Transport for Health

Regional Health Division

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Acknowledgement of Country

The Regional Health Division acknowledges the Traditional Custodians of the lands on which we live and work. We pay our respects to Aboriginal Elders past, present and future.

We also acknowledge and pay respects to our Aboriginal and Torres Strait Islander colleagues joining us today.

Artwork by Lakkari Pitt, proud Gamilaroi Ularoi yinarr

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Project overview

Transport for Health Review

Recommendation 3, Rural Health Inquiry

That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote

Strategic Objective 2.1, Regional Health Strategic Plan 2022-32

Improve local transport solutions and travel assistance schemes, and address their affordability, to strengthen equitable access to care.

Immediate outcome

A review of the Transport for Health policy directive which makes practical and informed recommendations based on the current state and our desired future state.

Long term outcome

A refreshed approach to transport for health which effectively facilitates access to care for all NSW residents, particularly those in regional communities.

Vision

A refreshed approach to transport for health which effectively facilitates access to care for all NSW residents, particularly those in regional communities.

We envision an approach which:

- reflects strategic priorities
- improves community awareness of available services (through a single point of entry)
- increases availability to addresses identified service gaps (e.g. outside of business hours)
- and where possible improves coordination between stakeholders to maximise use of existing resources.

Project approach

Review

- In-depth interviews
- Community survey
- **Transport provider survey**
- Literature scan
- Review existing data
- Policy review

Analyse

- Workshops to define the desired state and test and iterate solutions for moving forward
- Focused workshops for specific target/'at-risk' groups with expert stakeholders

Recommend

- Develop a report with:
  - Summary of current state
  - Assessment of gaps, barriers, enablers
  - Exemplars and opportunities
  - Principles
  - Recommendations for next steps

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Emerging themes

Potential locations and cohorts for focus

Vulnerable patient groups

- Renal dialysis
- Immuno-compromised
- Bariatric
- Drug and alcohol
- Residential aged care
- Chronic disease

Vulnerable population groups

- Aboriginal people
- Lower socio-economic status
- Culturally and linguistically diverse people
- Refugees and Asylum Seekers
- Aged population
- People with disabilities

Vulnerable locations

- Very remote areas
- Cross-border communities
- Areas with high population growth
- Areas with limited public transport
- Areas with high proportion of vulnerable populations
- Areas with high rates of natural disasters

Emerging themes

- Clinical needs
- Continuity of Care
- Availability / Capacity
- Workforce (especially volunteers)
- Funding
- Patient expectations
- Timing (after hours, same day bookings)
- Accessibility needs

Gaps and Barriers

Future State

- Alternative options (Uber, multi-loading, shared workforce, mapping information)
- Co-design and co-location
- Virtual Care
- Review funding and resources
- Engagement and Communication

Community Survey

Survey hosted on ‘Have Your Say’
Open August & September 2024

2,162 survey responses

34 stories

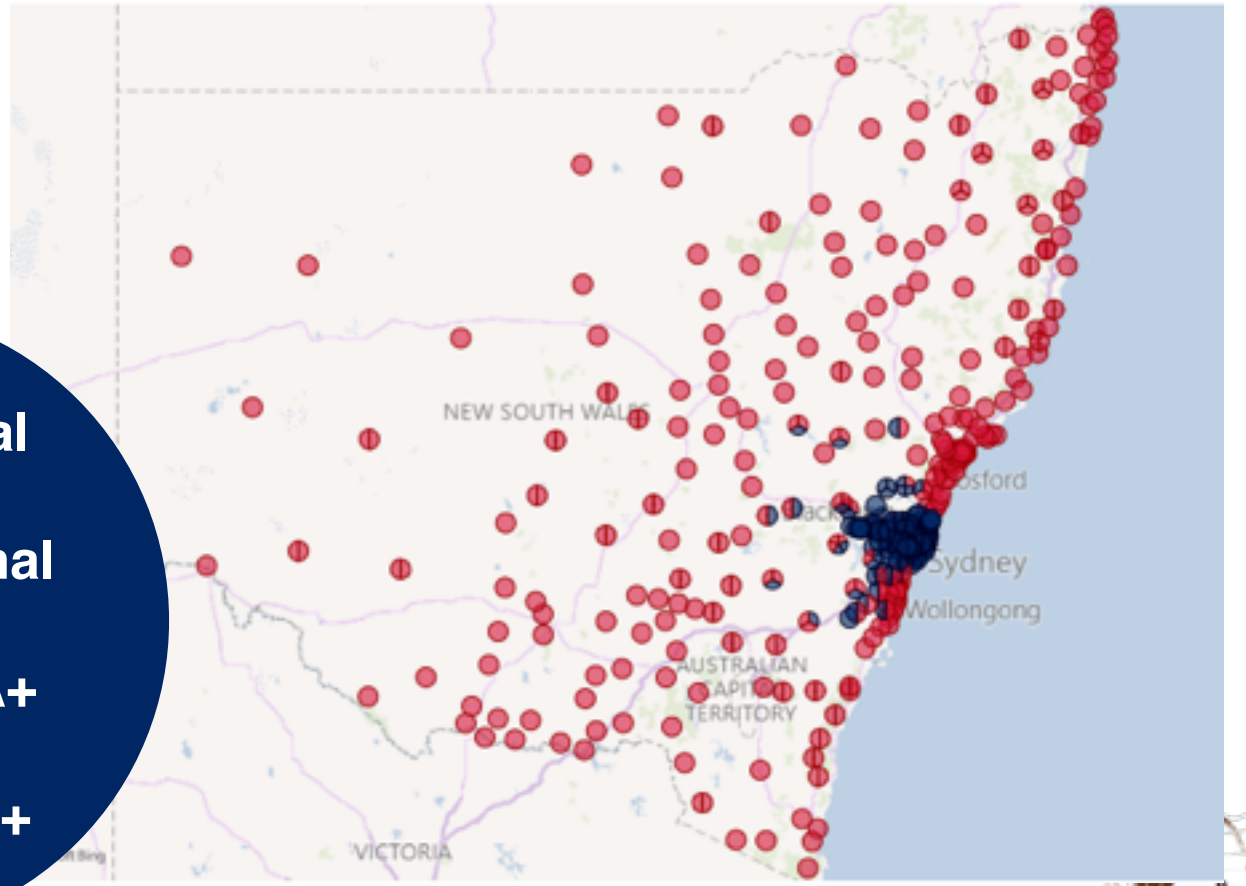
- **48% cancelled an appointment** in last 12 months
- **14% travelled more than 3 hours** (on average) for healthcare

66% Regional

3.6% Aboriginal

9% LGBTQIA+

49% aged 65+



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IPTAAS Update

2023/24 Operational Activity

Covering financial period **1 July 2023 – 30 June 2024**

Type	Total	Compared to FY23
Patients assisted	***41,400***	*27%*
New patients	**25,400**	24%
Call volume	***66,300***	*42%*
Applications processed	**99,600**	27%
Applications from Aboriginal people	***8,400***	*34%*
% Online applications	**36%**	5%
IPTAAS website views	***400,600***	*7%*
Total spend for IPTAAS claims	**$51.1 million**	37%

Data source: IPTAAS Customer Dashboard

Travel Information

Covering financial period **1 July 2023 – 30 June 2024**

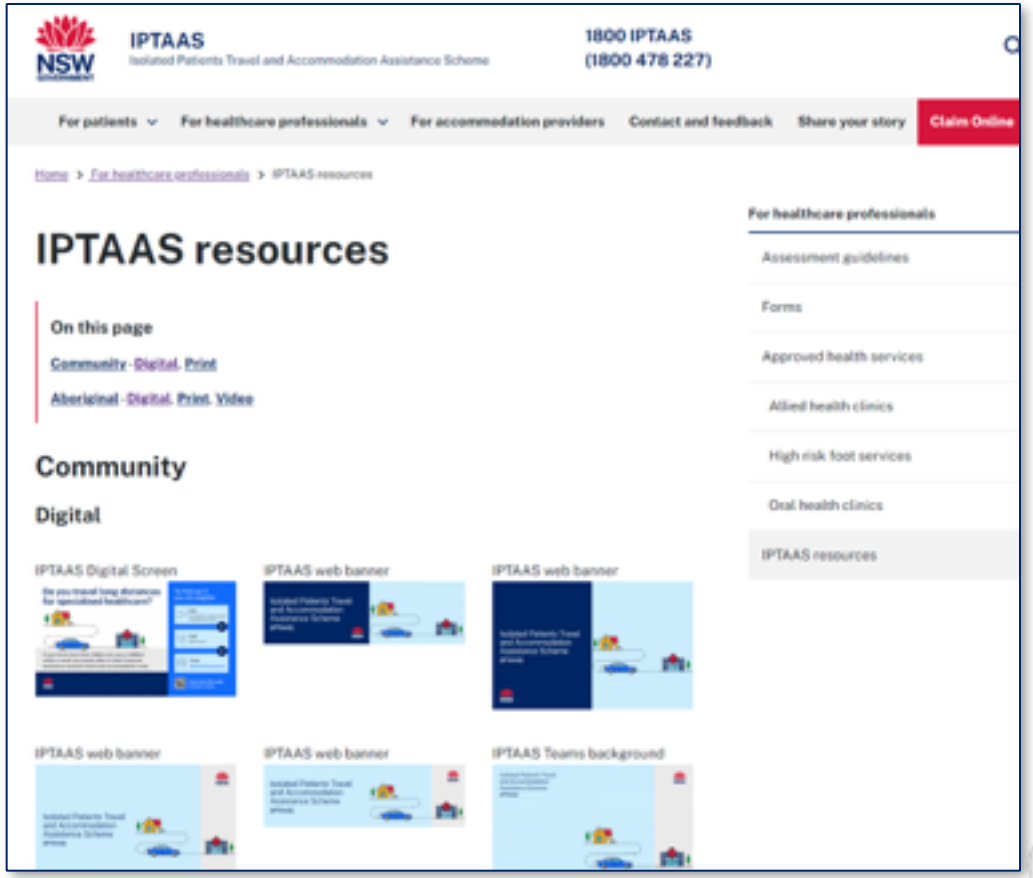
Travel Type	Applications	Compared to
Public transport	***2,400***	***33%***
Private vehicle	**91,700**	▲ 24%
Air	***4,200***	***17%***
Taxi	**3,200**	▲ 18%
Community transport	***521***	▲ ***0.1%***
Avg kms travelled per	**750km**	**23km**
		▲
		▼
		▼

Note: Applications can have multiple accommodation and travel types
Data source: IPTAAS Customer and Operations Dashboard

Data source: IPTAAS Customer Dashboard

New IPTAAS resources

- IPTAAS resources/stakeholder toolkits are available on the IPTAAS website.
- Toolkits were tailored to GPs, general population, Aboriginal, clinical trials, pharmacy, optometry and dental audiences.
- Multicultural toolkit and social media posts are under development.



Data source: IPTAAS Customer Dashboard

Aboriginal Community Controlled Health Organisations (ACCHOs) direct funding initiative

- NSW Health is piloting direct funding to ACCHOs to manage IPTAAS claims on behalf of their patients.
- The aim of the initiative is to increase access to IPTAAS and healthcare for Aboriginal people.
- 18 applications were received for the Expression of Interest for the 3 year pilot. 18 applications were received, and 6 services have been selected for the pilot.

Data source: IPTAAS Customer Dashboard

Other Updates

Allied Health eligibility criteria review
Including infant feeding clinics and lymphedema clinics.

Voluntary assisted dying (VAD)
VAD services (and all related appointments) were introduced to IPTAAS in November 2024 following the *VAD Act 2022* (NSW) coming into effect.

Removing GP referral and authentication
Online system redevelopment, patient authentication and removing GP referral/signature - due November 2024.

The Tamworth IPTAAS Team

Data source: IPTAAS Customer Dashboard

Any questions?