

Transport for Health: facilitating access to health services in rural communities

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A CHANGING HEALTH SYSTEM

A significant number of people in rural NSW have difficulty getting to or from a health facility, whether to attend an outpatient clinic, to be admitted to hospital or to return home following discharge. These people commonly do not own a car or are unable to drive, do not have friends or relatives able to assist them, and cannot make use of public transport. This may be due to mobility restrictions, affordability, or simply because they live in an area where there is little or no public transport available when they need it.

As the ways in which health services are delivered change, there has been an increasing need for transport. Centralisation of specialty services, both within and between Area Health Services, increasing day surgery, shorter average length of inpatient stay and a growing emphasis on care in the community are examples of these changes. Where existing health-related transport services are unable to meet the need, the impact on both the health consumer and the health system in terms of postponed or cancelled appointments, delays in patients being discharged and inadequate continuity of care in the community, is considerable.

Source: Report of the NSW Rural Health Implementation Co-ordination Group 2002

A BIG HEALTH SYSTEM

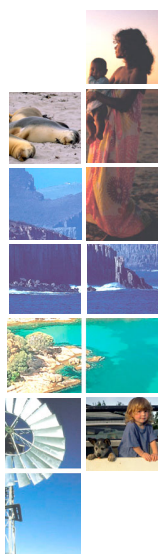
NSW is divided into 17 separate Area Health Services catering to a total population of over 6,660,000 persons.

- 8 Area Health Services are designated “rural”.
- 2 additional Area Health Services have recognised rural components (Hunter and Illawarra).
- Other metropolitan area’s also have certain rural characteristics (South West Sydney, Central Coast and Wentworth Area Health Services).

NSW is comprised of 470 rural villages, towns and regional centres.

Extensive public transport infrastructure caters to these communities across the state, however:

- 387 are without country link rail service
- 110 are without country link coach service
- 395 are without local route bus service
- 336 are without local taxi service (source: NSW Department of Transport, personal communication).



To promote equitable access to health facilities, NSW Health consumers require a non-emergency health related transport system capable of efficiently catering to the needs of transport disadvantaged consumers in all 470 rural villages, towns and regional centres across the state.

A RECOGNISED CHALLENGE

Two significant NSW government reports set the stage for significant policy change by NSW Health in relation to non-emergency health related transport services.

- the Report of the NSW Health Council (Menadue Report) 2000
- the NSW Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair Report) 2000.

The Sinclair report stated,

Access to affordable and responsive transport is a significant problem for people in rural and remote NSW... We believe that NSW Health needs to... ensure that transport is properly funded, better co-ordinated and does not impede access to appropriate clinical care.

The Menadue report recommended,

That a comprehensive review of community transport at an AHS level be undertaken to promote a strategic approach to health related transportation planning and development ...

A range of other key non-government agencies, representing consumers and service providers have also formally highlighted non-emergency health related transport as an area deserving of priority policy and funding attention from the NSW Government.

PLANNING FOR IMPROVEMENT

In 2001, in response to Sinclair and Menadue, a consultancy project was undertaken which culminated in the release of a discussion paper outlining the Transport for Health model.

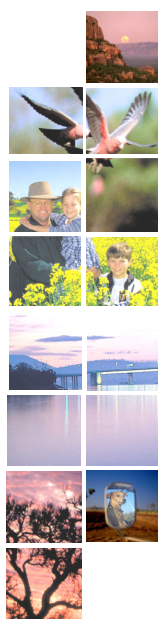
This work was conducted under the NSW Rural Health Implementation Co-ordination Group and progress monitored by an Advisory Group representing a range of government, non-government and community stakeholders.

The paper, entitled "Non-Emergency Health-Related Transport – Facilitating access to health services in NSW." is available at

http://www.health.nsw.gov.au/policy/gap/rural/noned_discuss.html

Implementation of the components of the *Transport for Health* model has been provided for under the NSW Government's Action Plan for Health and described within:

- *The NSW Rural Health Report – The Report of the Rural Health Implementation Co-ordination Group* <http://internal.health.nsw.gov.au/rural/pdf/ruralreport.pdf>



- NSW Government Response to the Report of the Rural Health Implementation Co-ordination Group September 2002
<http://internal.health.nsw.gov.au/rural/pdf/ruralresponse.pdf>

\$2.5 million dollars of new recurrent funding made available under the *Transport for Health* program are expected to provide for 20,000 extra passenger trips per annum.

FOCUSING ON THE OPPORTUNITY

“Transport” is a broad term encompassing many modes and functions. From the outset, the focus of the *Transport for Health* initiative has been upon the needs of health consumers who:

- cannot reasonably use private or public transport to access health services
- do not require emergency transport
- are not eligible for non-emergency ambulance transport.

A foundation concept of the *Transport for Health* initiative is also that of a continuum of increasing care and assistance need. From the outset, this recognition builds into all aspects of non-emergency health related transport planning an awareness that “one size does not fit all”. Particularly where both cost efficiency and risk considerations must be balanced. In most cases, a “mix” of service types are required to comprise an NEHRT service system.

The concept of a service-mix capable of cost effectively and appropriately catering to a spectrum of non-emergency need is key to:

- appropriate and sustainable use of voluntary transport provision
- realising the benefits of whole of government and cross-sector approaches to service funding and resource co-ordination.

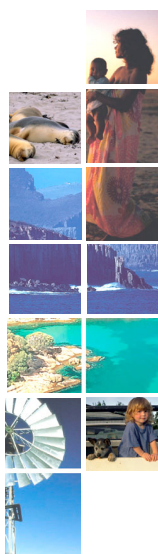
FOCUSING ON THE BROADER SYSTEM

A large range of services currently cater to non-emergency health related transport demand across NSW.

In the 8 designated regional AHSs, community-based transport providers provide over of 40,000 passenger trips per month, with as much as 60% of this estimated as “health related” and as much as 25% catering directly to Area Health Service consumers and facilities.

Community-based services operate alongside, or in the absence of a large rural public transport network, including route and long distance bus services, taxi services and a network of school bus contractors.

The full potential of such provision is however constrained by the fact that services also operate in isolation with limited co-ordination and opportunity for input into the health system in terms of service planning.



The health system is a key “generator” of transport demand. The current situation does not encourage or facilitate co-ordination across service types to yield the network efficiencies that will give the NSW government better value for money, and NSW Health consumers improved quality and choice or at least a transport option where one did not exist previously.

FOCUSING ON VALUES

A **partnership** approach can bring diverse and separate silos of non-emergency health related transport service provision into complementary alignment and can create, for each Area Health Service and for NSW Health, an integrated service system. As well as yielding clear efficiency gains, this goal facilitates the achievement of a number of key ethical goals:

- **Equity:** *Transport for Health* acknowledges the ability to access health services as being a core consideration in promoting equity for rural communities.
- **Diversity:** *Transport for Health* acknowledges the differences between Areas in terms of geography, culture and regional economies and recognises the capacity of local innovation to provide cost effective and flexible services attuned to the needs of local communities.
- **Community:** *Transport for Health* acknowledges the valuable contribution made to NSW Health by community-based service providers and in particular, volunteers. Furthermore it acknowledges the importance of recognising the limitations of voluntary service provision in sustaining the volunteer dividend.
- **Leadership:** *Transport for Health* acknowledges the key role of NSW Health as a generator of transport demand in rural communities, and its potential to add value to communities and other state government initiatives by taking a leadership role in addressing the health related transport needs facing communities.

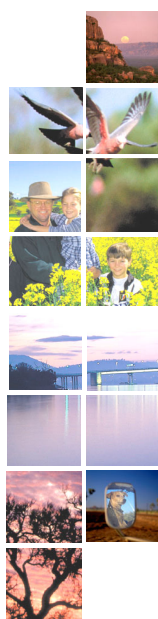
A STATE-WIDE STRUCTURE

A **Health Transport Unit** will act as a central co-ordination point for non-emergency health-related transport services in each Area Health Service. They will provide information, take bookings, providing referrals.

A **Health Transport Network** will achieve and maintain better communication and collaboration between the Area Health Service and health related transport stakeholders including providers and generators of non-emergency health related transport demand.

As **Budget Holders**, AHS Health Transport Units will manage a non-emergency health related transport cost centre, ensuring the capture of transport costs and efficiency in purchasing.

A **Classification System** will support and inform the identification of a service mix for each Area to ensure that services are appropriate (risk managed).



These structures will provide the capacity for each Area Health Service to plan and manage the transport dimensions of each reform or change to the provision of health services in a manner that is both sound and consistent across the State.

A STATE-WIDE POLICY FRAMEWORK

To ensure uniformity and accountability in a state-wide non-emergency health related transport service system, a State-wide policy framework is being developed under *Transport for Health*.

State-wide policy will provide guidance to Areas on potentially contentious policy issues such as **Approved Destinations** (where people can go using *Transport for Health* Services i.e state funded health facilities only, GPs, private providers etc) and **Fees** (whether fees and charges, should be considered and if so, how?). Such policy will ensure common standards across *Transport for Health* Services in NSW.

Policy areas such as **Training and Accreditation** will also address the requirements placed upon transport providers by state legislation such as the NSW 1990 Passenger Transport Act.

At February 2003 these policy items are being actively developed by the *Transport for Health* Implementation Reference Group which includes representation from rural Area Health Services, an Aboriginal Service provider, key NSW State and Commonwealth Government Departments and service provider organisations including community-based transport providers and the NSW Country Taxi Association.

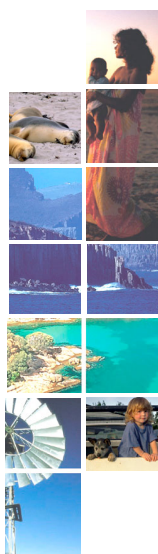
A critical but nonetheless, challenging aspect of policy development will be the identification of a preferred transport management and data collection program for NSW Health. Ideally, such a system will be capable of aggregating regional service delivery data across service types, for transferring booking data between different service providers and measuring and comparing the real costs of non-emergency health related transport services.

A STATE-WIDE OPERATIONAL FRAMEWORK

Uniform state-wide *Transport for Health* infrastructure, supported by a State-wide Policy Framework, will provide Area Health Services with the necessary ingredients to develop non-emergency health related transport service systems that cater to patient transport flows both within and between Areas in a strategic and co-ordinated fashion.

Most of the items listed above, whilst fundamental prerequisites for most aspects of Australia's health system, are unknown or unattained within the current non-emergency health related transport context.

Transport for Health will ensure that for each Area Health Service, non-emergency health related transport system planning and management will move from an historical, anecdotal and ad hoc arrangement, towards an evidence based, planned and co-ordinated system. A range of currently common scenarios may disappear, eg.



Over the next 5 years, as *Transport for Health* changes (for many) the face of the rural health system in NSW, many benefits will become available to isolated rural communities, and in particular, those places currently considered “hard to get to”. This may even include the re-introduction of “de facto” public transport services for towns that lost their last bus and/or rail service 30 years ago due to increasing car ownership and changing regional transport patterns.

It is recommended that each State and Territory assess the availability, adequacy and appropriateness of their current health related transport arrangements and consider the relevance of adapting the *Transport for Health* model to suit their local conditions.

NSW Health acknowledges that it is “early days” for its *Transport for Health* initiative. We welcome the opportunity to share “learnings” and experience with interested health professional and stakeholders across Australia.

PRESENTER

Simon Olsen has been involved in the planning and delivery of assisted transport services since 1988, working in both the United Kingdom and Australia at community, peak body, local and state government levels.

Simon’s involvement in health-related transport issues came about in response to a general lack of systemic recognition of this critical component of the continuum of health care, hampering the efficient delivery of services and impacting negatively upon health outcomes at local levels. The primary focus of his work since 1998 has been to bring together the many diverse stakeholders in health-related transport services in order to facilitate the cross-sector planning and resource co-ordination partnerships essential to sustainable and effective assisted transport systems. An important factor in this work is ensuring appropriate recognition of the role played by community-based, voluntary and public transport services in catering to the considerable volumes of demand for assisted transport created by the health system.

Simon was employed by the NSW Department of Health in August 2002 to assist the state-wide implementation of its *Transport for Health* model, aimed at improving access to health services for transport disadvantaged persons across NSW.

