

# Sydney South West Area Health Service Transport for Health Plan Consultation Background Summary Paper 2006



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## 1. Introduction

Over the past two-three years, health related transport has been identified through a number of forums within SSWAHS (and the former CSAHS and SWSAHS) as a major issue in terms of access to health services. These forums have not necessarily always exclusively focused on health related transport, however service providers and consumers have identified a range of specific issues and in some cases identified strategies to address these problems.

In developing the *SSWAHS Transport for Health Plan*, SSWAHS recognises that the consultation process is not yet complete and that community transport providers who provide health related transport have not had an opportunity to have their needs raised or consider possible strategies.

## 2. SSWAHS Healthcare Services Plan – Planning Process

In 2005, SSWAHS commenced a process of developing a comprehensive clinical services plan for the area health service. As part of the planning process, clinical service plans were drafted for each Clinical Services Group involving consultation with a wide range of clinicians from hospitals and community health facilities across the area.

Travel issues were identified by a number of clinical groups including: Aged Care and Rehabilitation Services; Drug Health Services; Mental Health Services; Community Health Services; Cancer Services; Surgical Services; Cardiovascular Services; and Medical Services. The needs identified included:

- Patients and their families may not always have arranged funding for their accommodation and transport or made arrangements for their accommodation prior to their journey to Sydney. The resultant costs of accommodation and transport can be financially draining for families, and place increase demands on local services to arrange appropriate accommodation.
- Infrastructure investment must ensure that patients can be transported to these centres with minimal disruption and in the timeframe necessary to ensure optimal response to treatment;
- The need for effective transport for Aged care and Rehab Services with the need for transport to outpatient services and day hospital, community health centres and day respite centres;
- For Cancer Services, access to community transport and hospital parking access continue to be important areas to be addressed for clients and families accessing cancer services. Specific issues relating to transport include the need in Macarthur for transport for palliative care families from home to unit, and at Bankstown local cancer services to cater for patients with significant transport difficulties. Transport was also identified as an issue for the elderly living alone and NESB
- For Cardiovascular patients, the current transport system for inter-hospital transfers needs to be enhanced to enable the provision of timely care to patients suffering from cardiovascular disease, with patients requiring transfer to another hospital experiencing delays in being transferred for definitive care.
- Given the limited access to private transport for many Aboriginal people, assistance to access services and the provision of mobile services should be considered as appropriate;
- Some community health facilities are located away from centres of population and transport routes;
- Transport access and parking required for respiratory patients, particularly those attending for pulmonary rehabilitation and TB DOT.
- Need for regular inter-hospital transport between Fairfield and Liverpool, appropriate for patients with disability due to musculoskeletal problems.
- For orthopaedic patients, there is a need to improve inter-hospital transport services.

- For drug health services, the geographical isolation and poorer public transport links particularly in the western zone may require greater adoption of outreach models. For Opioid Treatment Program, short term parking and easily accessible public transport are required. Inpatient units which provide a networked service will require access to an internal patient transport system will be required for those patients who do not have their own vehicles or who require safe transport from emergency departments/ hospital/ community settings to the inpatient unit.

Some of the strategies identified in the draft SSWAHS Healthcare Services Plan include:

- Potential to provide an increased proportion of maintenance dialysis in more convenient settings for patients, including the home and locally accessible satellites near major transport hubs;
- Development of draft non-emergency health related transport (NEHRT) plans (eastern and western zones);
- Meetings with community and other NEHRT transport service providers in the eastern and western zones;
- Identification of the need for effective transport services as part of the clinical services planning process to enhance patients access to specialist services;
- In the WZ, the need to develop a centralised Area-wide transport system to support acute patient transfer was identified (SWSAHS, 2004). A working party was established to examination transport services in SSWAHS. Amalgamation of all SSWAHS patient transport services and the appointment of a single transport manager for SSWAHS has been agreed. Best practice in transport services has been identified e.g. multifunction transport at Liverpool with the intention of providing on an area-wide basis.
- Meetings with Aboriginal staff in the Eastern Zone and transport providers to consider how best to support access by Aboriginal people to health services such as RPAH

### **3. Formal Advice from SSWAHS Facilities and Services Regarding Public Transport and Related Issues in Accessing Health Facilities (Nov 2006)**

Advice was sought from all facilities regarding public transport access issues to major hospitals and community health facilities in SSWAHS. The following summarises the advice provided by staff from these facilities.

#### **Public transport problems for SSWAHS hospitals and major community health centres**

##### **Fairfield Residents**

- Ministry of Transport (MOT) consultations with stakeholders in Fairfield about the bus routes indicate that most buses currently only run through major road through the suburbs, with areas such as Horsley Park, Cecil Hills having very limited public transport. An integrated network for transport is planned for the area incorporating the worldwide guideline for service planning of all residents to have access to public transport within 400 meters during the day and 800 meters at night.
- Physiotherapy outpatients travelling to Fairfield Hospital are often quite disabled and have reduced mobility, so to travel by public transport, then walk the distance from either Polding St or Prairievale Rd to the physio dept, is almost unthinkable. Almost all physiotherapy patients either drive here or are driven here by relatives/carers so that they can be dropped off outside of Physio. If they do not have access to a car/driver, they often choose to go to Liverpool Hosp instead, because it is easier to get to. Our patients also often have mobility aids (walking sticks, frames, wheelchair) or Oxygen tanks, or have recently undergone major surgery and therefore find it even harder to travel here by public transport.

- For Fairfield residents who have to visit specialists or family in hospital at Liverpool, public transport is very difficult and many elderly clients complain of the expense involved in transport, especially if clients are too frail to access public transport.
- Although the Refugee Health Service has a clinic in Fairfield, the majority of its services are at Liverpool. Generally people who need to access this service do not have access to Medicare, Centrelink payments and other concessions.
- Cabramatta CHC is located about 5 mins walking distance from Cabramatta Station. Most of the suburbs have buses going to Cabramatta Station, Cabramatta is one of the easier centres to go to by public transport. Counselling clients who have no transport often request Cabramatta CHC rather than Fairfield CHC.
- Fairfield Community Health Centre's closest Station is Carramar, which is not a secure/staffed station. There is bus route from Fairfield Station which goes along Horsley Drive.
- A number of buses go past Fairfield Hospital (Prairiewood CHC) from both Fairfield and Cabramatta Stations. The T way from Liverpool to Parramatta is also located within walking distance from Fairfield Hospital.
- Ambulatory Care has problem at times with transport getting people in who are housebound but require procedures that cannot be done at home. Non urgent ambulance services are used if Hospital transport cannot accommodate the request but clients can be waiting for quite a while to get home after the procedure.

#### **Canterbury Residents**

- the hospital is reasonably well served by public bus services, with bus stops outside close to the entrance. Two of these routes link up to train services at Campsie Station. Taxis are readily available via a free courtesy taxi line.

#### **RPAH and surrounds**

- The RPAH Consumer Forum reviewed the bus timetable for the 412 service to Campsie which services Missenden Road and stops outside the hospital, following a complaint that there were no disabled access buses for this service (confirmed by the timetable and by the Kingsgrove Bus Depot).
- Currently Kingsgrove Depot only has 30 disabled access buses with priority to major routes eg Parramatta Road and King Street. The Depot was unaware of the difficulty for people with a disability. 70 new buses are anticipated within the next 6 months with some to be timetabled for the 412.
- The Depot has now an occasional bus with disabled access however. A volunteer has done a limited survey of bus passengers, it would seem that this issue needs to be pursued more vigorously with Sydney Buses. It is noted that the bus timetable for RNSH and RPA also showed that the 144 from Chatswood/Manly which has a bus stop within RNSH had disabled access for nearly all the buses timetabled.

#### **Marrickville Residents**

- Livingstone Road Sexual Health Service (which services a community broader than Marrickville has bus stop directly outside and train station approx 5 mins walk away. Good parking also

#### **Liverpool Residents**

- Hoxton Park Community Health centre is in the west Liverpool area. There are a lot of "new growth " areas which do not have bus routes established. Many of the streets are narrow and not conducive to buses driving through, so they are restricted to the main roads, and whilst this may fulfil the recommended number of kilometres to access a bus stop, for the elderly, disabled or parents with prams a considerable walk is involved. There is no train transport to Hoxton Park with the nearest station (Liverpool) 8 km distance away

- The T way runs through the area, but parking at the bus stops is limited particularly the bus stop shared by the TAFE at Miller.
- Liverpool CHC (in the Health Services building) is a block further away from the main hospital building and a significant walk from the station.

### **Bankstown Residents**

- The Yagoona ECHC. It is difficult to access from the station because there is no lift for prams at the Yagoona railway station. Bankstown Council are aware and are working on this.
- Also in the Padstow Heights area and Revesby clients are very isolated and access to buses is limited.
- The bus route has changed and now it goes through the shopping area not necessarily to the GP surgeries.
- Public transport in Bankstown is reasonable. The **CAFT** team report that mothers with young babies and children in strollers find difficulty negotiating access on and off buses.
- If clients travel by car there is a big problem with available parking around the Bankstown Community Health Centre especially when they need to spend more than 2 hours in the centre eg when attending a group.
- Report that getting to Hospital is a real problem especially for the aged:
- Areas ; Chester Hill, Yagoona, Birrong, Padstow, Revesby, East Hills, Panania, Condell Park, Georges Hall. This problem increased when the bus company changed the routes recently. It has created confusion in the community and some people have become disadvantaged when the bus stops too far from their place or they need to catch two buses to get to the hospital. This also puts more financial pressure on clients who do not have concession cards.

There are also parking problems around the hospital.

- In terms of GP's the bulk of them are now in joint practices with 2 or 3 of them or in medical centres. There are only a few single practising doctors, mainly in the Padstow/Revesby area.

### **Macarthur Residents**

- A very limited train service runs through Tahmoor, that doesn't stop at many of the towns covered by our CHC. Clients have to hang around a long time before or after attending clinic, if they can access the train.
- Bus service is almost non existent, and tends to be based around school hours, leaving local parents with small children out all day just to attend a 1 hour session. The local bus service does not travel much between the towns feeding into our health centre (Wollondilly HC), so most people can't get here by bus, even if they don't live very far (<10km) away.
- Cost of public transport for some families, especially when there are a lot of siblings
- Inconvenience eg can't just get a bus from one suburb to another, need to go via a central point (Campbelltown station)
- There are 90 practices in Macarthur. 55 Solo, 2 Corporates with 4 sites in Macarthur and the rest is a mixture of small to large group practices. Most solos are in Campbelltown. Camden has a mixture, and Wollondilly a mixture of solos and group practices.

### **Wingecarribee Residents**

- Availability and accessibility of appropriate public transport within the Wingecarribee Shire is an issue as the shire spans over a very large area, with large distances between the various population centres villages and Bowral Hospital and lack of adequate public transport as compared to the rest of SSWAHS

- Public transport for patients attending Bowral Hospital or Community Health Centre, particularly those that live in the outlying towns, is a problem. It is often the case that patients need to catch a train and/or bus but are very restricted with timetables eg infrequent, which creates issues with scheduled appointments. Not all public transport buses stop at the hospital, creating further difficulties for getting to the hospital. Sometimes patients need to be "taxied" from the bus stops to the hospital for their appointments. Accessing the CHC is probably a little easier as the centre is located within the township of Bowral.
- Clinics try to book appointments around public transport timetables. This is not always possible, impacting on access to services and our private taxi resources/funding.
- Due to funding restrictions, we do not offer taxi transports to all clinics eg; pacemaker clinic and exercise testing. In CAU we tend to offer the taxi transport for our cardiac rehabilitation patients only. We do not screen the eligibility of outpatients attending the Unit for other clinics. Occasionally if there is an obvious identified need for transport assistance we will offer the taxi for Exercise Stress Testing Clinic, for example.
- Patients attending these clinics will use the bus, get dropped at a bus stop (from the centre of Bowral or Bong Bong or Moss Vale Rd) and walk to the hospital for their appointment, posing problems for those in poor health or in inclement weather. As most patients have a medical condition and/or a disability, this affects their access to health care services.
- Some patients are very restricted with regards to public transport, impacting on their daily life eg shopping, social contact, Drs appointments. This affects their health.
- Distance between Bowral Hospital and referral hospitals (compared to the rest of SSWAHS) result in a greater cost per transport (NSW Ambulance or SSWAHS patient transport). Age of existing patient transport vehicle and need to tie in with larger service to obtain economies of scale re vehicle.
- Bowral Hospital is a predominant user of the resources for the health service taxi transport service. Although the usage for one month to the next is unpredictable, better resourcing would be required to offer wider transport services through the local taxi service.
- There is a cut off for the taxi from Hilltop to Bundanoon which creates transport issues for those in outlying areas eg Marulan or north of Hilltop. Taxi transport from Hilltop or Bundanoon is expensive and our rehab patients attend 3 days per week.
- Local taxis also have their limits such as booking for appointments around 0900 as the permanent taxi bookings for school transport takes precedence over health bookings.
- We encourage people to use taxi vouchers, eg DVA, taxi assistance scheme etc.
- Volunteer transport groups, especially those out of area do not offer us assistance due to booking criteria, which can cull our patients or the waiting list long passes the appointment date.
- Future impacts on health services and public transport will be considerable with our increasing aging population, considerable increase in over 50s accommodation/ housing in the area and plans for future development of these housing projects.
- Transport plans for the area health service may not fulfil the needs for a rural community with limited public transport compared to larger centres or in the city.
- People in outlying communities may have a trip of 50 + kilometres on unsealed roads to reach Bowral Hospital.
- Twenty-six patients presently need transport to Camden, Campbelltown, Liverpool or Wollongong Hospital at least three times weekly **some daily**. Predominantly patients are travelling for renal dialysis or radiotherapy treatment. None of these patients would be suitable for dialysis treatment at the new facility at Bowral and District Hospital. Transport options for these patients are limited to private transport. Public transport exists but patients and their carers would need to have high levels of mobility and be able to commit to a full day of travel and treatment, for up to six weeks in the case of radiotherapy treatment and open ended timeframe for those patients on dialysis.

Public transport to Camden, Campbelltown and Liverpool takes a minimum of 1.75 hours one-way and is a combination of train, bus and walking, at certain times of the day the trip may take up to 2.5 hours one-way. The distance walked within each trip varies from 0.5 a kilometre to 1.5 kilometres. Specific transport examples include:

- Each dialysis treatment takes 4-7 hours and it is unlikely and inappropriate for those patients to drive themselves back to the Wingecarribee Shire. Two patients have died in the recovery phase post dialysis.
- A patient having treatment for a primary prostate cancer will spend up to 180 hours transporting themselves to a radiotherapy centre over a 6 week treatment program. The actual treatment time will be approx 30 min over 6 weeks.
- The Ministerial Advisory Committee on Health Services in Smaller Towns, 2000 and NSW Health Council, 2000 concluded in their reports that a shortage of affordable transport and the centralisation of specialist medical services were the most significant barrier to achieving the goal of cost effective and equitable delivery of health care.
- Wingecarribee Shire patients are still disadvantaged by not being eligible for IPTASS but also do not have access to other NEHRT options.
- While the community recognises the need for specialist services to be centralised, the present situation is that patients elect not to have treatment because of the present burden on transport placed on them. Centralisation cannot be so presumptive to assume that all patients have available to them private transport options. The community would ideally like a bus to be made available with a nurse escort to transport patients daily to out of shire hospitals.
- No review of transport needs has addressed the issue of lack of transport options for rural outpatients requiring daily treatment at specialist centres that are not eligible for IPTASS but still have considerable distances to travel.
- Pram access when using a train or getting up stairs to get to a train is a problem as the stations don't have lifts

### **Other Comments**

- In Wingecarribee, the Community Transport Service is a well-developed and run service, employing 6 staff with 3 paid casual drivers. They are HACC funded. It has 2500 clients on its books with 400-500 requests for transport per week. The service has very long waiting lists. In 2005 they had 1693 unmet requests for transport assistance. The service predominantly meets the domestic needs of the community with assistance given to clients needing transport for local doctors appointments, shopping etc. On occasion and with ample notification the service provides one off transport for patients seeing specialists at other hospitals outside of the shire.

The Community Transport is not able to assist with transport for radiotherapy, palliative care, oncology and renal dialysis patients. The service is limited by lack of training of drivers to transport passengers with a high degree of illness or lack of mobility. The service is reluctant to transport patients having radiotherapy or chemotherapy who may present a biochemical spill risk. Renal dialysis occurs in shifts and community transport does not provide an out of hour's service.

In the Wingecarribee shire transporting patients to out of shire hospitals also has the added disadvantage of being exclusively highway travel with no assistance available to the driver if the patient becomes unwell in transit. The Community transport service is stretched and cannot foresee a time when it would be able to provide a service to patients requiring such a large amount of transport support.

Community transport frequently transports people to medical appointments in greater Sydney. Currently they are unable to track what services are being accessed for these trips

- In April 2006 the Isolated Patients Transport Accommodation Assistance Scheme (IPTASS) reduced the distance requirement from 200km to 100km one way. Many people living around Bowral Hospital and north would still fall below this distance requirement. The distance

requirement for Queensland is 50kms one-way and for Tasmania 75kms one-way. Many representative groups are still lobbying for further improvement in the scheme including a further reduction in distance requirement, ability of patients to be able to have a choice of which specialist they attend and simplification of the IPTASS form. IPTASS also requires a personal contribution of up to \$40. For those patients suffering from a debilitating or life-threatening disease this personal contribution would undermine the reimbursement for some journeys

- One of the areas which was not covered in the report was non patient related transport i.e. Mail Couriers. With specific amalgamations taking place within the area, transport issues regarding non patient related services have arisen. Work has commenced on addressing this issue however this should not affect any "Transport for Health" strategic planning.
- IPTAAS is used by rural people most frequently to access RPAH with approximately 50 patients/month. In comparison Canterbury Hospital would treat about 10 patients/yr.
- With the SSWAHS transport service, will this service be for assistance to transport individuals to GP practice appointments? This may raise issues about individuals being "unnecessarily" transferred to GP rooms for procedures which can be managed in client's home eg wound management etc.

#### **4. Feedback from the Bankstown Transport Working Party**

- New bus routes, timetables and changes in distance between bus stops have met with many older people experiencing difficulties getting to medical appointments and other activities such as shopping and social outings. Currently we are keeping records of letters sent to editors of newspapers, anecdotal information within the health service and complaints to Bankstown Community transport of the new changes. A recent public forum saw around 40 older people vehemently taking a stand against the new transport routes.
- Changes have meant there is now only one bus coming directly past Bankstown Hospital in the daytime and another at night only on Sundays. Despite our working party discussing this with the transport providers prior to the new routes being introduced, no action was taken by them. The closest drop off point requires a considerable walk to the hospital which is uphill
- Bankstown Community Transport do not provide transport for treatment purposes such as oncology, renal dialysis or physiotherapy. In other Area Health services such transport is provided e.g. St. George Community Transport and SWS Community Transport. Disparities exist within Community Transport due to historical funding arrangements but are not equitable across Sydney.
- Taxi Subsidy Scheme is very difficult to access and even then is costly for many in the Bankstown area.
- The Transport working party secured funds from Bankstown Council to conduct a wide scale survey of the Bankstown Community in 2000 and made a number of recommendations based on the results. It highlighted the fact that people of CALD backgrounds do not have a high rate of access to community transport but rather rely on family and friends to take them to appointments.

#### **5. Disability Services Plan**

SSWAHS is currently developing a Disability Services Plan. While the intention is that formal consultation occur with services and consumers in early 2007, the draft plan is based on previous consultation, the knowledge experience and expertise of the steering committee and position papers by peak bodies on access to health services. The following summarises some of the issues identified and potential strategies:

- Transport to health services for those with a disability can be extremely difficult with high demand on community transport services and a lack of hospital transport.
- For people living in geographically isolated areas, access to health treatment eg cancer and dialysis is difficult with long journeys in group transport. It is unclear whether initiatives are implemented. There is a need to ensure that transport is available;

- Accommodation for carers may not be available at the hospital. As a result the carers may need to continue to travel long distances on a daily basis. The carers themselves may be frail and have difficulty using public transport.
- Not all consumers are aware of the IPTAAS program for country residents attending tertiary facilities.

Preliminary strategies identified include:

- Health Transport Plan should identify services available and develop strategies to improve patient transport.
- SSWAHS should participate in the Regional Transport Strategy
- Encourage patients with a disability to access the Taxi subsidy.
- Incorporate “back to base” free taxi phones available in all facilities for people who require taxis.
- SSWAHS and the Ministry of Transport and DAD&HC to commence discussions regarding community transport provision of health transport services.
- Facilities to develop brochures which include information about public transport services to the facility and other transport options
- The IPTAAS scheme should be broadly promoted for rural patients.

## **6. Community Health Services Consultation Planning Forum**

On 19 September 2006, Community Health held a consultation planning forum for users of community health services (consumers, community networks, government and non-government organisations, etc) to find out what services they need and how to provide them. Feedback from forum participants will be used to inform the development of a Community Health Strategic Plan. The forum was attended by 145 people. Transport was raised on over 15 occasions in questions that focused on what stopped people from gaining the full benefit of community health services and how to improve the health and wellbeing of communities. Specific groups for whom transport was an issue were:

- For Aboriginal people, public transport can be costly. Travel is a barrier to Aboriginal community particularly transport to medical appointments and can stop people from accessing services;
- For the CALD communities, transport is an issue and outreach is required;
- Women need for transport to access services, and the cost of transport stops them from benefiting from CHS; Transport, isolation, location of centres, and lack of outreach services prevent women from obtaining services.
- Campbelltown Community Health Centre is presently closed. Access is important, and Campbelltown was close to transport.
- To improve the health and wellbeing of men, a strategy would be to link in with transport services offered by local clubs, etc.
- For access to early childhood services, there are transport problems, especially for remote areas.
- For older people, lack of transport and parking problems regarding physical access to buildings stops older people from using health services. To improve services for older people, it is important to maintain accessibility of services eg flexible hours, venues, transport.

## **7. Liverpool Hospital Redevelopment Health Impact Assessment**

A Steering Committee was established in July 2006 to conduct a prospective Health Impact Assessment (HIA) on the redevelopment of Liverpool Hospital. In the screening phase it was

determined that the focus be on the construction phase of the redevelopment. The scoping phase determined the following focus areas for the identification of impacts:

1. Reduced parking for staff, patients and visitors
2. Health and wellbeing of staff and the community
3. Community and patient safety
4. Increased traffic in area.

The methods chosen for the identification of impacts were staff and community consultations, development of a population profile and a literature review.

**Findings related to transport issues:**

- Reduced parking emerged as the priority issue for the redevelopment - this was supported by the staff and community consultations and the literature review. A positive health impact of reduced parking was the opportunity for increased physical activity for car users. Negative health impacts were increased stress for staff and pats; reduced access to services for the mobility impaired; decreased personal safety for staff working overtime and possible non-attendance at appointments for members of the Aboriginal Community.
- Health and wellbeing of staff and the community and community & patient safety ranked two and three respectively in terms of priority but no direct effects on transport were highlighted in these issues.
- Increased traffic (general and construction traffic) was the fourth priority. Negative health impacts included increased stress from the noise of traffic; increased risk of injury to school students, horses and their handlers, pedestrians, car drivers and children at Childcare and decreased air quality for those with respiratory illness.

**Recommendations related to transport issues:**

The following proposed recommendations will be forwarded to the Liverpool Hospital Redevelopment Executive User Group for consideration, implementation and monitoring:

1. Develop, implement and evaluate a plan to promote active transport for staff
2. Maximise current vacant parking spaces on Eastern Campus
3. Explore the feasibility of a Park and Ride system
4. Develop and implement a disability access plan for the construction phase
5. Monitor non-attendance of appointments
6. The CE to write to Liverpool Council requesting a 40km/h speed limit in Manning and Scrivener Streets
7. Develop a new safe drop-off zone for parents and children at the Childcare Centre
8. Prioritise construction of the new road from the Hume Highway at Warwick Farm

## **8. Consultation with Aboriginal People**

In 2004, meetings and consultation occurred with Aboriginal Health staff, Aboriginal government and community services, and the Aboriginal community as part of the development of an Aboriginal Plan in the former CSAHS. Transport was identified as a major issue for access with the following comments made:

- Many Aboriginal families do not own a private vehicle. Many public transport routes to hospitals and community centres may be indirect resulting in lengthy and costly trips. Mainstream health services are distant from where Aboriginal families live eg Rivendell.
- Follow up arrangements are complicated because people often do not have transport or cannot afford transport to attend. Public transport can be problematic for young mothers with new born babies discharged from hospital with no private transport and not enough money to pay for a taxi, or for parents with several children attending outpatient services. (This is also a problem for rural patients who may arrive at the airport or Central Station without money for a taxi).

- Patients requiring regular treatment, such as dialysis, may arrive for a scheduled treatment at RPAH and on arrival be informed their treatment is rescheduled at Dame Edith Walker, Concord. It is left to the client to make his or her own way. If they do not have their own transport, this places a major physical and financial burden on ill people.
- The community feels quite isolated in Glebe. If they need any health services they have to go to Redfern to get them. Most times the majority of people walk to Redfern because they don't have funds for transport. But they prefer to go to Redfern as they don't have any services in Glebe specifically for Aboriginal people.
- The provision of transport by Early Childhood staff has improved timeliness of attendance at appointments and enhanced the informal relationships and trust required for effective services.
- The playgroups have been successful. What has worked is where the service has been there, the staff and service are consistent, where transport is provided, where the family feel and is supported, and where there is good agencies collaboration eg Anglicare, IWAC and CSAHS staff
- Former residents of the EZ now live in Bankstown, Southern Sydney and find it difficult to get to the Redfern Aboriginal Medical Service. The demand for health care remains the same however they now have greater need for transport
  - The issue of transport needs to focus across AHSs not just within one area as the flows go across area boundaries
  - Parents report difficulty travelling to health services because of their lack of private vehicle access, lack of direct public transport routes, inability of access child care (with the resultant need to take their children with them to appointments) and cost if they have regular appointments. Difficulties with transport also impact on their ability to buy cheaper food.
  - Aboriginal patients from the rural and remote areas are not always aware of IPTAAS and so have no financial support in attending city based services. Without IPTAAS support, they may not have the money for transport or accommodation and may not have accommodation planned. Many Aboriginal patients when they arrive in Sydney are not aware of how public transport services operate eg which buses to take etc. SSWAHS staff sometimes have to pick them up at the airport or railway station, arrange accommodation etc when they arrive in Sydney because no prior arrangements have been made.
  - Aboriginal people from rural and remote parts of NSW visiting Sydney don't know where local Aboriginal medical and other support services are located, nor where SSWAHS services are available or how to get to those services.

Since the AHSs amalgamated, there has been little change in these issues. Aboriginal staff continue to provide transport for individual patients because if they didn't Aboriginal people would not access public facilities. The issues relating to transport for Aboriginal clients and patients requires considered attention.

## **9. Consultation with Transport Providers in the Western Zone 2004/5**

In 2004/5, in preparation for a SWSAHS/WZ Transport for Health Plan, meetings occurred with local community transport providers and SSWAHS transport providers. This included Bankstown Community Transport, Southern Highlands Community Transport, Wolomi Aboriginal Community Transport, South West Community Transport, and SWSAHS. Some of the preliminary issues raised were:

- Key Issues identified for the NEHRT: unmet needs; resources; centralised plan; working together; challenging clients; loss of communication; NEHRT ownership; project officer; best practice standards; and relationship between clusters service agreement
- Key Vision for the NEHRT is "*To provide Efficiencies of Services for the best interest of the Communities (LGA's) it serves*"

- Many renal patients having to be transported home. These are all day only patients. Renal patients eg Bankstown has 6 patients requiring transport. Only one in six patients met the ambulance criteria. For Aboriginal patients there is an unmet need
- Opportunities exist for improved efficiency eg SWCT is developing a contract for Premier Cabs. The main issue will be to outsource cab vouchers. Health and Community Transport are now using cab vouchers.
- Walomi Aboriginal Community Transport is negotiating with Redfern for block bookings.
- Macarthur services will extend inpatient services and SWCT offered linkages to Community Transport. Macarthur Community Transport operates from 0830 at the Campbelltown Zone and at 0730 at Liverpool/Fairfield.
- Perception that the Community Transport should not be providing health related transport, because there is no funding for this. Core business is community transport.
- Community Transport booking requirements is maximum 4 bookings at a time. Works on a first-in first-out.
- Community Transport at southern only takes clients to Sydney at 10:00 a.m. Highlights the unmet needs.
- Information is needed regarding process on Day Surgery transport home if the clients have nobody at home to care for them.
- Macarthur services will extend inpatient services and SWCT offered linkages to Community Transport. Macarthur Community Transport operates from 0830 at the Campbelltown Zone and at 0730 at Liverpool/Fairfield.

## **10. Consultation with Transport Providers in the Eastern Zone 2003/4**

In 2003/4, as part of the development of the CSAHS Transport for Health Plan, meetings occurred with a number of services involved in providing health related transport and/or services that had clients who were in need of health related transport. This included the NSW Ambulance Service, Inner West Community Transport, Drummoyne Community Centre, and staff from RPAH, CRGH, Balmain Hospital, Rozelle Hospital, and general Geriatric and Rehabilitation Medicine Community Services. The following summarises the discussions  
Strengths were identified with the current arrangements:

### **Within the Broader Community Sector**

- A range of transport services/options are available eg NSW Ambulance, DVA, Community Transport (including Drummoyne Community Transport), and CSAHS Patient Transport Officers, and individual community organisations
- Issues have already been identified by some providers in formal reports
- Services are prompt ie get people to appointment on time
- Existing transport services are a familiar service (consumers may have use transport services for their health appointments at hospital and specialists, and shopping) for the patient/consumer and give added confidence and security to the patients; the service is provided at a low cost.
- The community knows where to ring therefore its accessible.
- The services exist and there is therefore access to services.
- Services provided are flexible and able to meet client's individual needs ie transport staff can remain with the client throughout the appointment.
- Services are able to support appointment rescheduling by contacting the doctor
- Services monitor clients and access & whether there is a decrease in function

- Transport is often the first point of access to a community service and clients can be referred on to other community services

#### **Within the Health Sector**

- Funded transport is provided to CSAHS respite day centres.
- Inpatient transport between CSAHS hospitals for daily appointments is flexible.
- RPAH and CRGH Day Hospitals (which service those who require multiple appointments and support the very vulnerable) have transport.
- Some CSAHS Aboriginal HEO'S provide transport to patient appointments and provide support by remaining with the patient.
- NSW Ambulance Service can be used for admission/discharge for sick or bed bound patients – this service can be booked and is regular and there is good and regular communication between the NSW Ambulance Service and CSAHS
- NSW Ambulance Service will take people to other hospitals outside of CSAHS
- Veteran Affairs receive an added value service - appointment & discharge home

#### **Across Area (Government and NGO Sectors)**

- There have been benefits eg better knowledge, increased awareness when health professionals talk to transport providers eg there have been talks to hospital service providers in past by Community Transport

#### **Service Gaps**

- lack of regular long term transport for patients requiring ongoing treatment eg dialysis, chemotherapy, radiotherapy, hydrotherapy, Canterbury Hospital outpatients medical and allied health services,
- disadvantaged groups with specific needs: Boarding house residents who may have intellectual or mental health problems and lack family/carer help; Aboriginal people;
- inability of community services to meet the current high demand for individual health transport ie unmet need
- no direct public transport from some suburbs eg Drummoyne; Redfern; Narawee; to hospitals. No public transport to Dame Edith Walker. - useful to set this out with estimates of possible number of users (patients, visitors & staff)
- lack of seven day/week service by community and public transport providers.
- some needs are unknown eg transport to Canterbury podiatry
- changes to boundaries will have an uncertain impact on service delivery

#### **Poor Clinical and Patient Coordination and Organization**

- patient's transport needs are identified and organized well after the appointment has been made or booking made on the day of discharge when transport schedules are full;
- clinicians make patients wait, sometimes for hours, for their appointment. This may delay transport for other consumers, or unduly extend the working hours of drivers (beyond rostered hours), or mean that accompanying volunteers are not able to effectively use their "volunteer time" as they sit waiting with the patient

### **Problems with Physical Access to Health Facilities**

- lack of patient parking near ambulatory treatment areas (outpatients clinics) particularly at RPAH and UDH. In some cases, this encourages patients and carers who could provide their own transport to use community transport instead
- lack of clearly marked set-down and temporary waiting areas for drivers;
- under- recognition/penalisation of the “community transport” services providing an essential service for patients eg imposition of fines, no ability to drop off at major entry points;
- health service providers don't inform patients of services available eg parking.

### **Insufficient Communication and Coordination at an organizational level**

- lack of advice about ambulatory care clinic/inpatient unit/relocations, during the CSAHS RTP;
- no regular organized communication/liaison between community services & CSAHS;
- no identifiable CSAHS position which can be contacted if there is a problem.

### **Consumer and Health Provider Knowledge about Transport Services**

- poor consumer and health provider knowledge about the transport services available, and how to use and access them;
- no central data base.

### **Funding and Resources**

- limited funding provided by NSW Health Department for transport is unevenly distributed and is unable to meet demand. Some community services provide transport to CSAHS facilities but get no financial recompense
- delays in health transport funding;
- no additional funding is available for co-ordination;
- some services appear less than optimally utilised eg day hospital buses;
- community transport fleet is ageing.

### **Proposed Strategies**

Endorsement of this Plan by relevant parties

- Present CSAHS Plan to CSAHS and Community Transport organisations/ providers for endorsement

### **Increased awareness of extent of transport providers**

- Develop a Central Sydney Transport Directory. Identify: all transport providers, their clientele & geographical coverage; what populations are not covered; and how to access eg contact details
- Include other community service providers (ie inc. South Sydney & Central Sydney Community Transport, and Commonwealth Care Link) in the central Sydney Transport Forum, the plan and directory.
- Transport Access Guides developed for CSAHS healthcare facilities hospitals to be distributed to relevant community services.

### **Formalise relationship between community transport providers & CSAHS**

- Increase recognition/knowledge/appropriate use of community transport services:
- Provide community transport providers with a sticker or sign for their vehicles which is recognized by CSAHS
- Develop and distribute Information on discharge of how to access CT & PT transport services for followup appointments.

- Develop information for CSAHS services about how to make appointments & transport bookings, including the importance of making the booking when the patient is present.
- Incorporate into CSAHS Customer Service staff training information about the importance of clinicians attending to their patients on time.
- Liaise with GP'S and aged care facilities (& Regional Transport Co-ordinator) about their needs and provide them with additional information about transport, all types (NEHRT, CT & PT)

#### **More appropriate public transport routes for both ageing/disabled population and other groups with special needs**

- Council "Access Committees" and CSAHS to represent issues to Councils, Ministry of Transport, Regional Bus Contractor (and other appropriate bodies eg state members) about bus stop locations and routes and usage with priority to
  - Drummoyne to CRGH,
  - Redfern to RPAH, CRGH,
  - Canterbury suburbs to Canterbury Hospital (Belfield, Belmore/Riverwood),
  - Strathfield and Drummoyne to Dame Edith Walker.
- Refer appropriate clients/patients to services which provide transport training and inform relevant health services about opportunities to skill their clients in transport use.

#### **Health Related Transport funding provided in a timely manner**

- non-emergency health related transport funding is provided by CSAHS in a timely manner and to follow up on current funding payments.
- Develop strategies to plan for a more coordinated/appropriately funded NEHRT service.

#### **Improved Coordination of bookings for individual transport**

- CSAHS and transport providers to work more closely together to coordinate: Greater Inner West/Central Sydney; Increase backfill on return trips
- Provide patients/clients with telephone numbers to call.

#### **Improve patient safety**

- Review existing risk assessment audit tools and develop/adopt a tool for risk assessment which assesses patient needs and ensures patient and staff safety.

#### **Improved Data Collection**

- Develop a system for recording usage and unmet need
- Develop an audit tool
- Consult with hospital based/healthcare facilities? services about community transport needs
- Produce a report annually to inform CSAHS and central agencies about usage and unmet need

