Mapping, audit and analysis of the use of transport for home and community care (HACC) services in Queensland
Mapping, Audit and Analysis of the use of Transport for HACC Services in Queensland

Summary Report

May 2004

Prepared for
Queensland Health

by

Parsons Brinckerhoff Australia Pty Limited ACN 078 004 798 and Parsons Brinckerhoff International (Australia) Pty Limited ACN 006 475 056 trading as Parsons Brinckerhoff ABN 84 797 323 433

12th floor, IBM Centre
348 Edward Street
Brisbane Qld 4000
GPO Box 2907
Brisbane Qld 4001
Australia
Telephone +61 7 3218 2222
Facsimile +61 7 3831 4223
Email brisbane@pb.com.au

ABN 84 797 323 433

NCSI Certified Quality System ISO 9001

In conjunction with
Charlton Solutions
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Glossary and abbreviations

BCAQ  Breast Cancer Association of Queensland
CAP   Community Action Plan
CATS  Community Assisted Transport Scheme
CBDC  Centre Based Day Care
CODI  Coordinating Organisation for the Disabled in Ipswich Inc.
CT    Community Transport
CTP   Community Transport Program
DSQ   Disability Services Queensland
ETR   Eastern Transport Register
GST   Goods and Services Tax, as in the Federal Consumer Based Taxation System.
HACC  Home and Community Care, as used to define the HACC program.
ICT   Integrated Community Transport
MDS   Minimum Data Set or NMDS (National Minimum Data Set), as used to define a data set that is collected to manage and plan the HACC program.
NESB  Non-English Speaking Background
NRCT  Northern Rivers Community Transport
ONI   Ongoing Needs Identification, eligibility analysis and client classification tool.
QAS   Queensland Ambulance Service
QCOSS Queensland Council of Social Services
QH    Queensland Health
QT    Queensland Transport, that is the Queensland Department of Transport
SEQ   South East Queensland
SIMS  Services Information Management System, a services database used by Queensland Health.
SLA   Statistical Local Area, as used by the Australian Bureau of Statistics to define a particular area or region within Australia.
TOTTS Townsville and Thuringowa Transport Solutions
VA    (Australian Government Department of) Veteran’s Affairs
1. Introduction

Queensland Health (QH) commissioned Parsons Brinckerhoff, in conjunction with Charlton Solutions, to undertake the project titled ‘Mapping, audit and analysis of the use of transport for Home and Community Care (HACC) Services in Queensland’. This project was required to focus on how transport is being used to deliver HACC services throughout Queensland.

One of the key project outcomes includes making recommendations on any appropriate alternative strategies, services and structures that would maximise the flexibility and options in meeting the transport needs of HACC clients in Queensland. However, the project work and outcomes are still intended to fit in with the overall goals and objectives of the HACC Program. These principles have guided the study process and outcomes.

This document is the summary document (stand-alone) of the project’s Final Report.
2. **Study background**

The HACC Program is a joint funded program between the Australian Government Department of Health and Ageing and Queensland Health. It is administered under the *Home and Community Care Act 1985* and the *HACC Amending Agreement, 1999*.

HACC service providers are located throughout Queensland, including rural and remote areas. Over 700 projects are funded by the HACC Program in Queensland with some of these being culturally specific and Indigenous service providers.

The HACC Program funds about 400 service providers in Queensland that provide *some element of transport* for HACC funded services, e.g. cars and buses for multi-service organisations and vehicles.

**Specifically, this study focuses on the three service types of Centre Based Day Care (CBDC), social support and transport as these three service types include transport as a key element of service delivery.** Figure 2.1 below illustrates how a ‘projects’ funding may be utilised in terms of these three service types and also how ‘transport’ as an activity relates to each of these.

![Figure 2.1: Transport and the HACC program](image)

The focus of this project has been to develop an understanding of how best to provide transport services to successfully deliver the HACC program.
3. **Study process**

The conduct of this project has been based on the use of a three phased approach as follows (see Figure 3.1 below):

- **Phase 1** – Mapping, audit and analysis of current HACC services utilising transport.
- **Phase 2** – Research and identify Best Practice Models both in Queensland and Interstate for the provision of HACC transport needs.
- **Phase 3** – Make recommendations on the development and implementation of Transport Service Models which maximise the flexibility and options in meeting the needs of HACC clients in Queensland. HACC Program goals and objectives are to be factors for consideration in this phase.

**Figure 3.1: Three phase study process**

- *Phase 1* – Mapping, audit and analysis of current HACC services utilising transport.
- *Phase 2* – Research and identify Best Practice Models both in Queensland and Interstate for the provision of HACC transport needs.
- *Phase 3* – Make recommendations on the development and implementation of Transport Service Models which maximise the flexibility and options in meeting the needs of HACC clients in Queensland. HACC Program goals and objectives are to be factors for consideration in this phase.

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and Analysis</td>
<td>Best Practice Models</td>
</tr>
</tbody>
</table>

**Transport Service Model**

The complete study outcomes are reported in the project’s Final Report.
4. **Mapping, audit and analysis outcomes**

Presented below is a summary of the results of the various data analysis and review exercises undertaken for the project. This information has guided the development of the three service delivery models as detailed in Chapter 5.

4.1 **Review of existing data sets**

4.1.1 **HACC target population**

As part of the HACC program there is a pre-defined ‘HACC target population’. It is understood that the formula draws on various demographic characteristics of a region to determine the potential target population.

**Key findings:**

- there is a greater total HACC target population within the South East Queensland area with North Brisbane having the greatest total amount, followed by West Moreton;
- the lowest levels are primarily within the west and central west areas; and
- the coastal strip along the Queensland coast generally has a higher target population than inland regions.

4.1.2 **National Minimum Data Set (NMDS)**

The Australian Government Department of Health and Ageing recently developed and now administers a standard reporting framework that measures the level of HACC service provision within the community it is known as the National Minimum Data Set (NMDS) or the ‘MDS’.

**Key findings:**

- Primary (about 75 %) accommodation form for HACC clients is a private residence (home owned/purchased).
- The two highest age category proportions are for ‘61–80 years’ and ‘> 81 years of age’ (frail-aged), each about one third. Next highest category, 20 – 25 %, is for the age group 0–20 years, ‘younger disabled’.
- Across Queensland there is generally a balance in the amount of users with and without a carer.

4.1.3 **Services Information Management System (SIMS) data set – project funding**

The SIMS database has provided an understanding of the existing levels of HACC funding currently being distributed across the community for the provision of HACC projects.

**Key findings:**

- Generally across Queensland the highest proportion of funding, around ½ of the available funds, is provided for ‘centre based day care’ services. Indeed, across
Queensland CBDC is equal to the combined value of social support and transport funding.

- After ‘centre based day care’ the ‘social support’ and ‘transport’ service types generally receive equal funding of the remaining available funds.
- The greatest level of variability in the split of funding between service types is evident in SEQ.
- The regional areas seem to receive a higher proportion of funding for ‘transport’ per head of population rather than for the other two service types. This may be indicative of the potentially higher travel distances required in regional areas.
- Nearly half (45%) of the available funds is allocated to the North Brisbane/Sunshine Coast and the West Moreton/South Coast regions.
- The other regions apart from SEQ and Central (with 15%) receive less than 10% of the available funding.
- The relative allocation of funds for each region versus a regions proportion of the total Queensland population indicates that the allocation of funds is relatively balanced. The areas outside SEQ also have a lower relative proportion of the share in terms of “per head of population” estimates with SEQ’s share matching almost one-to-one with the funds whereas in areas outside SEQ the funding is only about 80% of that of a person in SEQ in relation to the three service types of CBDC, Social Support and Transport. Further investigation in relation to these differences is required.

4.2 Review of existing reports, studies, Queensland and interstate practice

As part of the HACC transport service review various relevant existing reports, studies, Queensland and Interstate Practice were reviewed.

For the purposes of this project the review of ‘best-practice’ is only in relation to ‘innovative projects’ or arrangements. An ‘innovative arrangement’ is to go beyond ‘business-as-usual’, that is, to create or introduce a new approach.

Provided below in Table 4.1 are the key findings arising from the review of existing studies and reports. Table 4.2 outlines what are seen to be the most ‘innovative’ or ‘best-practice’ arrangements across Australia.

**Key findings:**

- Throughout Australia there exist a limited number of services that could be considered to be ‘innovative’ or ‘best practice’.
- Features of an innovative program may include brokerage of vehicles; central coordination point for services; trip and vehicle registers; sharing/use of vehicle during downtime; and information services and collaboration between providers as part of a whole-of-community transport approach.
- Many innovative arrangements are related to broader community transport solutions.
### Table 4.1: Review of existing studies and reports

The following details summarise the key findings and conclusions drawn from the review of existing studies and reports on transport provision relevant to this study.

**Key findings**

<table>
<thead>
<tr>
<th>Access</th>
<th>Resource Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Equitable access to transport.</td>
<td>a. Use, recruitment, training and management of volunteers and their own vehicles.</td>
</tr>
<tr>
<td>b. Provision of suitable, wheelchair accessible vehicles.</td>
<td>b. Distance to/from medical appointments.</td>
</tr>
<tr>
<td>c. Effective and consistent telephone booking service.</td>
<td>c. Classification Tool – indicators for resource management.</td>
</tr>
<tr>
<td>e. Recognition of other forms of transport which may supplement HACC services.</td>
<td>e. Need for partnership arrangements with other agencies.</td>
</tr>
<tr>
<td>f. Increased demand for HACC services from pre-admission clinics, day surgery, shorter hospital stays and the refocus of ambulance services.</td>
<td>f. Empty seats and vehicle downtimes by non-HACC eligible people and agencies.</td>
</tr>
<tr>
<td>g. A standardized assessment form and client intake protocol.</td>
<td>g. Unwillingness to share resources.</td>
</tr>
<tr>
<td>h. A statewide passenger and service classification system.</td>
<td>h. Insurance costs for volunteers.</td>
</tr>
<tr>
<td>i. Lack of consideration by health practitioners for client requiring transport.</td>
<td>i. Establishment of Unit cost calculations.</td>
</tr>
<tr>
<td>j.</td>
<td>j. Rising cost of leases and the falling resale value of buses.</td>
</tr>
</tbody>
</table>
Key findings

Consumer needs

a. Ageing population and people with disabilities.
b. Is health a priority over social needs?
c. Need for a priority screening tool to grade the client from Low > Medium > High.
d. Highly changeable needs of clients.
e. Increasing care needs of passengers – increased loading time, type of vehicle required, number of personnel needed.

Standards

a. Safe carriage of trip related parcels and/or equipment.
b. Driver authorisation and vehicle accreditation.
c. Safety of clients with medical conditions.
d. Minimal monitoring of needs or service effectiveness.

Community

a. Importance of information sharing when more than one operators in an area – establishing health transport network.
b. Overlaps/gaps in existing government services.
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Table 4.2: Review of existing models and best practice – Queensland and interstate

<table>
<thead>
<tr>
<th>Region</th>
<th>Organisation</th>
<th>Characteristics</th>
<th>Comments</th>
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</table>
| Queensland – Brisbane North | St John’s Transport Access Project | ▪ Split into three components, 20% Transport Access, 30% Services and 50% Information Line.  
▪ 20% – Transport Access Project – Coordination of brokerage for non-emergency health related transport utilizing existing transport resources:  
  < Vehicle Register for available vehicle use;  
  < Trip Register for ‘spare seats’;  
  < collaborative arrangements; and  
  < detailed framework.  
▪ 30% – services:  
  < taxi vouchers – for clients and providers;  
  < door-door Service eg. Stafford City Express in collaboration with Shopping Centre and Bus service; and  
  < door to door service to a shopping centre through B&W Cabs (MultiRide).  
▪ 50% Information Line. | ▪ Poor response from providers: willingness: suitability of vehicle: change: insurance.  
▪ Good access and use of client requested activities.  
▪ Major gaps – social isolation and health – related transport. |
| Queensland – Townsville | TOTTS (Townsville and Thuringowa Transport Solutions) | ▪ Brokerage Scheme for use of government funded minibuses.  
▪ Access for other community groups in vehicle downtime.  
▪ Question over service provider response and uptake.  
▪ Availability roster – vehicle only. | ▪ Initial positive response from local providers.  
▪ No lender organisations have ‘contributed’ a vehicle.  
▪ Question over Head Office objection with service providers.  
▪ Currently hiring out their own vehicle in hourly blocks to community groups.  
▪ Cost $10/hour + petrol with the borrower’s driver.  
▪ Insurance is the main concern for providers.  
▪ TOTTS provides a replacement vehicle for > four weeks if the vehicle is in an accident.  
▪ A lot of enquiries from school groups – not clear as to why schools cannot use their own school buses. |
| Western Australia, Perth | HACC Unit, WA Health and Taxi Company – HACC Transport Project | ▪ Perth Metropolitan area.  
▪ Set up strong penalty style Contracts with taxi contractors.  
▪ Only use selected taxi drivers willing to assist, and interested in this work.  
▪ Presentations to HACC agency staff first.  
▪ Promote the service through existing HACC agencies and stakeholders, including day centres. | Cost explanations using taxis example only:  
▪ One person taxi trip costs $40 – passenger pays $4. Unit cost to HACC Transport is $36.  
▪ Four person taxi trip costs $40 – each passenger pays $4. Unit cost to HACC Transport is $6 each. Examples only real costs quite different.  
Numbers exercise only: |
### Region | Organisation | Characteristics | Comments |
--- | --- | --- | --- |
<p>|  |  | Presentations to the target audience. | As passenger numbers increase, the overall unit cost decreases gradually i.e. more in each car. |
|  |  | Sell the care and assistance with backup to the target audience. | Numbers growth in 31 months |
|  |  | Having a simple assessment form relating to clients transport special needs. | By August 2001, after eight months, HACC Transport were doing approximately 700 trips per month. |
|  |  | Using TMA Trips software, with SQL very fast – provides great reports. | This year, in March 2004, approximately 6,800 trips for the month. |
|  |  | Employ staff who believe it can be done. | Approximately 300 selected taxi drivers complete our work. |
|  |  | Taxi company and HACC Transport send out random six monthly quality assurance surveys. | Client acceptance % from our last survey: |
|  |  | Taxis provide a dedicated taxi booking/dispatch officer. | Client approval rating 89%. |
|  |  | All trips are fixed price. | Great acceptance. |
|  |  | Measured on computer by HACC Transport. | |
|  |  | Price is inserted onto the job by HACC Transport before being emailed to taxi contractors. | |
|  |  | All assessed HACC eligible clients are entered in our CIARR data base. | |
|  |  | Clients receive written instructions on how to use the service and an after hours business call card. | |
|  |  | Clients simply ring our call centre (North or South) to make a transport request. | |
|  |  | All bookings are entered into Trips including clients special needs. | |
|  |  | Two days in advance, passengers are batched together into vehicles on the computer. | |
|  |  | All car jobs are then emailed as a batch to the respective contracted taxi companies. | |
|  |  | The taxi companies then dispatch work to HACC taxi cars with all special service instructions. | |
|  |  | Return trips are batched ‘on the fly’ or as a fixed time return. | |
|  |  | After hours and weekend trips are scheduled in advance and emailed with authorised booking numbers to the taxi companies during office hours. | |
|  |  | On the fly after hours and weekend return trips are managed by the taxi companies for authorised journeys, clients ring taxi companies direct for these returns. | |
|  |  | HACC Transport organise, and taxis complete, approx. 200 plus weekend trips most weekends. | |
|  |  | Trips software program captures all client and taxi costings. | |</p>
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<tr>
<th>Region</th>
<th>Organisation</th>
<th>Characteristics</th>
<th>Comments</th>
</tr>
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</table>
| South Australia, Regional    | Office of Public Transport (OPT) and Ageing and Community Care Branch, SA – Community Passenger Networks (CPN) | - Partnership between the Ageing and Community Care Branch of the Office for Public Transport (OPT) has resulted in substantial improvements in access to services for HACC eligible clients and the broader community assessed as ‘transport disadvantaged’.  
- The Jointly funded CPN Program (commenced in 1996) was aimed at improved coordination of available transport. CPN’s also provide direct transport services through volunteer drivers for those unable to access available bus services.  
- CPN’s provide information, coordination and booking of transport services to people who are transport disadvantaged due to age, disability, health or income.  
- OPT provide half the funding to meet its obligations to provide transport in areas where there is none available for those without personal transport living in regional communities.  
- OPT has launched a program of Integrated Transport Planning, which commenced in 2001, with the Murray Mallee Study and this is being progressively replicated across regional SA.  
- Integrated Passenger Networks have been developed, which are solely funded by the OPT. This is a broader strategy to meet the needs of regional communities. This process assesses all available resources in the region and designs integrated services based on consultations and in conjunction with local/state government services and local businesses. As a result, there has been a roll out subsidised/accessible bus services in regional areas available to the transport disadvantaged. | - Engagement of OPT in the CPN’s has increased access to transport services to HACC clients that DHS would have otherwise been called upon to fund from HACC resources alone.  
- OPT has increased its own expenditure on CPN’s from $407,000 in 2000-2001 to an estimated $660,000 in 2003-2004. Over the same period, overall expenditure on regional transport networks has increased from $1,301 million to an estimated $2,744 million in 2003-2004.  
- In 2004 the program has expanded to 11 CPN’s which are successfully operating across SA, with increased demand in most areas.  
- HACC program provides joint funding to ensure HACC clients who are unable to access the general transport services due to additional support needs, have transport options to remain living independently in their homes.  
- The Department for Transport and Urban Planning Draft Transport Plan is a commitment to continue supporting the growth of Community Passenger Networks and Integrated Planning Networks aimed at increased access to services for people who are transport disadvantaged, including HACC eligible clients.  
- In the Draft Plan CPN’s are described as an efficient and effective way to meet community needs, particularly with the involvement of volunteer-based integrated passenger networks, which can be flexible and tailor made.  
- The continued, targeted support for CPN’s through the HACC Program has produced benefits for HACC eligible clients in the most cost-effective manner possible. For this reason it is willing to support their expansion, on a cost shared basis, through the HACC Program. |
| Victoria – Yarra Ranges, Knox, Manningham Maroondah, Monash | Eastern Transport Register (ETR) | - Centrally computerised register of vehicles servicing HACC clients.  
- Improve utilisation and efficiencies of transport services.  
- Borrower Membership covers insurance, central booking point, access to vehicles, volunteer drivers (if required).  
- Lender membership – maximum of $1000/week may be claimed for four weeks for replacement vehicle, if accident occurs. | - From Jan 1 2002 – June 30 2002, ETR coordinated.  
- 390 vehicle loans: 35 different borrowing agencies.  
- 42 vehicles are available through ETR.  
- Insurance covers $1000/week for replacement of vehicle for up to four wks + no excess to driver.  
- Four small accidents/two years. |
### Region Organisation Characteristics

<table>
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<tr>
<th>Region</th>
<th>Organisation</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Eastern Transport Access Network |  | - Aim – information exchange, discussion of issues, appropriate action, develop partnerships between providers, develop interagency procedures, coordination of services.  
- 400 agencies.  
- Recommend development of regional database – vehicles; services; and volunteers. |
|  |  | - Creation of transport network at the local and regional level to achieve efficiencies in resource allocation and usage.  
- Strengthens links and cooperation between providers locally and across a region.  
- Identifies gaps and solutions for transport.  
- [www.etan.info](http://www.etan.info). |

### Comments

- HACC service Agreements are starting to have 'borrowing' responsibilities into agreements ('use of vehicles in downtime').
- Providers would like some form of financial recognition from HACC if they lend their vehicles eg. Priority listing for replacement vehicles.
- Borrowing cost – minimal e.g. $10 – 40/day (has to be < ½ the commercial rate).
4.3 Key stakeholder inputs

The key findings from the stakeholder workshops and interviews undertaken during this project are presented below in Table 4.3.

Table 4.3: Key findings and opportunities from stakeholder interviews and workshop processes

<table>
<thead>
<tr>
<th>Key findings</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad-hoc funding of buses.</td>
<td>‘Growth’ funding.</td>
</tr>
<tr>
<td>Access to services.</td>
<td>Multi purpose vehicles.</td>
</tr>
<tr>
<td>Journey versus the destination (being part of the community).</td>
<td>Flexibility – alternative vehicles (DVA and open tendering).</td>
</tr>
<tr>
<td>Out of hours transport.</td>
<td>Being part of a broader transport service with HACC.</td>
</tr>
<tr>
<td>‘Labelling’ of vehicles with service provider logos and or HACC program logos and embarrassing for some clients.</td>
<td>Greater co-ordination and clearer HACC Policy.</td>
</tr>
<tr>
<td>How best to ‘purchase transport’.</td>
<td>Increasing information and communication.</td>
</tr>
<tr>
<td>Hospital related transport – Queensland Health and private health services.</td>
<td>Brokerage model.</td>
</tr>
<tr>
<td>Partnerships/collaboration.</td>
<td>Charging fares – ‘fair fares’.</td>
</tr>
<tr>
<td>HACC is a high quality service.</td>
<td>Client independence and empowerment.</td>
</tr>
<tr>
<td>Unclear data collection – MDS.</td>
<td>Assessment service process.</td>
</tr>
<tr>
<td>HACC eligibility.</td>
<td>Responding to ‘Social Isolation’.</td>
</tr>
<tr>
<td>Information about services.</td>
<td>Co-ordination and education.</td>
</tr>
<tr>
<td>‘Doctor shopping’ for approval to access QAS.</td>
<td>Clear contracts.</td>
</tr>
<tr>
<td>Taxis – can be flexible; joint venture – ‘Fleet Arm of HACC’. But there is ‘a fear’ of the Taxi industry.</td>
<td></td>
</tr>
<tr>
<td>Needs to be ‘whole of government’ and ‘whole of public sector’ process.</td>
<td></td>
</tr>
</tbody>
</table>

4.4 HACC transport survey

A HACC transport survey was developed specifically for this project.

The survey determined how HACC transport services were being provided across Queensland in terms of social support, centre based day care and transport. These are the three line items relating to transport as defined with the MDS.

The survey was developed in an electronic form (in MS Excel) that included ‘drop-down’ menus and ‘pick lists’ and ‘pick boxes’ for ease of completion.
The survey process (electronic) was an extremely cost-effective method of surveying up to 400 or so organisations. Queensland Health should consider the use of this method for future surveys of this nature. Other points to consider are the respondents potential lack of resources; age of technology; capacity to receive large email documents; and the use of personal email addresses by some clients. Notwithstanding, for future versions all service providers should be given more time to consider and complete the survey.

The survey was divided into two parts, the front-end ‘overall survey’ which covered the general HACC transport related questions and also a secondary part which was titled the ‘vehicle utilisation survey’.

The survey response rate was acceptable with 138 surveys received. This number of responses is about 35% of the total possible respondents of about 395. The survey response rates are considered to be reasonable given the required short turnaround time for the survey response.

Key findings:

- HACC funded vehicles are generally later model vehicles if compared to both private staff vehicles and volunteer’s vehicles.
- Sedans are the most common vehicle type, followed by buses then station wagons.
- More vehicles may be likely associated with service providers in SEQ, if compared to say Peninsula region, e.g. on average in south-east Queensland there exist about five vehicles per service provider versus just over one vehicle per service provider in the far north.
- The Transport service type had the highest number of trips, weekly vehicle kilometres and average trip length, followed by CBDC then Social Support. This result may indicate that transport as a service type has an important role and as such should be defined as its own service type, as is currently the case. It also highlights the importance of transport as an activity or component of both CBDC and Social Support.
- A more detailed survey, maybe on an annual basis, would be invaluable in allowing QH to better plan for HACC services and specifically for transport provision.
- Services are primarily provided for 5+ days per week (about 90%). This indicates that the service provision is a key element of a community’s transport network.
- About 70% of service providers provided services outside their defined service areas. This is consistent between the three service types. This implies that there is a need for service providers to work together as part of a wider transport network.
- On average a service provider is likely to have less than 1 accident per year. Given this there should be significant scope to ‘broker’ or share vehicles between service providers without the fear of accidents affecting the brokering service providers operations.
- About 60% of Centre Based Day Care and Social Support clients receive transport as part of the funding for these two service types. Transport is therefore a crucial component in terms of the delivery of both HACC Centre Based Day Care and Social Support services.
- The key trip purposes are those relating to ‘doctors appointments’ and ‘other health appointments’ (both totalling to 36 %) with the next highest being for ‘shopping’ (18 %). These two trip purposes represent over ½ of all trips. Given their nature and consistent demand many of the trip purposes could be ‘timetabled’ or fixed to result in an efficient use of the available transport resources. It is estimated that up to 90 % of the transport
services could be ‘timetabled’ or fixed with the remaining 10% being utilised for variable or ‘on call’ variable activities.

- Of those trips that relate to ‘medical appointments’ for about 56% of these none were over 50km in distance. More detailed investigations into the reasons for long distance medical related appointments, e.g. renal dialysis is necessary.

- Only 35% of service providers purchase services from other agencies, with about 60% responding that they do not purchase services from other agencies. These results indicate that there exists a large potential to improve coordination between service providers and also the wider transport network. These results also point towards the likely significant gains that may be achieved through the use of vehicle brokerage as one element of an improved system. Interestingly, nearly 30% of service providers purchase over 90% of their services from Taxis, with the next highest proportion from commercial buses. The high result for taxis may be an indication of the usually high level of service and reliability for ‘on demand’ services. Taxis are an ideal form of ‘on demand’ transport.

- About ¼ of purchased trips cost less than $5, whereas almost ¼ of purchased trips cost over $50. These values provide a relative indication of the average cost per trip. The majority of the purchased trips were allocated to ‘transport’.

- Service providers generally do not hire-in or broker vehicles, with nearly ¾ indicating that they do not hire-in or broker vehicles.

- About half of the service providers indicated that they allowed their vehicle to be used in ‘downtime’, but this is generally on an ad-hoc basis. Of those who did not allow their vehicles to be used ¼ cited insurance concerns, about ¼ indicated no spare vehicles were available and about 1/5 claimed no downtime experienced. These results indicate that the use of the vehicles and available transport resources needs to be undertaken in a more strategic manner rather than the current ‘ad hoc’ arrangements. A review of the existing insurance arrangements and policies also needs to be undertaken in consultation with relevant stakeholders.

- The average amount of downtime is of the order of 20%. This amount of downtime needs to be reviewed and understood in greater detail so that a better level of utilisation of available resources can be achieved. This is certainly true for ‘after hours’ periods, e.g. at night and over weekend periods. This is one of the key findings for service provision.

- About half of the service providers indicated that if spare seats were available they would transport non-HACC clients. This indicates that there does exist within the service provider community an appreciation that they are part of a bigger network and that they should work within the wider community to improve transport services within the community. This certainly bodes well for improvements that involve closer working relationships between service providers, the wider transport network and the development of local community transport networks.

- The majority of service providers indicated that they would support the implementation of new/additional flexible transport arrangements. This is a positive outcome that certainly provides further impetus for QH to drive forward improvements within the system knowing that there is support for such arrangements.

- The majority of service providers indicated that they do have other service providers in their area. However, unfortunately about ½ never meet with these other providers and about one third only meet as required. This result implies that the communication channels between service providers and the wider transport network needs to be opened so that maximum use of resources is achieved thereby resulting in better outcomes for HACC clients.
5. Transport service delivery models

5.1 Progression to the service delivery models

The reasoning for the proposed service delivery models (see Section 5.3) is outlined below in Table 5.1.

Table 5.1: Towards the service delivery models – the inputs

<table>
<thead>
<tr>
<th>Project input</th>
<th>Model features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Existing data sets (target population, Sims &amp; NMDS) (Section 4.1)</td>
<td></td>
</tr>
<tr>
<td><strong>HACC Target population</strong></td>
<td></td>
</tr>
<tr>
<td>- There is a greater total HACC target population within the South East Queensland area with North Brisbane having the greatest total amount, followed by West Moreton. The lowest levels are primarily within the west and central west areas.</td>
<td>Models need to be flexible but responsive to the needs of different regions and population levels/density.</td>
</tr>
<tr>
<td>- The coastal strip along the Queensland coast generally has a higher target population than inland regions.</td>
<td>'one size won't fit all'.</td>
</tr>
<tr>
<td><strong>National Minimum Data Set (NMDS)</strong></td>
<td></td>
</tr>
<tr>
<td>- Consistently the two highest age category proportions are for '61–80 years' and '&gt; 81 years of age' (frail-aged).</td>
<td>Models need to be able to cater for the requirements of a diverse client base, e.g. frail-aged and younger disabled across Queensland.</td>
</tr>
<tr>
<td>- Each of these categories makes up about one third of the state HACC client base.</td>
<td>Model vehicle resources need to allow for carer transport and equipment, e.g. wheelchairs.</td>
</tr>
<tr>
<td>- Next highest category is for the age group 0–20 years, suggesting the 'younger disabled' category.</td>
<td>Model structures need to accommodate the three service types related to transport, e.g. CBDC, Social Support and Transport, and to differing degrees across Queensland.</td>
</tr>
<tr>
<td>- Generally, across Queensland there is a balance in the amount of cases with and without carers available.</td>
<td></td>
</tr>
<tr>
<td><strong>Services Information Management System (SIMS)</strong></td>
<td></td>
</tr>
<tr>
<td>- Generally across Queensland the highest proportion of funding, around ½ of the available funds, is provided for 'centre based day care' services. Indeed, across Queensland CBDC is equal to the combined value of social support and transport funding.</td>
<td></td>
</tr>
<tr>
<td>- After 'centre based day care' the 'social support' and 'transport' service types generally receive equal funding of the remaining available funds.</td>
<td></td>
</tr>
<tr>
<td>- There is a high variability in the proportions of funds provided to the three service types. For example, in SEQ the highest amount of funding is provided to 'centre based day care', with 'social support' receiving the next highest proportion. The greatest level of variability in the split of funding between service types is evident in SEQ.</td>
<td></td>
</tr>
<tr>
<td>- The regional areas seem to receive a higher proportion of funding for 'transport' per head of population rather than for the other two service types. This may be indicative of the potentially higher travel distances required in regional areas. However, more detailed data would be required to be conclusive in this regard.</td>
<td></td>
</tr>
</tbody>
</table>
2. **Best-practice review (Section 4.2)**

- St John’s Transport Access Project.
- Townsville and Thuringowa Transport Solutions (TOTTS), Eastern Transport Register (ETR) and SA Community Passenger Networks.
- WA HACC Transport.

**Model features**
- Similar to Partnership Model (see Section 5.3).
- Similar to Central Agency Model (see Section 5.3).
- Similar to Central Resources Model (see Section 5.3).

3. **Key stakeholder inputs (Section 4.3)**

- Needs to be ‘whole of government’ approach.
- Coordination overlaps and gaps.
- Partnerships/collaboration.

**Model features**
- Each model depends on an improved approach ‘across government’.
- Efficient and effective use of transport resources should drive the delivery of services balanced with quality client service.
- Model approaches need to provide a range of options and integrate with broader community networks.
- Require open interaction within model structures to allow partnerships or collaborative transport solutions.

4. **Transport survey (Section 4.4)**

- About 70% of service providers provided services outside their defined service areas. This is consistent between the three service types. This implies that there is a need for service providers to work together as part of a wider transport network.
- On average a service provider is likely to have less than 1 accident per year. If an accident does occur it is also likely that the vehicle will be on average off the road just over one day. Given this there should be significant scope to ‘broker’ or share vehicles between service providers without the fear of accidents affecting the brokering service providers operations.
- Services are primarily provided for 5+ days per week (about 90%). This indicates that the service provision is a key element of a community’s transport network.
- About 60% of Centre Based Day Care and Social Support clients receive transport as part of the funding for these two service types. Transport is therefore a crucial component in terms of the delivery of both HACC Centre Based Day Care and Social Support services.
- Only 35% of service providers purchase services from other agencies, with about 60% responding that they do not purchase services from other agencies. The actual number of purchased trips per week was relatively low at between 1-10 trips per week for about 60% of service providers.
- The average amount of downtime is of the order of 20% and this value is similar to that discussed during the consultation processes. Clearly, this amount of downtime needs to be reviewed and understood in greater detail so that a better level of utilisation of available resources can be achieved. This is certainly true for ‘after hours’ periods, e.g. at night and over weekend periods.
- About half of the service providers indicated that if spare seats were available they would

**Model features**
- Model structure to foster interaction between HACC service and wider community networks.
- Insurance concerns should not be a concern or reason not to initiate partnerships between service providers.
- Model structures should have flexibility of service delivery built in.
- Transport is a crucial component of CBDC and social support and model structures should take account of this requirement.
- Coordination and cooperation need to be facilitated by the models.
- Models need to foster efficiency and effectiveness for services.
<table>
<thead>
<tr>
<th>Project input</th>
<th>Model features</th>
</tr>
</thead>
<tbody>
<tr>
<td>transport non-HACC clients. This indicates that there does exist within the service provider community an appreciation that they are part of a bigger network and that they should work within the wider community to improve transport services within the community. This certainly bodes well for improvements that involve closer working relationships between service providers, the wider transport network and the development of local community transport networks.</td>
<td>Open interaction within the models is important and should be set within a broader community network.</td>
</tr>
<tr>
<td>The majority of service providers indicated that they do have other service providers in their area. However, unfortunately about ½ never meet with these other providers and about one third only meet as required. This result implies that the communication channels between service providers and the wider transport network needs to be opened so that maximum use of resources is achieved thereby resulting in better outcomes for HACC clients.</td>
<td>Models should promote open-communication channels to foster interaction.</td>
</tr>
<tr>
<td>It is clear that service providers have the capacity to provide for clients with special needs. This data also highlights the high level of special care that is required to cater for HACC clients.</td>
<td>Need to provide a transport service that caters for people with special needs, including equipment and challenging behaviour.</td>
</tr>
</tbody>
</table>

5. Workshops and stakeholders

- The common choice for the preferred model was the ‘Partnership Model’. This was consistent between Brisbane, Cairns and Rockhampton. The second favoured was the ‘Central Resources Model’ and then the ‘Central Agency Model’.
- The three models could be seen as a ‘phased in process’ over time.
- The reduction in required administration for service providers for the various service delivery models was seen as an advantage.
- Consideration of ‘bulk buying’ of vehicles or leasing arrangements as part of centralised models as will provide ‘economies of scale’ to services provision.
- Centralised models seen as being a ‘one-stop-shop’ arrangement.
- All models will require information to be provided to clients to let them understand the changes and how they will affect their local area and service provision to them as individuals.
- Need to ensure that client feedback is included as part of service delivery model structures.
- Structures to consider staged implementation and ability to do so. Partnership model seen as being more palatable from the outset.
- Inherent efficiencies to be built in to the models.
- Structures to facilitate efficiency gains for resources.
- Benefits of centralised structures.
- Two-way client communications is critical to ensure client acceptance of models.
From the range of key findings, constraints and opportunities that have been identified in each of the preceding sections of this report (and highlighted in Table 5.1 above) four key issues have been distilled. The four key issues are:

1. **Communications** – The communication channels between service providers, Queensland Health, other transport networks and associated agencies need to be ‘opened up’.

   Communications was also an issue in relation to how organisations communicate with each other when they are providing services. For example, how effective are the current arrangements for communications between service providers and medical facilities?

2. **Integration** – The levels of integration between both service providers and other local transport networks is relatively low. The low level of integration is a big issue but at the same time it is also a big opportunity as the transport survey indicated that about 85% of the service providers stated they had other service providers in their area. This then means that there are likely to be many opportunities for service providers to work together in a more cooperative manner as a complete transport network. Many opportunities for integration exist. Indeed, the transport survey showed that in most areas there are a raft of other service providers and other local transport networks available for HACC services to integrate with, e.g. Taxi, Club/Courtesy Bus, QAS, Commercial Bus, Rail/Ferry amongst others. It is important to note that any integration strategy within a given area also recognises and interfaces with an area’s Integrated Regional (or Local) Transport Plans (Queensland Transport and Local Government Documents).

3. **Efficiency and effectiveness** – The level of efficiency in the provision of transport services is in question. A likely order of about 20% for vehicle downtime. It is important to note that this downtime is not for ‘out of hours’ this is for ‘work hours’. This amount of downtime presents some opportunities for future improvements in efficiency within the system but it also presents challenges in how best to use the available vehicle fleet during the ‘work day’ and also ‘outside hours’.

   Effectiveness of services also requires consideration. Effective service delivery, from the perspective of delivering in accordance with client needs, is also crucial and in many ways directly relates to the ‘quality’ of service.

4. **Costs** – The costs to provide the services need to be rationalised to obtain the best-value-for-money outcomes for clients. The provision for costs also needs to recognise the differences between regions within Queensland, that is ‘one size doesn’t fit all’.

   The resulting costs for the system are directly related to the successful application of the above three key findings. Service delivery models that can provide a framework to rationalise the use of available resources within a community (vehicles and labour) need to be adopted. The proposed service delivery models achieve these requirements and in many respects reflect what is currently evolving within the community, e.g. St John’s Transport Access Project, TOTTS, Yarra Ranges ETR, WA HACC Transport and SA CPN projects (see Table 5.2).
5.2 List of specific improvements

Various specific improvements, including service principles, have been considered.

The specific improvements have been formulated to address what are considered to be the four key issues associated with the provision of HACC transport and related services (see Section 5.1 above). The four key issues are considered to be **communications; integration; efficiency/effectiveness** and costs.

The specific improvements to be incorporated as part of any future service delivery model structure include:

1. Eligibility and client care assessment;
2. Ongoing review of community profile and client needs;
3. Ongoing review of trip characteristics, demands and the use of HACC vehicles;
4. Scan of alternate transport networks;
5. Focus on geographical coverage;
6. Consistent HACC transport policy framework;
7. Development and implementation of performance indicators;
8. Prioritisation and coordination systems – a fixed and flexible approach;
9. Integration with medical related appointments and facilities;
10. Community transport networks;
11. User Pays’ Services Options; and
12. Best practice review and innovation.

Table 5.2 and Table 5.3 below describe how the four key issues relate to each of the ‘specific improvements’. The specific improvements are a necessary part of the implementation of any service delivery model.
Table 5.2: Key findings linkage to specific improvements

<table>
<thead>
<tr>
<th>Communications</th>
<th>Efficiency/effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ongoing review of community profile and client needs;</td>
<td>1. Eligibility and client care assessment;</td>
</tr>
<tr>
<td>3. Ongoing review of trip characteristics, demands and the use of HACC vehicles;</td>
<td>2. Ongoing review of community profile and client needs;</td>
</tr>
<tr>
<td>5. Focus on geographical coverage;</td>
<td>3. Ongoing review of trip characteristics, demands and the use of HACC vehicles;</td>
</tr>
<tr>
<td>7. Development and implementation of performance indicators;</td>
<td>4. Scan of alternate transport networks;</td>
</tr>
<tr>
<td>8. Prioritisation and coordination systems – a fixed and flexible approach;</td>
<td>5. Focus on geographical coverage;</td>
</tr>
<tr>
<td>9. Integration with medical related appointments and facilities;</td>
<td>6. Consistent HACC transport policy framework;</td>
</tr>
<tr>
<td></td>
<td>8. Prioritisation and coordination systems – a fixed and flexible approach;</td>
</tr>
<tr>
<td></td>
<td>9. Integration with medical related appointments and facilities;</td>
</tr>
<tr>
<td></td>
<td>10. Community transport networks; and</td>
</tr>
<tr>
<td></td>
<td>12. Best practice review and innovation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integration</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Ongoing review of trip characteristics, demands and the use of HACC vehicles;</td>
<td>1. Eligibility and client care assessment;</td>
</tr>
<tr>
<td>4. Scan of alternate transport networks;</td>
<td>2. Ongoing review of community profile and client needs;</td>
</tr>
<tr>
<td>5. Focus on geographical coverage;</td>
<td>3. Ongoing review of trip characteristics, demands and the use of HACC vehicles;</td>
</tr>
<tr>
<td>6. Consistent HACC transport policy framework;</td>
<td>4. Scan of alternate transport networks;</td>
</tr>
<tr>
<td>7. Development and implementation of performance indicators;</td>
<td>5. Focus on geographical coverage;</td>
</tr>
<tr>
<td>9. Integration with medical related appointments and facilities;</td>
<td>11. User Pays’ Services Options; and</td>
</tr>
<tr>
<td></td>
<td>Each affects client quality of service</td>
</tr>
</tbody>
</table>
Table 5.3: List of specific improvements

<table>
<thead>
<tr>
<th>Specific improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eligibility and client care assessment</td>
</tr>
<tr>
<td>Consistent eligibility and client care assessment processes. Eligibility and client care assessment requirements should be:</td>
</tr>
<tr>
<td>▪ Consistent across Queensland, and at the regional level, between providers to ensure that the eligibility assessment is non-ambiguous and clear but seen as equitable.</td>
</tr>
<tr>
<td>▪ Linkage with the ONI tool (currently in a ‘Pilot’ stage). Assessment of transport requirements will determine dependency level (client need for assistance) and meet the HACC National Standards 1 (Access) and 4 (Service Delivery). Figure 5.1 provides an example ‘Transport Classification Tool for HACC Funded Providers’. A tool of this nature will provide a more detailed understanding of the transport requirements of each client and how best to meet their individual needs.</td>
</tr>
<tr>
<td>▪ Training of appropriate staff to be able to correctly determine eligibility in accordance with predefined requirements, e.g. ONI.</td>
</tr>
<tr>
<td>▪ The assessment process would follow steps of Enquiry/Referral &gt; Assessment (ONI and Transport specific criteria) &gt; Classification &gt; Waiting List &gt; Scheduling/Booking &gt; Service Provision &gt; Feedback.</td>
</tr>
<tr>
<td>▪ The assessment will also assist providers in facilitating timely delivery of services by matching client needs to resource availability, i.e. trip requiring an escort correctly ‘matched’ to a service providing this level of client care.</td>
</tr>
<tr>
<td>▪ Risk management (client dependency levels) – Service providers need to be aware of other transport options if not eligible for service. Reassessment of client needs to ensure ongoing needs are met.</td>
</tr>
<tr>
<td>2. Ongoing review of community profile and client needs</td>
</tr>
<tr>
<td>Consistent periodic review of community profiles and client needs within a region. May be incorporated as part of ongoing MDS reporting. Service Provider client feedback as a key input into this process. Key issues to consider are future changes in, for example:</td>
</tr>
<tr>
<td>▪ Vehicle modification requirements.</td>
</tr>
<tr>
<td>▪ The proportion of aged and the disabled within the community.</td>
</tr>
<tr>
<td>▪ The proportion of those clients living at home.</td>
</tr>
<tr>
<td>▪ Number of clients versus carers – need to consider ‘special needs’ groups and hours of operation.</td>
</tr>
<tr>
<td>▪ Client expectations are increasing through a greater access to information.</td>
</tr>
<tr>
<td>3. Ongoing review of trip characteristics, demands and the use of HACC vehicles</td>
</tr>
<tr>
<td>Consistent periodic review of:</td>
</tr>
<tr>
<td>▪ trip lengths,</td>
</tr>
<tr>
<td>▪ the number of trips and their characteristics for various time periods and days, including for the various trip purposes;</td>
</tr>
<tr>
<td>▪ ‘seats used’ (utilisation rates) rather than ‘trips’ as the concept of a ‘seat’ will better focus the efficient delivery of transport services across each region;</td>
</tr>
</tbody>
</table>
Specific improvement

- trips outside ‘region’ and process followed to ascertain need and services for these trips;
- client feedback to ensure that the transport services that are being provided are meeting the needs of clients;
- operating times so as to ensure the services being provided are meeting the needs of clients and also to reduce the amount of vehicle downtime, e.g. options may exist to utilise a vehicle during weekends for younger disabled with the vehicle being used by younger adults during the evening periods;
- levels of flexible services provision, including implementation of innovative or cooperative arrangements (e.g. brokerage of vehicles);
- unit costings applied in defining service costs with the unit costings reflecting any regional differences, including client mix and distances travelled;
- vehicle fleet and future vehicle requirements, including review of purchase arrangements, e.g. consideration of lease arrangements and ‘bulk purchasing’; and
- the levels of usage for HACC vehicles (focussing on opportunities for the use of vehicles during downtime); and
- rural and remote issues including relatively poor public transport infrastructure, decreasing solo medical practitioners, reduction/withdrawal of services within a region. May be incorporated as part of ongoing MDS reporting and ongoing analysis of data by Queensland Health and the Australian Government Department of Health and Ageing. Service Provider client feedback may also be a key input into this process. An example issue that needs to be considered in this context is ‘Is the HACC funded vehicle the best resource for the trip, or are other transport resources available to meet the needs of clients?’.

4. Scan of alternate transport networks

Recognition and understanding of the available alternate transport resources within not only the ‘local’ community but also the resources that area available to areas outside the region of interest. For example, undertake a ‘scan’ of the available regional transport resources and investigate opportunities to effectively incorporate HACC transport services within the broader community services. Other transport networks may include:

- Taxis;
- Other HACC service providers;
- Public transport services (bus, ferry, rail, air);
- Private/commercial buses;
- Community buses, e.g. linked to shopping centres;
- Privately owned buses, e.g. community groups/organisations, clubs, hospitals, retirement centres, disability centres, amongst others;
- Department of Education – school buses;
- Emergency Services (Ambulance); and
- Other community transport solutions, e.g. VA transport network, DSQ services.

Consideration of the alternate transport networks must consider the particular client needs in terms of support, that is, carer requirements or wheelchair access amongst others.

Continuity of care for clients is also a key issue as generally clients would prefer a consistent level in the delivery of transport services and associated care.
Specific improvement

5. Focus on geographical coverage

Determine the key focus areas for the provision of HACC transport services within a community and maximise the opportunities and efficiencies for these key areas of service provision. This includes the containment of geographical coverage for particular trips. Also, to achieve this it will likely require interaction with other transport providers outside a given region so that if a service is to be provided it can be provided at the appropriate standard and being cognisant of the particular client needs. For example, if a client chooses to utilise a hospital further from his/her residence the transport provider may transport them to the nearest ancillary service, e.g. a train station with the client then continuing the journey on the train network (with a carer if required) but once at the other end another service provider then completes the remainder of the trip to the end destination.

6. Consistent HACC transport policy framework

Policies that are developed to facilitate the management of HACC transport services should be consistent at the required regional level. Some policies may not be suited to be applied at the state level. Specific policy requirements will likely be required for different regions across Queensland. A selection of the key policy areas to be considered include:

- use of vehicles in downtime;
- vehicle insurance and brokerage/sharing of vehicles (including use of vehicles by Non-HACC clients or organisations);
- service agreements including standards for drivers and vehicles;
- client assessment;
- role of volunteers;
- training requirements for paid staff and volunteers;
- vehicle purchasing (consideration of bulk buying or leasing arrangements); and
- use of alternate transport networks.

7. Development and implementation of performance indicators

The development and subsequent implementation of various performance indicators as they relate to the provision of HACC transport should initially focus on achieving and being able to measure outcomes against the HACC National Service Standards. Key indicators relating to transport would include service route kilometres; passenger kilometres, dollars per passenger kilometre; trips per day; dollars per trip; trip kilometres for each service types transport components.

8. Prioritisation and coordination systems – a fixed and flexible approach

Systems should be developed that allow the effective prioritisation of client needs and then the effective coordination of trip making across the community. Systems would likely be based on the use of effective booking systems (phone or internet); automated ‘trip matching’ and prioritisation; logging of client records within a database including individual client needs, e.g. uses wheelchair and also integration or linkages to other service providers and alternate transport networks.

A suitable system may consist of a two tiered approach to transport service delivery. The two tiers could be:

- Fixed – for these trips a regular schedule or roster system would be formulated. The system would work on the principle of delivering regular services for particular trip purposes, e.g. ‘Medical Mondays’ (medical appointments), ‘Shopping Tuesdays’, ‘Recreation Wednesdays’. The ‘fixed’ component of the transport service delivery will likely take up the bulk (> 85%) of the service delivery time.
Specific improvement

- Flexible – for these trips flexible arrangements would be in place so that a known ‘flexible’ transport component is available for use.

A two tiered approach will then allow a service provider to understand where the majority of their resource needs to be focussed to deliver an effective transport service. Such a process will likely foster an understanding of client needs and requirements and highlight areas that the service can be improved to cater for the ‘fixed’ area of service provision. In the case of the ‘flexible’ service delivery once the ‘fixed’ component is defined the ‘spare’ or ‘available’ resources are more clearly understood to then be able to deliver the ‘flexible’ or in some respects the ‘demand responsive’ component.

It is important to note that ‘continuity of care’ needs consideration as part of these systems.

Monitoring of response time from referral to service would also assist in understanding how well the prioritisation and coordination systems are working.

9. Integration with medical related appointments and facilities

Transport to medical appointments and hospitals needs to consider both the most appropriate choice of medical facility and the most efficient method of transport to the destination, including the use of ‘bulk appointments for HACC clients for medical appointments’. This would need to be part of an overall communication strategy between service providers and health care facilities. As part of this process consideration needs to be given to the most cost effective method of providing transport services for longer distance medical appointments, e.g. for renal dialysis patients. A service model demonstrating regional coordination could incorporate this communication strategy within its structure.

10. Community transport networks

Development and formulation of a community transport network that encompasses both public and private transport service providers within a region. The transport network may take the form of a forum (say quarterly) where representatives from key transport service providers attend to discuss the current ‘state of play’ in terms of the provision of transport services. The purpose of the transport network is to foster relationships between service provider groups and to open communication channels so that transport service use is maximised across the community. Queensland Transport provides the connection to transport within the community, with continued local involvement and leadership which benefits the HACC Transport program and achieves “whole-of-community” transport solutions. The HACC program could support the development of these solutions in cooperation with other local community organisations. ‘Community Transport Networks’ could involve:

- Queensland Transport;
- Local Bus Service Providers;
- HACC Transport Service Providers;
- Other Community Transport Providers;
- Queensland Rail (if appropriate in the area of interest);
- Emergency Services (Ambulance Service);
- Public and Private Hospital Representatives, including QH;
- Disability Services Queensland and other providers such as the VA; and
- Key stakeholder organisations, e.g. Local Community Organisations, including Aboriginal and Torres Strait Islander.

11. ‘User Pays’ Services Options

Consideration of the development and implementation of ‘user pays’ transport services. The user pays framework would cover at least the operational cost of a vehicle. The application of this option may be most appropriate on a more regular basis to vehicle usage out-of-hours or for the use by non-HACC clients, e.g. a local community group. The user pays fee arrangement would be on an agreed ‘dollar rate’. Appropriate insurance and driver arrangements would be negotiated as part of these processes. Standard policy arrangements would need to be established.
Specific improvement

From the survey responses, there was a limited response to the question regarding ‘client contribution/donations and fees’. The reason for the limited response may be that service providers did not wish to reveal this information to the funder, i.e. HACC/QH.

A form of user-pays is an issue for the HACC/QH program as it has been considered for at least the past 10 years. It is recommended that fees be further explored by QH to:

- Ensure equity to clients; and
- Could assist in the expansion of services for providers.

For example:

- If a client chooses to travel outside the designated region, the client may be required to pay 30c/km outside region;
- If the client is assessed as requiring one transport service week, and chooses to have further transportation, the client may be requested to pay 30c/km or a figure such as $10 per additional transportation; and
- If a non-HACC person requests transportation (ensuring there are no HACC clients requiring this transportation), the person may be requested to pay say $10/trip.

The DRAFT HACC fees policy states ‘consumers who can afford to pay for a service, should be charged a fee’. This is a controversial issue as service providers are understood to currently avoid asking the client about income and financial status. The pension is used as a ‘prerequisite’ for some HACC services but does not suffice in most instances. The policy also states ‘consumers with a similar capacity to pay who receive a similar type and level of service are charged the same fee’.

Some of the service models included in the best-practice review used different funding sources such as the Department of Education, City councils etc. However, this has been on the initiative of the service provider.

The HACC program should develop further policies to direct service providers to be equitable and consistent in their approach. Currently, it is understood that clients are asked to contribute varying amounts dependent on the provider. Most providers have a capped fee/week, irrespective of the number of services they receive from that service. For example, if the clients receive transport, centre based day care and nursing care, the weekly ‘fee’ may be capped at $15/week. However, if the client receives nursing, transport and centre based day care from two or three organisations, they may need to contribute to each organisation which may be at least $30/week.

In respect to the other transport networks HACC clients could receive a subsidy for use on public transport. This would be part of an across-Government approach.

12. Best practice review and innovation

As part of the ongoing review process service providers should aim to develop and implement best practice initiatives in terms of not only the delivery of transport services but also in the management of both system operations and most importantly client needs. Recognition by Queensland Health, and the local community, of those service providers aiming to achieve ‘best practice’, from the perspective of ‘innovative arrangements’, should be undertaken. Best practice arrangements would be measured through the use of a set of predefined performance indicators appropriate to each service providers operation. Service providers may be ‘certified’ as providing a particular level of service based on predefined criteria, e.g. the use of a 5 ‘star’ rating, with 5 ‘stars’ indicating best practice service levels. A process of this nature would encourage service providers to pursue innovative or cooperative arrangements appropriate to their area.

Example innovative arrangements may include:

- lease arrangements;
- brokerage of vehicles/staff;
- registers (e.g. trip log books); and
- partnerships.
**Transport Classification Tool for HACC funded providers**

<table>
<thead>
<tr>
<th>Can the client:</th>
<th>YES</th>
<th>With help</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Converse in a clear manner, request information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Stand and walk unaided (by other person) * client may independently use walking stick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Manage two - three steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage to walk 30 metres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Safely get in/out of bus/car</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Travel alone on buses/taxis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Manage alone during appointments/shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Function all senses independently eg. sight; hearing; touch * client may independently use hearing aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;AND&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does the client have any behavioural issues eg. wandering, disruptive, aggressive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

If 'yes' to all Questions 1 – 7 and 'no' to Q 8 Low level  
If 'with help' to one or more Questions 1 – 7 and 'no' to Q 8 Medium level  
If 'no' to one or more Questions 1 – 7 or 'yes' to Q 8 High level  

Low level – No assistance required  
Medium level – May require assistance of an escort  
High level – Will require assistance of an escort during service provision

**CLASSIFICATION LEVEL ASSESSED:** (circle) LOW MEDIUM HIGH

**Access issues eg. house, driveway:**

**Uses:**
- Walking aid
- Communication aid
- Health care aid

**Comments:**

- To be used in conjunction with the mandatory ONI assessment tools

**Signature of assessor:** ___________________________  **Date:** ____________

*Adapted from: Integrated Community Transport Coordination Planning Project, City of Wollongong and Illawarra Area Health Service, 2001.*

**Figure 5.1:** Transport classification tool for HACC funded providers
5.3 Service delivery model structure options

Three service delivery model structure options have been considered in light of all of the data and reports included in this study’s process. The three models represent a progression from the existing dispersed structure to a more centralised structure, with the aim of improving efficiency whilst maintaining quality of client service (see Figure 5.2). Efficiency in the context of this study is related to use of funding for vehicles; degree of vehicle downtime; and capacity to cater for client needs and expectations.

The three models are:

- ‘Partnership’ Model – similar to existing schemes such as St. John’s Transport Access Project, see Figure 5.3;
- ‘Central Agency’ Model – a more centralised approach over the ‘Partnership’ model, see Figure 5.4; and
- ‘Central Resources’ Model – centralised approach but also having own vehicles and resources, e.g. Taxi Company or ‘lead’ service provider, see Figure 5.5.

Prior to the implementation of either of the three model types the actual area of coverage for each model type for a given region will need to be established and agreed with the service provider network and an understanding of the wider community transport networks established. One possible method of determining an appropriate ‘service area’ for application of a service model type is to ‘map’ (in a geographic information system (GIS)) the existing service areas of existing service providers within a region, e.g. Townsville–Thuringowa as a service area.

Once this exercise is undertaken across all of Queensland the extent of overlap between regions will be understood and then the most appropriate aggregation of areas to ‘match’ the HACC transport service requirements and apply the most appropriate service delivery models will be understood.

The various advantages and disadvantages associated with each of the proposed models is provided below in Table 5.4.
### Table 5.4: Advantages and disadvantages of proposed service models

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing Model</strong></td>
<td>The existing model benefits include:</td>
<td>The existing model disadvantages include:</td>
</tr>
<tr>
<td></td>
<td>▪ each service is aware of current resources available to them; and</td>
<td>▪ minimal discussion or involvement in local transport networks;</td>
</tr>
<tr>
<td></td>
<td>▪ clients are aware of ‘their provider’.</td>
<td>▪ 60 % of operators provide CBDC to clients outside their ‘defined area’.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 74 % of providers provide Social Support to clients outside their ‘defined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>area’. However, noted that in some cases this may be because no other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>services are available;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 71 % of providers provide transport to clients outside their ‘defined area’.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 66 % of providers work 5 days/week estimated around 20 % downtime;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ social support activities, which are usually conducted individually, the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>main trip purpose is shopping or community and recreational activities (38 %)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ providers have different methods of prioritizing clients care. 14 % -</td>
</tr>
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<td></td>
<td></td>
<td>19 % of providers use the newly implemented draft pilot ONI tool to classify</td>
</tr>
<tr>
<td></td>
<td></td>
<td>care requirements as their first method; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ ‘dead-running’ is evident.</td>
</tr>
<tr>
<td><strong>Partnership Model</strong></td>
<td>The partnership model benefits include:</td>
<td>The partnership model disadvantages include:</td>
</tr>
<tr>
<td></td>
<td>▪ may tap into other providers;</td>
<td>▪ other providers may still operate independently if they choose;</td>
</tr>
<tr>
<td></td>
<td>▪ downtime has decreased as increased knowledge of ‘vacancies’ or vehicles</td>
<td>▪ service providers remain ‘independent’, conducting their own assessments and</td>
</tr>
<tr>
<td></td>
<td>which could be utilized;</td>
<td>coordination of resources; and</td>
</tr>
<tr>
<td></td>
<td>▪ opportunity to market ‘referral point’;</td>
<td>▪ issues such as insurance, driver standards, vehicle standards need to</td>
</tr>
<tr>
<td></td>
<td>▪ ease of access for the consumer and other health providers;</td>
<td>be developed and monitored.</td>
</tr>
<tr>
<td></td>
<td>▪ service providers remain ‘independent’, conducting their own assessments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and coordination of resources;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ fosters increased cooperation and understanding;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ reflects the concept of a ‘seat’; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ could facilitate the concept of planned transport and facilitate transport</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for the ‘unplanned’ as required with better knowledge and coordination of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>vehicle downtime or vacant seats.</td>
<td></td>
</tr>
</tbody>
</table>
Mapping, Audit and Analysis of the use of Transport for HACC Services in Queensland

Summary Report

In conjunction with Charlton Solutions

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Agency Model</td>
<td>The central agency model benefits include:</td>
<td>The central agency model disadvantages include:</td>
</tr>
<tr>
<td></td>
<td>• improved access to available services through knowledge or resources;</td>
<td>• requirement of additional resources (funding);</td>
</tr>
<tr>
<td></td>
<td>• coordination of services from one point will decrease ‘dead-running’ and</td>
<td>• set-up costs e.g. implementation and database;</td>
</tr>
<tr>
<td></td>
<td>crossing over areas;</td>
<td>• need for continual updating of information;</td>
</tr>
<tr>
<td></td>
<td>• extended client choice;</td>
<td>• likely higher vehicle usage costs due to continual use and possibility of</td>
</tr>
<tr>
<td></td>
<td>• other providers may enter the market;</td>
<td>need for earlier replacement of vehicles; and</td>
</tr>
<tr>
<td></td>
<td>• potential to link existing clients with similar needs to group activities and increasing community interaction;</td>
<td>• may be a lack of responsiveness to local planning issues and priorities resulting in some inter-agency conflict.</td>
</tr>
<tr>
<td></td>
<td>• one point of referral;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• providers will be focused on service provision, not assessment or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>coordination;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• consistent assessment of needs and eligibility for services;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HACC funding per client, and not for each agency is an option;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• better short and long term holistic view of transport needs e.g. gaps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in services, geographically disadvantaged areas;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• opportunity to work with health facilities to coordinate appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>times;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• coordinate concept of ‘planned’ and unplanned ‘transport needs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• service providers remain in operation and are able to continue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to provide quality client outcomes.</td>
<td></td>
</tr>
<tr>
<td>Central Resources Model</td>
<td>The central resources model benefits include:</td>
<td>The central resources model disadvantages include:</td>
</tr>
<tr>
<td></td>
<td>• better holistic view of transport needs e.g. gaps in services,</td>
<td>• in isolated areas, provider may not be able to meet needs – thus, would need to provide option of sub-contracting;</td>
</tr>
<tr>
<td></td>
<td>geographically disadvantaged areas;</td>
<td>• is there a threat of monopoly in the market?; and</td>
</tr>
<tr>
<td></td>
<td>• role of service development, advocacy, information and training;</td>
<td>• resource provider will need to maintain own infrastructure for administration and vehicle maintenance.</td>
</tr>
<tr>
<td></td>
<td>• reduces duplication of administration;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• better ‘purchasing power’ (bulk leasing) (economics of scale);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• opportunity to work with health facilities to coordinate appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>times;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• coordinate concept of ‘planned’ and unplanned ‘transport needs.</td>
<td></td>
</tr>
</tbody>
</table>

The various issues in relation to each model for each of the three service types are briefly outlined below in Table 5.5.
### Table 5.5: Service type comparison for models

<table>
<thead>
<tr>
<th>Service Type</th>
<th>'Existing' Model</th>
<th>'Partnership' Model</th>
<th>'Central Agency' Model and 'Central Resources' Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Based Day Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loop combination for trips.</td>
<td>Downtime – high</td>
<td>Downtime lessened due to knowledge of vehicle needs and other demands.</td>
<td>More efficiencies due to better holistic view of transport need for the three service types.</td>
</tr>
<tr>
<td></td>
<td>66% go outside defined service areas.</td>
<td></td>
<td>Understanding of gaps, both spatially and temporally.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Likely change in going outside service areas due to better coordination.</td>
</tr>
<tr>
<td>Social Support</td>
<td>Individual focused.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual trips, single trip in smaller vehicle.</td>
<td>'Back-tracking' of trips, 'Dead-running'</td>
<td></td>
<td>Potential to use other transport options.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Greater potential for community interaction.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>More efficiencies due to better holistic view of transport need for the three service types.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Potential to link clients with similar needs to 'combine' outings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understanding of gaps, both spatially and temporally.</td>
</tr>
<tr>
<td>Transport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups of people with a common trip purpose, e.g. community recreation, in larger vehicle, e.g. bus.</td>
<td>Empty seats (vacancies)</td>
<td>Trip register and trip matching to reduce empty seats</td>
<td>More efficiencies due to better holistic view of transport need for the three service types.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Potential to minimise the amount of 'cross-overs' of similar trips.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understanding of gaps, both spatially and temporally.</td>
</tr>
</tbody>
</table>

The above 'partnership', 'central agency' and 'central resources' models will likely be able to function within urban, urban/rural and isolated areas. That said, some regional nuances may develop over time within an individual area.
Figure 5.2: Model comparison

- 'Existing' Model
- 'Partnership' Model
- 'Central Agency' Model
- 'Central Resources' Model

Efficiency Improvements
Increased Centrality

Need to balance with client needs and maintenance of service quality
In conjunction with Charlton Solutions

**Defined Geographical Area**

- **Multiple Referral Agencies**
  - Referral Agency
    - No assessment, assume HACC eligible.
    - Funded for administration and management.
    - May have own vehicles available for brokerage.
    - Administration
    - Refer to service provider to match 'seats to trips'.
    - Marketing role to increase access.
    - May be a 'lead' service provider.
    - May include other transport networks.

- **Service Providers**
  - New and existing SP's.
  - HACC funded
  - Own vehicles and resources.
  - Own vehicles also available for brokerage
  - Assessment of HACC eligibility
  - Service Delivery.
  - Tender to QH for funds.

**Model also needs to include:**
- Further enquiry into services outside geographical area/region;
- Development and implementation of performance indicators;
- Development of a classification tool to assess client dependency levels in relation to transport and allocation of resources, e.g. escort, hoist; and
- Need to consider requirements of special needs groups, e.g. indigenous and NESB.

**Figure 5.3: ‘Partnership’ model**
In conjunction with Charlton Solutions

### Defined Geographical Area

- **Clients**
  - Central Coordination Agency
    - Funds for administration and management.
    - Tender to QH to act as central coordination agency.
    - Marketing role to increase access.
    - May be the 'lead' service provider.
    - May have own vehicles available for brokerage.
    - Assessment for HACC eligibility.
    - Refer to appropriate service provider to match 'seats to trips'.
    - May include other transport networks.
  - Service Providers
    - New and existing SP’s.
    - Deliver service.
    - Own vehicles and resources.
    - Own vehicles also available for brokerage.
    - Tender to Central Coordination Agency for funds.

---

**Figure 5.4: ‘Central Agency’ model**

Model also needs to include:
- Further enquiry into services outside geographical area/region;
- Development and implementation of performance indicators;
- Development of a classification tool to assess client dependency levels in relation to transport and allocation of resources, e.g. escort, hoist; and
- Need to consider requirements of special needs groups, e.g. indigenous and NESB.
In conjunction with Charlton Solutions

Funds for administration and management.
Tender to QH to act as central coordination agency and service provider.
Marketing role to increase access.
Assessment for HACC eligibility.
May include other transport networks.

May be Taxi Service (specialised), HACC Service Provider, Sole Agency in isolated or remote community (single direct service delivery) or other.

Defined Geographical Area

Central Resources Agency

- Funds for administration and management.
- Tender to QH to act as central coordination agency and service provider.
- Marketing role to increase access.
- Assessment for HACC eligibility.
- May include other transport networks.

Model also needs to include:
- further enquiry into services outside geographical area/region;
- development and implementation of performance indicators;
- development of a classification tool to assess client dependency levels in relation to transport and allocation of resources, e.g. escort, hoist; and
- need to consider requirements of special needs groups, e.g. indigenous and NESB.

Figure 5.5: 'Central Resources' model
5.4 Implementation program for service delivery models

The implementation program will require a staged process. Prior to implementing the models, Pilot Projects for each of the three service delivery model structures could be undertaken in parallel in different regions or within the same region but with different service providers being involved. Pilots would need to be for a one-year period.

A Pilot Project will help ‘test’ the various proposed model structures within a ‘real-life’ setting and will also provide the opportunity to set-up agreed benchmarking measures to review the success of the pilot over and during the course of each pilot project. Table 5.6 below outlines supporting examples.

Table 5.6: Supporting examples

<table>
<thead>
<tr>
<th>Models</th>
<th>Example projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership Model</td>
<td>• St John’s Transport Access Project, North Brisbane.</td>
</tr>
<tr>
<td>Central Agency Model</td>
<td>• Townsville and Thuringowa Transport Solutions (TOTTS).</td>
</tr>
<tr>
<td></td>
<td>• Supporting examples, ETR (Yarra Ranges) and SA CPN.</td>
</tr>
<tr>
<td>Central Resources Model</td>
<td>• Taxi Company or Lead Service Provider.</td>
</tr>
<tr>
<td></td>
<td>• Supporting example, WA HACC Transport Project.</td>
</tr>
</tbody>
</table>
6. Conclusions and recommendations

6.1 Conclusions

1. The importance of transport as an integral part of the HACC program and wider community transport is clear. Indeed, about 60% of Centre Based Day Care and Social Support clients receive transport services as part of delivery of these service types.

2. The role of HACC service providers in providing an effective, efficient and affordable transport solution for HACC clients cannot be overstated. The investigations undertaken as part of this study support both of these notions. The current system needs to be reviewed in light of the outcomes of this study with the ultimate aim of improving the way the system delivers HACC transport services to the community. The outcomes from this project provide a sound basis for this process to move forward.

3. QH, as one element of the funding agency (the other being the Australian Government Department of Health and Ageing), needs to continue to provide the direction and guidance to the network of service providers across Queensland with the aim of achieving ‘best-practice’ in service delivery throughout Queensland. This includes encouragement and guidance for the implementation of appropriate management systems; implementation of more cooperative or innovative arrangements, e.g. vehicle brokerage; a focus on continuous improvement in the delivery of services and the understanding HACC client needs both now and into the future. More detailed analysis of available data and further investigations into existing practices and policies is required to focus and tailor any future improvements.

4. The needs of the HACC client base are likely to change into the future owing to the forecast increase in ‘self funded retirees’ and also due to individuals within the community being more informed and aware than was the case in the past. This issue will certainly place differing demands on the system and as such the system will need to be responsive and flexible to adapt to meet these changing demands. Further more detailed investigations by QH into the likely change in the future profile of HACC clients would assist in better understanding the future transport task and how best to meet this task.

5. To continue to develop and contribute to a “whole-of-government” transport network which supports HACC clients in an effective and efficient manner throughout Queensland will take many more years. However, the underlying community network has been established and this now needs to be re-focussed to gain the maximum value out of the available resources and funds. This project may be seen as a ‘first step’ in this process to extract information on HACC Transport service provision to better plan the provision of services and contribute to “whole-of-community” transport solutions, where appropriate. QH could potentially achieve clearly measurable efficiency gains through the use of electronic type survey or more detailed data analysis as part of its service delivery. QH should consider this in future reviews of this nature. Of course, the use of any survey type will require a detailed understanding of the survey needs and intent by each organisation to be surveyed. This was not achieved in this study due to the limited study timeframes. However, this approach would likely maximise the survey response rates.

6. It needs to be recognised that HACC transport service provision is not undertaken in isolation. HACC transport is only one part of an overall transport network within each community (including other transport service providers; other transport systems and
networks and other government departments and community organisations). Given this, it is fundamental for the HACC transport services to ‘tap into’ the local transport network in a given area. If none exists, this is an opportunity for the HACC program to participate in developing such a network, likely in conjunction with QT, so that efficiencies in transport service delivery can be achieved.

7. The level of downtime for vehicle usage is understood to be widely varied. General indications are that the average amount of downtime may be of the order of 20% during an average weekday. This measure of downtime is the lost time during a normal ‘working day’ and does not include periods ‘after hours’. If ‘after hours’ periods (e.g. at night or on weekends) were included the value for downtime would be much higher. Further investigations should be undertaken by QH to better understand the reasons for downtime and possible methods of reducing this particular inefficiency within the system. Certainly, additional surveys of vehicle usage would be one way of better understanding the levels of vehicle usage. The results of this project have indicated that there are many possible reasons for downtime some of these may be controlled and others are uncontrolled. The use of vehicles and available transport resources needs to be undertaken in a more strategic manner. A review of the existing insurance arrangements and policies also needs to be undertaken in consultation with relevant stakeholders.

8. The capital cost of vehicles for HACC transport is significant. During the consultation processes undertaken over the course of this study the possibility of leasing or ‘bulk buying’ of vehicles was discussed. This is an opportunity that requires further investigation by QH in conjunction with the various service providers throughout Queensland. This issue itself would likely result in significant cost savings to the HACC program through more efficient use of the available funding. In terms of the service delivery models it was considered that this initiative would be more appropriate for the ‘centralised service delivery models’.

9. Equity in the provision of services is a key element of HACC service provision. The investigations undertaken as part of this study confirm this fundamental requirement. Currently, service provision seems relatively equitable. However, there are opportunities to increase the levels of accessibility to services across Queensland. To achieve this the HACC target population in a given region, and its particular needs, must be focussed upon. As identified above the most effective way in doing this is by obtaining and analysing the latest information on current service provision and client needs. Of course, this process can and should continue into the future, maybe on an annual basis as part of the MDS reporting process. An electronic survey to reduce data entry and ‘paperwork’ would likely be the most efficient method.

10. The primary method of prioritising client care is whether the HACC client has ‘special needs’ (about 20%). The other key methods are the use of the Draft Pilot ONI classification tool (see Figure 5.1) and using the ‘trip purpose’ as a guide for prioritising. The use of a clear, concise and equitable classification system for client care is crucial for the efficient and appropriate delivery of transport services. QH needs to consider the implementation of an appropriate tool to enable this process to improve. Such a systems also needs to work in conjunction with an effective ‘eligibility assessment’ tool, such as the ONI tool. Both of these tools will then provide a sound basis to cater for HACC client needs.

11. The results of this study indicate that the current delivery and funding of transport services is relatively ad-hoc. This has become apparent from the results of the various
reviews undertaken over the course of this study. Generally there lacks a sense of cohesion across a given Health Service District and it is certainly very limited at the HACC Planning Region level. To provide a focus for each District and Region the use of specific transport model structures should be adopted. This project has identified a selection of specific improvements and transport service delivery models that QH should consider. Importantly, both the specific improvements and transport service delivery models that have been proposed as a result of this projects investigations are not untried or considered to be ‘unworkable’ from the perspective of the service providers and QH representatives. This is the case because the proposed service delivery models are based on concepts and ideas that are in keeping with existing ‘innovative arrangements’ that are being trialled throughout Queensland and elsewhere, e.g. St Johns Transport Project (brokerage project), TOTTS (Townsville), WA HACC Transport (Central Resources model type) and SA Community Passenger Networks (Central Agency model type). In addition, the service delivery models have been subject to considerable input from key service provider, interested relevant stakeholder and QH representatives over the course of this project. There is a sense of ‘ownership’ of the proposed specific improvements and service delivery models. This is of considerable value when it is time to ‘pilot’ the various systems in the community and ultimately implement them.

12. The performance of the provision of HACC transport services should be measured against the National Service Standards. This outcome was agreed with the various stakeholder groups involved in the project. For this to be achieved more detailed data needs to be collected and management systems implemented by all service providers. This will also have implications for additional funding to be made available to meet these requirements.

13. Various performance indicators could also be developed and established in accordance with the National Service Standards. The performance indicators could be included in the electronic data collection performed annually by all HACC funded agencies. Various data items could be developed to further assist reviewing the effectiveness of transport services for the HACC program. These items could be done simply by formulating a basic daily/trip vehicle log sheet/tool that collected trip data such as:

- driver – volunteer vs paid;
- trip length – kilometres;
- time taken (start and end);
- purpose of trip (service type);
- client numbers HACC;
- client numbers non-HACC;
- number of clients requiring escort – identify if carer ‘one-on-one’ or multiple;
- special needs for client – must be identified as well as numbers; and
- costs/fees.

These data items would be collected per one-way trip, as per HACC guidelines. Also necessary would be a note of vehicle type and number of seats.

14. The majority of service providers indicated that they would support the implementation of new/additional flexible transport arrangements, e.g. brokerage schemes. This is a
positive outcome that certainly provides further impetus for QH to drive forward improvements within the system knowing that there is support for such arrangements.

15. The majority of service providers indicated that they do have other service providers in their area. However, unfortunately about half never meet with these other providers and about one third only meet as required. This result implies that the communication channels between service providers and the wider transport network need to be opened so that the maximum use of resources is achieved thereby resulting in better outcomes for HACC clients. Certainly both Queensland Health and Queensland Transport have an important role to play to help facilitate the development of Community Transport Networks.

16. About half of the service providers indicated that they use volunteers when transporting clients. This result has implications for insurance, ‘payment’, training and overall appropriateness of volunteer assistance for some tasks. QH needs to develop policies relating to the use of volunteers in conjunction with service provider organisations. Any such arrangements would need to be cognisant of and in keeping with relevant legislation such as the Workplace Health and Safety Act and relevant Transport Act(s).

17. The project has concluded that three service delivery models should be considered and be subject to a further ‘pilot’ study process. The three models are identified as the ‘partnership model’, ‘central agency model’ and ‘central resources model’. The three models represent a range of suitable models for use across Queensland. This is in response to the consultation process outcomes that indicated that ‘one size won’t fit all’. To complement the models the list of specific improvements are considered to be implicit as part of the implementation of either of the various service delivery models.

18. It would be advantageous to the success of the proposed improvements for the various models to be the subject of a ‘pilot’ study process as soon as possible. A rapid response would indicate to each service provider, and key stakeholder organisation, that there exists a level of commitment and ownership of the study outcomes by QH. Another potential benefit will be the likely continuity of interest and ability to harness the energy from the various service provider representatives consulted during this project.

### 6.2 Recommendations

1. It is recommended that QH consider and then implement as appropriate the proposed list of specific improvements and three service delivery models identified as the key outcomes from this project.

2. Each of the three service delivery models should be subject to individual ‘pilot’ programs (up to a year ‘pilot’ period each) within various regions throughout Queensland to test their applicability and to further refine each process and structure.

3. QH should embark on a continual survey and monitoring program of service providers to ‘fill in the gaps’ in terms of data provision and understanding of the transport task. This process is recommended to be undertaken on at least an annual basis. Future data could then be used to supplement that data obtained as part of this project and also allow the monitoring of changes in the needs of clients and the performance of HACC transport service provision.

4. Of critical importance to the future success of the delivery of HACC transport services is the need for the communication channels between all relevant parties (Government and
non-Government) to be ‘opened up’. The opportunities for improvement in this area alone will likely result in significant improvements in the operation of this important component of Queensland’s transport network. In this regard, the involvement of Queensland Transport to provide the connection to transport within the community would be extremely beneficial to the HACC transport program, and go some way towards achieving ‘whole-of-community’ transport solutions.