



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY
13th Assembly

Petition

Registration No.	2
Title	Access to hospital treatment in Darwin for Coomalie residents
Presented on	19 October 2016
Presented by	Mr Higgins, Member for Daly
Referred to	Minister for Health (Hon Natasha Fyles)
Date referred	19 October 2016
Response due	15 February 2017
Response received	15 February 2017
Response presented	16 February 2017

Petition

Recipient: and Northern Territory Health Minister John Elferink

Letter: Greetings,

Provide Fair Access to Hospital Treatment in Darwin for Coomalie Residents

Response

Thank you for your correspondence of 20 October 2016, in which you forwarded the terms of two Petitions read in the Legislative Assembly on 19 October 2016 (Petition No. 1 and Petition No. 2), as required by Standing Order 122.

Pursuant to Standing Order 123, 1 am required to respond to a petition referred to me pursuant to Standing Order 122 within 12 Assembly meeting days of it being forwarded. Please consider my response below in response to both petitions for presentation to the Assembly.

Both Petition No. 1 from the Council on the Ageing Northern Territory (COTA NT) and Petition No.2 from COTA (Coomalie Region) state that the residents of the Coomalie District (including the townships of Adelaide River, Batchelor and Lake Bennett) are disadvantaged in terms of accessing Royal Darwin Hospital, specialist clinics and other medical treatment due to the lack of public or government-funding transport. The petitions request that the Northern Territory Government assist by "gifting a suitable vehicle and financial aid that will provide much-needed transport for older members of the communities and surrounding areas to reach medical appointments and treatments in Darwin. "

I note that financial support is available under the Patients Assistance Travel Scheme (PATS) in some special circumstances. Patients who travel to Darwin for cancer treatment (chemotherapy) for several days per week from these areas who do not have family to assist are provided accommodation assistance under PATS as a special circumstance. The PATS guidelines also

provide reimbursement for patients who must travel more than 200 kilometres one way or more than 400 kilometres cumulatively in one week (to attend renal and oncology services). Further information on the PATS can be obtained at the following link:

<https://nt.gov.au/wellbeing/health-subsidies-support-and-home-visits/patient-assistance-travelscheme>

TEHS has recently reviewed the Low Acuity Patient Travel (LAPT) in response to these petitions and endorsed an expansion of the service. The LAPT bus currently travels from Katherine to Darwin return on Monday to Friday, departing Katherine at approximately 8am. The LAPT bus will now be managed in Darwin and depart from Royal Darwin Hospital daily. The service will be expanded so that patients discharged from Royal Darwin Hospital can be dropped off in Adelaide River and Batchelor on the trip down to Katherine. These changes will take effect by the end of February 2017, with a view to further expanding the service after that time to also pick up patients from these areas. The operational arrangements for how patients will access the service, which will either be via their local health clinic or by contacting a central transport booking officer, and the demand for the service, are currently being determined.

Further assistance with travel may also be available through government funding programs. Specifically, COTA (NT or Coomalie Region as appropriate) may wish to consider applying for a Community Benefit Fund grant for the purposes of obtaining a vehicle. The details of how to access the fund are available at: <https://nt.gov.au/community/community-grants-and-volunteers/small-and-majorcommunity-grants/who-can-apply>. I would strongly encourage submission of an application to the Community Benefit Fund.

The A/Executive Director of Local Government Division from the Department of Housing and Community Services has offered to provide advice on developing an appropriate Community Benefit Fund application, and assistance to the community in exploring potential partnering opportunities with organisations such as local government councils and non-Government organisations, who may have solutions for transportation issues.

I appreciate that access to health and community services from the regional areas can be challenging and trust that this response provides reassurance that efforts are being made to support this access.

Thank you for drawing this issue to my attention.