

# PATIENT ASSISTED TRAVEL SCHEMES



Healthy and sustainable rural, regional and remote communities across Australia

Patient assisted travel schemes (PATS) are an important element of providing equitable access to essential health services for people in rural, regional and remote (hereafter rural) Australia.



A critical mass of people (or patient throughput) is required to justify or commercially support the work of more specialised health professionals. In Australia, rural outreach is commonly provided by non-general practitioner (GP) specialist doctors who periodically visit the same community over time.<sup>1</sup> This can take the form of fly-in fly-out models. However, the reality is that people in sparsely populated areas often need to travel to their nearest regional centre or capital city for health care of a more specialised nature. While specialised, such services are essential, not discretionary, for the patients concerned, for example, oncology for cancer patients, dermatology for skin issues, or dialysis for end-stage kidney disease.

PATS provide patients (and eligible escorts) with financial assistance towards the costs involved in travelling to, and staying near, non-GP specialist medical services while the patients are undergoing treatment.

## Background

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), introduced in 1978, was funded and managed by the Australian Government.<sup>2</sup> In 1987, management of programs was transferred to the states and territories.

As recipients of funding from the Australian Government for the provision of free public hospital services, the states and territories must ensure that people have equal access to public hospital care regardless of their geographic location.

## Payment rates

Payment rates for PATS vary between states and territories; they are subsidies that are not designed to cover the full costs of visits to a major centre. All jurisdictions provide

subsidies for accommodation and fuel allowances for private vehicle travel. The fuel allowances do not cover wear and tear or depreciation of the vehicle, just a portion of the cost of fuel, generally on a cents-per-kilometre basis. The various fuel and accommodation subsidies are outlined below.

All schemes provide support for ground transport and some also subsidise air travel, which is particularly important for jurisdictions such as the Northern Territory where the distances to be travelled can be vast. Some jurisdictions require a co-payment before the scheme can be accessed.

## Eligibility criteria

For a patient to be eligible to receive a subsidy, their travel and accommodation must be for an approved type of care; some non-GP specialist medical visits are covered, others are not, and some jurisdictions allow certain allied health services, under specific conditions. There are also requirements around referrals from a doctor or other health professional. Another of the eligibility criteria is that the nearest available service must be a minimum distance from the patient.

Some jurisdictions cover frequent travel expenses under 'block treatment' provisions. These are designed to recompense those patients who do not meet the minimum distance requirement but are undertaking treatment that requires multiple journeys over a short period of time (typically one week).

See below for details of eligibility criteria by state and territory. You are encouraged to refer to the relevant guidelines for your jurisdiction to understand the full details and eligibility requirements of the scheme.

## Carers and escorts

All schemes include provision for the eligible patient to be accompanied by an escort – a family member or adult responsible for the patient’s needs for the period of transport and accommodation during treatment. An approved escort must be deemed necessary by either the referring GP or the approved non-GP medical specialist. An escort is automatically approved if the patient is under 18 years of age (under 17 years of age in the case of New South Wales).

Escorts are not approved solely for the purpose of emotional support or to keep the patient company.

## PATS under review

Over the years, there have been a number of reviews of the schemes:

- Senate Standing Committee on Community Affairs Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (2007)<sup>2</sup>
- Banscott Review of Current Tasmanian Patient Transport Services (2008)<sup>3</sup>
- Northern Territory Review of the Patient Assisted Travel Scheme (2013)<sup>4</sup>
- Review of the South Australian Patient Assistance Transport Scheme (2013)<sup>5</sup>
- Review of the Tasmanian Patient Travel Assistance Scheme (2022) <sup>6</sup>.

Recurring recommendations from these reviews have centred around:

- adequacy of the amount paid towards accommodation and travel
- lowering the threshold for distances patients must travel before qualifying for assistance
- streamlining what is deemed to be an overly complex and bureaucratic process for claiming reimbursement, which obviously has a severe effect on families with a low income.

Feedback received by the National Rural Health Alliance has indicated that the schemes could be improved by expansion to include a range of essential non-medical specialist services (such as allied health and dentistry) that are not currently covered, noting that some jurisdictions already allow certain allied health services under specific conditions.

## Critical choices

Survival rates from cancer are poorer in rural areas, due in part to delayed diagnosis and intervention. In some cases, patients in more remote areas may elect to have more radical treatment rather than make repeated trips for an ongoing program of intervention. The availability and adequacy of accommodation and travel support is one of the factors that affects such critical decisions. This highlights the importance of PATS.

## The future

The ongoing challenge for the schemes is to achieve a balance between consistency across jurisdictions and the desired level of flexibility. A key reason the states and territories were given control of PATS was because of the perceived flexibility they would have in meeting the needs of local communities.

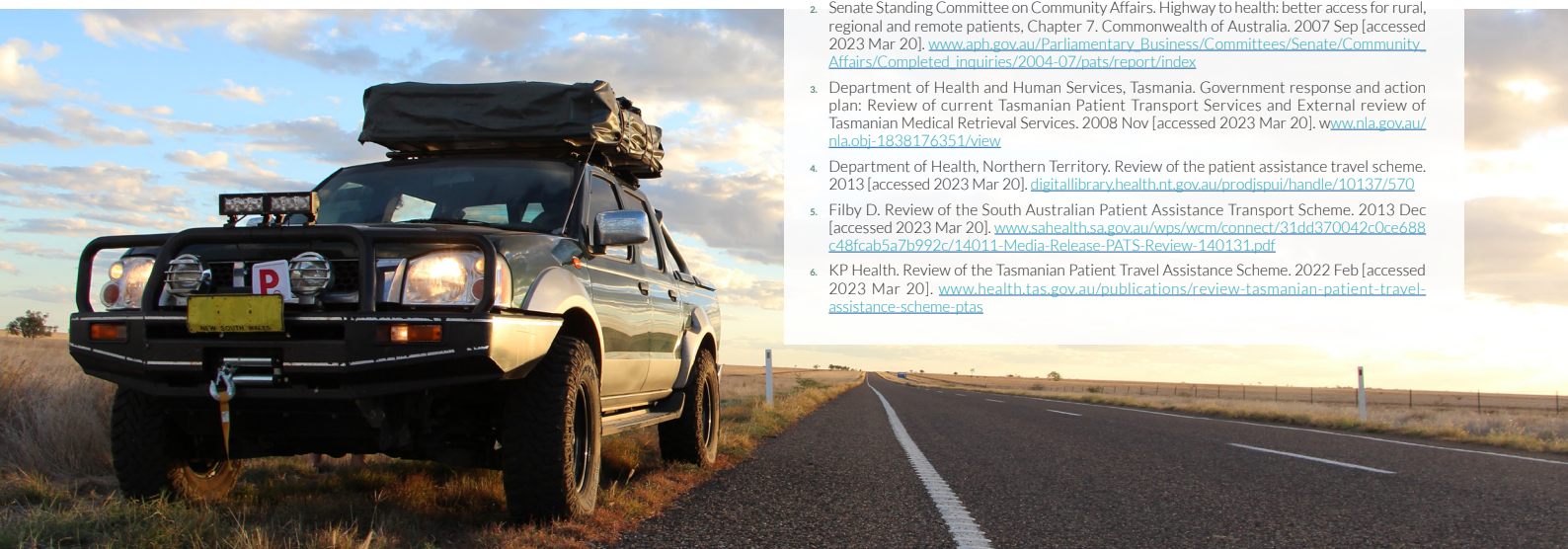
Adopting a uniform approach for some aspects of the schemes may be one way to create a fairer system. At the same time, it is recognised that other aspects of the schemes need to reflect jurisdictional differences such as size, distance and public transport availability.

PATS are important in the provision of equitable access to health care for people in rural Australia. The National Rural Health Alliance will continue to monitor the situation and welcomes feedback from patients, their families and clinicians.

See below for a summary of distance requirements and subsidies available by state and territory.

## References

1. O’Sullivan B, Joyce C and McGrail M. Rural outreach by specialist doctors in Australia: a national cross-sectional study of supply and distribution. *Hum Resour Health* 12, 50 (2014) [accessed 2023 Mar 20]. [doi.org/10.1186/1478-4491-12-50](https://doi.org/10.1186/1478-4491-12-50)
2. Senate Standing Committee on Community Affairs. Highway to health: better access for rural, regional and remote patients, Chapter 7. Commonwealth of Australia. 2007 Sep [accessed 2023 Mar 20]. [www.apb.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Completed\\_inquiries/2004-07/pats/report/index](http://www.apb.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2004-07/pats/report/index)
3. Department of Health and Human Services, Tasmania. Government response and action plan: Review of current Tasmanian Patient Transport Services and External review of Tasmanian Medical Retrieval Services. 2008 Nov [accessed 2023 Mar 20]. [www.nla.gov.au/nla:obj-1838176351/view](http://www.nla.gov.au/nla:obj-1838176351/view)
4. Department of Health, Northern Territory. Review of the patient assistance travel scheme. 2013 [accessed 2023 Mar 20]. [digital.library.health.nt.gov.au/prod/jspui/handle/10137/570](https://digital.library.health.nt.gov.au/prod/jspui/handle/10137/570)
5. Filby D. Review of the South Australian Patient Assistance Transport Scheme. 2013 Dec [accessed 2023 Mar 20]. [www.sahealth.sa.gov.au/wps/wcm/connect/31dd370042c0ce688c48fcab5a7b992c/14011-Media-Release-PATS-Review-140131.pdf](http://www.sahealth.sa.gov.au/wps/wcm/connect/31dd370042c0ce688c48fcab5a7b992c/14011-Media-Release-PATS-Review-140131.pdf)
6. KP Health. Review of the Tasmanian Patient Travel Assistance Scheme. 2022 Feb [accessed 2023 Mar 20]. [www.health.tas.gov.au/publications/review-tasmanian-patient-travel-assistance-scheme-ptas](http://www.health.tas.gov.au/publications/review-tasmanian-patient-travel-assistance-scheme-ptas)



# A GUIDE TO PATIENT ASSISTED TRAVEL SCHEMES

The following PATS details for each state and territory are current as of July 2023.

	ACT (EFFECTIVE FROM JULY 2020)	NSW (EFFECTIVE FROM AUGUST 2022)	NT (EFFECTIVE FROM JUNE 2017)	QLD (EFFECTIVE FROM JULY 2023)
<b>TRAVEL REIMBURSEMENT SCHEME</b>	<p><b>Interstate Patient Travel Assistance Scheme (IPTAS)</b></p> <p>Phone: 02 5124 9082  <a href="http://www.health.act.gov.au/public-information/consumers/interstate-patient-travel">www.health.act.gov.au/public-information/consumers/interstate-patient-travel</a></p>	<p><b>Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)</b></p> <p>Phone: 1800 IPTAAS (1800 478 227)  <a href="http://www.enable.health.nsw.gov.au/services/iptaas">www.enable.health.nsw.gov.au/services/iptaas</a></p>	<p><b>Patient Assistance Travel Scheme (PATS)</b></p> <p>Alice Springs: 08 8951 7846                      Darwin: 08 8922 8135                      East Arnhem: 08 8987 0201                      Katherine: 08 8973 9215                      Tennant Creek: 08 8962 4647  <a href="http://www.nt.gov.au/wellbeing/health-subsidies-support-and-home-visits/patient-assistance-travel-scheme">www.nt.gov.au/wellbeing/health-subsidies-support-and-home-visits/patient-assistance-travel-scheme</a></p>	<p><b>Patient Travel Subsidy Scheme (PTSS)</b></p> <p>Phone: 13 HEALTH (13 432 584)  <a href="http://www.qld.gov.au/health/services/travel/subsidies">www.qld.gov.au/health/services/travel/subsidies</a></p>
<b>BASIC DISTANCE THRESHOLD REQUIREMENTS</b> Patient eligibility criteria apply and are detailed in each scheme's guidelines.	You must be referred for eligible treatment to the place closest to the ACT where you can get the medical care you need.	You must travel from your residence for treatment at least 100 km one way or at least 200 km in a week by making multiple trips to and from treatment.	You must travel more than 200 km one way to the nearest approved medical specialist. Reimbursement can also be paid for the return journey. A cumulative distance of more than 400 km over the period of a week applies for renal or oncology treatment.	Nearest eligible specialist health service is 50 km or more one way from the Queensland public hospital or public health facility closest to your permanent address.
<b>TRAVEL SUBSIDY</b>	<p>Rebates up to a specified amount (return):</p> <p>Private vehicle – Sydney \$110, Melbourne \$220, Brisbane \$300, Adelaide \$440</p> <p>Coach/Bus – Sydney \$90, Melbourne \$160, Adelaide \$290, Brisbane \$390</p> <p>Train – Sydney \$125, Melbourne \$230, Adelaide \$260, Brisbane \$260.</p> <p>Economy air fare where medically endorsed.</p>	<p>Private vehicle 40 cents per km.</p> <p>Taxi fares –                      one day visit: max \$20                      2–7 day visit: max \$40                      8–14 day visit: max \$80                      15+ day visit: max \$160.</p> <p>Economy public transport fare (minus GST).</p> <p>Economy air fare where medically endorsed (minus GST).</p>	<p>Private vehicle 20 cents per km per patient, to a maximum three patients per vehicle.</p> <p>Lowest available fare for bus and air travel within NT.</p> <p>Ground transport reimbursement maximum of \$50 per patient per entire approved trip.</p>	<p>Private vehicle 34 cents per km.</p> <p>Commercial travel (air, bus, ferry or rail) lowest available discount fare.</p>
<b>ACCOMMODATION SUBSIDY PER APPROVED PERSON</b> Includes the patient and an approved escort. In some situations, two escorts may be approved. See relevant guidelines for eligibility criteria.	<p>Commercial accommodation subsidy of up to \$50 per night per person.</p> <p>Private accommodation is no longer supported.</p>	<p>Not-for-profit or commercial accommodation subsidy:</p> <p>\$75 per night for first 7 nights                      \$120 per night from day 8 onwards.                      \$40 per night if you are staying with family or friends (Airbnb will be paid at this rate).</p>	<p>Commercial accommodation subsidy of \$60 per night per person.</p> <p>Private accommodation subsidy of \$20 per night per person.</p>	<p>Commercial accommodation subsidy of up to \$70 per night per person.</p> <p>Private accommodation subsidy of \$10 per night per person.</p>
<b>KEY ADDITIONAL CONDITIONS</b>	N/A	<p>N/A</p> <p>If you do not have approval for commercial air travel, you may be eligible for the lesser of 40 cents per km and the cost of ticket (excluding GST).</p>	N/A	<p>Eligible patients must pay for the first 4 nights of accommodation each financial year, unless they are under 18 or a concession card holder.</p>

	SA (EFFECTIVE FROM FEBRUARY 2021, FUEL SUBSIDY FROM 1 JANUARY 2023)	TAS (EFFECTIVE FROM FEBRUARY 2023)	VIC (EFFECTIVE FROM DECEMBER 2015; LAST REVIEWED MARCH 2023)	WA (EFFECTIVE FROM JUNE 2022, ACCOMMODATION RATES FROM 1 JULY 2023)
<b>TRAVEL REIMBURSEMENT SCHEME</b>	<p><b>Patient Assistance Transport Scheme (PATS)</b></p> <p>Phone: 1300 341 684 <a href="http://www.pats.sa.gov.au">www.pats.sa.gov.au</a></p>	<p><b>Patient Travel Assistance Scheme (PTAS)</b></p> <p>North: 03 6777 6249 North-West: 03 6477 7734 South: 03 6166 8225 <a href="http://www.health.tas.gov.au/patients/health-costs/ptas">www.health.tas.gov.au/patients/health-costs/ptas</a></p>	<p><b>Victorian Patient Transport Assistance Scheme (VPTAS)</b></p> <p>Phone: 1300 737 073 <a href="http://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas">www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas</a></p>	<p><b>Patient Assisted Travel Scheme (PATS)</b></p> <p><b>PATS Central Office:</b> 08 6372 2363</p> <p><b>Goldfields region:</b> Esperance 08 9079 8101 Kalgoorlie 08 9080 5681</p> <p><b>Great Southern region:</b> 08 9892 2226</p> <p><b>Kimberley region:</b> Broome 08 9194 2236 Derby 08 9193 3348 Fitzroy Crossing 08 9166 1715 Kununurra 08 9166 4237</p> <p><b>Midwest region:</b> Gascoyne 08 9941 0313 Geraldton 08 9956 2216</p> <p><b>Peel region:</b> 08 9599 4485</p> <p><b>Pilbara region:</b> 1800 138 653</p> <p><b>South West region:</b> 1800 823 131</p> <p><b>Wheatbelt region:</b> 1800 728 792 <a href="http://www.wacountry.health.wa.gov.au/Our-patients/Patient-Assisted-Travel-Scheme-PATS">www.wacountry.health.wa.gov.au/Our-patients/Patient-Assisted-Travel-Scheme-PATS</a></p>
<b>BASIC DISTANCE THRESHOLD</b> Patient eligibility criteria apply and are detailed in each scheme's guidelines.	More than 100 km one way to approved medical specialist services not available locally.	More than 50 km one way to the nearest oncology or dialysis treatment centre. More than 75 km one way to the nearest specialised health service.	More than 100 km one way or an average of 500 km per week for one or more weeks to approved medical specialist services.	More than 70 km one way to access medical specialist for cancer or renal treatment. More than 100 km one way to access other eligible specialist medical treatment.
<b>TRAVEL SUBSIDY</b>	Private vehicle 32 cents per km. The most economical mode of travel appropriate for the client's functional ability and medical condition. Economy air fare where medically endorsed OR when combined cost of surface travel subsidy and two nights of accommodation is more than return air travel OR when the most economical public transport option does not provide an appropriate travel option to the nearest specialist.	Private vehicle 24 cents per km. Economy return bus ticket. Economy air or ferry ticket for interstate travel. Specific conditions apply: – for residents of King Island and the Furneaux Islands – when travel is required outside Tasmania.	Private vehicle 21 cents per km. Economy public transport fare. Economy air fare only if the journey exceeds 350 km one way and a commercial flight is used. Taxi fare only to or from nearest public transport when there are no other transport options.	Private vehicle 16 cents per km. Community bus transporting two or more clients 25 cents per km. Economy train or bus fare. Economy air fare for: Pilbara or Kimberley residents; distances requiring more than 16 hours surface travel; cancer patients travelling more than 350 km one way for treatment; or medically endorsed air travel. Patients accessing cancer or renal treatment required to travel 70–100 km one way are eligible for \$20 subsidy.
<b>ACCOMMODATION SUBSIDY PER APPROVED PERSON</b> Includes the patient and an approved escort. In some situations, two escorts may be approved. See relevant guidelines for eligibility criteria.	Commercial accommodation subsidy only of up to \$44 per night per person (plus GST) within SA and up to \$80 per night per patient (plus GST) for interstate travel.	Commercial accommodation subsidy only of up to \$76 per night per person within Tasmania and up to \$98 per night per person for interstate travel.	Commercial accommodation subsidy only of up to \$45 per night per person (\$49.50 including GST).	Commercial accommodation subsidy of up to \$106.10 per night for the patient and up to \$15 per night for an escort. Private accommodation subsidy of \$20 per night per person.
<b>KEY ADDITIONAL CONDITIONS</b>	Non pensioners and those without health care cards must meet the costs of first night of accommodation. If a stay longer than two nights in commercial accommodation is required to attend multiple medical appointments, your medical specialist needs to authorise your length of stay in order for subsidies to be provided for the additional nights.	Concession card holders, or the child of a concession card holder, will only have to pay the gap between the subsidy and the actual cost of travel. Non pensioners and those without a health care card must contribute \$82.50 per return trip (capped at \$330 per year).	People receiving VPTAS assistance pay the first \$100 each treatment year for their travel and accommodation (except for primary card holders of a Pensioner Concession Card or Health Care Card).	Accommodation subsidies are only available for people who live more than 100 km from the treatment centre. Generally, you must be a permanent resident of a WA Country Health Service region in order to be eligible for PATS. However, if you live in the Peel region you may be eligible for PATS.