

STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

**TRANSCRIPT OF EVIDENCE
TAKEN AT KALGOORLIE
TUESDAY, 26 AUGUST 2014**

SESSION FIVE

Members

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

Hearing commenced at 1.18 pm

Mr DON BURNETT

Chief Executive Officer, Goldfields Voluntary Regional Organisation of Councils, sworn and examined:

Mr RODNEY HILTON

Member, Goldfields Voluntary Regional Organisation of Councils, sworn and examined:

The CHAIRMAN: We reconvene these hearings of the Standing Committee on Public Administration inquiry into the PAT scheme. Welcome, members of the public who are here. You are very welcome to be here this afternoon also. Let me first do some introductions so you know who we are. My name is Liz Behjat, I am the chair of the committee and I represent the North Metropolitan Region. Starting from my left, is Hon Amber-Jade Sanderson, who represents the East Metropolitan Region; the deputy chair of the committee, Hon Darren West, who represents the Agricultural Region; Felicity Mackie, our advisory officer; Hon Nigel Hallett representing the South West Region; and Hon Jacqui Boydell with the Mining and Pastoral Region. So five of the six regions of Western Australia are sitting at the table. I just need to do some formal swearing in. I am sure that both of you have probably given evidence before at parliamentary inquiries so you know there is a formality, but this is not going to be a very formal process, so please feel free to use our first names when you are chatting to us a bit later on during your evidence. I ask you to take the oath or the affirmation.

[Witnesses took the affirmation.]

The CHAIRMAN: Please state the capacity in which you are appearing before the committee today.

Mr Burnett: I am CEO at the City of Kalgoorlie–Boulder. I will be representing the City of Kalgoorlie–Boulder and also the Goldfields Voluntary Regional Organisation of Councils.

[1.20 pm]

Mr Hilton: I am filling in for GVROC member Councillor Beverley Stewart, so I have got the short straw!

The CHAIRMAN: We would like to think you have got the long straw!

Again, I welcome to the gallery our colleague and local MLA, Wendy Duncan, member for Kalgoorlie. Wendy, lovely to have you here again this afternoon in our hearings.

You will have signed a document entitled “Information for Witnesses”. Did you both read and understand that document?

The Witnesses: Yes.

The CHAIRMAN: The proceedings are being recorded by Hansard and a transcript of your evidence will be provided to you. To assist the committee and Hansard could you 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 and ensure that you do not cover it with paper or make 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 that 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 over and done with.

We received from GVROC—do you call it something else? We received a submission from the group which basically said that you did not see that there were any particular problems with PATS across the goldfields–Esperance region, but you did welcome the inquiry. We were just wondering if there is a statement that you would like to make on behalf of GVROC that might assist us with our inquiries into what the issues are.

Mr Burnett: Just to outline who GVROC are. It covers the Shires of Ravensthorpe, Esperance, Dundas—which is Norseman—Coolgardie, Menzies, Laverton, Leonora; the City of Kalgoorlie–Boulder and the lands at Ngaanyatjaraku and Wiluna. It is quite a strong group and it meets regularly with the president, mayor and CEOs to go through various issues. The group is quite keen on having input into the inquiry, but, as stated, we are not saying the system is broke; we are just saying that there are a few issues there. I will go through these ones. There are no formal notes that I have to table, just dot points that I have got. The anecdotal evidence is that the \$80 a day is not sufficient.

The CHAIRMAN: It is actually \$60 a day.

Mr Burnett: Sorry, \$60. Travelling to Perth, given the standard of accommodation that that might get, it is not really for short term. For longer term, it appears it is more reasonable, because it does give a bit of bulk in the dollars, but short term it is a bit of an issue on what accommodation that will get them. There is an issue, I understand, with travel once you are in Perth and taxis or transport. People flying in and travelling from the airport to, say, Fremantle—it is a bit of a haul to actually get to Fremantle from Perth, particularly if they are there for medical reasons. I understand the need for taxis and who determines transport and how to transport is an issue. I understand that there are times when the doctors will specify that this person needs to fly, but PATS may determine that other means of transport would be more suitable. I am not quite sure who gets the right to say what in regards to that. My wife—I will disclose this now—is a medical receptionist at a doctors surgery. If the committee is not talking to medical receptionists, it probably should because they get in the middle of doctor versus PATS and helping out the patients. They see all sorts of issues. I understand when people are travelling, some people are just very nervous about the whole aspect of it. Streamlining the process of applications and determinations and making life easier is really an issue for them, particularly at the end where they may not be familiar with the metropolitan area. Things like taxis that can take them straight to their medical appointment or their accommodation, I think, would be a great relief for a lot of people.

There is also an issue if there is an airfare of the best price of the day. I have a staff member who had an example of that. They had treatment late one day and they were flying back the next day, and the flight was approved by everyone. There was a morning flight at 11 o'clock or a flight at half past five, and she was given the half past five flight, which is a whole day in Perth with nothing to do, with a small family back in Kalgoorlie. When she checked on the webpage, it was cheaper on the 11 o'clock flight, but PATS said the 5.30 flight was the best price for the day and you have to take that one. There is an issue there of when people can come back and how pricing is determined on flights, because she was confident, and usually midday is a cheaper flight to get to Kalgoorlie. The issue was who determined what the best price of the day was for the flight and the fact that she had to wait all day to get a flight when there was an alternative. It is a real inconvenience to her when she has got young kids at school and she has to get back to sort them out, if she does not make it back for that day.

The decision on travel by road—or, in the case of the city, it can be road or air—I think is one that needs, I suppose, examples or guidelines for people when they are applying. I am not sure what is happening in the online world, but people could perhaps apply online. I know doctors have to sign

off on it, but there are ways around that. But examples of why people might be required to drive or fly and examples of how to fill the form out, probably an example of what they can actually claim or not claim—I have never used it myself, so I do not know, but I understand there is some confusion on what they can or cannot do. Exceptional circumstances is an issue as well. Once again, who makes the call on that? Do PATS make the ruling or do the doctors make the ruling or is there a conflict there? The doctors obviously are not worried about the dollars and the PATS officer will worry about the dollars. There is anecdotal evidence of personalities and PATS officers sort of taking over and determining what is best for people. I am not sure that personalities should play a role in what is quite a vital service to the community. I do not have names or evidence that I would table, but I know that there is an issue with personalities in making the determinations.

The CHAIRMAN: You mentioned there about exceptional circumstances, do you have any anecdotal evidence of people who you think have applied under exceptional circumstances and been refused?

Mr Burnett: I would have to ring my wife at the medical practice for an example, but I am not going to do that because I will get in trouble. I just understand that at times there—the phone does go off sometimes for no reason, it is not taping anything. I just understand that there are exceptional circumstances where there is confusion of what the definition is, and perhaps examples or clarification that people can go online and have a look at what would be covered. I am not clear, but I am aware from other councils that are a bit further out from here, that if someone gets flown down by RFDS, it is not clear how PATS can get them home or if PATS can actually get them home. I do not know what the actual circumstances are, but it was raised by another council in GVROC that there is confusion about people who fly to Perth through RFDS, which is assuming that their local service cannot provide that, and they have to come back somehow and it is not clear whether PATS actually does that or how it does it. I do not know; I just raise that on behalf of the council. That is probably it from my point of view. These are dot points that have been put over the table at a GVROC level and discussions with my wife.

The CHAIRMAN: Rod, is there something you might like to add to that?

[1.30 pm]

Mr Hilton: Much of what Don has said is very similar to our situation down in Esperance. Esperance, as you may or may not know, is 725 kilometres from Perth. It is an eight-hour drive, so it is a fair hike. If you are ill or under stress, that is going to make it doubly difficult. I put the issues down into two areas—travel and accommodation costs and patient frustration. The travel and accommodation costs: obviously, everyone would like more money to contribute to it. By and large, I have not heard anyone complain about the fact that there is some money available to assist but, as Don mentioned, accommodation in Perth is fairly difficult to get hold of and cheap accommodation is even harder to get hold of. The \$60 per night does not contribute a great deal towards the true cost of accommodation if you are going to be in Perth. If you drive to Perth, there is no avoiding accommodation; that is, I guess, the issue. If you are young and technically savvy, the webpage is a great resource to go through. It even lists accommodation providers that can be used to try to offset some of those costs that you might be up against. But if we are talking about clients that are elderly and we are talking about Indigenous people that have no families in Perth, then I think we are talking about a whole group of disadvantaged people that certainly are not going to utilise the technology and, of course, who are going to have difficulty in understanding the whole process of applying for PATS and, indeed, what they are eligible for and the appeal process if they are not satisfied with what their doctor or the PATS receptionist—I suppose that is what you call them—decides at the end of the day. Doctors make the decision on the capacity of patients to drive. I notice that that is on the form. There is a box they tick—either fly or drive. If the doctor can recommend that a patient flies, it is probably a lot better from an area like ours to try to have people down, see their doctor in the morning, come back that evening on the plane, thus avoiding any accommodation

costs at all, particularly for those people who, as I say, do not have family or relatives or who are unfamiliar with the metropolitan area. Elderly and Indigenous people are going face those problems.

The other area was with regard to dental cover. There are some issues with regards to what should be covered as far as specialist treatment goes. Certainly, discussions that I had with Graham Jacobs' office was that there was a feeling that if there are health implications associated with dental work, perhaps the PATS should kick in at that particular stage because at Esperance Hospital, if there is dental work to be done down there, there are long waiting lists, especially if you are a public patient. That could lead to health implications for people who are in dire need of some dental work which requires hospitalisation. That was the only issue as far as the cover goes—that dental issues could be looked at.

I guess patient frustration comes down to a lack of understanding about the PATS process. Eligibility is misunderstood or perhaps there are greater expectations of the support that is actually provided, because people come into this cold. In many cases they are people who have never had health issues before and then all of a sudden they find themselves in this situation and have to make very quick decisions and do rely on the doctor to guide them along those lines. Doctors do make errors in filling out the forms, which leads to more frustration because they take the form to the PATS provider, and all of a sudden the PATS provider says, "The doctor has filled this out wrong." We have a lot of trouble getting into doctors in Esperance; trying to get back to that doctor to have the change made just leads to frustration. That is common feedback that we get. Doctors obviously have a lot of things on their minds as well. I am not sure whether or not there is someone else in the surgeries that can actually be undertaking this particular responsibility.

The relationship between the doctor and the patient is also a real issue because that influences how that interaction occurs. If the doctor is not coming forward with information, then there is an expectation that the patient needs to ask those questions of the doctor. If you are unfamiliar with the process, how do you know what questions to ask? There is just that frustration that is built into it.

The assessor at the PATS office can only deal with the information that is provided, so whilst you do get a lot of feedback—and it appears to be fairly common that people seem to blame the poor person who is accepting these forms for all their issues. But I guess they can only deal with the information that is provided to them. If the information is incorrect, they have to deal with it as they see fit. But there is a perception of a lack of support and assistance in regards to trying to complete these forms and, if there are errors, trying to resolve the issues. Patients may not be aware of the appeal process if the application is rejected. As I said in my opening address, patients are often under stress and really do need that support to assist them through this.

The only other comment I have—I have not been able to prove that this is the case—is that it appears to be guidelines are different between different regions. As I say, it was just a comment made to me that the Kalgoorlie guidelines are different to the Esperance guidelines. But I have not had a look at them, so I would take that with a grain of salt. It is simply a comment that I have recorded.

The CHAIRMAN: I am not sure that is the case; it might be more of an interpretation of the guidelines that may be different. Let me explore some of those things that you have brought up. If I am a patient in Esperance and I go to see my GP and my GP says, "You need to go and see this specialist. On the form we are going to say that you need air travel and taxi vouchers" where in Esperance do I take my yellow form? Is it to Esperance Hospital?

Mr Hilton: Yes.

The CHAIRMAN: Is there a PATS office there?

Mr Hilton: Yes.

The CHAIRMAN: You mentioned that people are not familiar with where they can seek accommodation in Perth unless they are savvy and they go online. To your knowledge, is there no display on the wall in the PATS office in Esperance that provides a whole range of brochures of places where you can stay or, in fact, here is a hard copy of the list that is on the webpage?

Mr Hilton: I do not know. I have not been into that office.

The CHAIRMAN: Our experience today in Kalgoorlie was that there is a perplex display on the wall at the PATS office. There was a whole range of brochures showing people what is available. I was trying to see, again, whether there is consistency in those offices.

Mr Hilton: I do not know.

Hon DARREN WEST: I would have thought that through GVROC you would have—I presume you have—made some approaches about the issues that you have raised to PATS themselves. Has there been any sort of contact between either the regional councils or individual councils about this?

Mr Hilton: Not at a council level.

Mr Burnett: It is not the space it would normally be in.

Hon JACQUI BOYDELL: I just wanted to refer to your comments around the other shire and the issues that they were having. Are you able to tell us who that is?

Mr Burnett: Northern goldfields—up at Laverton and Leonora. They have different issues with transport than we have, obviously, because they have to get to Kalgoorlie to fly.

The CHAIRMAN: In your experience in dealing in other areas with government departments, do you think that an online application—for instance, it might be a system where you are in the GP's surgery, he has to fill out the form anyway, that he might start to generate a computer form at that point? That would go into a system where that is an actual form that is generated into the PATS system, which would then go straight through to the PATS office that says, "I've seen this person. This is what I'm saying they need to have happen", so that person does not then have that necessity to front up with their yellow form because all of that information has been populated onto an electronic form and dealt with that way. Do you think that that might alleviate some of the issues?

Mr Burnett: I think some doctors would struggle time wise to do all that. The reality is that they would probably tick the box and give it to the receptionist to fill out the rest of it with the patient. The issue, I would probably say, that needs to be looked at is with the international medical practitioners under supervision, whether they understand the system. Experienced doctors, the fellows that are around the place, would know, but we have a lot of international medical practitioners who are under supervision. If they have just got here, I do not think they would really know.

The CHAIRMAN: So, you are not aware that they are provided with any training from the PATS office in Esperance Hospital when they come on board as a GP for the area?

Mr Burnett: I do not know. I would think there is so much that they have to pick up in the early days that they would be concentrating on the care side of it—the paperwork is one that they would be relying on assistance and guidance. So, streamline the system where the doctor would be saying, "Yes, you must go, and this is how you have got to go" and I would suggest there might be someone else you could be helping out in that regard.

Hon AMBER-JADE SANDERSON: As a local government, are there any functions or support that PATS provides that, if it did not exist, you would have to pick up?

Mr Burnett: Now we are getting into a bit of policy there! We would not pick it up; it is as simple as that. Put it this way: the council might want to pick it up, but the CEO's recommendation would be to not pick it up. That is another issue.

Mr Hilton: I do not believe our local government would be interesting in picking up an additional burden, if you like. But getting back to the issues with the elderly and Indigenous people, they are probably the most disadvantaged and the ones that are least likely to understand the system. I guess that would be across the state.

[1.40 pm]

Hon JACQUI BOYDELL: I also wanted to come back to your evidence about where a patient finds themselves on the RFDS and then in Perth and then getting home. I think that is a really good point and something that the committee will consider in our deliberations. My understanding of the process of the system at the moment is that if you do not have the opportunity to put in the yellow form from the doctor, where you do not have an immediate GP referral, you actually would not qualify, unless you applied under exceptional circumstances. I think the same can be said where patients have an accident that is not RFDS qualifying, however, the person may decide to go to Perth outside of the office hours of the PATS office, so you do not get the opportunity to lodge the form. I think that is along the same lines.

Mr Hilton: It is my understanding that the doctor must sign it, otherwise you do not get it.

The CHAIRMAN: An authorised medical officer or whoever has to sign the form.

Gentlemen, thank you very much. It is another piece of the jigsaw puzzle in the picture that is the PAT scheme. That will help us in our deliberations, so I really appreciate you taking the time to come and talk to us today.

Hearing concluded 1.41 pm
