QUEENSLAND OMBUDSMAN
Standing for fairness

The Patient Travel Subsidy Scheme report

An investigation into the administration of the Patient Travel Subsidy Scheme by Queensland Health

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June 2017

The Honourable Peter Wellington MP
Speaker
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Speaker

In accordance with s.52 of the *Ombudsman Act 2001*, I hereby furnish to you my report, *The Patient Travel Subsidy Scheme report: An investigation into the administration of the Patient Travel Subsidy Scheme by Queensland Health.*

Yours faithfully

Phil Clarke
Queensland Ombudsman

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Foreword

This report is about the challenges and inconsistent treatment experienced by regional, rural and remote Queenslanders in accessing the financial assistance available to them to travel to specialist health services not available in their local area.

Financial assistance for patients is provided by the Queensland Government by way of Queensland Health's (QH) Patient Travel Subsidy Scheme (PTSS). The PTSS provides travel and accommodation subsidies for patients who need to travel more than 50 km from their nearest hospital to attend specialist medical appointments.

The overall amount of assistance is significant. In 2015-16, more than 72,000 patients received assistance, totalling over $80 million. Many regional, rural and remote Queensland residents rely on the subsidy provided through the PTSS to access specialist healthcare that is not available locally.

While the PTSS helps many Queenslanders, there are flaws with the current administrative framework which can make accessing and using the scheme challenging.

The PTSS is decentralised, with applications assessed and managed by individual hospitals. Consequently, the nature of a patient's experience with the PTSS often depends on where their application is made. Complaints to this Office outline inequities or inconsistencies in the service or the amount of subsidy received by patients.

Parts of the application process are overly burdensome and are not patient-friendly. Some patients report having experienced significant delays in receiving financial reimbursement for travel and accommodation costs, contributing to financial hardship in some cases.

QH has conducted four reviews or audits of the PTSS since 2010 to improve the administration of the scheme. While problems and potential solutions were identified in each, QH has not implemented many of the recommended improvements.

Accordingly, I have recommended in this report that QH should review all of the findings and recommendations which have been made about the PTSS since 2010 and decide which should be implemented to address the identified problems with the PTSS.

I have decided to present this report to the Queensland Parliament because I consider it is in the public interest to do so, particularly given the number of Queenslanders who may need to rely on the PTSS to access vital health services.

I would like to thank those officers from QH who provided information for the investigation. I would also like to thank my staff, and particularly acknowledge Senior Investigator David McMurtrie for his hard work and professionalism in leading the investigation and preparing this report.

Phil Clarke
Queensland Ombudsman

Contents

Dictionary

Term	Meaning
2007 Senate Inquiry	2007 Inquiry by the Community Affairs Committee of the Australian Senate into the operation and effectiveness of patient-assisted travel schemes
2010 review	a QH administrative review options paper completed in November 2010 with the purpose of developing a PTSS framework which was more efficient, standardised and compliant with mandatory QH processes
2013 review	an external review completed in December 2013 for QH by consultants KM&T Asia Pacific with the purpose of ensuring the consistent application of the PTSS across the state and ensuring a user-friendly and patient-focused scheme
2016 audit	an internal audit completed in draft format in July 2016 by QH's Audit, Risk and Governance Branch with the purpose of assessing the effectiveness of key controls and processes relevant to the administration of the PTSS across the department
2016 review	an internal review conducted by QH's Aeromedical Retrieval and Disaster Management Branch in July 2016 which addressed options for improving specific issues in the PTSS
department	the Department of Health, a part of QH
HHS or HHSs	Hospital and Health Service/s, a part of QH
HSDs	Health Service Districts
Office	Office of the Queensland Ombudsman
OHO	Office of the Health Ombudsman
PTSS or scheme	Patient Travel Subsidy Scheme
QH	Queensland Health

Executive summary

All Queensland residents deserve equitable access to effective and high quality healthcare irrespective of where they live throughout the state.

Queensland Health (QH) provides assistance for eligible patients to access specialist medical services by way of the Patient Travel Subsidy Scheme (PTSS).

The PTSS provides travel and accommodation subsidies for patients who are required to travel more than 50 km from their nearest hospital to attend specialist medical appointments. The PTSS is aimed at ensuring that the cost of travel and accommodation is not a barrier to people living in rural and remote parts of Queensland obtaining adequate healthcare.

Generally, the PTSS provides a subsidy for the cheapest form of travel available for patients to access their nearest hospital or health facility providing the required specialist medical service. This includes travel by commercial air, bus or rail at the lowest available fare. A subsidy is also available for travel by private vehicle.

The PTSS is administered by each of the 16 individual Hospital and Health Services (HHSs) in Queensland. Patients submit their PTSS application at their local public hospital or health service centre along with any supporting documentation from their medical practitioner. When an application is received, the hospital is responsible for determining whether to approve the application, including the subsidy rate and dates of travel covered. If approved, hospitals can either reimburse patients after their travel or book the travel and accommodation on behalf of the patient.

While the PTSS provides valuable support to many thousands of Queensland patients each year, there are a number of deficiencies with the current administrative framework. Since 2010, QH has conducted four reviews or audits into the PTSS in an effort to make the scheme more effective and cost efficient and to ensure it meets the needs of patients. In general, these reviews have identified that the PTSS is overly administrative and needs to be more patient-friendly. QH has also identified that it has insufficient governance, oversight and control over the administration of the PTSS having regard to the current arrangement where service delivery for the scheme rests with the HHSs.

I decided to investigate, under the *Ombudsman Act 2001*, what action QH had taken in response to the findings and recommendations of its own reviews or audits conducted since 2010. I also reviewed the current PTSS administrative framework and complaints about the PTSS that have been received by the Office of the Queensland Ombudsman (Office) and the Office of the Health Ombudsman (OHO) over recent years.

The investigation found that many of the deficiencies identified in the QH reviews and audits since 2010 are still evident in the current PTSS framework and processes. These include:

- PTSS applications are received, assessed and approved by multiple public hospitals and health service centres across the state, meaning that inconsistent and inequitable decision-making can occur which may result in unfair outcomes for patients.
- Differing administrative practices by hospitals and health service centres about how patient travel is managed, together with an uneven level of resourcing allocated to assessing PTSS applications by different hospitals, have an impact on the equitable treatment of patients accessing the PTSS.
- The PTSS generally lacks patient-friendly processes.
- Delays experienced by some patients in receiving their reimbursement for approved travel result in those patients having incurred considerable expenses and sometimes financial hardship.

- QH has limited awareness about how funding allocated to HHSs to administer the PTSS is being spent, including whether this funding is sufficient to cover the requirements of patients accessing the scheme and whether some HHSs are underfunded or overfunded.

These deficiencies relate to three major issues:

1. The PTSS has an inadequate governance framework to achieve the objectives of the scheme.
2. There are problems with PTSS administration and management processes within HHSs.
3. There is limited information about how funds allocated to HHSs to administer the PTSS are being spent.

The result of these issues for patients is a lack of equitable and consistent decision-making by hospitals, frustrating administrative processes which make patient access to the PTSS more difficult and delays in reimbursement leaving some patients struggling to afford their travel and accommodation expenses.

I am of the view that the reviews and audits QH has conducted into the PTSS have sufficiently identified the issues with the administration of the PTSS which need to be addressed.

Accordingly, I have recommended in this report that QH determine which of the recommendations from its own reviews and audits completed since 2010 should be implemented and set a timeframe for when that implementation will occur. This will require QH to determine how best to address the current administrative problems with the PTSS.

The Director-General of QH has accepted my recommendation and advised that an implementation plan, which addresses each recommendation from the reviews and audits, will be completed.

It should be noted that while this report is critical of aspects of QH's administration of the PTSS, the scheme does successfully provide support for many thousands of Queensland patients each year. By accessing the scheme, these patients are able to receive essential specialist medical treatment that they otherwise may not have been able to access, or that would have constituted a significant financial burden.

In this respect, I acknowledge the important role of the PTSS for regional, rural and remote Queenslanders. I hope this report will encourage further positive reform to the PTSS and result in improved patient experiences and more equitable outcomes.

Opinions

Opinion 1

At least four PTSS reviews or audits conducted by QH since 2010 have concluded that the governance framework does not achieve the objectives of the PTSS. QH has not adequately addressed this issue, resulting in the continued inconsistent and inequitable application of the PTSS across the state.

This is unreasonable administrative action for the purposes of s.49(2)(b) of the Ombudsman Act.

Opinion 2

At least four PTSS reviews or audits conducted by QH since 2010 have identified that there are significant problems with the administration and management processes within HHSs. QH has not taken adequate action to address these issues.

This is unreasonable administrative action for the purposes of s.49(2)(b) of the Ombudsman Act.

Opinion 3

QH does not have an adequate understanding about how funding allocated to HHSs to administer the PTSS is being spent. This lack of understanding may lead to inequitable patient outcomes based on the region where a patient accesses the PTSS.

This is unreasonable administrative action for the purposes of s.49(2)(b) of the Ombudsman Act.

Recommendation

Recommendation 1

The Director-General:

(a) urgently consider the 2010 review, the 2013 review, the 2016 audit and the 2016 review and determine which issues and recommendations are outstanding

(b) develop an implementation plan, within three months of publication of this report, that responds to each recommendation and clearly indicates:

(i) recommendation status (implemented, outstanding, will not be implemented)
(ii) timeframe for implementation.

The implementation plan should particularly consider:

- equitable access to the PTSS by patients across the state
- consistent decision-making regarding PTSS applications and travel and accommodation approvals between hospitals
- ensuring PTSS policy and procedures are clear and easy to use
- adequate PTSS governance and better coordination between the department, HHSs and hospitals
- improved data collection and reporting about PTSS usage and statistics
- ensuring the PTSS is patient-friendly and easy to access
- ensuring a better understanding about the distribution of PTSS funding.

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Chapter 1: Background

Over the past few years, this Office has received complaints from patients stating they have experienced what they considered to be unfair outcomes while accessing the PTSS. It was also identified that patients had been making complaints to the OHO about the PTSS. Because the PTSS is an administrative process rather than a health service, the Office has primary jurisdiction for receiving and investigating complaints about the PTSS.[1]

My original intent in commencing this investigation was to conduct a comprehensive review of PTSS processes and practices within the 16 HHSs. The purpose of this review would have been to determine the reasons why complaints have continued to be received from patients claiming unfair treatment, and whether the PTSS application and assessment process by HHSs is consistent across the state.

However, the focus of the investigation changed following consultation with QH regarding how it administers and oversees the PTSS.[2] I identified that QH was aware of significant administrative failings in relation to how the PTSS operates and that at least four reviews or audits into the administration and functioning of the PTSS had been conducted by QH since 2010. These reviews had all identified very similar issues requiring attention and reform. Further, the issues identified were also similar to the issues which were being raised by patients in their complaints to both this Office and the OHO.

Accordingly, I narrowed the focus of my investigation to consider the findings of these reviews and audits and the action QH has taken in response to them. In this regard, the investigation considered the following issues:

- how the PTSS works across Queensland (Chapter 2)
- areas of the PTSS identified as requiring reform by reviews and audits conducted by QH (Chapter 3)
- the PTSS governance framework (Chapter 4)
- the PTSS process and management framework (Chapter 5)
- the distribution of PTSS funding between HHSs (Chapter 6).

The investigation included:

- reviewing the current PTSS policy framework
- analysing reviews and audits conducted about the PTSS since 2010
- reviewing complaints received about the PTSS by this Office and the OHO
- consultation with QH regarding responsibility for the administration of the PTSS
- reviewing documentation and information provided by QH about its role in the administration of the PTSS
- reviewing documentation and information provided by the 16 HHSs about their role in the administration of the PTSS.

To illustrate some of the concerns patients have raised about the PTSS, I have included a number of case studies throughout the report which have been taken from complaints received by this Office and the OHO. In the first instance, most of these complaints were referred by this Office to the relevant HHS for its assessment. These complaints have not been investigated by this Office or the OHO and the issues raised have not been put to

[1] For further information about jurisdiction and investigative powers of the Queensland Ombudsman refer to Appendix A.

[2] In 2012 there was significant structural reform of the Queensland public healthcare sector. QH now consists of 16 HHSs and the Department of Health (department). Public health services in Queensland are provided through the HHSs, which are statutory bodies established under the *Hospital and Health Boards Act 2011* and controlled locally by a Hospital and Health Board. The department is responsible for the overall management of the public health system in Queensland, including monitoring the performance of HHSs.

QH or the relevant HHSs for a response. However, they are included to illustrate the range of complaints made to this Office.

A proposed report was provided to the Director-General of QH on 10 February 2017. The Director-General responded to the proposed report on 23 March 2017 and his response to my opinions and recommendation has been included in this report where relevant.

As QH and the HHSs are 'agencies' under the Ombudsman Act, I have jurisdiction to investigate this matter. For further information about my jurisdiction and investigative powers please refer to Appendix A.

Chapter 2: How the PTSS works

This chapter provides a brief explanation of how the PTSS works, particularly with regard to the eligibility and approval criteria for patients and the application and assessment process.

2.1 Overview

The policy framework for the PTSS is the responsibility of the Department of Health (department) within QH and is documented in two procedures. The primary procedure is the *PTSS Guideline (Part A)* (PTSS Guideline) which is publicly available and outlines the assistance under the scheme which is available to eligible patients. The PTSS Guideline provides direction to HHSs about how they should administer and manage PTSS applications.

The other procedure is an internal operational guideline (not publicly available) used by HHSs to interpret and administer the PTSS Guideline.

The PTSS Guideline provides the following four principles that must be considered by HHSs when making administrative decisions about applications under the PTSS:

1. Patient safety – the safety of patients is a key consideration, including ensuring clinically appropriate patient travel
2. Access – the scheme supports patient access to specialist health services
3. Subsidy – the scheme does not cover full costs associated with travel and accommodation
4. Value for money – the scheme promotes the efficient use of public resources.

2.2 Eligibility for the PTSS

The PTSS Guideline states that patients are eligible for the PTSS if they are:

- eligible for Medicare
- a permanent Queensland resident and residing in Queensland at the time of referral and access to specialist medical services, or a genuine vagrant (a Queensland resident or patient with no fixed address)
- required to travel more than 50 km from the public hospital or health facility closest to their permanent residence to access an eligible specialist medical service
- travelling to the nearest available eligible specialist medical service
- unable to use Telehealth to access the required eligible specialist medical service.

The PTSS Guideline also outlines instances where a patient is not eligible to access the PTSS, including those who are not permanent Queensland residents (i.e. patients travelling on holidays or business who reside in another state) and people accessing a general practitioner, general dental service or allied health service except as part of specialist treatment.

2.3 Eligible specialist services

The PTSS only provides assistance for patients accessing specialist medical services. The PTSS Guideline outlines the specialist medical services that patients are able to access under the PTSS. These include services the patient is referred to by a medical practitioner, dentist (for eligible dental services) or optometrist (for eligible ophthalmic services), which are prescribed as specialist medical services under the PTSS Guideline. These specialist medical services are listed in full at Appendix B of this report.

However, the internal PTSS guideline for use by HHSs permits the approval of assistance to patients outside the PTSS Guideline. This includes travel to access specialist services

not listed under the PTSS Guideline. If approving an application outside the PTSS Guideline, it is required that:

- HHSs consider any precedent that may be set by the approval of additional assistance
- details of assistance, including associated costs, approved outside the PTSS Guideline are documented and reported as an exemption
- HHSs provide written advice to the patient outlining that they have been approved assistance outside the PTSS Guideline and it is not a guarantee of future payments.

2.4 Exceptions to the nearest specialist service

An important aspect of the PTSS is that it is available to eligible patients who are required to travel more than 50 km from the public hospital or health facility which is closest to their permanent residence to access a specialist health service. The PTSS does not take into account the distance from a patient's permanent residence to their nearest hospital when calculating eligibility or the level of the subsidy.

The PTSS Guideline states that subsidies may be approved for a patient to attend a specialist service which is not the closest to their nearest public hospital under the following circumstances:

- The patient requires emergency transportation to the service.
- The patient has previously been approved for assistance and a closer service is subsequently established. In this instance, the patient can receive assistance for one further visit to the originally approved specialist. The patient may choose to continue to see the original specialist, but subsidies will cease unless specifically approved by the relevant HHS.
- Transport to the closest specialist service is not available or it is more cost effective to refer patients to another specialist.
- There is a valid clinical reason to attend the specialist health service which may include timeliness of treatment at the nearest location.
- The patient has been selected for a system-wide strategy, such as a wait list reduction program.

2.5 Travel subsidies

The PTSS Guideline requires that applications by eligible patients for a travel subsidy are assessed by hospitals on a case-by-case basis.

In assessing an application, the mode of travel approved should reflect the clinical needs and circumstances of the patient, taking into consideration any recommendations made by the referring and/or treating clinician. Hospitals may also consider advice from allied health professionals, social workers and Indigenous liaison officers in assessing applications. The PTSS Guideline requires that travel subsidies are calculated based on the mode of travel approved (car, bus, rail or air) or, failing this, the cheapest available form of transport.

For travel by car, the subsidy is calculated at 30 cents per kilometre. For commercial travel booked and paid for by the HHS, no subsidy is paid to the patient. A patient who books and pays for their own travel is reimbursed at the economy or government discount rate. If a patient chooses to book travel which is more expensive than the applicable subsidy, the patient is responsible for the additional costs of their travel.

2.6 Accommodation subsidies

The PTSS Guideline requires that accommodation may only be subsidised for the period the patient is required to be away from home for medical reasons and where a return

journey cannot reasonably be completed in one day. Patients who are approved for a private motor vehicle subsidy and who need to travel more than 600 km (single or return trip), or eight hours in one day, are entitled to an accommodation subsidy.

Patients and approved escorts are subsidised up to $60 per person per night when staying in commercial accommodation. Patients who stay with relatives or friends are subsidised at $10 per night.

2.7 PTSS application and approval process

The PTSS application process relies on paper application and certification forms which must be properly completed by the patient, referring medical practitioner and specialist medical practitioner.

However, the management of PTSS applications may differ between HHSs and individual hospitals within the same HHS. Some hospitals manage and pay for all travel and accommodation bookings for patients, while other hospitals require patients to book their own travel and accommodation and submit receipts in order to claim a subsidy.

Patients are required to lodge their application for assistance under the PTSS as soon as practicable prior to travel. Retrospective applications, submitted after a patient has travelled, may be accepted under certain circumstances outlined in the PTSS Guideline, including where the patient was not aware of the PTSS or that they were required to seek prior approval, where the patient required an urgent appointment and did not have time to obtain approval or where an escort is subsequently required to accompany an approved patient.

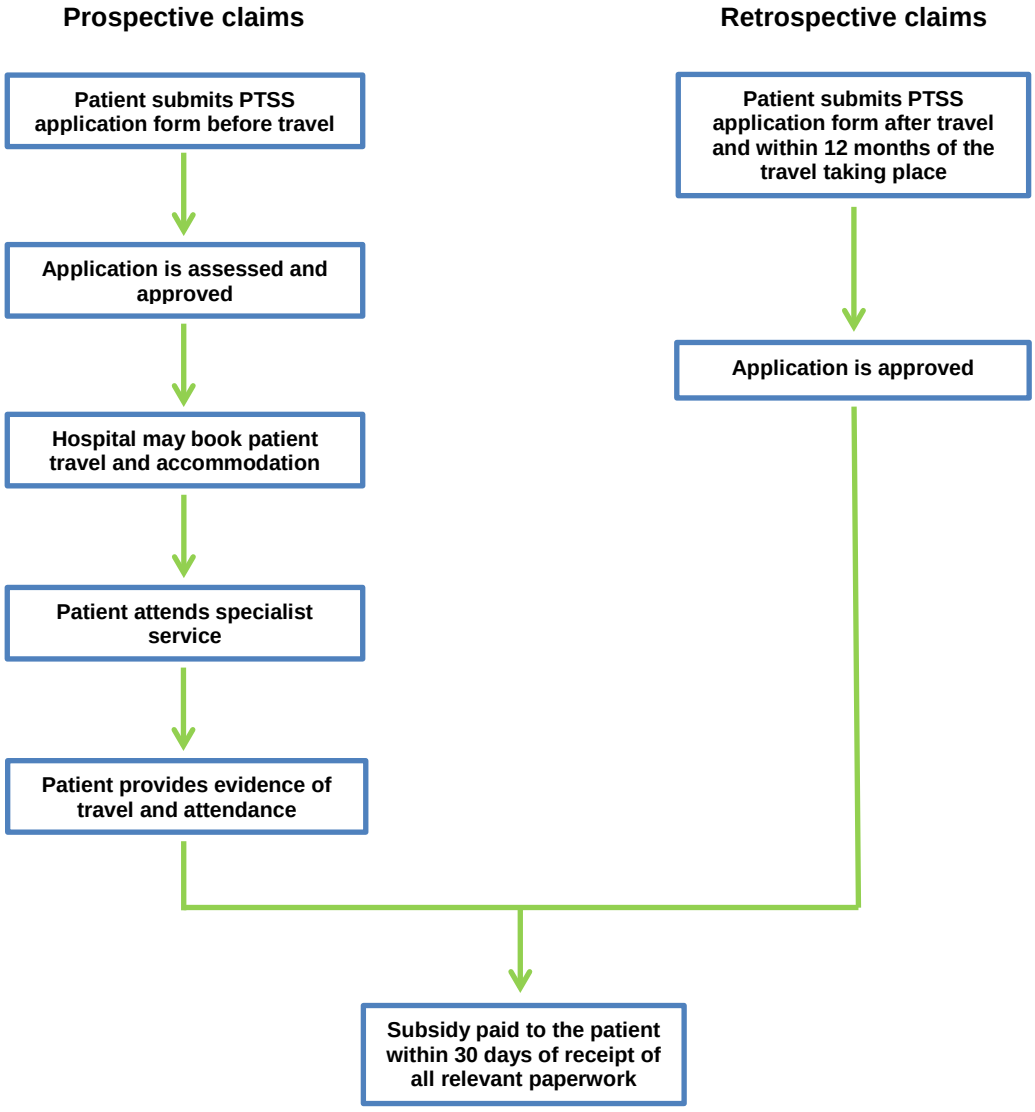
The PTSS application process is publicly available on the website 'Travel assistance: Patient Travel Subsidy Scheme' as follows:[3]

> To apply, complete the PTSS application form and lodge it with your local public hospital.
>
> Applications can be made:
> - in person
> - by post
> - email
> - fax.
>
> Keep copies of your application and any paperwork. Your hospital will assess your application and will advise you of the outcome.
>
> Your hospital may:
> - reimburse you after your travel
> - book your travel and accommodation.
>
> If you are approved by your local hospital to receive a travel and/or accommodation subsidy, your local hospital will provide you with a Specialist Certification Form. You will need to take this form with you to your appointment and have the treating specialist complete the form, to verify that treatment has been received.
>
> When making a claim for reimbursement you will need to submit the completed Specialist Certification Form along with all travel and accommodation receipts and invoices, to the PTSS office at your local public hospital. The local hospital cannot reimburse you unless you provide this form and all receipts and invoices for travel and accommodation you paid for. Failure to provide this may result in delays in your reimbursement.

[3] Travel assistance: Patient Travel Subsidy Scheme, https://www.qld.gov.au/health/services/travel/subsidies/, accessed 3 November 2016.

Contact the PTSS office at your hospital for more information.

The following diagram represents a simple overview of the PTSS application and approval process.



It should be noted that this diagram represents a simplified overview of the PTSS application process. There are many steps and decisions required by hospitals which are not represented in the above diagram. For example, as part of an individual hospital's assessment and approval process, a decision will be made about what mode of travel the patient will be approved for. As described above, this generally will be the cheapest mode of transport available unless a medical practitioner has recommended otherwise.

In the case of an unsuccessful application, the patient is advised that the application is unsuccessful and is supplied with the reasons for this outcome. Under the PTSS Guideline patients are able to appeal the outcome of their application if the relevant paperwork is lodged with the approving hospital within 30 days of the patient receiving the decision that their application was declined. The hospital may consider any new or supporting information provided as part of the appeal.

2.8 Payment of the subsidy

Following their travel, patients are paid the level of subsidy that they were approved for. All relevant supporting documentation must be submitted in order for the subsidy to be paid. The PTSS Guideline requires that the subsidy is to be paid within 30 working days from receipt of all necessary paperwork by the patient's local hospital.

Chapter 3: Identified areas for PTSS reform

This chapter outlines the areas of PTSS administration which have been identified as requiring reform in the reviews conducted by QH.

3.1 Reviews into the PTSS conducted by QH

At the commencement of the investigation, I reviewed all complaints received by this Office regarding the PTSS between November 2012 and March 2016. I also requested and reviewed complaints data from the OHO about complaints made directly to the OHO concerning the PTSS between July 2014 and March 2016. An analysis of these complaints illustrated a number of common issues. These were:

- alleged failure by local hospitals to comply with the PTSS Guideline when assessing and approving PTSS applications
- alleged excessive delays in paying subsidies to approved patients
- alleged lack of patient-friendly decision-making and support for patients
- alleged inequitable treatment of patients across the state resulting from inconsistent decision-making by hospitals and an inconsistent interpretation of the PTSS Guideline.

Following inquiries with QH, I identified a number of reviews or audits that had been undertaken by QH about the PTSS over the past six years. These included:

- an administrative review options paper completed in November 2010 with the purpose of developing a PTSS framework which was more efficient, standardised and compliant with mandatory QH processes (the 2010 review)
- an external review completed in December 2013 by consultants KM&T Asia Pacific with the purpose of ensuring the consistent application of the PTSS across the state and ensuring a user-friendly and patient-focused scheme (the 2013 review)
- an internal audit completed in draft format in July 2016 by the Audit, Risk and Governance Branch within QH with the purpose of assessing the effectiveness of key controls and processes relevant to the administration of the PTSS across QH (the 2016 audit)
- a limited internal review conducted by the Aeromedical Retrieval and Disaster Management Branch within QH in July 2016 which addressed options for improving specific issues in the PTSS (the 2016 review).

These followed a major inquiry conducted in 2007 by the Community Affairs Committee of the Australian Senate into the operation and effectiveness of Patient Assisted Travel Schemes (2007 Senate Inquiry) across all states and territories.

While addressing many issues relating to the administration of the PTSS, the reviews and audits conducted into the PTSS by QH since 2010 have generally focused their recommendations for reform on three broad PTSS issues. These are:

- the statewide governance of the PTSS and the need for accountability in decision-making
- the PTSS application, assessment and decision-making processes within hospitals
- the financial management and oversight of the PTSS and the need for a financial framework to allow QH to effectively fund as well as monitor expenditure on the scheme.

The following sections provide a summary of the outcomes of the 2007 Senate Inquiry and each of the four major reviews conducted since 2010, focusing on the key findings relating to PTSS governance, process and management, and financial oversight.

3.2 2007 Australian Senate Inquiry

The terms of reference for the 2007 Senate Inquiry addressed, among other issues:[4]

- the need for greater national consistency and uniformity of Patient Assisted Travel Schemes across jurisdictions, especially the procedures used to determine eligibility for travel schemes covering patients, their carers, escorts and families and the level and forms of assistance provided
- the need for national minimum standards to improve flexibility for rural patient access to specialist health services throughout Australia
- the current level of utilisation of schemes and identification of mechanisms to ensure that schemes are effectively marketed to all eligible patients and monitored to inform continuous improvement
- variations in patient outcomes for those living in metropolitan areas and those living in rural, regional and remote areas, and the extent to which improved travel and accommodation support would reduce these inequalities.

The 2007 Senate Inquiry found that there were a number of problems with the administration of patient-assisted travel schemes which were common to all jurisdictions, including Queensland. These included problems with the application process, eligibility requirements, distance thresholds, patient support provisions and subsidy levels.[5] The 2007 Senate Inquiry found that there was a need for greater national consistency, minimum standards and better marketing and communication of patient-assisted travel schemes within each jurisdiction.[6]

With respect to the inconsistent interpretation and application of policy and guidelines, the 2007 Senate Inquiry noted a submission by the Australian Red Cross which stated that Queensland subsidy arrangements varied widely among health service districts with processes and eligibility decisions highly dependent on local interpretations and priorities.[7]

The 2007 Senate Inquiry also commented on instances where recommendations for travel assistance by a patient's GP were overridden by the assessing hospital, particularly in relation to the mode of transport or a referral to attend a particular specialist or treatment centre. One Queensland based submission considered by the 2007 Senate Inquiry stated that:[8]

> … patients 'feel humiliated by the treatment they receive by administrators. It seems to them that they are perceived as going on a holiday not the reality of being treated for very grave illnesses'. Other witnesses also agreed that 'patients are not being treated as such, but [it is] assumed that everyone is trying to take advantage of the system'.

Another submission stated that some administrators were rejecting applications and making decisions on applications which override the judgement of the referring doctor, without the medical knowledge and skills which informed the original decision and without the benefit of medical advice.[9] Consequently, the submission noted that:[10]

> We have evidence that some patients have been left considerably out of pocket through the decisions of those who administer patient travel assistance schemes, or who cannot afford to seek the specialist care to which they are entitled and whose

[4] Standing Committee on Community Affairs, *Highway to health: better access for rural, regional and remote patients*, September 2007, p.1.
[5] ibid., p.41.
[6] ibid., pp.145-151.
[7] ibid., p.46.
[8] ibid., pp.49-50.
[9] ibid., p.50.
[10] ibid., p.50.

health can be severely compromised as a result, to the point where life itself may be endangered.

3.3 The 2010 review

QH commenced the 2010 review having identified a need to gain more control and management over the scheme.[11] In the 2010 review QH identified a need for PTSS reform, particularly with respect to:[12]

- ensuring PTSS policy reflects legislative and government requirements and provides clear business rules
- the need to address expenditure by gaining better control and management of the PTSS
- many patients' constant dissatisfaction with the complex PTSS.

The methodology for the 2010 review included:

- scans of legislation and government policy
- a targeted literature review
- a comparison of patient travel schemes in other jurisdictions
- internal and external consultation with PTSS users.

Table 1 provides a summary of the findings and recommendations made by QH in the 2010 review.

Table 1: Key findings and recommendations of the 2010 review

Finding	Recommendation
Governance	
• No governance structure links hospitals, Health Service Districts (HSDs) and QH to ensure coordination of a variety of matters including resolution of issues or disputes; coordination of patients, their applications and travel and accommodation arrangements; reporting; or health service planning. • QH has not historically engaged HSDs to drive such governance and coordination. • QH does not have a mechanism to collect information on who uses the PTSS, for what type of subsidy, for which specialist services and for how long. • The PTSS Guideline only provides advice on best practice. HSDs have discretion as to how they administer and manage the PTSS. • Confusion with the PTSS Guideline has led to HSDs interpreting it in different ways or developing local rules to manage areas that are not covered, contributing to a lack of standardisation and inequitable treatment of patients. • Inconsistent practices in application of the PTSS Guideline between HSDs make it difficult to assess the usefulness of the scheme (as a result of there being no single methodology) or establish a baseline for	• PTSS policy is reviewed so that it is robust, clear and easy to use. • A process is implemented to ensure the PTSS policy is reviewed every two years. • Strategies are developed to improve the interaction and coordination between the patients, hospitals and HSDs to ensure effective and efficient management of PTSS.

[11] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.4.
[12] ibid., p.8.

Finding	Recommendation
further improvements. • Consistent application of eligibility and subsidy levels across all assessing hospitals is needed to ensure an accurate representation of PTSS activity and expenditure and to inform policy development.	
Process	

• Limited information on travel and accommodation options is available to patients who have to organise their own travel.
• Approval of PTSS applications varies depending on the approval officer's interpretation and application of the PTSS Guideline and their opinion, expertise, knowledge and experience.
• Some hospitals have delegated approval of PTSS applications to an officer other than the medical superintendent. These officers usually do not have any clinical qualification that is needed to appropriately assess the patient's clinical need to travel and therefore access PTSS.
• Patients, doctors and PTSS staff struggle with complex application processes and the additional effort required to complete these processes. This reduces the PTSS's efficiency and increases the associated administrative costs to QH.
• The PTSS application form is complex in design and content and as a result is difficult to understand and complete. Some patients do not apply for PTSS assistance because the application process is too onerous.
• Increased administration and delays in travel and reimbursement are occurring as a result of forms not being completed. Some hospitals are required to accept incomplete forms in order to reimburse patients within a reasonable timeframe.
	• QH provides more information to users of the PTSS including the development of information publications for all PTSS users (patients, GPs, accommodation facilities and QH staff) and effective targeting of those publications (in hospital wards/clinics, general practices, treating specialists).
	• Specific tools are developed to assist HSDs in assessing and managing PTSS applications, including:
	  • an assessment checklist for eligibility and other requirements
	  • a decision-making matrix for the clinical assessment of PTSS applications
	  • a checklist for organising travel and accommodation, including patient requirements
	  • a register of statewide services to assist HHSs in determining the closest service
	  • a calculation template sheet to assist the calculation of subsidies.
	• PTSS application form/s be reviewed and redesigned to a simplified and easy to use format.

Funding	
• The only reliable information on PTSS is financial information reported through HSDs. • No statewide information system exists to collect PTSS data (i.e. user and activity data) or to automate the manual paper-based system.	• A statewide information system is developed to automate and simplify the PTSS process (considering an online application process) including submission, assessment, reimbursement and reporting functions.

3.4 The 2013 review

In December 2013, QH commissioned the 2013 review by external consultants KM&T Asia Pacific.[13] The 2013 review resulted from complaints received by a former Minister of Health relating to the PTSS process, eligibility and the time taken to reimburse patients for their travel expenses. The 2013 review was tasked with making recommendations to ensure a consistent application of the PTSS across QH and to support the delivery of a user-friendly and patient-focused scheme.

[13] KM&T Asia Pacific (in collaboration with Queensland Health), *Patient Travel Subsidy Scheme: Improving affordable access to health services for rural and regional Queenslanders*, 19 December 2013.

Table 2 provides a summary of the findings and recommendations made in the 2013 review.

Table 2: Key findings and recommendations of the 2013 review

Finding	Recommendation
Governance	
• There is no statewide PTSS governance framework. • There has been insufficient attention to the systems and processes that are required to support a statewide scheme.	• A statewide PTSS Governance Committee is formed with representatives from various HHSs reporting to the department on matters relating to governance, in particular health service planning and the development of the PTSS. • The PTSS Guideline is simplified and written into policy and outlines the department's intent to achieve outcomes and sets compliance expectations. • The Governance Committee seeks advice from HHSs on the degree of PTSS administrative centralisation. • HHSs to determine the benefits of moving to an HHS centralised hub and spoke model for the administration of PTSS. • That a review is conducted to reduce the variation of interpretation in eligibility.
Process	
• The system does not have any decision support tools and is reliant on paper forms to transmit data. • The PTSS is not one system but rather a minimum of 17 subsystems, one for each HHS. • Different HHSs administer the PTSS through a variety of processes. • There are delays in the payment system.	• The future service is flexible to ensure the same processes can be reproduced throughout Queensland. • The future PTSS solution removes the reliance on paper-based forms. • HHSs develop localised decision support tools that have a standardised format across Queensland and are widely available.
Funding	
• There is a difference between HHS financial data and HHS self-reported financial data.	• The Governance Committee identifies solutions to simplify the reporting against the PTSS general ledger codes. • The future system will provide thorough, accurate and consistent data for the purposes of service planning for HHSs.

3.5 The 2016 audit

The Audit, Risk and Governance Branch within QH completed the draft 2016 audit in July 2016.[14] The objective of the 2016 audit was to assess the effectiveness of key controls and processes relevant to the administration of the PTSS across the department. The 2016 audit did not review specific assessment practices undertaken by the HHSs, but focused on reviewing the PTSS Guideline, the PTSS budget and the accounts payable system.

In response to the proposed report that I sent to the Director-General, QH noted the following regarding the 2016 audit:

> The Ombudsman investigators received an early draft of the internal audit report in July 2016. The findings and recommendations outlined in that version of the draft report have been revised.

[14] Queensland Health, *Draft internal audit report: Review of the Patient Travel Subsidy Scheme*, July 2016.

I note that the department has made amendments to the draft 2016 audit. Further advice from the department indicates that the 2016 audit has not yet been finalised.

Table 3 provides a summary of the findings and recommendations made in the draft 2016 audit dated July 2016.

Table 3: Key findings and recommendations of the draft 2016 audit

Finding	Recommendation
Governance	
• The lack of an overall governance framework – the ownership, accountability and end-to-end policies and procedures for administering the scheme are not well defined or embedded across QH. • There is no clearly articulated or mandatory governance process in place to manage the consistent application of the scheme across the state.	• QH conduct an audit of PTSS processes within a sample of HHSs to enable a better understanding of the processes executed by the department and HHSs. The results can be used to assist with targeted advice regarding the development of an overarching, mandatory end-to-end process.
Process	
• Procedures for accounts payable – there is a lack of clearly defined accounts payable practices in operation, stemming from the diverse processes of each of the 16 participating HHSs which could result in inaccurate, inconsistent or no subsidies being received by patients accessing the scheme. • Significant delays were noted in subsidy payments based on the sample of subsidies tested.	• Same as the recommendation relating to governance.
Funding	
• Funding methodology – the methodology for allocating annual PTSS funding to HHSs is not robust and is not derived from a clear set of assumptions.	• Same as the recommendation relating to governance.

3.6 The 2016 review

The Aeromedical Retrieval and Disaster Management Branch within QH completed the 2016 Options Review in July 2016.[15] The 2016 review was a limited internal review of specific aspects of the PTSS which included a comparison of the PTSS against similar schemes in other jurisdictions, options to better support families of paediatric patients travelling for treatment and options for improving the scheme.

The 2016 review did not make any specific findings or recommendations regarding PTSS governance, processes or funding, but consultation with stakeholders during the review did identify the following concerns with the administration of the PTSS, which are similar to the findings of other QH reviews:[16]

- There can be significant delays in subsidy payments for patients and commercial accommodation providers.
- There is inconsistency with the interpretation of the PTSS Guideline by HHS staff which impacts on patient eligibility and subsidy amounts paid.
- There are problems with the completion or non-completion of PTSS forms by clinicians and patients.
- There is an inconsistency with the evidence required by assessing hospitals to substantiate a subsidy claim for patients requiring longer term assistance.

[15] Queensland Health, *Review of the Patient Travel Subsidy Scheme*, July 2016.
[16] ibid., pp.4-5.

- There is inconsistency in pre-approval of travel and accommodation.

The next three chapters of this report analyse the review findings in relation to PTSS governance, processes and the distribution of funding in more detail.

Chapter 4: PTSS governance framework

The absence of an adequate overarching governance framework for the administration of the PTSS has been a recurring theme of the PTSS reviews and audits which have been completed since 2010.

4.1 Issues resulting from the absence of an adequate governance framework

The absence of an adequate governance framework has resulted from the PTSS being administered separately by 16 HHSs, with decision-making made at the individual hospital level.[17]

QH has identified significant problems associated with the lack of a clearly defined and adequate PTSS governance framework, including:[18]

- the perception that patients are treated inconsistently across the state
- inconsistent administration resulting in eligible patients receiving inconsistent, inaccurate, or no subsidies
- patients not using the PTSS due to unclear processes
- a decline in the general wellbeing of rural and remote patients as a result of patients not visiting specialists because of delays experienced when applying for the PTSS
- significant delays in processing subsidies
- inaccurate or insufficient data used to establish the annual funding allocation.

The 2016 audit also found that:[19]

> The administration of the scheme is currently governed through insufficient Service Agreements and recently implemented PTSS guidelines resulting in increased variability and inconsistencies in the processes adopted across the health system. In addition, there is a lack of mandatory requirements to govern certain activities that extend from the department through to individual HHSs.

The need for PTSS governance reform has been identified by QH since at least 2010.

PTSS complaint example

The patient made a PTSS application to travel to Brisbane to receive psychological treatment for post-traumatic stress disorder as a result of sexual abuse they suffered as a child.

The patient's local hospital refused the application because psychological counselling is not on the PTSS Guideline's approved list of specialist medical services. The patient argued that they were referred to a psychologist in Brisbane who specialises in treating victims of sexual abuse.

The patient accepted that psychological counselling was not listed on the PTSS Guideline's approved list of specialist medical services. However, the patient stated that they knew a person who was approved for the PTSS by another hospital for similar psychological counselling in Brisbane. The patient stated that it was unfair that their application was rejected while another hospital had approved a similar application by another person.

[17] Queensland Health, *Draft internal audit: Review of the Patient Travel Subsidy Scheme*, July 2016, pp.1-2.
[18] ibid., pp.2-3.
[19] ibid., p.2.

4.2 Findings regarding PTSS governance reform

A key finding of the 2010 review was that QH had not adequately engaged with HHSs to drive governance and coordination of the PTSS.[20] As a consequence, there was no governance structure linking hospitals, HHSs and QH to ensure the coordination of patients, applications, travel and accommodation arrangements, reporting or health service planning.[21] The 2010 review found that:

> … effective governance and coordination within QH is needed to ensure that the PTSS system is efficient and responsive enough to deal with emerging issues and increasing activity.

The 2010 review also noted that the PTSS Guideline only provided advice on best practice, and HHSs had discretion in administering and managing the PTSS:[22]

> Confusion with the Guideline has led to Districts [HHSs] interpreting it in different ways or developing local rules to manage areas that are not covered, contributing to a lack of standardisation and inequitable treatment of patients.

PTSS complaint example

The patient was required to travel to a regional city for heart surgery. The patient made a PTSS application for travel assistance with their local hospital and the application was approved. The patient was advised that the cost of flights to the regional city would be reimbursed. The patient booked and paid for a one-way flight to the regional city. The flight was the week before Easter so was more expensive than would normally be the case, but was the cheapest flight available at the time of booking.

The operation was performed successfully and the regional hospital where the operation was performed arranged and paid for a return flight for the patient.

The patient made a claim to their local hospital for the cost of the first flight. The local hospital refused to reimburse the amount paid because there was a cap on the amount that the hospital would refund for flights to the regional city.

The PTSS internal guideline states that HHSs must not establish local rules or processes to circumvent the guideline or limit assistance to eligible patients such as applying caps to subsidies.

Despite identifying this as an issue of concern in 2010, there is minimal evidence the governance structure of the PTSS has been satisfactorily addressed by QH.

This is evident from the 2013 review which also found that there was no overall PTSS governance framework.[23] In addition, the 2016 audit stated that:[24]

> … an overarching governance framework does not exist to assist the management of the scheme or centralised assessment of whether the administration meets the intent of the scheme.

The 2016 audit further found that current governance processes did not provide sufficient detail about mandated requirements to ensure all eligible patients received appropriate assistance and that:[25]

[20] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.23.
[21] ibid., p.23.
[22] ibid., p.23.
[23] See Table 2 at section 3.4.
[24] Queensland Health, *Draft internal audit: Review of the Patient Travel Subsidy Scheme*, July 2016, p.1.
[25] ibid., p.2.

> … as the centralised governing owner of the scheme, the department [QH] needs to ensure sufficient clarity of required processes exist for all parties.

The 2016 audit identified a number of exclusions in the PTSS Guideline that resulted in patients receiving inconsistent or inaccurate access to the PTSS.[26] These included a lack of clarity about the roles and responsibilities of QH and HHSs for PTSS activities and a lack of clarity around PTSS funding and reporting.[27] The 2016 audit also found that the PTSS Guideline does not mandate what is required of HHSs which has ultimately resulted in different processes between the 16 HHSs across the state.[28]

I note these issues are similar to the concerns initially raised in the 2010 review.

PTSS complaint example

The patient received a referral from their GP to attend an appointment with a specialist at the Gold Coast. The specialist service was not available in the patient's regional city.

The patient submitted a PTSS application with their local hospital. The application was refused and the patient told they had to be seen by a doctor at the local hospital. The patient stated they had already seen a doctor and received a referral and did not see why a second opinion was required before their PTSS application would be approved.

4.3 Proposals for PTSS governance reform

While the decentralised nature of the PTSS may not be a problem in itself, QH stated in the 2016 audit that the ownership, accountability and end-to-end processes for administering the PTSS are not well defined or embedded across QH.[29] It appears that this has continued to result in inconsistent PTSS decision-making by individual hospitals and potentially inequitable outcomes for patients. This problem is reflected in PTSS complaints received by the Office and the OHO, and will likely continue until QH can achieve successful governance reform of the scheme.

With respect to options to improve governance and improve consistency in decision-making, the 2010 review noted the importance of clear procedures for PTSS eligibility and entitlements as well as a greater emphasis on reporting:[30]

> To ensure consistency and equitable treatment of patients across the State, QH policies need to provide clear business rules for Districts [HHSs] to operate within, especially when the provision of funds to patients is involved. It is also important that systemic monitoring, reporting and management is encouraged to ensure QH systems are responsive and managed appropriately.

In response to recommendations made in the 2013 review,[31] QH made a number of changes to the PTSS Guideline and the associated application forms.

However, the 2013 review went further and recommended that QH consider PTSS administrative centralisation and the benefits of moving to a HHS centralised hub and spoke model. These recommendations were not accepted. In particular:[32]

- QH determined that PTSS centralisation was unlikely to be supported by HHSs and/or the government as this model was inconsistent with the current structure of QH and the HHSs.

[26] ibid., p.2.
[27] ibid., p.6.
[28] ibid., p.5.
[29] ibid., p.v.
[30] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.12.
[31] See Table 2 at section 3.4.
[32] Acting Manager, QH Aeromedical Retrieval and Disaster Management Branch, email, 5 September 2016.

- Hub and spoke and other models for administering the PTSS were considered but it was determined that none of these models would suit the QH decentralised system.

It appears that these decisions represent a rejection of any move to a more centralised PTSS management structure. However, no alternative solution was adopted which would achieve a more consistent and fair application of the PTSS between hospitals and HHSs. As a consequence, there is no adequate overarching governance framework for the PTSS and significant problems with inconsistent decision-making remain.

The objective of the PTSS is to ensure that all Queenslanders have the right to an equal quality of healthcare and healthcare options, and that the cost of travel and accommodation is not a barrier to regional, rural and remote patients obtaining adequate healthcare. I am of the view that the current governance framework is not achieving this objective.

As the agency with primary responsibility for administering the PTSS, QH must take responsibility for the overarching governance of the PTSS and ensure that adequate direction, clarity and transparency is provided about how the scheme is administered by HHSs.

If centralised management of the scheme is not possible or desirable, QH must engage with HHSs and implement an adequate governance framework to ensure that patients can receive comparable PTSS outcomes irrespective of where their application is assessed.

Opinion 1

At least four PTSS reviews or audits conducted by QH since 2010 have concluded that the governance framework does not achieve the objectives of the PTSS. QH has not adequately addressed this issue, resulting in the continued inconsistent and inequitable application of the PTSS across the state.

This is unreasonable administrative action for the purposes of s.49(2)(b) of the Ombudsman Act.

The Director-General's response to the proposed report	The Director-General advised: While I acknowledge that the existing PTSS governance framework could be improved, over 72,000 eligible patients across Queensland annually are provided financial assistance with transport and accommodation costs when accessing essential speciality health services that are not available locally, which is the objective of the scheme. Improvements to the governance framework will be addressed in the implementation plan.
Ombudsman's comment on the Director-General's response	I note the Director-General's response and acknowledge that despite the issues identified with the current PTSS framework, the scheme provides financial and accommodation support for many regional, rural and remote Queensland patients each year. I welcome the Director-General's commitment to improving the current PTSS governance framework.

Chapter 5: PTSS process and management framework

As discussed in Chapter 4, the decentralised nature of the PTSS means that there are no standard processes for HHSs to manage the PTSS application, assessment and reimbursement process for patients. This may lead to inconsistencies between HHSs in outcomes achieved for patients as well as in decision-making, which may not always be patient-friendly.

The 2010 review noted that the only role for QH in the administration of the PTSS was to publish the PTSS Guideline, leaving hospitals to administer and manage applications for assistance under the scheme.[33] Accordingly, there had been no opportunity for improvement to processes and management of applications and claims in order to improve the scheme's efficiency.[34]

The 2010 review identified the following specific administrative and process issues with the PTSS:

- complex application process and forms
- issues with the management of patient travel, particularly regarding whether hospitals book patient travel and accommodation or reimburse patient expenses
- delays in subsidy reimbursement.

5.1 Complexity of the PTSS application and certification process

The PTSS relies on paper application and certification forms which must be completed and physically provided by the patient to the assessing hospital.

The 2010 review found that completion and submission of these application forms was difficult for patients due to the form's complexity as well as the associated administrative requirements.[35] The 2010 review found that the submission of multiple forms:[36]

> … not only places additional pressure on patients but requires additional administration to ensure that all forms are completed correctly. In some instances, it is difficult to get the application form completed correctly and hospitals have been required to accept incomplete forms in order to ensure patients are reimbursed in a reasonable timeframe.
>
> The current process requires patients to submit forms significantly before travel to allow time to assess, approve and organise travel (if required). As such patients experience significant difficulty in organising the required paperwork if they need to travel urgently, especially if the required travel falls outside PTSS office hours.
>
> Also, if the patient requires multiple trips or long term treatment, they must often re-submit new applications for each trip or on a monthly basis (depending on local practice).

Although the forms have been amended since 2010, it appears that they still represent an administrative burden for patients and medical practitioners to ensure they are completed correctly.

[33] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.12.
[34] ibid., p.12.
[35] ibid., p.26.
[36] ibid., pp.13-14.

For example, the current PTSS application form requires the patient, referring clinician or approving hospital to provide:

- personal details about the patient
- details about the specialist appointment
- lengthy details about the purpose of the referral.

The form must usually be submitted prior to the patient's travel[37] including, where available, copies of the referral and/or appointment letter relating to the application.[38]

The certification form requires the treating specialist to confirm that treatment was provided to the patient. A separate certification form must be completed for each appointment attended.[39] There is also a Certification – Supplementary Details form which must be completed by the treating specialist in the case of unexpected additional appointments or changes to existing travel arrangements. The Certification – Supplementary Details form must accompany a completed certification form in order to be accepted.[40]

These forms must be completed and submitted correctly for the patient to be reimbursed. The PTSS Guideline provides for retrospective applications (i.e. those submitted after travel has occurred) only in one of the following circumstances:

- the patient was not aware of the PTSS or that they had to seek prior approval
- the patient required an urgent appointment and did not have time to obtain prior approval
- an escort is subsequently required to accompany an approved patient.[41]

Despite changes being made to the forms since 2010, I am concerned that the application and approval process remains overly burdensome and complex. The requirement that patients complete PTSS forms for each appointment where travel is required means that the same information is being collected by HHSs multiple times. This increases the administrative burden on both patients and HHS staff.

To address some of these issues, the 2013 review recommended that QH remove the reliance on paper forms in future PTSS planning.[42] It is not clear what action QH has taken to address this recommendation, or what other options have been considered to address the complexity of the PTSS application and approval process.

5.2 Decision-making support tools

The PTSS Guideline requires applications to be approved by the local medical superintendent or an officer delegated by the HHS chief executive. The delegated approving officer must have the appropriate clinical and financial delegations. The exact nature of the clinical delegations required is not specified.

The 2010 review raised concerns that the approval of PTSS applications could vary depending on the approval officer's interpretation and application of the PTSS Guideline

[37] PTSS Guideline, p.11.
[38] Queensland Health, Patient Travel Subsidy Scheme Application Form, https://www.health.qld.gov.au/__data/assets/pdf_file/0023/438026/ptss-app.pdf, accessed 20 December 2016.
[39] PTSS Guideline, p.13.
[40] Queensland Health, Patient Travel Subsidy Scheme Certification – Supplementary Details Form, https://www.health.qld.gov.au/__data/assets/pdf_file/0023/442292/ptss-certification-supp.pdf, accessed 20 December 2016.
[41] PTSS Guideline, p.12.
[42] KM&T Asia Pacific, *Patient Travel Subsidy Scheme: Improving affordable access to health services for rural and regional Queenslanders*, p.30.

and their opinions, expertise, knowledge and experience.[43] The 2010 review also questioned whether all officers delegated to assess and approve applications had sufficient clinical qualifications to appropriately assess a patient's clinical need to travel and access the PTSS.[44] The ambiguity in the current PTSS Guideline about what constitutes an appropriate clinical delegation suggests that this issue has not been adequately resolved.

The 2010 review found that a structure for decision-making was necessary to ensure that assessments and approvals were clinically appropriate and made in a consistent and equitable manner.[45] The 2010 review recommended that specific tools be developed to assist HHSs in assessing and managing PTSS applications, specifically:[46]

- an assessment checklist for eligibility and other mandatory requirements
- a decision-making matrix for the clinical assessment of applications including criteria for approving the mode of transport and escorts
- a checklist for organising travel and accommodation
- a register of specialist services to assist hospitals to determine the closest service
- a calculation spreadsheet to assist with the calculation of subsidies.

It does not appear this recommendation has been implemented. The 2013 review again identified that the PTSS did not have any decision support tools and stated that it was necessary for such tools to be developed in order to meet patient expectations and achieve more consistent decision-making.[47]

Recent advice from QH is that attempts were made in 2014 and 2015 to establish a Directory of Telehealth Services to assist HHSs to determine whether it is necessary for a patient to travel.[48] This work appears to be ongoing.

QH also conducted a Request for Proposal process during 2013-14 with regard to a system to support decision-making in the PTSS, but this process was discontinued towards the end of 2014.[49] No further action appears to have been taken with respect to the implementation of PTSS decision support tools, and there does not appear to be a current structure to assist in consistent decision-making among assessing hospitals.

5.3 Management of patient travel

Hospitals may choose to administer the PTSS by reimbursing a patient after they have attended their appointment for the travel and accommodation costs incurred or by booking and paying for travel and accommodation for the patient before an appointment. The PTSS Guideline is silent about the circumstances where hospitals may choose to book a patient's travel and/or accommodation rather than reimburse them after their travel.

[43] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.24.
[44] ibid., p.24.
[45] ibid., p.24.
[46] ibid., p.25.
[47] KM&T Asia Pacific, *Patient Travel Subsidy Scheme: Improving affordable access to health services for rural and regional Queenslanders*, p.23.
[48] Acting Manager, QH Aeromedical Retrieval and Disaster Management Branch, email, 5 September 2016.
[49] ibid.

PTSS complaint example

The patient had terminal cancer and was required to regularly travel to Brisbane for treatment. The patient was approved for travel and accommodation assistance under the PTSS by their local hospital for these appointments.

Travel and accommodation bookings were made by the patient's local hospital. However, the patient experienced regular problems with transport and accommodation bookings.

On one occasion, the patient had to travel to Brisbane for a morning appointment. Travel was by train so the patient was required to travel the day before the appointment. The patient arrived at the train station to travel to Brisbane. The patient was advised that tickets were not ready for collection. The train station had to contact the local hospital to arrange for the tickets to be provided to the patient.

When the patient called the motel they were to be staying at in Brisbane to check the booking, they were advised the booking had not been received but that a room would be held for the patient. When the patient arrived at the motel, the booking had still not been received from the local hospital.

The 2010 review raised a number of problems with the management of patient travel by hospitals. Specifically, it stated that some hospitals did not book travel or accommodation for patients, even if they were experiencing financial difficulty.[50] It also appeared that the decision to book or reimburse patients was often based on the staffing resources at hospitals.[51]

The 2010 review identified a number of poor outcomes for patients where the assessing hospital reimbursed patients instead of booking their travel:[52]

- If the patient is unable to pay the upfront costs of the travel and accommodation, they may choose to delay or forgo treatment.
- There may be increased costs as travel discounts available to QH are not used.
- The patient may experience anxiety and stress if they do not have easy access to information about their travel and accommodation options to assist with making bookings.

The 2010 review also identified problems where hospitals booked a patient's travel and accommodation:[53]

- Booked fares have been lost when patients did not attend appointments or failed to provide adequate notice of changes or cancellations to their appointments.
- Hospitals were required to pay cancellation or rebooking fees for patients who did not attend their appointments and then had to rebook the fares.
- There were increased staff workloads to research travel, and book, pay for and manage patient travel itineraries.

It also appears that patients who have their travel and accommodation booked by a hospital have a significant advantage over patients who are required to book and pay their own travel costs, submit the relevant receipts and then receive the subsidy. This is because patients do not necessarily receive a full refund for their expenses and can be substantially out of pocket if a hospital refuses to cover certain expenses. Some financially disadvantaged patients, who are required to organise their own travel, may

[50] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.46.
[51] ibid., p.14.
[52] ibid., p.14.
[53] ibid., p.14.

also experience considerable stress and anxiety if there are delays by hospitals paying their subsidies.

The 2010 review identified that this was a significant issue of concern facing patients who are required to book their own accommodation:[54]

> Some patients experience difficulty finding or assessing such information [about travel and accommodation] due to technological and social limitations of living in a rural or remote area and some may choose to delay or forgo treatment if they cannot organise their own travel and accommodation. This stress is augmented when patients are required to go through the onerous application process.

Clearly, it is an unacceptable outcome if patients choose not to seek required medical treatment because they are unable to organise their own travel, and the PTSS fails to assist them in this process.

It appears that patients submitting their applications to better resourced hospitals, especially hospitals with a dedicated travel office, are more likely to have their travel and accommodation booked and fully paid for by the hospital. It appears that this has resulted in an unfair two tier system across the state providing greater benefits to patients who apply to hospitals that have the capacity to arrange and pay for their travel.

It is inequitable that some patients accessing the PTSS have their travel and accommodation booked and paid in full, while other patients are only entitled to a subsidy, having booked and paid for their accommodation and travel themselves.

I also note that one of the principles of the PTSS, as set out in the PTSS Guideline, is that the scheme does not cover full costs associated with travel and accommodation.[55] It is not clear how this principle relates to hospitals that take responsibility for booking and paying the full cost of patient travel and accommodation.

I am of the view that the PTSS must provide the same financial benefit for all patients accessing the scheme, irrespective of where their application is assessed. This means that the scheme must be equitable, with the same level of subsidy paid to all patients.

5.4 Delays in subsidy reimbursement

One of the significant disadvantages that patients report experiencing when booking their own travel and accommodation is the waiting time for the subsidy to be reimbursed. The PTSS Guideline requires the subsidy to be paid within 30 working days from the hospital's receipt of all necessary paperwork. This includes the specialist's confirmation and any required receipts.

PTSS complaint example

The patient was required to travel to a regional town for specialist medical treatment. The patient travelled by private vehicle to the appointment and made a PTSS application to their local hospital.

Eight months later the patient had not received a reimbursement. The patient contacted their local hospital and was told the delay was because the officer responsible for PTSS applications only works on processing them for two hours a day.

[54] ibid., p.16.
[55] See section 2.1.

Delays in reimbursement have been a continuing theme in the reviews that have been conducted about the PTSS. The 2010 review found delays in subsidy reimbursement could be explained by a variety of reasons, including:[56]

- a complex administration process requiring significant time and effort
- limited staffing and increased use of the PTSS, meaning many hospitals do not have the capacity to meet reimbursement deadlines
- incomplete paper forms which need to be followed up by staff
- the type of reimbursement method used, resulting in patients who are reimbursed by cheque experiencing significant delays compared to patients who are reimbursed by electronic funds transfer
- issues with payment processing systems, meaning that payments are not made until the end of the month.

To address these issues, the 2010 review recommended the development of a statewide information system to automate and simplify the entire PTSS process, including the application and reimbursement process.[57] The 2010 review noted that funds were being sourced to progress the development of a PTSS information system,[58] but it is not clear what action was taken with regard to this project. No information system appears to have been developed.

The 2013 review identified that one of the significant problems with the PTSS was that there was a variety of different processing systems being used across the state, many of which were slow and labour intensive.[59] Inefficient PTSS processes within HHSs were identified as one cause of delay in processing applications and reimbursements.[60]

The 2016 audit also found that there was a lack of clearly defined accounts payable practices in operation resulting from the diverse processes in each of the 16 HHSs.[61] It was found that this could result in payments either not being received by patients or not being accurate. Notably, it was identified that these processes could also result in significant delays in payments.[62]

PTSS complaint example

The patient was a disability pensioner who regularly travelled to Brisbane by car with their carer for specialist appointments. Each trip cost approximately $300 for travel, accommodation, food and other expenses.

The patient was approved for the PTSS but had been experiencing significant delays with the reimbursements being deposited in their account. The patient had not yet received payment for their last two trips to Brisbane, one of which had been two months earlier. The patient advised that their only income was the disability pension and they were concerned they would not be able to afford to travel to Brisbane for their next appointment due to the delays in receiving the reimbursement for previous trips.

Despite the findings of reviews and audits since 2010, QH appears to have had limited success in implementing system-wide processes to improve reimbursement timeframes. The 2016 audit most recently recommended that procedures for processing PTSS claims by the accounts payable teams at hospitals should be defined, documented and

[56] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.15.
[57] ibid., p.27.
[58] ibid., p.27.
[59] KM&T Asia Pacific, *Patient Travel Subsidy Scheme: Improving affordable access to health services for rural and regional Queenslanders*, p.25.
[60] ibid., p.25.
[61] Queensland Health, *Draft internal audit: Review of the Patient Travel Subsidy Scheme*, July 2016, p.v.
[62] ibid., p.v.

formalised and that these procedures should be communicated across all hospitals and HHSs.[63] The audit, including the recommendations made, has not yet been finalised.

5.5 Ensuring the PTSS is patient-friendly

The purpose of the PTSS is to provide support to patients and provide access to high quality healthcare. Accordingly, the PTSS should be patient-friendly, easy to access and efficient in its use of public money.

PTSS complaint example

The patient was diagnosed with terminal cancer and was required to travel to Brisbane for treatment. The patient had an application for the PTSS approved at their local hospital.

The patient was advised that the local hospital would book a flight to Brisbane. When the patient contacted the local hospital they were advised that the travel had been approved but no flight had been booked. The patient was told to book their own flight and as long as it was the cheapest available they would be fully reimbursed. The patient booked a return flight to make their early morning appointment. They submitted the required paperwork to the local hospital for reimbursement. However, despite contacting the local hospital multiple times over the next month, they were not reimbursed.

The patient was required to attend another appointment in Brisbane. A similar situation occurred with the local hospital unable to book the flights and the patient was required to book them. The patient booked the cheapest flights available. The patient submitted the paperwork for reimbursement but received no money. Two weeks later the patient was again required to travel to Brisbane and the same situation occurred.

The patient finally received reimbursement three months after their first flight. The patient was not reimbursed the full amount for the three trips they had undertaken. The patient contacted the local hospital and the staff member they spoke to was unable to explain how the amount reimbursed had been calculated. The patient was advised that the hospital only reimburses a set amount for flights and does not reimburse the total cost. This was despite the patient being originally advised the full amount would be reimbursed if they chose the cheapest flight, which the patient had done.

In order to address patient experiences with the PTSS, the 2010 review involved consultation with patients and identified the key concerns that patients had with the scheme. The following issues were identified as requiring action:[64]

- the lack of available information to patients, particularly about the existence of the scheme and the eligibility criteria and requirements
- the application process, particularly how to complete the application forms, how to obtain approval for multiple trips and how long reimbursement takes
- the use of electronic funds transfer as the main reimbursement method.

Based on complaints received by the Office as well as the OHO, these appear to be issues which are still of concern to patients currently using the PTSS. In fact, the 2016 review involved consultation with a number of HHSs to determine the significant issues affecting patients who access the PTSS. The issues identified align closely with the issues which have been raised repeatedly in reviews about the PTSS, and also align with patient concerns identified in 2010. They include:[65]

[63] ibid., p.3.
[64] Queensland Health, *Patient Travel Subsidy Scheme: Administrative Review Options Paper*, November 2010, p.16.
[65] Queensland Health, *Review of the Patient Travel Subsidy Scheme*, July 2016, pp.4-5.

- significant delays in payment times for patients and commercial accommodation providers
- variance in the interpretation of the PTSS Guideline by HHS staff, which affects patient eligibility and the amount of subsidy approved
- problems with the incorrect completion of forms by clinicians and patients
- evidence required by HHSs to substantiate a subsidy claim, particularly when a patient requires long-term treatment
- the options for pre-approval of travel and accommodation.

PTSS complaint example

The patient was required to regularly travel to Brisbane to attend specialist appointments. The appointments were usually early in the morning.

The patient was approved for the PTSS, but the local hospital required the patient to travel to Brisbane by train the day before the appointments, advising it would pay the $60 accommodation subsidy for the patient to stay overnight. The patient wanted to leave early in the morning and drive to Brisbane and then drive home after the appointment and be paid the 30c/km private vehicle subsidy for their travel.

The local hospital refused the patient's preferred mode of travel on the basis that it was cheaper to pay for the train ticket and accommodation costs than pay the private vehicle subsidy. The patient stated that it would be inconvenient to travel the day before the appointment and spend significant time away from home. The patient would also be further out of pocket because accommodation in Brisbane cost more than $60 and they would also have had to pay for food.

The private vehicle subsidy was $16 more expensive than the total of the train ticket and accommodation subsidy.

QH is aware of the issues facing patients using the PTSS and what may be done to make the scheme more patient-friendly. It is concerning that issues with the application process and management of the scheme by HHSs, which were raised in 2010, still require attention in 2017. I consider it to be unreasonable for QH to conduct reviews that continue to find the same problems when no action is taken to address these problems.

In my view, the failure of QH to act on many of the recommendations for improving PTSS processes over multiple years is a significant administrative failure that needs to be addressed.

Opinion 2

At least four PTSS reviews or audits conducted by QH since 2010 have identified that there are significant problems with the administration and management processes within HHSs. QH has not taken adequate action to address these issues.

This is unreasonable administrative action for the purposes of s.49(2)(b) of the Ombudsman Act.

The Director-General's response to the proposed report

The Director-General advised:

> Over the years, the Department has revised the PTSS guidelines and forms to improve the administration of the scheme. While these guidelines are not mandatory, this has addressed some of the issues relating to the scheme's administration. Additional changes to the operational governance of the scheme could be made to

	improve the administration and management of PTSS across the Hospital and Health Services (HHSs) and the Department. This will be addressed in the implementation plan.
Ombudsman's comment on the Director-General's response	I note the Director-General's response and welcome his commitment to improving the administration of the PTSS.

Chapter 6: Distribution of PTSS funding

The 2016 audit conducted by QH was critical of the current distribution of funding for the PTSS and identified that the current methodology for allocating annual PTSS funding to HHSs was not robust or derived from a clear set of assumptions.[66]

The 2016 audit highlighted the following problems with the PTSS funding methodology:[67]

- QH does not have a sufficient understanding of the PTSS funding allocation and spending by HHSs on an annual basis. Funding for the PTSS is not currently separately reported in the HHS Service Agreements with QH.
- PTSS budgets are developed by QH without sufficient involvement by HHSs.
- HHSs receive an annual pool of funding from QH for the PTSS as well as other patient travel spending. The allocation of this funding pool for the PTSS and other activities is determined by individual HHSs.
- HHSs are not required to report to QH on their allocation of PTSS funds for accommodation or travel throughout the year.
- QH does not have sufficient understanding about whether funding allocated to individual HHSs for the PTSS is sufficient for HHSs to adequately fund patient requirements. QH has no way of knowing whether an HHS has overfunded or underfunded the scheme.
- Funding for the PTSS increases at 2.5% per year. Funding is not allocated to HHSs based on HHS patient travel statistics and there is no consideration given to changing market prices for travel and accommodation expenditure in determining funding levels.
- Changes to the specialist services available and offered by individual HHSs are not considered when developing the HHS annual budget or in allocating funds to HHSs.

The findings of the 2016 audit suggest that QH lacks understanding about how funding is distributed for the PTSS, how funding is spent by HHSs and whether the scheme is operating efficiently. It should be noted that the PTSS costs the state a significant amount of money which is increasing each year. In 2014-15, funding for the scheme was approximately $74 million and QH has projected that the scheme will cost $81 million in 2016-17.[68]

The lack of understanding by QH regarding how PTSS funding is allocated by HHSs means that some HHSs may be underfunded or may be allocating PTSS funding elsewhere. This may result in unfair outcomes for patients accessing the scheme. Other HHSs may be overfunded, resulting in patients being approved for subsidies that patients in other HHS regions of Queensland are not receiving. This raises questions about whether patients are being treated equitably when accessing the PTSS.

Under the current funding distribution framework, funding is not distributed to HHSs based on patient numbers or need. This means that patients accessing the PTSS from a HHS region where demand and/or costs are highest may receive a smaller subsidy than patients from areas where demand for the scheme is lower or where travel costs are less prohibitive.

Without developing a better understanding of PTSS expenses within each HHS, QH appears to have no means to determine whether alternative specialist service delivery models may be more appropriate. This may lead to patients receiving a lesser range of health services than otherwise possible.

[66] Queensland Health, *Draft internal audit: Review of the Patient Travel Subsidy Scheme*, July 2016, p.v.
[67] ibid., p.4.
[68] Queensland Health, *Review of the Patient Travel Subsidy Scheme*, July 2016, p.3.

Opinion 3

QH does not have an adequate understanding about how funding allocated to HHSs to administer the PTSS is being spent. This lack of understanding may lead to inequitable patient outcomes based on the region where a patient accesses the PTSS.

This is unreasonable administrative action for the purposes of s.49(2)(b) of the Ombudsman Act.

The Director-General's response to the proposed report	The Director-General advised: HHS funding allocations for PTSS are incorporated into the broader Patient Transport allocation. The Department has a limited understanding of PTSS utilisation, through optional monthly reporting from HHSs. The PTSS is demand-driven – subsidies are paid to all applicants deemed eligible. As such, inequities in assessments are more likely to be a result of local decision-making arrangements rather than visibility of funding and expenditure. That being said, funding allocation and expenditure will be addressed in the implementation plan.
Ombudsman's comment on the Director-General's response	I note the Director-General's response and welcome his commitment to improving the funding allocation and expenditure for the PTSS.

Chapter 7: Conclusion

All patients deserve access to high quality healthcare irrespective of where they live across the state. The PTSS was implemented so patients in regional, rural and remote areas of Queensland could access financial support to obtain specialist healthcare which is not available in their local area. The PTSS remains an important and valuable program.

This report has demonstrated there are significant problems with the administration of the PTSS and that QH has been unable to resolve them. I am of the view that these problems may result from the decentralised nature of the PTSS and the fact that QH has limited influence over processes within hospitals that administer the scheme and how allocated funds are spent.

As the many reviews or audits of the PTSS have established, lack of consistency in the interpretation of the PTSS Guideline by hospitals is one of the major issues resulting in potentially unfair outcomes for patients. This problem has been addressed in each review conducted by QH since 2010 and was also raised in the 2007 Senate Inquiry. These reviews have all identified that an absence of an adequate overarching governance framework for the PTSS has exacerbated this problem, but there is limited evidence that QH has taken sufficient action to address this.

Similarly, each review since 2010 has identified problems with the application and assessment processes within hospitals and how hospitals manage patient travel. The scheme remains reliant on paper-based forms despite recommendations dating back to 2010 to consider a statewide end-to-end web-based solution.

Hospitals have the option under the PTSS Guideline to either take responsibility for booking a patient's travel and accommodation or reimburse patients after the travel has occurred. This has resulted in the establishment of an inequitable two tiered system where some patients have no out-of-pocket expenses while other patients are only subsidised for a portion of their travel costs. It is noteworthy that one of the primary principles of the PTSS is that the scheme does not cover full costs associated with travel and accommodation. It is not clear how this principle is being met when some hospitals are taking responsibility for booking and paying the full cost of patient travel and accommodation.

It is difficult to determine what practices have been put in place to make the PTSS more patient-friendly. This is despite many potential solutions being put forward in each of the reviews conducted since 2010. In particular, delays in reimbursing patients have continued to be a problem.

Finally, it is concerning that QH has limited awareness about how funding allocated to HHSs to administer the PTSS is being spent. QH is also not aware of whether the funding allocated to HHSs is sufficient to cover the requirements of patients accessing the scheme. This raises the possibility that some HHSs are underfunded for the PTSS while others may be overfunded. This is a serious deficiency with the administration of the scheme and one that QH needs to urgently address.

It is important that QH takes urgent action to ensure that the PTSS is a more equitable and consistently administered scheme. While the scheme is administered in hospitals, having no regard to their size or level of resourcing, it is likely the same problems that have been highlighted in this report will continue.

QH must take a comprehensive approach to reforming the PTSS. It must address the findings of the reviews and audits it has conducted since 2010 and consider the recommendations that have been made for change.

A reformed PTSS based on the principles and solutions that have already been outlined in each of those reviews and audits conducted will result in better patient experiences and fairer outcomes for patients in the future.

Taking into consideration Opinions 1, 2 and 3 above, I make the following recommendation.

Recommendation 1

The Director-General:

(a) urgently consider the 2010 review, the 2013 review, the 2016 audit and the 2016 review and determine which issues and recommendations are outstanding

(b) develop an implementation plan, within three months of publication of this report, that responds to each recommendation and clearly indicates:

(i) recommendation status (implemented, outstanding, will not be implemented)
(ii) timeframe for implementation.

The implementation plan should particularly consider:

- equitable access to the PTSS by patients across the state
- consistent decision-making regarding PTSS applications and travel and accommodation approvals between hospitals
- ensuring PTSS policy and procedures are clear and easy to use
- adequate PTSS governance and better coordination between the department, HHSs and hospitals
- improved data collection and reporting about PTSS usage and statistics
- ensuring the PTSS is patient-friendly and easy to access
- ensuring a better understanding about the distribution of PTSS funding.

The Director-General's response to the proposed report

The Director-General advised:

> As you have identified in your proposed report, the PTSS plays an important role in ensuring eligible patients across Queensland are financially supported to access specialist medical services that are not currently available locally.
>
> In recognition of the important role the PTSS plays in supporting Queenslanders to access specialist health care, in 2012 the State Government announced an additional $106 million over four years for PTSS. As a result, in January 2013, the amount paid for accommodation and vehicle mileage subsidies doubled.
>
> In 2015-2016, the scheme provided subsidies to more than 72,000 individuals through around 232,000 claims. Over $80 million in subsidies were provided, or an average of approximately $1,100 per claimant.
>
> In recent years, the Department of Health (the Department) has made changes to the PTSS guidelines and forms in an effort to simplify the scheme and make it more patient-centred.
>
> Notwithstanding recent improvements to improve access by rural and remote Queenslanders, I acknowledge that further reforms are required to improve equity and consistency of access to the scheme and to better streamline processes. These reforms will

	need to balance consistency of application of the scheme with flexibility to respond to individual circumstances of patients across Queensland. … I accept the recommendation in the report and have asked my Department to consider the 2010, 2013 and 2016 reviews and the 2016 audit to determine what issues and recommendations are outstanding and unresolved. Please note that during your investigation an early draft of the 2016 internal audit report was issued to the Queensland Ombudsman investigators. Whilst the intent of the findings did not change, the structure of the report and recommendations have changed, as is the nature of a draft report. This report will be finalised having further regard to the recommendations of your report. I have asked my Department to develop an implementation plan that responds to each recommendation and clearly indicates which recommendations have been implemented, will be implemented, or won't be implemented, and sets out a timeframe for implementation. A high level implementation plan will be provided as requested by mid-May 2017.
Ombudsman's comment on the Director-General's response	I note the Director-General's response and his acceptance of this recommendation. I reiterate my view that it is essential that the PTSS provides fair, equitable and consistent support for patients accessing the PTSS, irrespective of where their application is assessed. I welcome the Director-General's commitment to further reforming the PTSS in order to improve equity and consistency of access for patients and to better streamline administrative processes.

Appendix A: Jurisdiction and procedural fairness

Ombudsman jurisdiction

The Ombudsman is an officer of the Queensland Parliament empowered to deal with complaints about the administrative actions of Queensland government departments, public authorities and local governments. As QH, the department and each of the 16 HHSs are 'agencies' for the purposes of the Ombudsman Act, it follows that I may investigate their administrative actions.

Under the Ombudsman Act, I have authority to:

- investigate the administrative actions of agencies on complaint or on my own initiative (without a specific complaint)
- make recommendations to an agency being investigated about ways of rectifying the effects of its maladministration and improving its practices and procedures
- consider the administrative practices of agencies generally and make recommendations, or provide information or other assistance to improve practices and procedures.

The Ombudsman Act outlines the matters about which the Ombudsman may form an opinion before making a recommendation to the principal officer of an agency. These include whether the administrative actions investigated are contrary to law, unreasonable, unjust or otherwise wrong.

Although the Ombudsman is not bound by the rules of evidence, the question of the sufficiency of information to support an opinion of the Ombudsman requires some assessment of weight and reliability. The standard of proof applicable in civil proceedings is proof on the balance of probabilities. This essentially means that, to prove an allegation, the evidence must establish that it is more probable than not that the allegation is true. Although the civil standard of proof does not strictly apply in administrative decision-making (including the forming of opinions by the Ombudsman), it provides useful guidance.

'Unreasonableness' in the context of an Ombudsman investigation

In expressing an opinion under the Ombudsman Act that an agency's administrative actions or decisions are 'unreasonable', I am applying its popular, or dictionary, meaning. I am not applying the doctrine of legal unreasonableness applied by the courts when judicially reviewing administrative action.

Procedural fairness

The terms 'procedural fairness' and 'natural justice' are often used interchangeably within the context of administrative decision-making. The rules of procedural fairness have been developed to ensure that decision-making is both fair and reasonable.

The Ombudsman must also comply with these rules when conducting an investigation. Further, the Ombudsman Act provides that, if at any time during the course of an investigation it appears to the Ombudsman that there may be grounds for making a report that may affect or concern an agency, the principal officer of that agency must be given an opportunity to comment on the subject matter of the investigation before the final report is made. A proposed report was prepared to satisfy this requirement.

Section 55(2) of the Ombudsman Act provides that I must not make adverse comment about a person in a report unless I give that person an opportunity to make submissions

about the proposed adverse comment. The person's defence must be fairly stated in the report if the Ombudsman still proposes to make the comment.

I have not made any comments in this report which could be considered adverse to any person.

Appendix B: Eligible specialist medical services

Specialty	Eligible for PTSS
Allied health *e.g. audiology, occupational therapy, orthotics, physiotherapy, podiatry, psychology, speech pathology.*	Covered by PTSS only when provided as an essential component of services listed in [the PTSS Guideline]
Anaesthesia	Y Including hyperbaric medical services.
Cardiology	Y
Cardio-thoracic surgery	Y
Dental – general	**N**
Dermatology	Y
Diagnostic Radiology	Y
Diagnostic Ultrasound	Y
Endocrinology	Y
Gastroenterology and hepatology	Y
General practice	**N**
General surgery	Y
Gynaecological oncology	Y
Geriatric medicine	Y
Haematology	Y
Immunology and allergy	Y
Infectious diseases	Y
Intensive care medicine	Y
Internal medicine	Y
Medical administration	**N**
Medical oncology	Y
Nephrology (renal medicine)	Y
Neurology	Y
Neurosurgery	Y
Nuclear medicine	Y
Obstetrics and gynaecology	Travel to maternity and birthing services are covered only if the services or level of care required are not available at the patient's closest public hospital or health facility. This also includes in-vitro fertilisation services. Ante and post-natal appointment are only covered if the patient is referred to a medical specialist i.e. not a general practitioner or midwife
Ophthalmology	Laser refractive services are **not** covered

Specialty	Eligible for PTSS
Oral and maxillofacial surgery	Y
Organ transplant	Travel and accommodation costs for organ recipients are covered by PTSS and are the responsibility of the recipient's approving hospital. Costs for the organ donor are considered part of the organ donation treatment and are the responsibility of the treating hospital.
Orthopaedic surgery	Y
Otolaryngology (head and neck surgery)	Y
Otorhinolaryngology (ear, nose and throat)	Y
Paediatric surgery	Y
Paediatrics and child health	Y
Palliative medicine	Y
Pathology	Y
Plastic surgery, including transgender services	Plastic and reconstructive surgery not attracting a Medicare rebate are **not** covered
Psychiatry	Y
Radiation oncology	Y
Radiology	Y
Rehabilitation medicine	Y Including wheelchair fitting services
Respiratory and sleep medicine	Y
Rheumatology	Y
Urology	Y
Vascular surgery	Y

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