

# **STANDING COMMITTEE ON PUBLIC ADMINISTRATION**

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

**TRANSCRIPT OF EVIDENCE  
TAKEN AT BUNBURY  
MONDAY, 17 NOVEMBER 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****Ms ANDREA HICKERT****Operations Manager, Bunbury Hospital, examined:****Mrs GRACE LEY****Regional Director, WA Country Health Service, South West, examined:**

**The CHAIRMAN:** I would like to call to order at 1.15 pm this public hearing of the Legislative Council select committee into the PAT system on 17 November here in Bunbury, and I would like to welcome everybody here to the meeting. Although we have met with Andrea already this morning. I will introduce myself and the committee. My name is Hon Liz Behjat. I am the Chairman of the Standing Committee on Public Administration. At the end to my left is Hon Darren West, who is from the Agricultural Region and is the Deputy Chair of the committee; this is Felicity Mackie, our advisory officer; Hon Jacqui Boydell for the Mining and Pastoral Region in Western Australia; and Hon Nigel Hallett from your very own South West Region here. You probably know Nigel. Our other committee member, Hon Amber-Jade Sanderson, from the East Metropolitan Region, is not with us today and sends her apology. I welcome you on behalf of the committee to this public hearing. We have a bit of formality that we need to get through.

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

**The Witnesses:** Yes.

**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, and please be aware of the microphone and try to speak into it. You do not have to lean forward to it, though, as they are quite sensitive, but ensure you do not cover them up with any papers or make too much noise near them. 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 to the committee today during today’s proceedings, you should request that that evidence be taken in closed session before you launch into it. The committee will then consider your request, and 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. Would you like us to start with some questions that we have for you, or would you like to make an opening statement?

[1.20 pm]

**Mrs Ley:** If I make a statement, I have to give you a copy, do I not?

**The CHAIRMAN:** No; you can launch into something. Hansard is recording what you say.

**Mrs Ley:** Just a general overview, I suppose, of PATS, our patient assisted travel scheme in the south west. Our model of provision of service here is outsourced and we actually use Medibank Health Solutions to provide that. In the south west, we do not do any air flights for any PATS patients, obviously because of the distance we are from the metropolitan area. We are a high-volume, low-cost service in that respect—low cost as in transport, petrol costs et cetera; so it is clearly low cost in that particular way. Any issue requiring to be granted special provision comes

through my office and is dealt with there, but other than that it is dealt with. So, it is actually a call-centre service. All the patients contact the call centre and the decisions are made there. The call centre is not in Bunbury; therefore, decisions are made by independent people who are not, in most cases, known to the patients. From there, there are a couple of areas where we have some minor historical decisions around payments that are outside of the standard payment, which is, of course, over 100 kilometres for anyone and over 70 kilometres for anyone with cancer or renal conditions. So, we have one agreement with the people in Collie who are one of them a little bit closer, and it was a decision made many years ago before I came here around the fact that Collie was interested in having a renal dialysis unit there, and there was quite a bit of community angst about that. Therefore, it was agreed that we would pay for people with renal conditions to come from Collie to Bunbury for their treatments. That is one of the ones that basically sits outside the standard PATS schedule, and that is known to the people that provide the service. Other than that, it is all fairly standardised. I suppose the key areas that we get some grief from, or some patients get upset about, is those who are just under the distance to come in—and that is Bridgetown; they are 95 kilometres from Bunbury, which is always one that likes to create a problem. So, if you live in Manjimup, you get travel. One of the things for us is that quite a lot of our PATS is to Bunbury; it is not to the metropolitan area, because we are fairly self-sufficient here. I think you had a tour of the campus. So there are a lot of things that we do here, and we have radiation oncology and things like that that you do not find at some of the other sites. So people come to Bunbury; they do not always go to Perth. And that was one of the issues when we actually brought some services in here. They used to get PATS to go to Perth but they do not get it to come to Bunbury, and that causes a little bit of community angst. Once they realised that they did not have to travel as far et cetera, it took a little bit of community negotiation to get them to understand that. Other than that, everything is fairly stock-standard, I suppose we would call it, and that is that we follow the rules and regulations. So that is really all I would have to say.

**The CHAIRMAN:** That is interesting. So, the outsourcing is to medi —

**Mrs Ley:** Medibank Health Solutions.

**The CHAIRMAN:** Medibank Health Solutions.

**Mrs Ley:** It used to be something else, but that is what it is called now.

**The CHAIRMAN:** Where is the call centre located?

**Mrs Ley:** It is in Osborne Park.

**The CHAIRMAN:** They are generally dealing with people that they do not know?

**Mrs Ley:** Correct.

**The CHAIRMAN:** Do you see that as an efficiency of the service?

**Mrs Ley:** It can be an efficiency. I suppose some people like to deal with people they know face to face, but in this case I actually think it is probably more equitable that they are not dealing with their next-door neighbours and they are not dealing with people they know and know their family circumstance. So we stick to the rules, as opposed to, I suppose, some of that feeling that, “Well, we know they haven’t got any money.” We do stick to the rules and regulations unless they put in a specific claim for hardship of any sort.

**The CHAIRMAN:** Explain to me exactly how it works. A patient goes to see their GP and the GP says, “You need to go to Bunbury to have some treatment?”

**Mrs Ley:** A procedure, yes.

**The CHAIRMAN:** “And this is the phone number of Medibank Health Solutions and they are going to organise it.” So, Medibank Health Solutions does not have any say. Where is the decision-making process happening?

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**Mrs Ley:** The decision-making—with PATS, the rules and regulations are very much designed and they are set. They are there; they are regulated, and there are certain things like acts of grace and various things that can be enacted if required. So, it is very much by the rule book. They follow the guidelines that are set out for them. And it is only a few times when it is outside of the guidelines or there might be people from Bridgetown saying, “Why can’t I get it because I am 95 kilometres?” If there are any real issues, they may contact the PATS officer down here who, unfortunately, could not be here today because he is himself using the service and having treatment for an illness at this precise moment. So, basically, he would take that call and he could usually sort that out with them; if not, they will come through to me and we will make a decision around it. But the decisions here are not about do you get a flight or do you not get a flight. The regulations are pretty clear in the PATS documents.

**The CHAIRMAN:** So it is generally just fuel allowances for kilometres travelled and that is really all.

**Mrs Ley:** Yes, and occasional accommodation if people have got maybe two appointments—one today and one tomorrow. Quite often, they will try to get them all at the same time, and that is mainly in the metro. If they are coming to Bunbury, the chances are they are going home the same day, but we do have some things like for cancer treatments. If they are coming up for cancer treatments, St John of God actually have units out near Dalyellup that we utilise for that. They also run a bus out from Busselton every day. So there are things internally that can support people if they are coming up to Bunbury. It is rare, I suppose, other than in the cancer units, that people would overnight here; they would go home mostly.

**The CHAIRMAN:** Let us take an example of a cancer patient. They are diagnosed. They have seen an oncologist. They need to now come and have their chemotherapy delivered here, so there could be a regime of radio treatment, as well as chemo, and there is going to be a period of time that that treatment is going to take place. Is that PATS patient then approved for a period of time or is it each time they need to have chemo, they need to be contacting Medibank Health Solutions to arrange the form for them to do? Do we know how that works?

**Mrs Ley:** Yes. It can be either, actually, I think, from my understanding. You can do set periods of time if it is known or you can just do a single block depending upon that. It just depends on the types of treatment and what the lag time is between them and if it is continuous or not.

**The CHAIRMAN:** I am assuming if it is done via this way, we do not have the yellow form and the blue form that we have experienced in other areas where we have been.

**Mrs Ley:** Yes; we still have yellow forms and blue forms.

**The CHAIRMAN:** You still have the yellow form and the blue form—okay.

**Mrs Ley:** I always look just to make sure I am not telling fibs—no, I would not do that! We do have yellow forms and blue forms still. That is currently the same situation, because the yellow form is the one that comes in first and the blue form is to say you have been for your treatment. Basically, that still occurs. Lots of work has been done on having a slightly more electronic model one day; it would be nice.

**The CHAIRMAN:** This is a hypothetical. If there was a system—it seems, through the outsourcing through Medibank Health Solutions, that a lot of it is already online anyway—that was web-based where the patient, once they visit their GP and the GP says, “You need to have this treatment and it is now going to involve PATS”, the GP, because most GPs from our experience already have the practice management software available to them, could start the population of a PATS form and then it could go through.

**Mrs Ley:** Absolutely.

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**The CHAIRMAN:** Would you see that that could be a more efficient way of administering this scheme?

[1.30 pm]

**Mrs Ley:** Absolutely, and hugely beneficial, but it would be good to have dedicated fields that would not allow you to move to the next field until you had completed the previous one, because that would be the biggest issue.

**The CHAIRMAN:** Somebody has not filled out the right —

**Mrs Ley:** Having actually administered PATS in another life in another region, that was one of the biggest problems—having to send people back with the form because it was not completed properly. I think that having fields that locked so you could not go to the next field until you had completed the previous one would be—but an electronic system would be wonderful.

**Hon NIGEL HALLETT:** Grace, where you have a town like Bridgetown, which is just inside, HACC is very strong in Bridgetown; do you guys work well with them?

**Mrs Ley:** We do, yes. HACC is part of our solution quite often, I think, for people in those towns. Quite often they bring a couple of people up, and they actually do really well to bring people for that. If you are having a cancer treatment—it is a terrible thing to say—you are okay, but if you are not having a cancer treatment, you are not covered. These are the issues they have in lots of places. You have got variables—in Northam, 96; York, 94. I can give you them all and work through them all. I think there is a long history of that. But people have become a lot more—what would you say? They are getting the message more. It is often newer people coming to the towns that we probably deal with a bit more now. People who have been there for a long time are well aware of what the situation is and why. We also do have our PATS manager or PATS officer who goes out sometimes and talks to community groups in towns.

**The CHAIRMAN:** So there is quite a good education program in place.

**Mrs Ley:** At the moment, it has been a little lax, because he has actually been unwell and so he has been off himself. As I said, he has been sampling the services. There is an education system and we do education on that with the GPs as well.

**Hon JACQUI BOYDELL:** Grace, I had a couple questions. We also heard in our sessions in the wheatbelt around there being an anomaly for one particular town that was just inside the 100 kilometres and not for another that was also. How have you managed that in the local community on an ongoing perspective? Is it still an issue or do people just accept it?

**Mrs Ley:** I think most people have accepted it now. It was a little bit trying and, as I said, when we move to take on a new service, such as radiation, that was a challenge for us again.

**Ms Hickert:** That was probably our biggest test.

**Mrs Ley:** That was another test. But up till then, it had been that people were entitled because they were going to Perth. I think a lot of people now are much happier probably not to claim PATS if they think they can travel less. I suppose, really, from my point of view—it sounds dreadful—I go by the complaints we receive, because that is my end of the line. But the guys here would be much more up to date with what happens with the one-on-one on the telephone versus what I get. I go on the complaints we receive, and we have very limited, I believe, PATS complaints. Sometimes they are not so much complaints in the sense of “We are not getting paid for our travel”, but it has been one of those claims where people have maybe been up in Perth to see a paediatric with a child because we cannot deal with that particular case down here and we do not do radio events for children, but it might be that they are up there and they have to have accommodation and they do not get their forms in on time. So we do try to work through that and negotiate with people. We work with the social workers and whoever; these are the ones you tend to get the odd complaint about because they have been so involved in the care of the child, they have not quite —

**Hon JACQUI BOYDELL:** Which is understandable.

**Mrs Ley:** Absolutely.

**Hon JACQUI BOYDELL:** I have two other questions. Just going back to the Medibank Health Solutions, given that they are removed from the patients that they are dealing with, do the call centre operators still receive training in things like fairness and equity and decision-making?

**Mrs Ley:** Yes, they certainly do.

**Hon JACQUI BOYDELL:** So it is the same one across the WACHS regions, or do they provide it?

**Mrs Ley:** They have their own training and that, but we talk through those things. There are usually meetings with our PATS officer, who is Graham Bergin, who is not here today, but Julia has also filled that role at one stage for a while. I think, really, the fairness and equity stuff is pretty good and we also view our times and the longest time people wait to get responses et cetera. We have quite a lot of metrics around the actual service provision.

**Hon JACQUI BOYDELL:** My last question is on how that framework works. In other public hearings and in other regions, we have heard that one of the biggest issues the PATS clerks have is the doctors not completing the forms, and that takes a lot of resource out of the hospital's FTE and the amount of time they spend on going backwards and forwards and then who is making the decision around whether someone can be eligible or not. How is that managed? Is that solely —

**Mrs Ley:** It is done there, yes.

**Hon JACQUI BOYDELL:** It is solely done there, backwards and forwards with the doctor. There is no resource from the hospital spent in that —

**Mrs Ley:** No, nothing. PATS does not actually link to the hospitals, as you probably know, because you have to be discharged every six hours from a hospital before you can actually get PATS. We do not have a PATS officer on site at any of our hospitals. People may ask the local clerical person at their country hospital or something like that, but quite often the doctors' rooms now, I think, have got a lot wiser and are more likely to try and do their best to complete the forms, which is challenging. From my personal experience, I think the hardest ones to get to complete were the ones for the flights and why we were going to fly them, whereas, as I said, this is standard road transport—petrol money.

**Hon JACQUI BOYDELL:** I have one last question. I was thinking along those lines with that framework. In your opinion that system works well for the south west region, given the geography of the south west and the closeness to the metropolitan area. You are not dealing with issues potentially where in the north people are very isolated; they are in real remote communities and sometimes English is a second language. Do you think that would be a different consideration if you had that demographic?

**Mrs Ley:** I think it would, but I think it would be more around having a facilitator—someone to facilitate and ensure that people got their forms completed. But if it was, you would hope that, ultimately, the sites certainly that I am aware of within WACHS and the Kimberley, Pilbara et cetera out there, most of them have connectivity to the internet. It might not be as good as it is here or in Perth, but they are all connected. There is a way, if went electronic, of getting those forms through. But, if it was still very much a fax system or scan and email or whatever, it would be good, I believe, for people in the remote areas probably to have someone locally—whether it is the Aboriginal communities or non-Aboriginal communities—to have a liaison officer of some description to assist them through those processes to begin with. As it becomes more embedded, I think things will change, but it takes time. It is a time thing.

**Hon DARREN WEST:** I have a couple of questions just around your situation, which is unique —

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**Mrs Ley:** It is.

**Hon DARREN WEST:** — as far as we see in the state with outsourcing the PATS clerical division. How long have you had the contract with Medibank Health Solutions?

**Mrs Ley:** Prior to that it was called another name—McKesson—and it went back to 2004, I think. Well done, Andrea. I was not here then. We were with McKesson and then it went over to Medibank Health Solutions.

**Hon DARREN WEST:** So McKesson and Medibank Health Solutions are different companies?

**Mrs Ley:** It is an evolution of a company.

**Hon DARREN WEST:** Essentially, it has been with the same provider since 2004.

**Mrs Ley:** Yes.

**Hon DARREN WEST:** I do not expect really detailed information here, but can you tell us if the arrangement is a paid service or condition based?

[1.40 pm]

**Mrs Ley:** Yes; it is a contract, so it is paid. From time to time there were some issues, for instance, I suppose, it was a set contract, then we got some forms probably three years ago—just off the top of my head, I would have to say roughly—that we were getting behind a bit and we were noticing that the data was showing longer times to get people, so we worked with Medibank to actually put some more people on to facilitate that. We did another few things around getting different start times. Again, we looked at when most of the calls were coming in and we changed the start and finish times in the day to be better suited for accessibility to the patients. We worked closely with them. We could see that the matrix was dropping off, so there was obviously something not happening, so we could review that and talk and find out what the issues were, so there has been a bit of work done on that over time.

**Hon DARREN WEST:** Just to clarify, I know I have asked this question of others before, but the administration of the scheme, which you have outsourced, comes out of the WACHS South West budget?

**Mrs Ley:** Yes, it does.

**Hon DARREN WEST:** And the actual payments of the scheme come from PATS itself.

**Mrs Ley:** They do come from PATS. PATS comes into my budget for south west, and then they bill us and we pay.

**Hon DARREN WEST:** The PATS budget, rather than administrative costs, are you able to tell us off the top of my head what that is?

**Mrs Ley:** No. I should have done the working out.

**Hon DARREN WEST:** No, that is fine. Do not feel too bad because no-one else has been able to either.

**Mrs Ley:** I have looked at it, but what I look at is the difference. For me, when I look at the financials, I sometimes do not look at how much is in the budget; I look at what the gap is and are we on target or are we not. There is actually a paper which I circulated, there. It was a question asked in Parliament in estimates. I just thought it might be useful to table it for you to show. It is interesting from 2012 to 2013 and 2013–14 that there is actually a slight drop in there. It is a one-month short in 2013–14 because it was to the end of May. However, when I did the sums on it, just to check, it is around the same amount. Hopefully, you could use that as evidence, from my point of view, to say we are we actually keeping more people locally and we are not giving PATS to those people because they are within the 100-kilometre range. So, you have got Bunbury, Harvey, Donnybrook, all of the Leschenault, which is Australind, and all that huge growth there—Capel,

Dalyellup, Boyanup. I am just thinking. You have got a range of places, the greater Bunbury, which comes in to that, which is just under 90 000 people—89 000 off the top of my head—who would not require PATS if they are coming here, and we may have reduced the amount in PATS going to those people. Therefore, if the costs have gone up, if we are giving more to other people, it is balanced out fairly evenly.

**Hon DARREN WEST:** Yes, because it would make sense that the more services that come—you have clearly been able to attract a lot of services in recent years—the less requirement there will be for PATS there will be.

**Mrs Ley:** Absolutely.

**Hon DARREN WEST:** Could I ask, just to be consistent with all the other areas—on notice perhaps—if you could get us the information of the 2014–15 budget?

**Mrs Ley:** I certainly can.

**Hon DARREN WEST:** And the budget and actuals of the three years preceding, so 2011–12, 2012–13 and 2013–14?

**Mrs Ley:** I will just note that down.

**The CHAIRMAN:** We will write to you and ask you to provide that.

*[Supplementary Information No A1.]*

**Mrs Ley:** I can give it to you then. I can do that—not a problem.

**The CHAIRMAN:** Andrea, from the hospital perspective, there is not really a lot of interaction with the PATS here at all?

**Ms Hickert:** Very little, very minimal—almost nothing.

**The CHAIRMAN:** Okay, so you are not aware whether patients who are being treated here are a PATS patient or not?

**Ms Hickert:** No.

**The CHAIRMAN:** It has no bearing on how they are treated, where they are treated or what goes on?

**Ms Hickert:** No.

**Hon DARREN WEST:** I have one last question. I have it amongst all my others. Are you okay for me to ask that, Chair? Just with your uniqueness, can you take me through the arrangement, a person comes to their GP, requires PATS, presumably picks up the form from their know GP as per usual—the yellow form—gets that signed or filled in, hopefully.

**Ms Hickert:** Correct.

**Hon DARREN WEST:** What is the usual procedure? Is that scanned, emailed or faxed through?

**Mrs Ley:** All of the above and more. It can be phoned through.

**Hon DARREN WEST:** So they will call through and give the details of what is on the form through to Medibank Health Solutions, and then that form, I presume, is assessed, approved, returned—sorry I am talking to you—via a similar method, faxed back or emailed back, printed off and taken to the specialist. We lose all the colour out of the forms, presumably.

**Mrs Ley:** We just get a blue form.

**Hon DARREN WEST:** And then we get a blue form, so it is the same process rather than carrying the piece of paper?

**Mrs Ley:** If it was electronic, it would just be so much easier.

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**Hon DARREN WEST:** It would be. Does that extra step—rather than having to carry the form with you, take the PATS form with you, take it to the PATS clerk and get it assessed—given any special issues of its own that we might not have in other regions in terms of difficult-to-read forms coming out of a fax or issues that we might not have seen in other parts of the state?

**Mrs Ley:** I think probably the fax machines et cetera today are a little bit better than they used to be, but I would be led by the people who sit at the other end, because I have never had any real complaints about it. I have not had any complaints related to it and that the PATS people got it wrong or they have written a complaint to me because it was wrong because of the fax or the paperwork. Most of it is done by telephone.

**Hon DARREN WEST:** I am just curious because if there was a recommendation, hypothetically, from the committee that we have a centralised system, it would not be somewhat dissimilar to this. I am just curious because it is quaint in the year 2014 that we carry around little bits of paper.

**Mrs Ley:** Yes, it is, and it is quite difficult having, as I said, worked in other regions. This is one of the things that I think—this is a personal view—works well. It takes a little bit of time for people to get used to, but once people are used to it, they understand it, and it, to me, it works extremely well for us. I would have to say you may get—I have to use another thing here—abused on the telephone occasionally, but it is a lot different to being abused face to face. People can be quite angry sometimes. You need to be in a secure environment, which was something I had to work with when I was in Geraldton; I had to put a secure environment in for it for people not to be at risk of being actually physically abused. It was bad enough to be verbally abused, but to be physically abused is another thing. So, I think there is a reduced risk in that respect for safety for people.

**The CHAIRMAN:** Do you have the experiences of people who, for instance, live in an area other than Bunbury, and they are told, “Well, you’re going to come to Bunbury for that treatment”, and they say, “But I want to go to Perth”? What happens in that situation? You say, “Well, you go to Perth, but there’s no PATS available for you to do that because the facility is available in Bunbury”?

**Mrs Ley:** Yes, unless there is previous history. Let us use an example of going to an orthopaedic surgeon and you had already been to the orthopaedic surgeon and he had put the pin in your hip, and when it needs to come out you need to go back to the same person for that. I think it is variable. If you cannot get an appointment or you cannot get seen in Bunbury is the other thing, I suppose. But we do try to rationalise the number of these because the services are available, but also part of Bunbury is that you need to understand sometimes that all the surgeons in Bunbury are visiting medical practitioners. None of them are salaried. So, that creates a slightly different picture but you have to go. How do I explain this one? When you come to Bunbury—it is relevant, but it is related to some other issues that we suffer from down here—everyone who is an outpatient is private. So, if you go and see your general practitioner, you go to your general practitioner as a private patient, if you think about it. You may not have private insurance, but that does not matter because your general practitioner does not bill your private insurance anyway. So, you may get there and the GP may say, “Everybody under the age of 16 can be seen free if you are on a Health Care Card or you’re over 65.” That might be the GP’s particular way, but you are a private patient of that doctor. You might get charged because you look like you could afford to pay, and someone else may have their Health Care Card and they just get Medicare-ed. Once you have been to that and you get a referral to the surgeon for your hip replacement, you go to the surgeon and you make the appointment, and you go to your appointment and you are a private patient of that surgeon because you are an outpatient. This is something that people have a lot of trouble understanding. It is not something we are very good at in WA. It is something the eastern states do a lot more than we do. We try really hard down here to do it. We must be the oddballs, but that is the case there.

[1.50 pm]

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You have this: you are a private patient of that surgeon, that surgeon then says to you, “Okay, we’ll have look at your hip. We’re going to do your hip. Geez, you’re a category 2 so you need to be done in 90 days. Do you have private health insurance?”, “No, I don’t have private health insurance.” So, you get put on the public list to be done within 90 days, and you do not actually ever become a public patient until you enter the doors of the hospital. So, it is how we manage all the way through that system using visiting medical practitioners who are private operators, and they are keeping us within that. So, it is slightly different for most people, whereas if you are in Perth and you go along to your GP, yes, you are private at that point, your GP says, “Okay, off you go to Royal Perth”, and you get into an outpatient clinic there. The surgeon says, “Yes, we’re going to operate on you because you’re public.” You’re in the public system; it is quite a different environment here. I suppose there are a lot of issues that go around that. But if you can’t get seen by one of these doctors in a timely manner, then we may choose to send you on to Perth. Sorry, it was a long story, but it is quite relevant that people understand the system that things are not all public here. You are treated as a public patient in Bunbury hospital, and you get all your treatment done for free, but up until then you are a private patient, and if there is a gap you have to pay that.

**The CHAIRMAN:** I think that is issue that you have experienced in Northam.

**Hon DARREN WEST:** If you cannot afford to pay that, then you forego your eligibility for PATS.

**Mrs Ley:** No. If you cannot afford that—it may be \$20. Most of them do; they are pretty generous. But at the same time it is a private system, so if you cannot afford the gap, then you may be asked to pay \$2 a week for the next 10 weeks. I do not know. But at the end of the day, once you are on the list, you can come to Bunbury hospital and have your operation. With people coming in and out, we meet our targets fairly well. We have been a little bit behind with a couple of targets, but generally all these things we meet.

**The CHAIRMAN:** Andrea, the patient has seen the visiting orthopaedic surgeon and we have determined a hip replacement is required; let us use that one. At this point this patient says, “I do not have private health”, so they go on to the 90-day list to have their surgery done at Bunbury health campus.

**Ms Hickert:** That is correct.

**The CHAIRMAN:** But if at that point they say, “I do have private”, they would then say, “Well, within a week you can be in St John’s in Bunbury in their theatre having exactly the same operation”?

**Ms Hickert:** Yes.

**The CHAIRMAN:** That is how it is going to work?

**Ms Hickert:** Yes. The categorisation 1, 2 and 3 is a public system.

**Mrs Ley:** When you look at it, in reality it is still a very positive—30 days for a category 1, 90 days for a category 2, and 365 for a category 3.

**The CHAIRMAN:** All it might mean is that in 90-day period the surgeon you originally saw through the public health system may not be the same surgeon who ultimately does the procedure?

**Mrs Ley:** No; he will.

**Ms Hickert:** Generally, it is the surgeon you see. There are a couple of rooms that share patients across. Particularly if we are talking orthopaedics; if you see orthopaedic surgeon A, it will be orthopaedic surgeon A who will do your surgery, unless he has to go off on leave and he or she may hand the patient to a locum or to a colleague. Generally, there are a couple of rooms that share patients.

**The CHAIRMAN:** So in a lot of respects it is actually a better service than the one you get in the city. It is a better system than what public patients have in the city, quite often?

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**Mrs Ley:** Yes. It is a private version of a public system, so, it is neither —

**The CHAIRMAN:** You have explained it very well. There were some hearings in Northam that I did not attend, and I think that is the issue that may have been raised there.

**Mrs Ley:** It is quite different from the metropolitan services.

**Hon JACQUI BOYDELL:** I just have one more question. When looking at the current system of PATS and the eligible clinical, diagnostic allied health services do you get many complaints from patients, asking for the system to be extended, say, to dental care or —

**Mrs Ley:** Yes, we have had some. Dental can be one, but it is usually the maxillofacial type of thing, or is it something they can have done here or is it something they actually have to go for and it is related to a medical specialist. We know allied health is not included, but there are certain things, such as children who might need to go to PMH, but it is usually tied in with a medical appointment at the same time. I am looking at the guys who get the forms, because they are much more in touch with it than we are. Yes, we did have that. At the end of the day, we do look at some exceptional rulings; I have not printed that, but I will give it to someone. It is just basically our list of exceptional rulings, and most dental procedures would be in that. If you have not got it, I will get it for you; sorry. I do have a copy of it with me, but it has patient names and we might need to take those out.

**The CHAIRMAN:** If you could redact any personal information from that.

*[Supplementary Information No A2.]*

**The CHAIRMAN:** We will again ask you for that formally.

**Mrs Ley:** Thank you. Just the other thing to add to the list of things was that the patients actually like not having to go to the hospital to lodge their forms. If you live out on a property, you may then have to drive back into town. If you live out on a farm, I suppose they still to come back into town to lodge the forms once it is complete; things like that. They actually like phoning it through and registering with PATS, because they might have 30-odd kays to drive to lodge it at the hospital. We have actually had feedback that they do like that. I think that was all. Did you want to ask any more about that?

**Hon JACQUI BOYDELL:** No, I did not; thank you.

**Mrs Ley:** There can be a quibble. We do have allied health; we do have access to reasonably good allied health in most of our centres. Probably if I was to tell you one, it would be Busselton where it is probably the worst, and it is a big town. We are moving into a new hospital, so we are working on that. But, generally speaking, we have excellent allied health in most of our sites like Collie and places like Manjimup.

**The CHAIRMAN:** Members, any other questions? Anything else that you would like to add to that?

**The Witnesses:** No.

**The CHAIRMAN:** Thank you very much, ladies. That has been intriguing and informative, as always. Andrea, thank you very much for the very comprehensive tour of the campus. It is very impressive; no wonder people like living down this way.

**Hearing concluded at 1.58 pm**

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