

Transport Project Status Report

2007/08 - 2008/09

Want your travel
dollars back?



TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
OVERVIEW.....	3
Purpose	3
Introduction	3
Context	3
WHAT HAS HAPPENED?	5
Transport Project Plan Overall Targets	5
Target 1 – decrease in DNA rates	5
Target 2 – increase in NTA expenditure.....	6
Implementation Actions	7
WHERE TO NOW?	11
APPENDICES	12
Appendix 1: Transport project expenditure 2007/08 – 2008/09 and proposed expenditure for 2009/10.....	12
Appendix 2: Key points of interest from DNA Analysis	13
Appendix 3: NTA Facilitation Service Key Objectives.....	16

EXECUTIVE SUMMARY

This report provides an update on the 'transport project' for the 2007/08 and 2008/09 years. The overall targets planned to be achieved through this project are:

1. a decrease in "Did Not Attend" (DNA) rates
2. an increase in access to National Travel Assistance (NTA) support

It has become apparent that although transport has a link to DNAs, a reduction in DNA rates is not an appropriate target for this project as the reasons why people do not attend appointments are many and varied (see appendix 2).

The target for NTA support for 2008/09 was 50%, with a baseline of 32% (2007/08). NTA expenditure for 2008/09 was 60% of the budget. However, this view does not necessarily present an accurate picture of the situation due to environmental changes over the last few years.

To achieve the progress against overall targets outlined earlier in this section, a number of actions have been implemented. These include:

- NTA facilitation service
- community transport contracts
- communications plan
- transport needs matrix

For the period of this report, expenditure on new transport project initiatives has been \$437,182.00. There are a number of initiatives proposed for 2009/10 to complement those already implemented. Funding for these will need to be considered through usual prioritisation processes.

OVERVIEW

Purpose

This report provides an update on the 'transport project' in relation to the activities undertaken to date. The report also outlines further actions to be taken in the short, medium and long-term.

Introduction

Having reliable, affordable and appropriate transport has a significant impact on individuals/ whānau ability to access health services. Lack of appropriate transport creates a barrier which can mean people are unable to get to the health services they need.

Although Health Waikato has seven campuses of varying sizes and functions located across the district, the major facilities are at the campus in Hamilton. These facilities are Waikato Hospital (600 beds) and the Henry Rongomau Bennett Centre (109 beds), which provide high level secondary and tertiary services. With over 60% of the Waikato DHB population living outside of Hamilton, transport and its impact on service accessibility is a significant issue for Waikato DHB. It also needs to be considered that there are occasions when Waikato DHB residents will be required to travel out of the DHB area to access services (for example to Starship Hospital in Auckland).

Transport is a long standing issue, and will no doubt continue to be an issue into the future. There have been a number of pieces of work relating to transport undertaken across the organisation (e.g. improved outpatient scheduling and transport management for the rural communities of Thames Coromandel – Hauraki Region). The information in this report relates to actions initiated as part of a transport project led by Planning & Funding. Through this, it has been identified that there is no single action that will address all the issues and produce a satisfactory improvement across all localities. Therefore the transport project has an important role in ensuring that there is a co-ordinated approach to solutions.

The Planning & Funding Transport Project concentrates on improving access to publicly funded specialist health and disability services. It does not cover issues like appointment scheduling which are outside the control of the project. The focus of the project has been around improving access through the National Travel Assistance Policy (NTA) and the Community Transport Provider funding allocated by Waikato DHB.

This report covers initiatives undertaken as part of the Planning & Funding Transport Project for the 2007/08 and 2008/09 years.

Context

National Travel Assistance Policy

The National Travel Assistance (NTA) Policy was introduced across New Zealand in January 2006. The NTA Policy replaced all four transport and accommodation policies that existed prior to 2006 (including the Midland Travel and Assistance Policy) and the Expenses to Attend Treatment (ETAT) Policy. The NTA policy is for

patients who are referred by a specialist to another specialist and the patient has to travel long distances, or travel frequently, for appointments.

In April 2009 an increase in the mileage allowance that patients can claim under the policy was announced. The increase was from 20 cents to 28 cents per kilometre. The maximum accommodation rate for eligible clients was also increased to \$100 per night for all of New Zealand.

In February 2006 a paper was presented to the Community and Public Health Advisory Committee (CHPAC) about the provision of transport assistance in Waikato DHB. Following review of the paper it was resolved that the criteria in the NTA policy be used as a framework within which to consider future funding and provision of transport.

In October 2008 a transport project plan was presented to CPHAC. It highlighted to committee members the under spend in the NTA budget and put forward a number of actions that were designed to increase NTA expenditure. The plan was approved by CPHAC.

Community Transport Provision

Since devolution in 2001 Waikato DHB has continued to provide funding for local health transport services. This funding is to assist people to access specialist appointments.

These arrangements date back many years (circa 1990s) and were initially set up to support people living in rural areas to attend appointments at Waikato Hospital. Whilst full background information is not available it is understood that funding for community transport providers initially aligned with the Midland Travel and Assistance Policy.

These arrangements are largely bulk funded on a programme basis and there is little information on how historical decisions were made as to what geographic areas received funding for community transport services and which did not. Currently, Waikato DHB contracts 13 community transport providers and the contracts are valued at \$263,898.00 per annum.

WHAT HAS HAPPENED?

This section highlights:

- achievements against the plan's overall targets
- actions implemented as part of this project
- information relating to complaints (included because the information assists in identifying key areas for development)

Outlined in the diagram below is the intervention logic used in this project.

If we invest in	And undertake	Then we will achieve	And contribute to
NTA facilitation service	Staff training	Improved / increased awareness of NTA	Improved health status
Communications strategies	System and process improvement	Improved processes	Reduced inequalities
Community transport provision	Raising awareness initiatives	Improved access to health services	
	Increased community transport		

Transport Project Plan Overall Targets

The overall targets planned to be achieved through this project are:

1. a decrease in "Did Not Attend" (DNA) rates of 20% for Other Ethnicities and 25% for Maori and Pacific people in the three Health Waikato outpatient clinics with the highest level of DNAs
2. an increase in access to NTA support, as measured by percentage of transport and accommodation expenditure compared to budget with targets of 50% in 2008/09, 75% of allocation in 2009/10 and 100% of allocation in 2010/11.

Target 1 – decrease in DNA rates

Improving access to health services through transport has a part to play in the reduction of DNA rates, and as such must be considered in any project aimed at reducing DNA rates. Significant DNA analysis has been carried out as part of this project using case level data for the period April 2007 to end April 2009. This analysis indicates that while transport has an effect on DNA rates the impact has not been able to be quantified. The reasons behind an individual DNA can be many and varied (see appendix 2). It is therefore apparent that a reduction in DNA rates is not an appropriate target for this project

In identifying the three Health Waikato outpatient clinics with the highest DNAs, the following criteria were used:

- first specialist appointments only
- above average DNA rate (average rate is 11.27%)
- highest actual numbers of patients not attending

Analysis using the above criteria resulted in the following specialties being identified as the three highest in terms of DNAs:

- Otorhinolaryngology (ENT)
- Plastic surgery (excluding burns)
- Physiotherapy

Findings from the analysis are presented in appendix 2 of this report and will be provided to Health Waikato to assist with any future initiatives targeting reduction in DNA rates.

Target 2 – increase in NTA expenditure

The target for NTA expenditure (claims paid) in 2008/09 was \$1.1million. Actual 2008/09 NTA expenditure was \$1.32million; therefore the first stage of this target has been achieved.

It should be noted that incorporation of NTA funding into population based funding have seen a reduction in the NTA funding received by Waikato DHB.

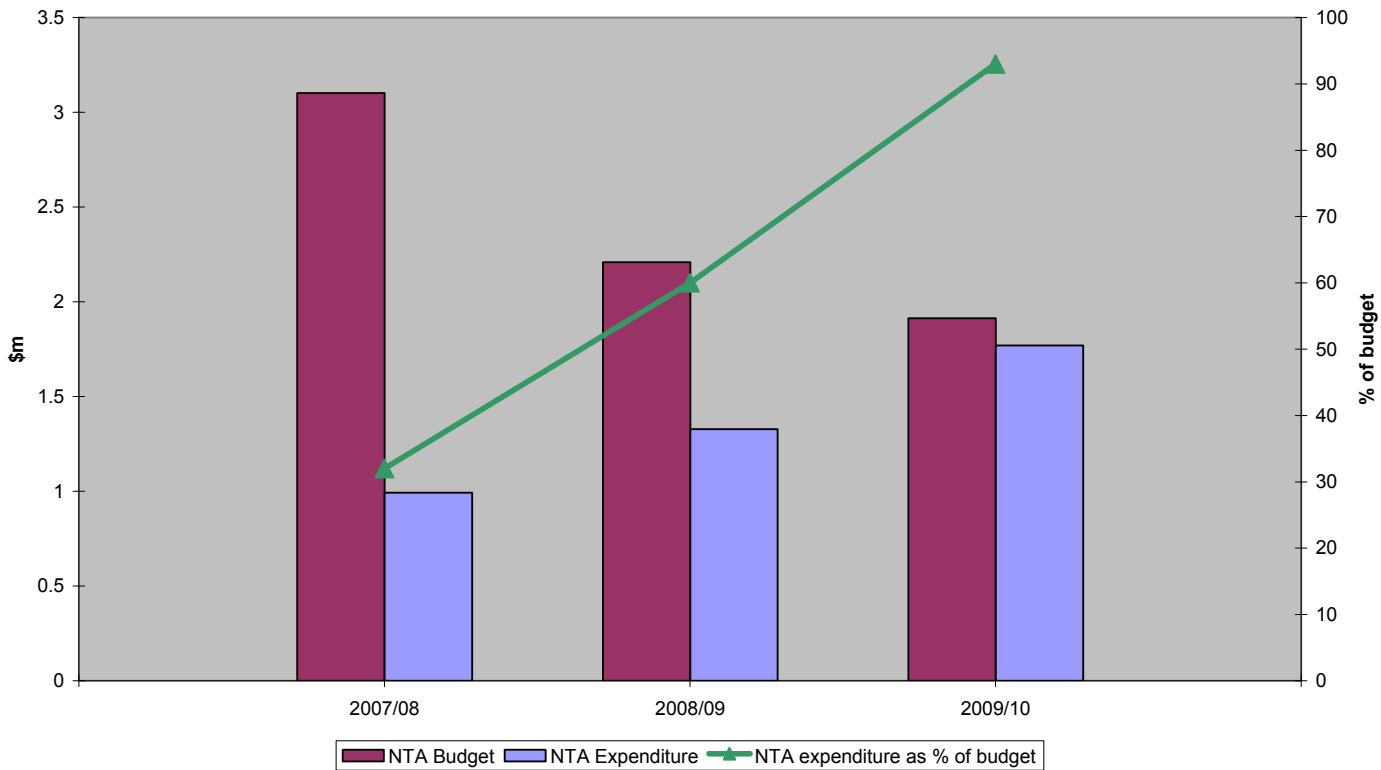
In addition to the decrease in NTA funding available to Waikato DHB, it should also be noted that a part of the reduction in NTA reimbursements is a result of reallocation of part of this budget to other travel related initiatives, as outlined in Appendix 1.

The detail is presented in the table below.

Year	NTA Budget (million)	NTA Expenditure (million)	Variation (million)	NTA expenditure as a % of budget	Comments
2007/08	\$3.101	\$0.992	\$2.109	32%	Initial budget set through a financial modelling process
2008/09	\$2.209	\$1.328	\$0.881	60%	Forecast expenditure and variation figures
2009/10	\$1.913	\$1.770	\$0.142	93%	

The following graph shows the Waikato DHB increase in NTA expenditure and the corresponding decrease in NTA budget.

Summary of NTA expenditure



Implementation Actions

The progress against overall targets outlined earlier in this section, are in large part result of a number of actions that have been implemented. Detail relating to these actions is outlined below, as well as the funding utilised. A summary of the funding used is presented in appendix 1.

NTA Facilitation Service

Following the introduction of the National Travel Assistance (NTA) Policy, a number of operational and systemic issues that are faced by people requiring transport and/or accommodation assistance were identified. The Ministry of Health identified that NTA access levels are significantly lower than expected. In late 2007, Waikato DHB approved the commencement of a transport and accommodation facilitation service to support the NTA policy at an operational level.

The service has a position within the Finance Division, which works closely with Health Waikato, Planning & Funding, other DHBs, transport and accommodation service providers and the communities served. The position is a systems and development position, which has a number of key objectives¹.

One of the key objectives of this position was to decrease the number of incomplete forms returned to Waikato DHB. In 2007, the Ministry indicated that nationally some 25% of NTA forms received were returned as incomplete. Based on anecdotal evidence, the current rate of incomplete forms returned to Waikato DHB is 13.9%.

¹ See appendix 3 for more detail

Another key objective is around staff training. A training schedule has been set up and covers Waikato Hospital staff, rural hospital staff and volunteers. The Ministry of Health have conducted two training sessions at Waikato DHB, one for Midland DHB staff (early 2006) and one for Waikato DHB staff (early 2009). The session specifically for Waikato DHB staff was poorly attended due to lack of promotion.

With localised NTA resources coming out in late June 2009 and the poor attendance at the Ministry of Health training session, a targeted day of NTA training workshops was held on 12 June 2009. Over the day over 60 staff (mainly booking clerks and reception staff) attended an NTA training session.

Funding for this service for the period 1 January 2006 – 20 June 2009 is \$247,133.

Community transport contracts

During 2008 Planning & Funding received concerns from community transport providers at the level of funding provided. Against a background of significant petrol cost increases and rising demand for transport to health appointments, a decision was made to apply additional funding to enable continuity of service provision by community transport providers.

An additional \$350,154 was provided to increase the provision of community transport services for the 2008/09 and 2009/10 period.

- 1 July 2008 - 30 June 2009 additional funding \$185,510 (actual)
- 1 July 2009 - 30 June 2010 additional funding \$164,644 (indicative)²

Communications Plan

The focus of this plan is to raise awareness around the availability of NTA to patients/whānau and staff. While there have been communication activities undertaken at a national level (i.e. brochures, poster), feedback from both patients/whānau and staff has been that the communication mechanisms (particularly the national brochure) are confusing, difficult to understand and put people off trying to access support.

Work in this area has therefore targeted making information about NTA clear, concise, easily understandable and more readily available. The key initiatives undertaken to achieve this locally are:

- refinement of communication messages
- development of local brochure and poster
- inclusion of specific information on Waikato DHB internet site
- staff awareness campaign

During the development phase of the communications messages, the following engagement mechanisms have been used:

- focus groups³ to develop the clear, concise and easily understandable wording and also art work
- community health forums (CHF's) to review the wording and art work (attended the November 2008 and Feb/March 2009 rounds)

As part of the communication relating to this project the CHF's have been kept up to date by regular presentations on the NTA and the Transport Project.

² These figures are revised during the year based on actual volumes reported

³ Focus groups occurred with hospital hosts, social workers, Te Puna Oranga

Approximate total expenditure to date for communications initiatives has been \$3,514.

Transport Needs Matrix

At the February 2009 CPHAC meeting a paper was presented about the development of a transport matrix to be used to identify communities of high 'transport need'. The committee approved the use of the transport matrix and the focus on communities of high 'transport need' that were identified by the matrix.

In development of the matrix the following key stakeholders were engaged to assist in determining the matrix criteria:

- Te Puna Oranga (Māori Health Service)
- Social Work Service
- Development & Support Unit
- Rural & Community Services
- Population Health
- CHF's
- Non Clinical Services

The matrix identified the top 20% of areas in the Waikato DHB district with the greatest transport need. These communities became the focus of further work. Following on from the identification of need an exercise was undertaken to determine levels of access to all forms of transport (other than own vehicles) for those communities. There were 4 areas which had high 'transport need' and relatively limited options for transport. The areas are outlined in the following table.

Territorial Local Authority	Area Unit Description	Population
Waitomo	Taharoa	219
Waitomo	Mokauiti	1179
Waitomo	Piopio	468
Matamata Piako	Waharoa	318

Phase 2 of the matrix initiative was to look at development of specific transport initiatives for the priority areas. Developments to date relating to phase 2 are outlined below.

Communities of high transport need

Waitomo (Taharoa, Mokauiti and Piopio):

A Te Kuiti community transport group is currently undertaking a survey about transport issues. As a result of discussions between this group and the project group, an agreement has been reached to include several health related questions in their survey and to target the identified communities of high transport need⁴. The information gathered will inform the solution for the identified high transport need communities.

Planning and Funding have made a \$1,025 contribution to the costs of the face to face interview portion of the survey. The survey is currently being undertaken.

Matamata Piako (Waharoa):

Following identification of Waharoa as an area of high transport need, a discussion was undertaken with the contracted transport provider who was providing services to

⁴ Taharoa, Mokauiti and Piopio

the Matamata and Morrinsville areas. This provider now includes Waharoa in their service area.

Remaining top 20% areas:

In addition to the four specific communities detailed in the table, the others that were identified as being in the top 20% of transport need have also been targeted. Actions in these areas to date have been focused on:

- raising awareness on what is already available in terms of transport
- improving NTA information
- increasing access to information.

Complaints

Within Waikato DHB complaints are recorded on a service basis (e.g. medical services, financial systems accounting, portfolio management), and there is no specific transport service category. Therefore the information in this section may not reflect the true numbers of complaints received. To identify the relevant complaints, a key word⁵ search was undertaken on the complaints database.

Some 46 relevant complaints were received over the period 1 July 2005 – 23 July 2009. These complaints were then reviewed to identify common themes. These themes are outlined in the following table.

Theme	Number	Comments
NTA related	19	These can be grouped into 3 sub themes: 1. lack of knowledge/access 2. delay in reimbursement 3. turned down for reimbursement Both 2 & 3 tend to be outside the control of Waikato DHB. Efforts through the communications plan and staff training should have a positive impact on 1 in terms of improving knowledge / access.
Transport & accommodation related	5	These complaints are pre – NTA Policy and relate to delays in receiving assistance and eligibility issues
Other DHBs	3	Relate to decisions made by other DHBs and therefore outside of Waikato DHBs control
Breakdown in communications	11	This theme includes complaints relating to patients coming to hospital only to find out their appointment has been cancelled
Discharge issues	4	Relate to either being discharged when there was no transport available or rest home discharges by ambulance ⁶
Taumarunui bus	4	All relate to the state of the bus. The latest complaint was received on 18/6/08 A new bus was commissioned by the provider in late 2008 and this started running in January 2009.
Total	46	

⁵ Key words used were 'travel, transport, accommodation, Hilda Ross and Te Whare'

⁶ Cost of ambulance transport is borne by resthomes

WHERE TO NOW?

Outlined below is a list of possible and planned initiatives for the 2009/10 year. It assumes continuation of current levels of existing activities, (i.e. NTA facilitation service, community transport, communications plan). Where there is an initiative like the prioritisation proposal outlined in point 3, it will be included because it extends beyond existing community transport activities.

1. renal initiative – this was agreed at the CPHAC meeting in August 2009
2. mental health and addictions indicative – focused on ensuring users of these services have equitable access to transport services
3. potential prioritisation paper – for a possible community transport service in Waitomo focused on the areas of high health need identified in the matrix
4. articles in local papers – a universal approach to raising awareness about the transport options available as well as the NTA policy
5. referral letter / magnets – a targeted approach to raising awareness about the NTA policy
6. targets – review of current targets to ensure the most appropriate targets for the project are set and continue to be monitored

APPENDICES

Appendix 1: Transport expenditure 2007/08 – 2008/09 and proposed expenditure for 2009/10

Description	2007/08	2008/09	2009/10⁷	Comments
NTA facilitation service	\$175,000	\$72,133	\$74,381	Ongoing service level agreement with Finance
Communications Plan		\$3,514	\$6,424	Proposed expenditure for 2009/10 is for both universal and targeted approaches to raising awareness
Community transport contracts	\$93,407	\$96,254	\$99,253	Underlying contract value
Additional funding for community transport contracts		\$185,510	\$164,644	Figures represent additional expenditure only
Areas of high transport need		\$1,025	unknown	The potential prioritisation proposal will inform the figure for 2009/10
Renal initiative			\$60,000	
NTA	\$992,448	\$1,328,351	\$1,770,000	
TOTAL	\$1,260,407	\$1,450,787	\$2,174,702	

For 2007/08 - 2008/09 expenditure = \$2,711,194

For 2007/08 – 2009/10 expenditure = \$4,885,896

⁷ Proposed indicative figures only

Appendix 2: Key points of interest from DNA Analysis

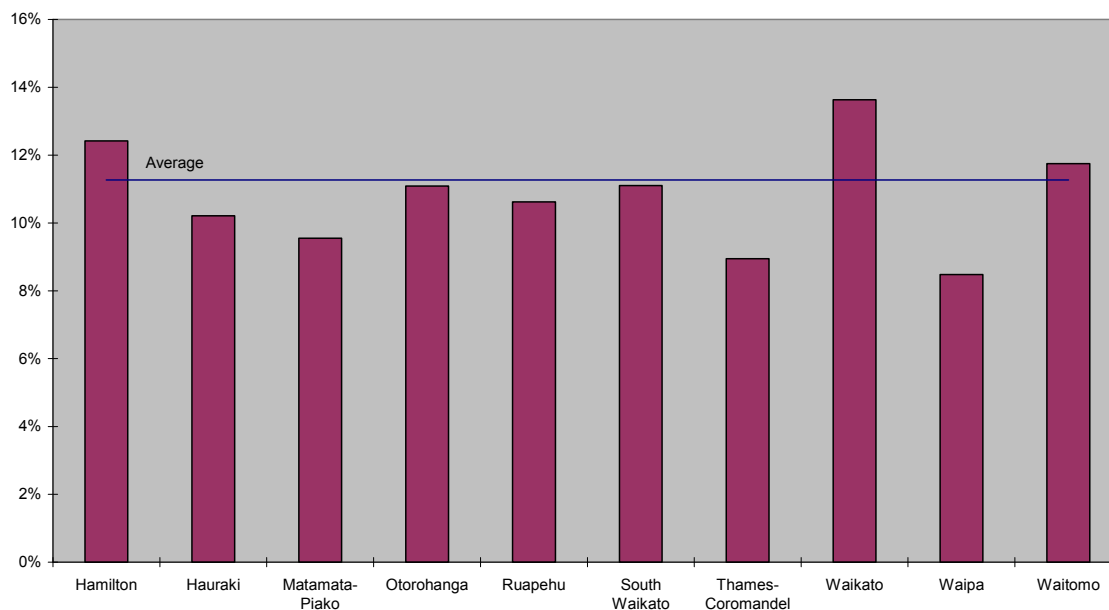
Analysis period: April 2007 to April 2009

- DNA rates are higher in the afternoon than the morning, with appointments between 14:00 and 17:00 having the highest DNA rates. Other research has identified afternoon appointments as a cause for DNAs due to parents having to collect children from school. This may be an issue around time of travel rather than access to travel
- males (12.52%) have a higher DNA rate than females (10.31%), which could reflect the poorer rates of engagement that men have with health care generally, or differing work commitments and participation rates
- men 15-44y have a DNA rate of 20.58%
- older people have lower DNA rates than younger people with 4.51% for over 75 year olds, compared to 15 to 44 year olds at 16.24%). This may be due to placing greater value on health care as we age and having fewer competing time pressures.
- DNA rates vary by ethnicity as outlined in the table below.

	Māori	Pacific Islanders	European	Asian	Total
Attendances	61,031	6,377	274,650	12,544	354,602
DNA	17,634	1,405	24,818	1,396	45,253
% rate	22.42%	18.05%	8.29%	10.01%	11.27%

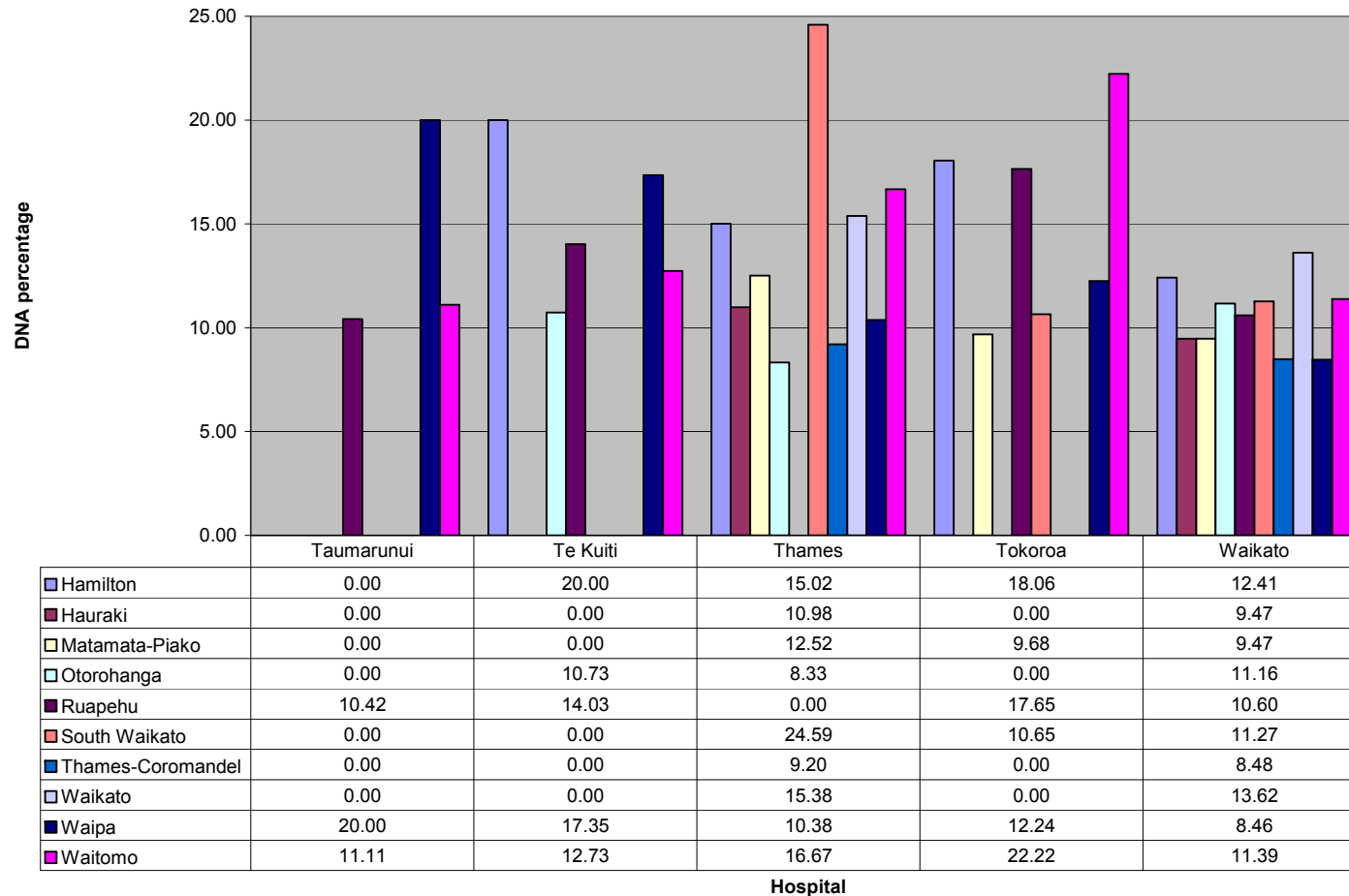
- Pacific Islanders in Hamilton have significant DNA rates of 21.6%. This is from 944 missed appointments out of the total of 1,405 appointments missed by Pacific Islanders.
- residents in the Hamilton and Waikato TLAs have the highest TLA, DNA rates, 13.04% and 14.01% respectively compared to an average of 11.27% across the period of analysis. This is surprising due to the shorter distances that these patients will have to travel to Waikato Hospital, and the relative availability of public transport
- residents in Waitomo TLA have the third highest DNA rate and 3 areas within the TLA have been identified as areas of high transport need.
- Thames residents have a lower DNA rate at Waikato Hospital than at Thames Hospital
- Ruapehu residents attending Waikato Hospital have lower DNA rates than Hamilton residents

DNA rate by local authority



- there is no seasonal variation in DNA rates. An increase in DNAs would have been expected during the winter if transport was a significant contributing factor to DNA rates.
- 102,188 individual Waikato DHB patients had appointments, of which 27.66% (28,269 patients missed at least one outpatient appointment)
- 228 patients missed 3,044 appointments between them, missing between 10 and 27 appointments each in 25 months. Had all these appointments been attended the DNA rate would have decreased by 0.71%
- 152 Hamilton patients were in this group of high non attending patients, which would indicate that transport is not the main reason for repeat DNAs.
- 53% of all DNAs were caused by patients missing either one or two appointments

DNA rates by Hospital and TLA (April 2007 to April 2009)



Note: DNA rate is shown as 0% where fewer than 20 patients had appointments from a particular TLA as these tended to produce very high DNA rates but with little statistical relevance. For example there were 2 appointments for Matamata Piako patients at Taumarunui hospital, only one was attended with a resulting DNA rate of 50%.

Appendix 3: NTA Facilitation Service Key Objectives

The key objectives of the facilitation service are:

- developments that will enable understanding of the NTA policy and process at the local operational level (e.g. providing information to relevant people including education and refresher workshops to staff and the community) and an effective and continuous implementation plan
- ensure that the Waikato DHB population is aware of their entitlement to travel and accommodation assistance (e.g. communications plan displaying information material in appropriate places)
- engagement with Ministry of Health and other DHBs (in terms of feedback on issues and shared learnings)
- manage internal and external processes to assisting the timely resolution of all request for special circumstances under NTA
- liase with Planning & Funding Division to develop and refine processes to consider travel issues arising outside the policy
- to monitor and effectively manage a reduction in the number of registration forms and claim forms rejected by HealthPAC and sent to Waikato DHB for completion⁸

⁸ In 2007 the Ministry of Health advised that 25% of all registration and claim forms sent for processing incomplete, and these will be returned to DHBs to manage the full completion of the forms