as a whole of community positive, as opposed to the major cost of air travel from most remote centres?

Finally, any improvement in having services delivered at community health centres or district hospitals should be encouraged. The Strata Community Partnership Program is a terrific example of community support. The program will fund \$335,000 over three years to the Royal Children's Hospital Foundation to support the University of Queensland Centre for online health development of tele-paediatric robots for regional hospitals.

Eliza the robot - but I'm not sure, I was told before I left it was Robert the robot – but Eliza somewhere and Robert somewhere can be wheeled to the bedside of a patient to enable direct videoconference consultations with specialist staff thousands of kilometres away at the Royal Children's in Brisbane. This model of care initiative spares not only the child from travelling long distances to another hospital for consultation, but also the uplifting of the family and other siblings for the journey. Thank you once again for the opportunity to be here, and I wish the Alliance every success in improving patient travel programs for better health outcomes.
