

WRITTEN RESPONSE TO QUESTION ON NOTICE

Question asked by: Mr Quilty

Directed to: Mr Todd Harper, CEO Cancer Council Victoria

Asked on: 9 July 2020

Substantive Question: I personally think having a targeted system is better than opening it up to everybody. My second question is around staff of hospitals who currently drive. If all staff were given free transport to work only and all car parks at the hospitals were reserved only for patients, do you think that would make a significant difference?

Response:

Transport costs are consistently cited as unexpected costs associated with a diagnosis of cancer and our consultation with 450 Victorians for the Victorian Cancer Plan highlighted that cost of cancer (including transportation costs) was a top priority they would like the government to address. Cost factors can and do influence treatment decision making, particularly the cost of travelling to treatment. The question is whether subsidising public transport for staff to free up parking for patients would be useful for patients.

Impact of increasing the availability of patient parking

- Even if more parking is made available, there is still a limit on capacity, meaning that some patients would still miss out and not benefit from the initiative.
- Increased availability of parking alone does not ameliorate the issue of the cost of parking which is a long-standing issue for patients. Cancer Council Victoria undertook a study of carparking in hospitals in 2016 and found that the most frequently reported problem was cost (57%). It remains an issue and while some hospitals, such as Western Health, have parking subsidy schemes, the cost of parking can be onerous and can be as high as \$60 a day. Considering treatment for cancer can extend over many months or even longer, parking costs can be an overwhelming burden. Cancer Council Victoria has estimated that the parking at a metropolitan centre for an uncomplicated patient with breast cancer was over \$1100 for one year. This cost increases when adding additional appointments, changes to treatment, parking fines or extra costs incurred in private independent carparks.
- If more parking was available at a reduced cost this may be beneficial for some but would not assist many others including:
 - significant numbers of patients who do not have access to a car and rely exclusively on public transport

-rural patients who may prefer not to drive or would not find it as convenient when their hotel is close.

Impact of subsidising public transport for staff travel

- The loss of Myki may be substantial as the number of staff employed across metropolitan hospitals is significant, for instance there are over 2,500 staff employed at the Peter MacCallum Cancer Centre alone.
- If the subsidy applied to all staff, it would not just benefit those who previously utilised the car park.
- This benefit would apply to just one group of Victorian employees.
- Hospitals operate for 24 hours so staff may prefer onsite parking for safety, efficiency and convenience.
- Some health professionals work across several locations and may require their cars to travel efficiently between health services. The capacity of health professionals to effectively provide services could be impacted if no staff parking is provided on site.

Other measures to reduce the transport costs of cancer patients

- Extend the free tram zone to include stops at major public hospitals, provide free transport for seniors and new technologies that make transport easier. In addition to reducing the cost burden, extending the Free Tram Zone would also take much of the confusion out of the process of getting around the city or the stress of having to move cars to avoid fines when hospital appointment waiting times or treatment delivery times blow out.
- Uniformly reduce the cost of patient parking across all hospitals where patients receive cancer treatment.
- Review the Victorian Patient Transport Assistance Scheme (VPTAS) to include an increase in the subsidy rates for transport and accommodation. Another relevant improvement would be to include daily transport costs, as only transport costs for initial arrival and departure days are subsidised. A thorough review of VPTAS is overdue. To the best of our knowledge the scheme was last reviewed in 2016-17 and was due for review July 2018.

Conclusion

The provision of extra parking through the removal of staff parking alone would not have a significant impact on the transport costs experienced by cancer patients. It would also only benefit patients who had capacity to drive and may be associated with higher transport costs unless the cost of parking was also uniformly subsidised across hospitals. Based on the feedback we have received from the community, the most effective measures to reduce transport costs for patients include: a review of the VPTAS to include an increase in the subsidy rates for accommodation and transport, together with an extension of the free tram zone to include stops at major public hospitals.