STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

TRANSCRIPT OF EVIDENCE
TAKEN AT BUNBURY
MONDAY, 17 NOVEMBER 2014

SESSION THREE

Members

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

Hearing commenced at 2.24 pm

Mr NEIL FONG
Chief Executive Officer, South West Aboriginal Medical Services, sworn and examined:

The CHAIRMAN: Were you in the room when I introduced everybody?

Mr Fong: Yes, I am fine; just go straight ahead.

The CHAIRMAN: Okay, if I can just ask you to take an oath or affirmation.

[Witness took the affirmation.]

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

Mr Fong: Yes, I have.

The CHAIRMAN: These proceedings are being recorded by Hansard. 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 and please be aware of the microphone. Try to speak into it and ensure that you do not cover it with 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 can request that evidence be taken in closed session. If the committee grants your request, any public or 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 contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

Is there an opening statement you would like to make to the committee about your experiences?

Mr Fong: Yes, I suppose so. I suppose the South West Aboriginal Medical Service's main clientele is the Aboriginal population throughout the south west from Manjimup through to Harvey, Collie—basically, that circle around the south west. We deal with the lowest socioeconomic group in the south west and we have roughly 4 000 patients on our books and we do roughly 40 000 presentations per year. Of that we continually transport our clientele. We find that if we do not pick them up, they do not have any way to get to us and if we do not drop them off, they cannot get back. Because of their socioeconomic status, whilst are there specialists in this area quite often they are private. There are very few public specialist services, so if they have not got the money to pay to get to those then there is a huge waiting list or we bring them to Perth. So, SWAMS on its own at this stage tends to do a lot of its transport on its own for Aboriginal people.

Hon DARREN WEST: That is because you bypass the private specialists to get to the public specialists you can see quicker.

Mr Fong: There is access. Most specialists say there is an automatic—just off the top of my head—$250 registration free just to make the appointment. Then there are obviously all the fees that go with it on top of that. Most of our clientele are on either unemployment benefits or do not have any income—quite a few, especially of the younger ones who live with their family, have no income. Accessing specialist services in particular and even sometimes just basic things like dentistry is very difficult for our clientele.

Hon JACQUI BOYDELL: I just want to go back, Neil. The evidence we had previously about this situation from Grace Ley, the regional director of WACHS—obviously depending on what the clinical diagnosis is—she did talk to us about this private–public specialist system and it did seem in her evidence that there was certainly some leeway for people who could not afford that private specialist fee. Have you had any negotiations on that with WACHS and how that —

Mr Fong: I have been here roughly two years and on my arrival here SWAMS was sort of treated like a bit of a private bank where we were just billed automatically from organisations and services. Very little sort of—what is the word?—scrutiny of what we were being billed for and a whole heap of stuff.

Hon JACQUI BOYDELL: For your patients to see a specialist, do you mean?

Mr Fong: We have actually found some, but it was not our patient, but that is our problem not the sort of PATS system, but, yes, very much so. It was an expectation that SWAMS just paid. I will be blunt about this. It was SWAMS's fault in a sense, that it just paid that, there was little negotiation. Over the period of time we are negotiating that, sort of like the Medicare rebate is provided and we pay the difference and sort of things like that now. Things have improved, but it is still quite a situation where Aboriginal clientele do not access it very well unless we organise it.

Hon NIGEL HALLETT: Was it a bit of an open chequebook affair?

Mr Fong: Unfortunately, yes.

Hon JACQUI BOYDELL: I am still struggling a bit, with the previous evidence that we had that, for example, we were talking about a hip replacement where if it was a category 2 and you had been to the private specialist and you could not afford to pay their fee, you were still actually able to be treated in the public system but you had to wait that 90-day period for that category 2 hip replacement and that there was certainly negotiation about the fee, whether you could pay $2 a week or maybe waive the fee—the specialist fee.

[2.30 pm]

Mr Fong: I am assuming Grace is talking about clientele that has gone through the public health system. I am talking about clients who have come directly to us. I have not seen that, put it that way.

The CHAIRMAN: Explain to me—an Aboriginal person comes to SWAMS and they will be seen by a GP in your service and the GP then makes the same determination as any other GP that this person needs to see a specialist and you are saying then if that Aboriginal person comes to see a specialist here in Bunbury, SWAMS is then billed for that specialist appointment?

Mr Fong: Has been, yes.

The CHAIRMAN: That is an across-the-board —

Mr Fong: Pretty well, from what I have seen. You know, look, it all depends very much on the client. You have clients who are slightly more educated or more affirmative in what they do and they know how to access subsidies, then of course they will be more assertive on it. As I said, most of our clients are from a very low socioeconomic status. They do not know how to negotiate it and they just go in. My experience has been that they go in, SWAMS gets a bill.

The CHAIRMAN: It was explained to us that the administration of the PATS system is that you would see the GP and that what we would understand is that is the point of a yellow form being filled out—but it may or may not be—but for PATS in this region it is outsourced to Medibank Health Solutions in Osborne Park. My assumption would be that why would an Aboriginal patient be treated any different from any other group, in that they would then just be contacting the people who administer PATS, which is this outsourcing, and assuming that maybe someone from your service may assist them if they have a literacy issue with dealing and then that appointment would

be made with the specialist and the evidence was—I am assuming then also that your Aboriginal patient would have access to a healthcare card if they are on some sort of benefits they would then not be billed for that visit with the specialist, but you are now saying that is not the case and it comes back to you.

Mr Fong: I have not seen PATS actually pay for treatment. Is it not just transport and assistance, or are we talking about something else which I am not aware of?

The CHAIRMAN: No they are arranging the appointment with the specialist, but the specialist themselves, at that time, when they are seeing the patient—it is a private specialist who comes here visiting. He or she sees the patient and if the patient has the capacity to pay, as in they have private health insurance, they will see that patient as a private patient and they will get a bill and it might be a gap bill or it might be up-front, but if they are in receipt of any benefits, as in a healthcare card or disability pension or whatever, they would then be billed as though they are in the public system and would not receive a bill, but you are saying that that is going back to SWAMS and you are being charged for that.

Mr Fong: As I have said, my experience with it has been that whenever a doctor has referred a client to a specialist for whatever reason, up till recently we would just be charged for them. There are certain cases, obviously, as I just said to you before, where people could stand up for themselves and argue the point was not the case. As we made our services a lot more effective, we have been negotiating with those specialists, saying, "Okay; we'll pay the difference between the Medicare rebate to what your charges are." Prior to that no, I have not seen it. It may have been happening, but from what I have seen from repaying out accounts, no.

Hon DARREN WEST: Just on the patient transfer, you mentioned before, Neil, that if people had to go to Perth, you were arranging the transport up there and you were paying for that out of the SWAMS budget. Why would that be? Why would SWAMS not be, sort of —

Mr Fong: Seeking rebates?

Hon DARREN WEST: — working with PATS and trying to get some money back out of the system.

Mr Fong: It is happening now. Unfortunately—I am sort of putting my organisation in it here a bit—there was not a perceived need to do that. It was easier for SWAMS just to pay, because we have a number of drivers on our books.

Hon DARREN WEST: So you run a bus up, presumably, yes.

Mr Fong: We have vehicles; we just run them up, so it is easier Even today—I stand to be corrected on this—my understanding of actually getting the rebate is a bit of a pain in the backside. You have to apply for it X amount of times. You forward it and you have to find out whether you are eligible. A lot of our clients as well are sort of last minute, "Let's just go." I have been having our transport organisers—where we think we have eligible clients, we put the submissions on behalf of them and we seek reimbursement back to SWAMS rather than to the clientele. We are doing that now, but it is still a long way to go in the sense of being effective and use of the public purse.

Hon DARREN WEST: Yes. I can see if there are 4 000 clients that have not been accessing the scheme and now they all start accessing the scheme, it is going to make a difference to the scheme.

Mr Fong: It is. It is exactly the same problem for the previous people who were here. When we are talking about the Manjimups and stuff like that, very few have vehicles. Public transport is becoming less and less in this area. Where family have got vehicles, it is sort of, you know, again they leave it to the last minute, so it is easier to ring us up to run the transport.

Hon NIGEL HALLETT: So, Neil, your budget will be looking a lot brighter now.

Mr Fong: Again, listening to the other couple who were here before, until recently we have had a fair bit of flexibility with what we could do with our budgets, but, as everyone knows, with both the state and the commonwealth tightening things up, the commonwealth has started stipulating what we can and cannot use. We have not seen the new state contract shells, but my understanding is that come 1 July, we may not be able to give the level of support that we have been able to give at this time, which will again put more pressure on the PAT scheme if that is the case.

Hon DARREN WEST: If the PAT scheme was online and able to be filled in by your doctors and processed online, that would clearly be a lot easier for you.

Mr Fong: Accessibility and a quicker turnaround of approval would make a big difference, I think.

Hon DARREN WEST: Okay. That is pretty much all from me.

Hon JACQUI BOYDELL: With the demographic of your patients, is English as a second language an issue?

Mr Fong: As a second language, not a huge issue. Level of understanding may be—if we talk about complexity, negotiating with government agencies and specialists, yes.

Hon JACQUI BOYDELL: It is probably not a relevant question, but just in comparison to, say, when we were in the Kimberley, English as a second language is a big issue for patients and cultural awareness of the PATS staff. What has your experience been of cultural awareness?

Mr Fong: I think cultural awareness is an issue down here. Whilst the Noongar community speak English, it is sort of, as I said, a different sort of thing. The whole cultural nuances are very different. There is a considerable level of shame or sort of not wanting to go to government to get these types of assistance, or maybe not not wanting to go, but not knowing how to go. There is a bit of an expectation that if they need to go tomorrow, they go tomorrow. The whole understanding that sometimes these things take time and you have to wait for the approval does not matter because if they feel they need a service, they will go. Quite often it is to their detriment because they will either borrow money and then there is that whole —

Hon JACQUI BOYDELL: Do you think that can be addressed through an education awareness program? How can that be addressed, in your opinion?

Mr Fong: Look, yes, education would work, but I think sending a couple of pamphlets out is a waste of time. I sort of think having possibly, you know, the health liaison officers giving a lot more information sessions, working with organisations like ourselves to run joint sessions, possibly putting out some appropriate DVDs in clinics so that you have got information going out all the time, and I think the information would be for the general public as well. I do not think PATS is well understood; everyone thinks it covers everything.

[2.40 pm]

Hon JACQUI BOYDELL: Yes. I take that on board. Do you think SWAMS has a role to play in that education awareness program? If you are assisting your patients to move forward with understanding both from a medical and clinical specialist engagement perspective and a way for them to access support with government in a much more meaningful way, do you think you have a role to play in that?

Mr Fong: Yes and no. In a partnership, yes. If you just want us to do it, no. But I suppose, if anything, what I would want to see is a bit like the Kimberley if you are talking about that, where WACHS did not allocate but sort of gave third parties a capacity where CAMHS sort of approved whether people were eligible for PATS or not. Then you had your cultural understanding and sorting it out; rather than going through public servants, CAMHS, working with the communities, knew what they had to do and which loops they had to jump through, and a similar situation down there would make it a lot easier as well.

The CHAIRMAN: I am assuming a couple of things. Renal health is obviously one of the major things, so that is a big issue among Aboriginals. Are you finding that your clients are able to access renal dialysis when they need IT?

Mr Fong: Accessing the dialysis is not an issue, but it creates a lot of overtime for me because I have my drivers picking them up and dropping them off, and that is always after hours—not always. I think for morning sessions, some of them are getting up at five or six o'clock to pick them up from different locations. By the time they drop them off in the evening, it is seven o'clock at night. If we do not pick them up and drop them off, they do not get there.

The CHAIRMAN: What about one of the other issues about not being able to access PATS for allied health such as audiology services, because loss of hearing is obviously another big issue? It certainly is in the Aboriginal populations in the north west and I am assuming it is something similar with the south west people, or not?

Mr Fong: If you are talking about ear issues and things like that, my understanding is that there is a good assessment of it. There is the specialist, and, you know, the ear bus and all that come through and do the assessment. The problem is the treatment and the follow-up action of it. Getting back to the education side of things, whilst grommets or whatever might be being put into the ears, there is not the education to the kids of what they have to do to make sure it does not get reinfected and to parents of what they need to do and all of that side of things. Then the follow-up treatment is in Perth. That is where the fall-down is.

Hon DARREN WEST: How many doctors and how many staff in total do you have?

Mr Fong: Total staff at the moment, or our FTE number is 65. I have got five doctors and then I have, depending on our needs, rotating of locums, registrars and stuff like that.

Hon DARREN WEST: Where are they based—all over or here?

Mr Fong: We are all based pretty well next door at the moment, but we run clinics in Collie, Brunswick Junction, Manjimup.

Hon DARREN WEST: Excellent.

The CHAIRMAN: Any other questions? Thank you, Neil. That has been very helpful. It is interesting, some of the stuff we have raised with us. We will take that on board.

Mr Fong: No worries. Thank you. Good luck.

The CHAIRMAN: Thank you.

Hearing concluded at 2.43 pm

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