EDUCATION AND HEALTH STANDING COMMITTEE

REVIEW OF WA'S CURRENT AND FUTURE HOSPITAL AND COMMUNITY HEALTH CARE SERVICES

INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
WEDNESDAY, 23 SEPTEMBER 2009

SESSION TWO

Members

Dr J.M. Woollard (Chairman)
Ms L.L. Baker (Deputy Chairman)
Mr P.B. Watson
Mr I.C. Blayney
Mr P. Abetz

Hearing commenced at 9.30 am

ABERNETHY, MRS MARGARET
Senior Policy Officer, Child and Adolescent Community Health, examined:

MORRISSEY, MR MARK
Executive Director, Child and Adolescent Community Health, examined:

AYLWARD, MR PHILIP
Executive Director, Child and Adolescent Health Service, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the review of Western Australia's current and future hospital and community healthcare services, and also its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. You have been provided with a copy of the committee's specific terms of reference.

At this stage I would like to introduce myself and the other members of the committee. I am Janet Woollard. The other members of the committee are Ian Blayney, Peter Watson and Lisa Baker. We also have with us David Worth, our principal research officer, and Hansard staff.

The Education and Health Standing Committee is a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal proceeding of the Parliament and therefore commands the same respect given to proceedings in the house itself. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. As this is a public hearing, Hansard officers are making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions that we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: We were going to carry on from where we left off last time. Before we carry on, something that has come up in Parliament is the fact that since the budget cuts were introduced, members of the committee have been informed that when child development services came together, some funds were made available before the merger in services. They were surplus funds. Some additional front-line service staff were employed with those surplus funds. Since the budget

cuts this year, 12 FTE positions with child development services that were funded from those surplus funds have been cut. The information that I have been given, and which the committee is aware of, is those staff comprise 2.4 full-time equivalent in occupational therapy, 0.4 for dietician, 5.02 for speech pathology, 1.82 for physiotherapy, 0.9 social work, 0.4 audiology, 0.3 psychology and 0.8 therapy assistant. Could you please explain to the committee why those full-time equivalent positions have been lost from the system? I was personally informed that staff were notified on a Friday and cancellations for appointments were made for the following Monday because of those cuts. Could you explain that situation? Maybe we could just get that clarified before we continue from where we left off last time.

Mr Aylward: You are correct that we have discontinued a number of contracts—approximately 12 FTEs relating to child development areas. Previously we pulled a number of staff out of those areas to develop a project that looked at standardising our policies.

The CHAIRMAN: Which staff did you pull out? The positions that I have just put on the record are front-line services. Did you pull staff out from front-line services?

Mr Aylward: Yes. The staff were pulled out from front-line services and were backfilled by contract staff.

The CHAIRMAN: So the contract staff then were these positions?

Mr Aylward: That is my understanding.

Mr Morrissey: That is correct. We believed it was worthwhile having clinicians involved in the report of the service when coming up with the new way of working.

Mr Aylward: There was never any intent for those positions to continue beyond the life of the project. The conclusion of those contracts was not part of our budget management strategy relating to the 2009-10 budget; they were always intended to be ceased. The staff who were on the project that Mark has referred to would revert back to their position.

Mr P.B. WATSON: Were they aware of that?

Mr Aylward: They had fixed-term contracts. There might have been some expectation—as there would be—but it was not generated by the management of the service. They were fairly finite. People understood at the beginning of the process that they were finite. A particular task needed to be done.

The CHAIRMAN: If they were finite, why is it that people have said to me that they were phoned on the Friday and told that the contracts were finished and then appointments were cancelled on the Monday? If contract staff came on board to fill those positions, surely they would have known that this was the end date. If you are saying that staff went back, why were the staff who went back, who were doing that review, not able to carry on so that children who had waited for 12 or 18 months to receive assistance, would not have suddenly have their appointments cancelled?

Mr Morrissey: In regard to the finalisation of those contracts, it was up to the different supervisors in the disciplines to make those decisions, and they were done at the local level in regard to particular contracts.

Mr P.B. WATSON: Was pressure put on them from above?

Mr Morrissey: I think the response probably is in regards to—the contracts were going to cease and that message was conveyed.

Mr P.B. WATSON: So the buck stops with the people at the lower level and not at the top level?

Mr Aylward: No, clearly it rests with me. I was aware that the contracts were coming to an end. The project was reaching its end stage. We did not have any additional funds to continue those contracts—in other words, to double up the resources. The responsibility for not renewing those contracts or offering other contracts clearly sits with me.

Mr P.B. WATSON: Is it bad management when they are told on Friday and people have already made bookings? Is that bad management?

Mr Aylward: If the circumstances happened like that, it is not ideal. The way that people communicated it down, it sounds like it could have been improved upon, certainly.

Ms L.L. BAKER: The interesting thing for me is the transitional staff. As Janet has already alluded to, why was there a lag in getting the other 12 people back into their seats to pick up the reins? Is that something you are okay to comment on?

Mr Aylward: I do not know about the transition itself. I have not got the precise position-by-position transitional issues that occurred but I can imagine that because it is a large organisation there could have been some lags but we have attempted to correct any miscommunication that has occurred with specific clients. When people were told that the service would be stopped, we got in touch with them and informed them. The process transition was not what we would have liked and we re-established connections with them. I just want to add that we also, because of the budgetary situation, are not replacing or backfilling some staff while they are on annual leave.

The CHAIRMAN: Annual leave and maternity leave, I believe, as well.

Mr Aylward: Yes. That is correct; some extended leave. That is separate from that cohort of 12. I just wanted to clarify for the committee in terms of the information it is getting and the noise it may be getting —

[9.40 am]

The CHAIRMAN: I can assure you that the noise is rising. I am personally ensuring that the Minister for Health is aware of the fact that the noise levels are rising, partly because of the report that your department and others were able to give to this committee and other committees. We are now becoming more aware of the fact that child health services have been neglected for so long, and that there are so many children in need. The minister himself gave a commitment yesterday in Parliament to see those gaps that your department identified to the committee as part of the child health screening review that we did, when it was found that 126 full-time equivalent child development staff, 105 community child health nurses and 135 full-time equivalent school nurses were needed—to see that massive gap that has been created over the past 10 years addressed. Personally, I am lobbying to see improvements in that area in the midyear review for the budget, and I am hoping that all other members of this committee are also lobbying and other members are lobbying for those needs to be addressed now. You have just said that people going on annual leave and people going on maternity leave are not being replaced at the moment. We did ask for the management plan, and I have to admit to being a bit tardy. We have been very busy and I will admit that I have not yet reviewed the supplementary information that you sent to the committee. In that supplementary information, did we ask you for the current needs in relation to child development services, school health nurses and community health nurses?

Mr Morrissey: I think that question was posed and I think we answered it.

The CHAIRMAN: Did you give us numbers of full-time equivalent requirements?

Mrs Abernethy: When your committee was looking at the finalisation of the report on the healthy child we gave those figures, and those figures are current, as in the numbers you have cited.

The CHAIRMAN: So the numbers I just gave are still the current numbers?

Mrs Abernethy: Yes.

The CHAIRMAN: But they are not the current numbers, are they? I do not want to give you too many supplementary questions today, partly because I will get a slap on the hand, but I would like to have the FTE shortage for those areas as of today, with the additional FTE places that are currently not being filled while staff are going on annual leave and maternity leave. We know that

you have severe shortages and I think we would all not want to see any further deterioration in services than what currently exists. This is not an attack on your services; this is simply so that we can ensure that other members of Parliament are also lobbying the government and the cabinet to ensure that funding for child health is no longer pushed under the carpet and kept behind closed doors.

Ms L.L. BAKER: I was going to ask a similar question. Can I just check that we picked up what I was going to ask? I am really interested in, if you like, what your workforce planning figures are around that gap, over the next 12 months. I am assuming you would have an average running figure about what the gap will be over a 12-month period, so if that means that your labour force is going to be five per cent under for 12 months, and that will meet the three per cent, that is the kind of information I would find really helpful. I quite understand that, because, having worked in government, that is how we used to meet our efficiency dividends all the time. Government has that capacity.

The CHAIRMAN: Following on from that—again, I am still learning how things work—for this midyear review that cabinet will be looking at in the next month or two, will you have prepared a business case identifying again the lack of staff in those areas, and asking for funding for staff in those areas?

Mr Aylward: We will not be preparing a business case. The information on those gaps is on the public record. Like yourself, the minister has said that in the term of this government he is going to attempt to rectify or at least assist in ameliorating those gaps. There is not a specific business case that we have developed.

The CHAIRMAN: Can I just ask—I am not sure whether it is Mark or Margaret—whether they are able to provide to this committee a costing that will be required to fulfil the 126 full-time equivalent staff required in child development services, and a costing for the 105 full-time equivalent community child health nurses and a costing for the 135 full-time equivalent school nurses? In the government's response, which I am sure you have gone through very carefully, as have members of this committee, under recommendation 25, where the committee asked that the government give a high priority to additional staff and other resource to address current inadequacies in Western Australian speech and language services, the government supported this, and the Department of Health acknowledged that there are gaps in the staff numbers. In terms of the priorities for staffing in child development services, apart from the three areas that I have identified, could you also provide the full-time equivalent staff that would be required in areas such as occupational therapy, dieticians, speech pathologists, physiotherapy, social work, audiology, psychology and therapy assistants—the required number of full-time equivalents now, and the costing for those full-time equivalents, simply so that we have a figure on the table and we are able to say to the government that we know that, in order for you to make a difference in childcare services, this pool of money is required, and once we get that pool of money on the table, then I think that certainly I and other members will be able to support the minister in his genuine endeavours to see an improvement in your services. Would that be possible, Mark?

Mr P. ABETZ: Let us assume that suddenly the world changed and the money was there. Would the people be there?

Mr Morrissey: In regard to nursing, we are confident we could, and I assume, like most of these, it will be over a period of years. I am confident we can recruit the nurses. I think, in that context, we would also like to look at people to work with the nurses who may not be qualified nurses, but people who go through a particular course, which I think is a gap, and we could spend our money much more wisely by doing that. In regard to child development, I think there is a good chance, particularly in the current downturn, that we could pull in those people over a period.

The CHAIRMAN: Would the period be over 12 months, or 24 months, or six months?

Mr Morrissey: I would love that, but typically these things seem to be over three or four years. But I am trying not to be overly optimistic. In regard to school health nurses, similar to child health nurses, sometime it is easier to recruit because the qualifications are not as rigorous. There are no problems in getting people to work in the community, for a range of reasons, so I think there is a good chance that that could be achieved.

Mr I.C. BLAYNEY: When you say the current downturn, are you talking about the broader economy?

Mr Morrissey: I guess I am talking about the global economy and the impact on WA at present, which is changing, I know, but —

The CHAIRMAN: As people are losing their employment, nurses who have resigned from the workforce are able to then step in and become the breadwinners for the family.

Mr Aylward: The flipside would be, as there is a take-up and the economy takes a lift, then we will be facing the same sort of stresses in terms of retaining key staff.

Mr I.C. BLAYNEY: It may even be worse.

[9.50 am]

Mr Aylward: There are some worthwhile studies that suggest that.

The CHAIRMAN: As Mark said, community and school health nursing can be a very rewarding area of nursing. There would be a lot of nurses in the community who, if those positions became available, would enjoy working in those positions and would probably return to nursing.

Mr Morrissey: Well put.

Mrs Abernethy: Can I also add that the universities have continued to train staff. In terms of child health nursing, the Child and Family Health Certificate diploma has continued. Each year we have at least 20 graduates who would like to go into the field but there are actually no positions for them.

Mr I.C. BLAYNEY: How about people like speech therapists and OTs?

Mrs Abernethy: I guess it comes back to what Mark said. Training is still going on. Staff are still being trained and we think there is an opportunity for us to have a look at increasing that FTE.

Mr P.B. WATSON: Is flexibility of hours and crèches for hospitals being looked at? I know that there will be a crèche at the Albany hospital. Through the district director, we were looking at having more flexible hours so that we can get back a lot of the nurses who have kids. Has that been looked at anywhere else?

Mr Morrissey: In community health?

Mr P.B. WATSON: Yes.

Mr Morrissey: It is not such an issue in community health, because it is usually a day job. We are flexible in regard to employment hours. In particular, school health nursing suits young mothers very well. It is a different issue in the acute sector. I am not really qualified to comment on that. However, if we are talking community, I guess that is one of the reasons that people would move into community health.

Mr Aylward: To come back to your question about the request, we will take that on notice.

The CHAIRMAN: Are you happy to provide us with that supplementary information?

Mr Aylward: We will take it on notice.

The CHAIRMAN: So, yes, you are happy to provide that supplementary information?

Mr Aylward: Yes, we will respond to the questions.

Mr I.C. BLAYNEY: What do you mean when you say, "Backfill"? I am aware of the earthmoving term, but I do not know what it means in this context.

Mr Aylward: Across our health service, both community and the hospital, we assess every position that comes up that requires to be replaced, either on a short-term basis—for example, on annual leave, which might be as short as two weeks, or it could be maternity leave or long service leave. We assess and adopt a risk approach to whether we can backfill that position; in other words, get a replacement person to cover that job.

Mr I.C. BLAYNEY: Therefore, you are appointing someone to act in a temporary capacity.

Mr Aylward: That is correct. Because of the budget allocated to us, we are taking a fairly close look at all those positions. In some instances we are not replacing people who are on leave for a short period of time. Our prioritisation then is to ensure that the most needy can still access services. Those with the highest priority or who need urgent services will always be treated in circumstances like that.

Mr P.B. WATSON: Phil, is it affecting front-line services?

Mr Aylward: There are some delays in the provision of those services because there is a gap in that clinician, so we are prioritising it on the basis of highest need.

The CHAIRMAN: In relation to the supplementary information that you are providing to the committee, I ask you to ensure that that information is also flagged with the director general. Whilst you do not put in a business case to the director general, I believe that all directors general, at this time, will be getting their reports ready to go to cabinet for the midyear review. Therefore, you need to flag your funding needs to him. I am almost certain that the tertiary and secondary hospitals will be flagging their requirements for both staff and equipment. It is important that he has a similar request from child development services. I know that when he attends the next hearing of this committee I will, as a member of the committee, be certainly asking him what he asked for in terms of additional funding from that midyear review, particularly in relation to community health, school health and child development services. I ask that you ensure he is aware of how much is required.

Mr Aylward: I think you would probably be aware from the DG's previous attendance at this committee that he is well aware of the gaps and shortfalls. He has signed off on the submission that went through to the minister. The role of my position and the single entity of Child and Adolescent Health Service does provide a key focus for both the acute sector—PMH—as well as the community and child health sector. The advocacy is there. I will ensure that the information is made available to the director general.

Ms L.L. BAKER: With the review into non-government funding and services that I understand the government is doing, is that something that you guys are also applying to your on-funding of non-government services? Are you reviewing your non-government funding arrangements?

Mr Aylward: I still have some contracts as well that we look after. It is not part of the broader government-wide approach, but we do review these contracts fairly pro-actively.

Ms L.L. BAKER: But you are not doing that now because of the questions around the budget?

Mr Aylward: Not from my perspective.

The CHAIRMAN: Also in relation to our previous review, recommendation 2 was that we ask the department to compare WA's current child health programs with outcomes gained from overseas initiatives with a view to adopting those programs. We were informed as part of the government's response that the recently developed draft national framework for child and family health services included a review of current national and international child and family health services frameworks. Would it be possible to provide the committee with the draft national framework for child and family health services to enable us to look at it in terms of our current inquiry to see how those recommendations fit with future development of child health services?

Mr Morrissey: Certainly.

Mrs Abernethy: We have provided it in the past and we can certainly provide it again, but with some caution that that report has not been released. Whatever we pass over is not for public information.

The CHAIRMAN: Are you saying that you have provided it to this committee in the past?

Mrs Abernethy: Yes.

The CHAIRMAN: If you have, I apologise.

Mr Morrissey: We provide it again.

The CHAIRMAN: We will ask for another copy just in case it has gone astray.

Mr Morrissey: We are happy to provide it.

The CHAIRMAN: Thank you.

Mr P. ABETZ: What recommendation was that?

The CHAIRMAN: Recommendation 2—remember when we were looking at what is happening elsewhere, including other states, so that those initiatives could be taken on board. The government referred to a review that I did not think we have had a copy of. We have asked for it again, just in case.

Mr P. ABETZ: And it was a review into what?

The CHAIRMAN: It was a draft national framework for child and family health services.

Mr P. ABETZ: So it is a commonwealth thing?

Mrs Abernethy: It is through the Child Health and Wellbeing Subcommittee, which is part of the Australian health ministers' committee. It was a review that was undertaken by consultants. Each of the states and territories was involved in that review in terms of looking at whether we could have a consolidated framework across Australia for child health services. A lot of the evidence looked at the comparisons between the different states in terms of the minimum number of times a family is seen in relation to child health. Certainly, WA was on a par with other states in terms of the evidence on the services that we provide. We all contributed to that review. The framework is sitting with the Child Health and Wellbeing Subcommittee, but it has not been released yet, so we ask for some caution.

Mr P. ABETZ: So it is not yet a public document?

Mrs Abernethy: It is not yet a public document.

Mr P. ABETZ: Will it become one?

Mrs Abernethy: Yes. It needs to go through the process of final sign off.

The CHAIRMAN: Perhaps next time we will need to have you here for a full day.

Mr Morrissey: I am looking forward to it.

Mr P.B. WATSON: Then Parliament can sit until four o'clock in the morning. Did you know that we sat until twenty to two this morning—some of us?

[10.00 am]

The CHAIRMAN: I know that we wanted to carry on talking about birthing but we may have to ask you to come back because we do have someone waiting. Our committee staff are already collating the evidence and starting to prepare our report, which, unfortunately, will be delayed because we are still waiting for the clinical services review. We would certainly be interested in seeing where you fare in that review and how it mentions child development services. I have some quick questions that you could answer now and then we will go back to birthing issues.

Since your last visit some members have become much more aware of the problems of foetal alcohol spectrum disorder. That was a recommendation in the report. We asked that the government give some funds for the introduction of a diagnostic code so evidence could start to be gathered and changes made. The government has done that. Could you update us on foetal alcohol spectrum disorder? I know that some research on foetal alcohol spectrum disorder is being done both within child development services and outside child development services. What is your understanding of what is happening in that area?

Mr Morrissey: To be specific, the research is more about the diagnostic tools and what is possible, not research into the disorder. A group of our clinicians with expertise in FASD are working on upskilling our staff in diagnoses. As we were aware, treatment is a challenge and it fits very much within the bailiwick of child development services. It is really the expert group to deal with foetal alcohol issues. It is a bigger issue for the whole of government. It is around alcohol ingestion at the time of conception, that first critical few weeks. It is often after the fact, so we are trying to deal with the consequences of the damage. In essence, our role is more in management and identifying the best practice in management. Margaret, can you comment further?

Mrs Abernethy: Definitely a strong prevention focus is the way to go, preventing the issue in the first place. As Mark alluded to, the antenatal and pregnancy stage is crucial in terms of not having alcohol during that period. Our role in child health and, subsequently, child development services is that early identification of children who may present with foetal alcohol syndrome. We advocate a very strong focus on prevention, encouraging maternity services, GPs and anybody who comes into contact with pregnant women to talk about the dangers of alcohol. It is definitely a much wider problem than just a health problem. It really needs to start with a community approach in recognising the dangers. Unfortunately, many women do not realise the dangers until they are presented with a child one or two years later who is starting to show signs of developmental delay.

Mr Morrissey: I would appreciate being able to present a one-page document updating what the issue is for us, what we are doing and maybe some of the opportunities for addressing it in the future.

The CHAIRMAN: We would very much appreciate that. Thank you very much.

Mr I.C. BLAYNEY: Would you have a background paper on it?

Mr Morrissey: There is a lot of research out there. We are happy to put together a few things that might be of interest. If they are not quite hitting the mark, come back to us and we can get you some more.

Mr I.C. BLAYNEY: I would not want a 300-page medical document. Some of my colleagues might love one but I would just appreciate a nice 10-page executive summary.

Mr Morrissey: I am happy to do it.

The CHAIRMAN: A user-friendly paper.

Mr Morrissey: I am drawing on something we have already done. We are not doing extra work. The effort has already been put in. We are pulling together what we have done.

Mr I.C. BLAYNEY: I would not expect you to do anything else.

The CHAIRMAN: We were informed this morning that commonwealth funding has been made available to open three new centres of excellence for child and maternal health that will address both foetal alcohol spectrum disorder and also ensure that screening and child health services improve. We have not asked you about centres of excellence for child and maternal health in WA. Members of the committee attended the ARACY conference. I know that we are behind the eight ball, more so because of the lack of staffing but the initiatives that are coming out of WA are very good and we just have to get started in the area. At the moment the Victorians are putting themselves up there as the models of excellence in child and maternal health.

Mr I.C. BLAYNEY: You might have guessed that the conference was in Melbourne.

The CHAIRMAN: I am sure you are aware of their child and maternal health program. Does what they are doing within their program fit within our current structure? Are they ahead of the game? Are they setting the national standards and what do we need to pick up, if we need to?

Mrs Abernethy: Going back to that national framework document, in my role as a senior policy officer for child health, I do have a lot of linkage with the other states and territories in looking at the services that we provide in WA in comparison and whether we are similar. I think we are similar. I hear your point; you were in Victoria and you probably heard a lot about the Victorian strategies. Each state and territory is built on a universal platform. We have that in WA as well as in the other states. Then we have more targeted services and intensive services that the child or the family may need. We certainly have a family-centred approach in WA. The services that we provide are very good. The policy is in place. The schedule is in place. As you said, capacity is the issue. Capacity in terms of resources for staff is one issue. The other issue is that many of our child health centres are in isolated places. They were built in the 1960s and 1970s when families could walk down to the child health centre, with a pram, and meet up with all the mothers. When we think about the population back then, that was easy because maybe only two or three mums were coming in. We are now faced with a population that has exploded over the past 20 years. Those child health centres are redundant in terms of the service that we need. We still provide that universal contact schedule of seeing everybody universally but we also have a service where we will follow up those families quite often. Here in WA we see families seven times, in South Australia it is maybe eight times and Victoria it is 10 times. It is all the other bits that we are doing. For example, if a mother has a breastfeeding issue, we may see her the next day or the day after that because that family needs that support right then and there. Similarly, if we have a mum who is showing signs of mental health, we would be straight back in there the next day. We would not wait to see her in three or four months' time. A lot of our service is responding to needs, which all the other states were doing as well.

In terms of centres of excellence, and maybe that is for the comprehensive integrated type centre, ideally, that would be great if we were placed in those types of centres. The family would almost have a one-stop shop not only through health but through education, the Department of Communities and all of the non-government sectors. Where there have been centres of excellence in South Australia and a couple in Queensland, that would be an idea for us to consider. If centres were in place, I think our services should be there too. I think we do have a really good schedule. We do have the framework in place. The problem is the shortage.

[10.10 am]

Mr Morrissey: To be succinct, I think we are well placed to move into such a model. That has been our plant as we have developed the service over the past few years to be strategically ready in policy, workforce and everything, to actually support a centre of excellence model.

The CHAIRMAN: Katanning has a multipurpose centre and allied health services are all together. Some general practices within the metropolitan area are now becoming community health centres in that they may have some allied health professionals working there privately. Do you think that the GP super clinics that are now being funded by the federal government could become community health centres? Have you looked into that?

Mr Aylward: There is certainly a great opportunity at the three centres to bring together the primary care providers, private GPs, other allied health and our own staff. The state has made a fairly large investment in that process, and we are certainly actively looking at those as an opportunity for us. I do not think that they will deliver the full range of integrated services, but that will depend on how that node develops in conjunction with other ancillary services. The one in Midland provides some good opportunities, as does the one in Wanneroo. We will be actively interested in, and involved with, the newly announced one in Cockburn. Ideally, as Margaret has

mentioned, the best models bring services, including educational services, which are fairly important for communities because there is access to a range of services. People can attend such centres without other people being aware of what they are really there for, so it also provides some anonymity, if that is required for people coming for a variety of clinicians or services.

The CHAIRMAN: This will be maybe the last question from me for this morning. I remind committee members of the time, so we will have to keep our questions short. We have been told about the memorandum of understanding between the Department of Health and the Department of Education and Training for school health nurses and screening programs. What stakeholders will actually be involved during the review, in preparation for that memorandum?

Mr Morrissey: We have a group called the joint consultative group. It is a group of senior officers from community health and education, and they are the key stakeholders. They are also responsible for ensuring that they link in the people further down the chain. That involves principals and teachers, and in our context it involves school health nurses and maybe child development, because it has relevance there as well.

Mrs Abernethy: It also links in with not just public education but also private education. We provide school entry assessment services to private education schools.

The CHAIRMAN: Thank you. We will ask you to come again, but will give you a break before we do!

Thank you very much for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript. Thank you once again for joining us.

Hearing concluded at 10.14 am