

# **STANDING COMMITTEE ON PUBLIC ADMINISTRATION**

## **INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT CARNARVON  
FRIDAY, 29 AUGUST 2014**

### **SESSION ONE**

#### **Members**

**Hon Liz Behjat (Chairman)**  
**Hon Darren West (Deputy Chairman)**  
**Hon Nigel Hallett**  
**Hon Jacqui Boydell**  
**Hon Amber-Jade Sanderson**

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**Hearing commenced at 1.15 pm****Mr GERARD BURNS****Operations Manager, WA Country Health Service, Gascoyne, sworn and examined:**

**The CHAIRMAN:** I would like to call to order this public hearing of the Standing Committee on Public Administration's inquiry into the PAT scheme. Ladies and gentlemen who are here today from the public, you are very, very welcome. These are public hearings. We have been going around to a few places in the country. But I need to let you all know that this is not a question and answer session with regard to the PAT scheme. We are not here to answer any of your questions. We are here to ask people questions and to find out information from the people appearing as witnesses. So it is not like a town hall meeting where you are going to find out about a scheme. I also want to let you know we are not people who make decisions regarding the PAT scheme, the future of it, or any moneys that are to be spent in that area. This committee is inquiring into the system as it currently runs and as to whether there are ways it might be able to be done better or what the suggestions might be. Following our inquiry, a report will be tabled in Parliament. It will be up to the government of the day to make decisions as to whether they take on board our recommendations and make the changes that we might suggest. I just make that clear to everyone today before we get underway.

My name is Liz Behjat. I am the chairman of the committee. I represent the North Metropolitan region. To my right is Hon Nigel Hallett, who represents the South West region. Felicity Mackie is our advisory officer. I think the girl who needs no introduction in Carnarvon is our colleague from Mining and Pastoral, Hon Jacqui Boydell. There are two other members of our committee, Hon Darren West and Hon Amber-Jade Sanderson, who are not able to be with us today for this hearing. It is just the three of us who will be conducting this hearing.

To our witness, Gerry, I need to run through some of the formalities. After that, it will be a bit of a chat with us. First of all, would you please take either the oath or the affirmation.

[Witness took the affirmation.]

**The CHAIRMAN:** You would have signed a document entitled "Information for Witnesses". Have you read and understood that document?

**Mr Burns:** I have.

**The CHAIRMAN:** These proceedings are being recorded by Hansard and a transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphone and try to speak into it; ensure that you do not cover it with any papers or make too much noise near it. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

That is the formal part of the proceedings over and done with. As I said, they are just a few formalities we need to do. I have got some standard questions here that we have been running through with the WACHS people. We will probably follow that same format. The other members of

the committee will jump in when they want to get further and better particulars to any of your answers. First of all, could you explain to us what, in your opinion, are the efficiencies and what are the deficiencies of the PAT scheme?

**Mr Burns:** The efficiencies of the scheme, especially in Carnarvon, relate to the expertise of our patient assisted travel scheme clerks at the hospital. Over the years with additional training, they show empathies to the clients where we try to assist rather than put up blocks for people, unless they are totally outside of the scheme. Also, they are not the decision-makers; they are the information-takers. However, they are able to provide advice. To me, the variety of specialities that people are referred to is very broad—not broad enough perhaps in some senses, which is one of the deficiencies of the scheme. For example, it is funny that teeth are not considered to be a part of the body to get assistance to travel for most dental occasions of services that are not available locally. Similarly, some allied health services are vital for determination of somebody's illness. For example, to be seen by a neurosurgeon, you must first pass through an advanced physiotherapist to determine your level of capability. Unfortunately, allied health services are not considered eligible for the scheme. That is one of the main impediments.

**The CHAIRMAN:** What happens in that instance when you have somebody who needs to see a neurologist and they are going to Perth? Do they under their own steam have to have that appointment with the advanced physiotherapist first and then wait for the appointment with the neurologist?

**Mr Burns:** That is the way it is meant to work. In urgent cases, we are happy to recommend that exceptional circumstances are approved by the regional director, who has that authority, and we have done so on approximately six occasions in the last year, where a service that is specifically declined by the PATS guidelines has been approved.

**The CHAIRMAN:** In Carnarvon, how do you advertise and promote PATS to the people in the region so that everybody is aware that that scheme is available for them to access?

**Mr Burns:** On ad hoc occasions, especially after we have found a little bit of trouble, we have utilised adverts in the paper via our senior clerk. Also, our District Health Advisory Council has recently had some input via the paper into advertising it. Additionally, we are starting up a Friends of the Hospital or a hospital auxiliary and hope to get more information out there. We get very few people who are unaware of the system. We especially try to advertise through the doctors' surgeries where people may need that service. The doctors that come here are quite often locums—they might not be the regular doctor there—so we make sure they are aware of the scheme, but unfortunately occasionally they will refer for things that are not at the moment eligible underneath the scheme.

**Hon JACQUI BOYDELL:** Because they are not familiar?

**Mr Burns:** Yes, exactly. Quite often we get overseas-trained doctors who are not au fait. We have constant communication with the various practices, the AMS and with the Carnarvon Medical Centre, and if we see problems arise we reinforce them to advise their doctors of what is eligible and what is not eligible.

**The CHAIRMAN:** We visited your hospital today and had a chat to the staff there who administer the PAT scheme. It would seem that in Carnarvon's case in particular those staff have been there quite some time in that role, so this next question may not really be too pertinent for you, but what education and training is given to PATS clerks when they first come on board, and is that training ongoing as to how to administer the scheme?

**Mr Burns:** The training at Carnarvon Hospital does rely upon the expertise of the current staff. When we get somebody new taking on the role, as you would have seen, there are several desks in the front office, so there will be generally a very experienced clerk, and if there is somebody new coming on, they can refer regularly to the more experienced staff. Additionally, the senior medical officer who has the medical approval for the scheme at Carnarvon Hospital is also well versed in

those issues. Part of the PAT scheme would be open to maybe abuse or pressure; however, we find firstly that that does not occur in Carnarvon. I am not aware of any circumstances where people have tried to put pressure on our PATS clerks. Additionally, all of our PATS clerks have to do training not only on the PATS software and how to utilise that, but also accountable and ethical decision-making is part of their essential training.

**The CHAIRMAN:** Is there any training given to new medical personnel in regards to the processes and procedures?

**Mr Burns:** That is part of the doctors' orientation to the hospital, especially if they have never experienced the scheme before. PATS clerks, via the senior medical officer, will advise of any anomalies that may arise.

**The CHAIRMAN:** You talked earlier about that situation where you had somebody needing to see a neurologist and they go to see a specialist physiotherapist, and that came under "exceptional circumstances". How many applications do you receive for exceptional circumstances, do you think?

**Mr Burns:** Applications for exceptional circumstances would be less than 10 per year. As I say, last year we approved six. The PATS database could not actually tell me the ones that were rejected because it does not cater for that, unfortunately. That is 10 out of 2 079 trips. That is less than half a per cent.

**The CHAIRMAN:** The 2 079 trips are your stats for the last financial year?

**Mr Burns:** They are.

**The CHAIRMAN:** When you say "trips", a trip is there, and then there is a trip back?

**Mr Burns:** No. A trip is a referral. It includes a two-way trip.

**The CHAIRMAN:** So, 2 079 people accessed PATS?

**Mr Burns:** No; 1 216 people accessed it for 2 079 trips, at a cost of \$975 000.

**The CHAIRMAN:** Some of those applications for exceptional circumstances were rejected. I guess there are other people who have made applications without being exceptional circumstances. How are those people made aware of their rights to appeal a PATS decision?

**Mr Burns:** The PATS clerks advise that they are not the decision-makers. All clients, if they are rejected, can appeal to the senior medical officer, and if he says no, they come to myself, and, finally, to the regional director. I think there has only been one case that went to the regional director.

**The CHAIRMAN:** Roughly how many appeals are you dealing with in a year, do you know?

**Mr Burns:** Very, very few. I cannot really remember the last one.

**The CHAIRMAN:** Is that generally because the explanation as to why it has been rejected is very up-front and people understand that?

**Mr Burns:** Exactly. The clerks, the people who administer the scheme administratively, as I say are very empathetic to the clients. We are there to try to make their trip a little bit easier, not to put the blockage in front of them.

**The CHAIRMAN:** Some of the recurring evidence that has been given to us as we have travelled around is that it is quite a cumbersome scheme in so far as its administration, in that you have got to get your yellow form and then you have to bring back the blue form, and if you have not got the yellow form, you cannot get a blue form, and if you do not fill out your blue form, you are not going to get it, and all that sort of thing. It seems perhaps in the twenty-first century that there may be a better way to administer the scheme. Is that your experience of it as well?

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**Mr Burns:** It certainly is. The delegation schedule means that I have to sign off every airfare. In this day of modern communication—email—there should be able to be electronic lodging of the forms. I suspect that if the electronic forms are produced in a correct way, and a speciality or a treatment is not eligible, then that would immediately flag with the person who is completing the form at the beginning, and therefore they would not be led through a whole process where they were being knocked back, so to speak. On the other side, it would make the speed of the system far quicker and get approvals and knowledge for the patient that yes, they are going, and if they need to organise various aspects of the trip or they need to have the PATS clerks organise various aspects of the trip, again a lot less stressful and a lot quicker.

[1.30 pm]

**The CHAIRMAN:** What happens if somebody needs to access the PAT scheme and it is not Monday to Friday between the hours of nine and four?

**Mr Burns:** Our after-hours coordinator, senior nurses, have the ability, on the referral of the doctor, to organise those trips. In Carnarvon we utilise our own local travel agency or we will ring Skippers if the flight needs to occur on the weekend.

**The CHAIRMAN:** So you can cope with —

**Mr Burns:** Yes, we do.

**The CHAIRMAN:** What about in the instance of somebody who is, say, flown to Perth in an emergency situation by RFDS and they receive treatment they are going to get in Perth? Ordinarily then that person, I would have thought, would be eligible to access the PAT scheme to come back to Carnarvon after they had that treatment, but if they do not have that magic yellow form, what happens in that circumstance?

**Mr Burns:** That is catered for under the inter-hospital patient transfer. So, there are two ways they could come back. One is that if they were, say, injured up the road and were flown out from up the road, they are deemed to have been admitted to Carnarvon Hospital. Therefore, it is Carnarvon Hospital's responsibility to bring them back whether it is under the PAT scheme or the inter-hospital transfer scheme.

**The CHAIRMAN:** What other things could be done to make it a more user-friendly scheme or a better utilised scheme?

**Mr Burns:** I foresee—with the building of Fiona Stanley Hospital and the imminent opening; I think the rehabilitation goes in on 4 October, one of the first services going in there—that many, many clients will be referred to Fiona Stanley Hospital and specialities operating out of there. Accommodation can be problematic at times. I know that the WA Country Health Service is looking either for private providers or building or purchasing a facility close to Fiona Stanley Hospital, especially for Aboriginal clients who are uncertain in travelling around Perth, other people with special needs, and even myself—I go to Perth and sometimes I really do not know where Shenton Park is. I really could not tell you where Shenton Park is in Perth. So, I would be requiring, if I needed to go to that place, to have accommodation close by. I have utilised the scheme, but luckily it was only to Sir Charles Gairdner, so I knew how to get there.

**The CHAIRMAN:** So you are suggesting perhaps like a PATS hostel out near where Fiona Stanley Hospital is?

**Mr Burns:** Exactly. Jewell House, which used to be the nurses quarters for Royal Perth, was for years a preferred location for people staying when they were referred to Royal Perth. The cancer hostels are a preferred location for people attending, say, Sir Charles Gairdner Hospital because they are relatively close to the site.

**The CHAIRMAN:** Crawford Lodge is. Tilbury is probably a bit—that is the one in Shenton Park, I think, is it not?

**Hon JACQUI BOYDELL:** Gerry, just in cases of training for staff, I guess, for patients with English as a second language and cultural awareness training for Indigenous people, do you provide that to your staff in administering the PAT scheme?

**Mr Burns:** There is cultural awareness training available for all staff. For people with other languages—we have several methods of doing it—we have a number of staff on site from the general community who in some cases can translate. Alternatively we will utilise the Australian translation service for those particular cases.

**Hon JACQUI BOYDELL:** The committee has taken a lot of submissions on a lot of the public's angst around PATS and my reason for asking the question is that I want to be able to think about how we can have a better system that has compassion for people who are experiencing often stressful and difficult circumstances. So, that is my reasoning for asking the question. A lot of the time anecdotal evidence suggests that, you know, "I got flown to Perth and then I had my treatment and then when I went to make application to go back home, I was not allowed to fly back. It was deemed that I had to come on the bus and it was 16 hours on the bus and I've got my kids with me and, you know, I've just been through a traumatic experience." Why do we get to that? Why do we get to the point of people are then extremely upset and we have got to a negative situation where we could proactively help that person? I am looking for a way the government can better manage that for people who are utilising the scheme. I would be interested in your suggestions on that.

**Mr Burns:** It is a very good query because the WA Country Health Service's safe driving policy says that you really should not drive more than eight hours in one day, and yet we expect people to travel up to 16 hours on surface travel to get to an appointment. Therefore, that means that by our policy they would have to only drive one day then stay overnight then drive another day. To make it far easier for those clients, it really should be that an airfare should be available within a safe driving distance from Perth. I am not the one to determine what that is. In the Pilbara and the Kimberley, when a doctor refers somebody via air or states that they should travel by air, that is automatically granted and that is part of the delegation schedule, which works for Onslow, but 20 minutes' air flight across the gulf in Exmouth, it has to be scrutinised to see —

**Hon JACQUI BOYDELL:** I think that is fairly unique to the Gascoyne region, is it not? It is a unique problem for here.

**Mr Burns:** And Meekatharra, and the Murchison would be another one where the site is just a bit too far away. The Gascoyne is betwixt and between. So, we do not quite meet one criteria, we do not quite meet the other and, therefore, we are judged, or the guidelines put us —

**Hon JACQUI BOYDELL:** In the position that you have to judge that. So, what I am trying to say is: how do we get to a point of having a good experience with the PATS administration of the PAT scheme instead of having to get people to appeal when they get home and they are already stressed? I would just like to have something that patients could access prior to that.

**Mr Burns:** Generally, if a patient is referred by air down there, their return journey is booked. It is not a very common occurrence where somebody is referred—to be honest, I have never heard where somebody has flown down and then been expected to drive back. It may occur, but I would certainly take a compassionate approach to that, but it has to be judged on a case-by-case basis. We are responsible for the administration within the midwest region, of which Gascoyne is part. You know, there was \$5.3 million for the PAT scheme—luckily in the midwest last year there was no deficit. We were about \$120 000 underspent. That is because the numbers have seemed to stabilise pretty well. There does not seem to be an increase in numbers as there may be in other areas. Certainly our population is stabilised or, according to some figures, slightly dropping, but I do not quite believe it. So, that is why we come in, basically, under budget.

**Hon JACQUI BOYDELL:** Thank you.

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**Hon NIGEL HALLETT:** Gerry, from what you have said, obviously, you feel that there is a general satisfaction with the scheme from the local community. That is how I have interpreted it. You have suggested the accommodation at the new hospital will be an issue. From a local perspective, what improvements would you see? If you could write a better policy, what would you do?

[1.40 pm]

**Mr Burns:** A lot of those things I have said. One thing that would help is some people get referred down there for quite an extended period of time, when what we should be doing is allowing them—if they are down there for three, four or five months—to come home on an intermittent basis to come back and see family—to provide an airfare back for them. So, if they are down there for six months, say, every four weeks they be allowed to return home to contact the family. We have done that in the past. Gee, I should not have said that; it is in the transcript now. But we have done that in the past on a compassionate basis for mothers that are down there who need to come home and see their kids. From my point of view, it is a no-brainer. Also, locally, if we could introduce a mandatory model for subsidy payments that clearly outlines what happens and when. It is a behemoth, this scheme; it means a lot of different things to different people and I am sure that a lot of people in the room here will have their own problems with it, but what would help us is if we could have a clear pathway that most people understand, it would reduce the angst on their behalf and the angst on our staff's behalf that they occasionally do face.

**Hon NIGEL HALLETT:** Gerry, a person from an isolated community that comes in here may have had their accident or health issue out there, been picked up by RFDS, and then they come back to Carnarvon airport. What happens to them to get back to their community, if they are a person that is on their own with no family support et cetera?

**Mr Burns:** Generally, we try to facilitate return, so if it is out to, say, Burringurrah, we have in the past taken some patients back via our fortnightly flight. There is no regular travel out there and no public bus services, so quite often they rely on family and friends to get them back out there.

**The CHAIRMAN:** How far out is the community?

**Mr Burns:** It is about four and a half or five hours by road. It is out near Mt Augustus.

**The CHAIRMAN:** Gerry, you can take this on notice, because you will not have that available, but what we are doing is asking the other WACHS who we have met with to provide us with a register of their exceptional circumstances from the past 12 months—so, just the numbers that you have had come to you and those that have been approved. We do not need any personal information of the people, but just what have been the exceptional circumstances, because we just want to get a broad picture to find out what one region might say is exceptional circumstances and another region might say is not. So if you would provide that to us, that will be A1.

[*Supplementary Information No A1.*]

If there are no further questions for you, Gerry, I would like to thank you very much for taking the time, firstly, to show us the facilities. Best of luck with the renovations, and the total rebuild, really, is it not? It is going to be a fantastic facility. Thank you for giving us your time today to give evidence. We appreciate it.

**Mr Burns:** I am happy; it was my pleasure.

**Hearing concluded at 1.44 pm**

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