

## CVN Election Issues

March 2011

Cancer Voices NSW is the independent voice of people affected by cancer in our state, and has just celebrated its first successful decade of cancer consumer advocacy.

Our members have identified two key policy issues for the attention of the next NSW Government. These are:

1. **Reform of the Isolated Patients Transport and Accommodation Scheme (IPTAAS)**
2. **Improved funding levels for palliative care services in NSW**

### 1. **Reform of the Isolated Patients Transport and Accommodation Scheme (IPTAAS)**

Accessing health care should not impose an excessive level of financial burden on those who need to travel for treatment. Despite a number of inquiries, at both state and national levels, IPTAAS arrangements remain unsatisfactory to people with cancer who need to travel for their treatment.

The actions sought are:

- **Distance criteria:** The distance required to be travelled should be reduced to 75 km, and with flexibility according to special needs.
- **Treating specialist:** Eligibility criteria should relate to the most appropriate specialist not the nearest, to ensure best practice treatment. Many GPs are unaware that they may make this request for patients.
- **Fuel rebate:** The fuel rebate is inadequate. It should be at least 35 cents per km, indexed to CPI.
- **Co-payment and claims:** Co-payment should be removed, since its application to travel often means there is no IPTAAS support payable and claims not be delayed till end of treatment.
- **Form complexity:** IPTAAS forms are complex and confusing. They should be simplified and be available online.
- **Level of accommodation reimbursement:** The level of reimbursement should reflect commercial charges for basic accommodation and be payable as clients need reimbursement.
- **Accommodation options:** A list of acceptable accommodation venues (location and cost related) should be available on the NSW Health website, or on a specialist IPTAAS website. IPTAAS should pay 75% of the incurred daily rate of those listed.
- **Clinical trials access:** IPTAAS reimbursement is not possible for clinical trials. This discrimination against those who need to travel to access treatment trials should be removed.

### 2. **Improved funding levels for palliative care services**

This issue relates to palliative care beds, specialists, and community based home care teams - the full spectrum. We believe that palliative care funding should not be "tucked away" into aged care and rehab "pots" - it is too important to too many people and requires its own funding. People have a right to the same level of service in palliative care as they would expect in other important areas of care and service. Cancer patients account for 85-90% of palliative care users.

- For immediate attention and for planning purposes, a report on the palliative care funding cuts of recent years in NSW and their impact on health services consumers
- The new Local Hospital Networks should reflect staffing levels to meet palliative care needs as soon as possible
- A numerical review of the palliative care workforce to identify levels of service by location to provide evidence of and current and predicted gaps
- Quarantining of palliative care funding away from “sub acute” budgets, for palliative care specialists, nurses and community teams
- Quarantining of palliative care funding sourced from the national government to palliative care services
- Plans to ensure palliative care funding is not syphoned off by hospitals as they try to meet conflicting internal budget demands
- Restoration of community based palliative care services where these have been deleted
- Transfer of the State-wide Centre for Improvement of Palliative Care (SCIP) to the CINSW to ensure better use of resources.

**Sally Crossing AM**  
Chair, March 2011

*Cancer Voices NSW provides the independent voice of people affected by cancer. It is the peak coalition for cancer support and advocacy groups in NSW, working to improve the cancer experience of the 40,000 people who are diagnosed each year. Established in 2000, we are active in the areas of diagnosis, information, treatment, research, support and care. To achieve this we work in partnership with providers of these services, ensuring the patient perspective is heard.*