




**THE PRIORITIES OF VICTORIAN RURAL
CONSUMERS WHO TRAVEL FOR HEALTHCARE**

Summary Report

Gippsland Roundtable
Traralgon, Victoria

**4 December 2008
10.30 am - 4.00 pm**

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INTRODUCTION

This summary is a documentation of the outcomes from a roundtable held in the Gippsland region. The aim of the roundtable was to discuss recommendations and actions raised in the HIC discussion paper **The Needs of Victorian Rural Consumers Who Travel to Melbourne Hospitals**. The discussion paper can be downloaded at <http://www.healthissuescentre.org.au/documents/items/2008/10/233648-upload-00001.pdf>

The roundtable sought to bring together key stakeholders from the Gippsland Region to develop a number of actions from the recommendation in the report.

The objectives of the roundtable were:

- ▶ To bring together key primary and acute health services and organisations involved in healthcare and transport support to Gippsland health consumers and communities, as well as regional consumers and community members involved in health matters and development
- ▶ To provide an opportunity for discussion on regional priorities and sustainable actions on travel and support needs of Gippsland health consumers and communities
- ▶ To develop key action follow-up – affirming existing initiatives and identifying new possibilities within and across services and organisations

The following is not a transcript but a summary of the discussion and themes that emerged during the session as documented by the note taker and reproduced by the author of this document.

Indigenous Acknowledgment

Health Issues Centre would like to acknowledge the traditional custodians of the land on which we meet and pay our respects to elders both past and present. In acknowledging the traditional custodians we reinforce our commitment to reconciliation and the part we all play in addressing the gap in health inequality that currently exists in our Indigenous communities.

PROCEEDINGS

1. Introduction and purpose

Twenty-nine people attended the roundtable. Participants were from a number of sectors which included health services, state government, consumers and carers, Divisions of General Practice, local government and community groups.

The session was facilitated by Assunta Morrone, Senior Project Officer, Health Issues Centre and Patrice Higgins, Acting Deputy CEO, Health Issues Centre.

Participants were asked to articulate why they had attended. The following responses were recorded.

- ▶ Network
- ▶ Rural issues are important
- ▶ To take steps forward
- ▶ Part of my role
- ▶ Looking for ideas and solutions
- ▶ Looking at forming partnerships
- ▶ To address some of the issues
- ▶ To address public transport issues
- ▶ To get information
- ▶ What happens now
- ▶ To see how we can incorporate some of the ideas into our health service
- ▶ To improve information flow

2. Presentations

Margaret Peters presented a consumer perspective by recalling stories from her community.

HIC presented a summary of the key findings from the discussion paper to refresh people's memory and to ensure that all participants understood the context for the roundtable.

Transport Connections presented the outcomes of their *Let's Get Connected Project*.

Fiona Watson from Peter MacCallum Cancer Institute presented their strategy for addressing some of the issues faced by rural consumer accessing metropolitan hospitals.

Power point presentations are available by contacting a.morrone@healthissuescentre.org.au

3. Discussion- key messages

The key messages that were raised by participants included:

Transport

Participants identified transport as one of the major barriers to accessing metropolitan health services. This confirmed the findings of the report. As well as access to metropolitan hospitals participants felt that it was important to also acknowledge the challenges accessing hospitals within regional areas.

Participants acknowledged that there were a number of local and statewide initiatives available but also acknowledged some difficulties with these.

While the Red Cross in Traralgon offers volunteer driver services there are limitations accessing this services due to driver availability, vehicle availability and coordinated pick-ups and drop offs.

While many consumers were able to drive themselves the cost of petrol was raised as an issue which placed great economic strain on people who are on a pension or are unable to work due to their illness. Older model vehicles without air-conditioning or other comfort features also made the journey difficult for some consumers.

When people relied on public transport options they often found services to be unreliable or just unavailable.

Victorian Patient Transport Assistance Scheme (VPTAS)

An issue that was closely related to the transport is the VPTAS system. The key message that participants raised involved the complexity of the system.

Some of the comments were that forms are complicated to fill out as well as difficult to access as they are only able to be downloaded from the VPTAS website. Participants commented that they believed that forms were no longer being printed and therefore it was harder for health services to make them available to consumers.

Other systemic issues included:

- ▶ GPs validating and documenting travel requirements is not always possible within the time frame
- ▶ Obtaining a referral every 12 months is not always possible for patients who are chronically ill and have to manage a number of appointments
- ▶ VPTAS - Limitations on distances travelled
- ▶ Lack of awareness by health professionals that such a scheme is available
- ▶ Co-ordinated approach by health services to promote the scheme

Accommodation

Participants noted that on a systemic level travel and accommodation were separate issues requiring specific strategies and different stakeholders however participants felt that as they were so closely related they need to be address together.

Other issues

- ▶ Lack of coordinated data collection which could be used for systemic advocacy
- ▶ Lack of awareness and financial support for existing initiatives such as HACC transport program, Transport Connections that has been operating since 2003.
- ▶ Lack of acknowledgment of carers needs in relation to accommodation and travel

4. Suggested strategies and actions

Participants developed a number of actions and strategies to address some of the key messages; some of these were similar to and built on the recommendations from the report.

Transport

- ▶ The need for central co-ordination or single organisation to coordinate volunteer transport service across all regions
- ▶ Coordinated data collection of transport needs
- ▶ DHS to coordinate a consumer review of the VPTAS system addressing the following areas:
 - Availability of information
 - Distribution of information
 - Availability of information for CALD communities

- Quicker processing of claims
- review of eligibility

Increase awareness

- ▶ Identification of rural patients by health services. Some suggestions about how this would happen have been discussed in the report however participants also identified existing tools such as the SCOTT referral tool may help. Acknowledging that not all services use the same systems for recording referral data. It was suggested that individual health services could adapt their own administration systems to identify and flag rural consumers.
- ▶ Encourage health services staff, community groups and consumers to raise rural health transport and accommodation issues forums meetings and conferences
- ▶ Use local groups to make the community aware of their transport and accommodation options before they need to access them
- ▶ Develop a campaign to raise awareness amongst local GPs of the importance of flagging transport issues and requirements on referral and developing a user friendly process to support this.
- ▶ Increase the awareness amongst health service staff of the complexity of travel for rural consumers

Accommodation

- ▶ Participants suggested that each health service could develop a list of accommodation options and distribute it to rural hospitals and GPs, these would be made available to rural patients so that accommodation could be arranged at the same time as scheduling appointments. This could be part of a more comprehensive information package, which could be made available to rural consumers through local GPs and health services.
- ▶ Health services could send an information pack to rural patients along with their appointment details.
- ▶ Health services could ensure their patient administration systems flags rural patients.

Health Service Delivery

- ▶ Refer patients back to their local services where possible
- ▶ Increase the use of video and teleconferencing facilities (participants acknowledged that there are issues with this in relation to which health professional is able to claim or charge fees). This should be explored and clarified.
- ▶ Attract more specialist to rural areas
- ▶ Participants also suggested creating a Rural Liaison Officer position within metropolitan and regional health services to assist consumers with accommodation and transport needs

Systemic Issues

- ▶ Regions to select local key staff or organisations to keep the transport and accommodation issues on the agenda
- ▶ Select a state wide organisation to work with individual health services to incorporate systemic changes in their organisations that will assist rural consumers
- ▶ Liaise with state government (DHS) to incorporate travel and accommodation into core policy and service delivery and include it as DHS core indicator

5. Where do we go from here?

- ▶ Participants wanted a summary of the roundtable to be added to the report and available to all
- ▶ Participants also suggested the establishment of an advisory group from each region

- ▶ Participants also suggested a statewide group made up of key representatives from each region
- ▶ Participants wanted HIC to continue to facilitate roundtables and reconvene in a year to see what progress has been made
- ▶ Participants wanted a means of keeping up-to-date with any new developments on this issue, it was suggested that a web-based site could be established.
- ▶ Participants were keen for a lead agency or consortium to coordinate an advocacy project
- ▶ Participants also recognised that there need to be local coordinators for each region

6. Evaluation

- ▶ People were appreciative of the fact that the roundtables were held in their regions.
- ▶ There was also congratulation given on the report and the work that HIC is doing
- ▶ Participants felt that there were key stakeholders missing:
 - CEOs from health services
 - Department of Transport
 - Department of Human Services(State wide)
 - Department of Planning and Community Development
 - Local Government
- ▶ Participants found some of the recommendations confusing and repetitive and suggested that they be reworded or reduced. This also made it difficult for people to prioritise and identify recommendations that were specific to their region.

APPENDIX 1

The following is a list of attendees and the organisations they represented.

Sue	Medson	<i>Latrobe Community Health Services</i>
Bev	Dowie	<i>Baw Baw Shire Transport Connections Project</i>
Des	Dowie	<i>Baw Baw Shire Transport Connections Project</i>
Lauren	Carey	<i>Red Cross</i>
Ormond	Pearson	<i>West Gippsland Health Group</i>
Rhonda	James	<i>East Gippsland Shire Council</i>
Sharon	Exton	<i>Department of Human Services</i>
Sheryl	McHugh	<i>Wellington Shire Council</i>
Tony	Cafini	<i>Bass Coast Community Health</i>
Will	Hanrahan	<i>Department of Human Services</i>
Margaret	Peters	<i>CAC Latrobe Health</i>
Maureen	Willson	<i>Central Gippsland Health Services</i>
Kristen	Millar	<i>Central Gippsland Health Services</i>
Penny	Cassidy	<i>Gippsland Lakes Community Health (GLCH)</i>
Joanne	Rash	<i>Latrobe Regional Hospital</i>
Nola	Boucher	<i>Omeo Health Service</i>
Irene	Rowely	<i>Orbost Regional Health</i>
Fiona	Watson	<i>Peter Mac</i>
Margret	Pettitt	<i>Latrobe Community Health Services</i>
Tayna	Dixon	<i>East Gippsland Division of General Practice</i>
Sue	Beck	<i>Peter Mac</i>
Trish	Marston	<i>Quantum Support Services</i>
Frances	Ford	<i>Wellington Shire Council</i>
John	Durrant	
Melissa	Deklepper	<i>Latrobe Regional Hospital</i>
Greg	Blakeley	<i>Department of Human Services</i>
Mandy	Veneman	<i>Yarram & District Health Service</i>
Kristie	Brown	<i>NCOSS</i>
Bernadette	Lane	<i>Department of Human Services</i>