

**Submission
No 19**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND
REGIONAL COMMUNITIES**

Organisation: Community Transport Organisation Ltd

Date Received: 29 October 2024

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The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

The Select Committee on Remote, Rural and Regional Health has resolved to conduct an inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

The **Committee is investigating the implementation of recommendations that were made by Portfolio Committee No. 2 (PC2)**. At this stage, the **Committee is interested to learn what progress has been made in implementing the recommendations made by PC2** (which relate to specific health services and specialist care in remote, rural and regional NSW, as outlined in the terms of reference).

The *Portfolio Committee No. 2 (PC2) recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW*, made recommendations to improve transport options to enable access to health care in regional, rural, and remote NSW. Specifically, Recommendations 2 and 3 focused on the role that transport plays in accessing health services.

The Community Transport Organisation (CTO) recognises the positive work and improvements undertaken in response to the Recommendations put forward by the Inquiry specifically in response to *PC2 Recommendation 2*. However, we believe there is more work to be done in expanding service offerings for people needing to access supported transport options, especially for vulnerable, frail people or those with mobility restrictions or needing a wheelchair accessible vehicle, as outlined in *PC2 Recommendation 3*.

There is no doubt the Isolated Patients Travel and Accommodation and Assistance Scheme (IPTAAS) is a critical program to ensure people facing transport disadvantage have access to transport solutions to attend health care appointments.

Transport is a crucial enabler of access to health care, in any context or location. It becomes significantly more important in rural, regional, and remote settings where public passenger transport offerings are sparse or sporadically delivered, and any transportation is challenged by distance. For those who do not have access to a private vehicle, there is little choice and for those who do, they face long distance driving alone to attend a health appointment or scheduling appointments around a time when a neighbour or family member is available to drive with them.

Findings of *The Portfolio Committee No 2* report indicate there is a critical shortage of health professionals and inferior access to health and hospital services in rural, regional and remote areas, which leads to the need to travel beyond local areas for critical health services. Efforts should be made to provide transport options in rural, regional and remote NSW for accessing medical care, which is a necessity for improving health outcomes, and one the government must continue to address.

Recommendation 3 calls for *more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas*.

The Community Transport sector delivers accessible, supported transport options across all parts of NSW, with a particular focus on health-related transport. However, community transport operators are excluded,

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as a subsidised service from the IPTAAS subsidy, meaning that consumers cannot choose to travel with community transport if they want to access the subsidy.

Eligibility criteria within the IPTAAS scheme excludes the vast majority of Community Transport providers from operating under this scheme. The criteria indicates that only those Community Transport providers '*not receiving government funding*', are eligible to participate. This deems Community Transport providers within NSW ineligible because the core business for the industry is block funded through the Commonwealth Department of Health and Aged care under the Commonwealth Home Support Program (CHSP).

In a context where the unmet need for medical related transport goes unresolved, it is counterproductive to exclude an existing transport solution from the Program. Community Transport, as an established sector, is well equipped to respond immediately to address need and expand consumer choice in how they travel within the scheme.

Removing this restriction on eligibility would not impact the cost to government of administering the IPTAAS program as the demand base of users remains unchanged. Instead, the inclusion would add to the supply of transport options and expand consumer choice in how to travel and in turn, address the unmet need.

The CTO calls for increased consumer choice under IPTAAS by removing restrictions which exclude Community Transport providers from delivering services under the scheme.

IPTAAS is a vitally important scheme for people who are transport disadvantaged outside of metropolitan areas of NSW. *The current scheme must be expanded, and removing the barrier within the IPTAAS would enhance consumer choice for increased transport options and include Community Transport as an eligible service offering for patients travelling within the scheme.*

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