STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 24 SEPTEMBER 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 11.31 am

Mr ARTHUR (SANDY) DAVIES
Area Director, Aboriginal Health, Aboriginal Health Improvement Unit, WA Country Health Service, sworn and examined:

Ms SUSAN POWE
Manager, Aboriginal Health Improvement Unit, WA Country Health Service, sworn and examined:

Ms CHARMAINE HULL
Senior Project Officer Aboriginal Liaison, WA Country Health Service, sworn and examined:

The CHAIRMAN: Good morning. Thank you all very much for coming to give evidence to our committee today. This is the Standing Committee on Public Administration and we are conducting an inquiry into PATS in Western Australia. My name is Liz Behjat. I am a member for the North Metropolitan Region and I am the chairman of the committee. On my left is Hon Amber-Jade Sanderson from the East Metropolitan Region; and deputy chair, Hon Darren West, from the Agricultural Region. Felicity Mackie is our legal advisory officer. Hon Nigel Hallett is from the South West Region and Hon Jacqui Boydell is from the Mining and Pastoral Region.

I need to ask you to take an oath or affirmation.

[Witnesses took the oath.]

The CHAIRMAN: You will have all 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. 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 today during the course of the hearing. Please be aware of the microphones and try to speak into them and ensure you do not cover them with papers or make 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 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 the 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.

That is the formal part of today and the rest will be some questions. The first thing we want you to do is to give us a background of country connect and what remit it has insofar as the patient assisted travel scheme.

Ms Powe: I will give a bit of the history and then I will hand over to Charmaine, who leads the team, to give you an understanding around what services are currently delivered. The Country Health Connection team was actually established in about 1970. It was set up initially as an Aboriginal hospital liaison program specifically staffed by nursing to go into the hospital system

and actually support Aboriginal patients coming down from rural and remote communities. It was really focused around improving the health outcomes for that population group. Over time with the increase in numbers of Aboriginal people coming to Perth for treatment, the team started to evolve and we started to add on, I guess, a transport component to the program. It was becoming quite evident over a period of time that that was becoming a key issue for some of our patients. So that was really, I guess, how the program was established. Initially, it sat under a nursing structure within WA Country Health Service and it was transitioned over under Sandy under the Aboriginal health improvement unit, I think, last year in about January. Since then, we are now looking at how we can provide better support for PATS. We do not see all PATS clients, but probably the majority of Aboriginal PATS clients. But I will let Charmaine give you further detail about that.

Ms Hull: So you just want information as to what services we provide; is that correct?

The CHAIRMAN: Yes; what services you provide, the areas you cover, the hours of the service and the number of people you have on your team.

Ms Hull: Basically, the office hours are 8.30 to 4.30 pm—4.36, I should say—Monday to Friday, 52 weeks per year. We have four FTEs and we have a 0.8 and a 0.6 FTE. If I could mention that we have a patient journey coordinator, who is a HSU level 6; a business support officer, who is a HSU 4; two Aboriginal health workers, one is one FTE and the other is 0.6; and two Aboriginal health drivers.

The service that we provide is a meet-and-assist. That is where we would go to meet a client who flies down for a specialist appointment, so looking at those secondary care appointments. We provide transport from the airport terminal to their accommodation, whether they come down by train or bus. That is basically a meet and greet—go and meet them. We find that for a lot of the Aboriginal clients, it could be their first time or they are quite vulnerable in the sense where they are very ill; so we are talking about renal clients who are on dialysis, cancer clients and so forth. That is the meet-and-assist program. The meet-and-assist program has changed over time, but we are actually reviewing that at this point in time because of anecdotal feedback from clients. We actually coordinate daily transport to and from their medical specialist appointments, so that could be any secondary appointments or tertiary appointments that they must have. At times they are actually admitted to hospital. We provide transport from where they are being accommodated, so that is usually at the Aboriginal Hostels Limited. There are two—Derbarl Bidjar and Allawah Grove—but also we can transport them from Jewell House.

We also assist PATS—the PATS clerks from the regions—in locating that suitable accommodation, because at times they are out in the regions so they do not really understand what is actually going on here in Perth. Our staff are quite knowledgeable around accommodation, because we do keep in close contact with the Aboriginal Hostels Limited and other accommodation facilities. We also assist those who have passed away within the hospitals to ensure that they are returned back to the right community. That is basically how Country Health Connection first started—a baby did not return to a community. From my knowledge and my understanding, that is the story that has been passed down. We also provide an advocacy role on behalf of clients and also provide for the cross-cultural situations because a lot of hospital and health staff do not understand the cultural background of Aboriginal people. For a lot of Aboriginal people, English can be their second, third, fourth, fifth or sixth language! It is about communicating on their behalf. We also support and the link the metro and the regional Aboriginal liaison officers, bearing in mind we also work with the hospitals. For example, we have gone into the hospitals and provided them with information that they did not know about and linked them with those services. For example, at Sir Charles Gairdner Hospital, I went and spoke to the elective surgery because a lot of the clients were not coming down or they were having trouble with coming to the point where they were having surgery, so I was invited to see the team. I went in there, gave them the information, followed up with emails,

provided that information and they no longer have any further issues around that. That is the type of work that we do. It is not just transport; we provide the other services as well.

[11.40 am]

The CHAIRMAN: You have told us that your service is provided from 8.30 am to 4.30 pm Monday to Friday.

Ms Hull: Yes.

The CHAIRMAN: And that you have your meet and assist program. You meet patients who fly down to Perth and those who also arrive by train or coach. What happens to the Aboriginal patient who arrives outside the hours of 8.30 to 4.30 Monday to Friday? Who looks after those people?

Ms Hull: We work closely with the PATS clerks, so they would contact us if a client has requested to be picked up. If that is the case, they send down the documentation—a referral form—and then we provide cab vouchers to assist them to actually get to their place of accommodation or to an appointment or to the hospital.

The CHAIRMAN: So you do not have the ability for one of your staff to meet someone outside those core hours?

Ms Hull: No.

Ms Powe: Not currently; not within the budget we have.

The CHAIRMAN: Let us talk about your budget. How much is your budget, and where does it come from?

Ms Powe: For 2014 it is $556 908.91, and we are solely funded through the state government, through WA Country Health Service, so that is a recurrent base budget.

The CHAIRMAN: I am assuming that that gets fully expended each year.

Ms Powe: Yes.

The CHAIRMAN: The cab vouchers that you provide, are they then sent to the PATS clerk at the area where this person is coming from, or how does the patient physically get their cab voucher?

Ms Hull: We work very closely with Aboriginal Hostels Limited, so we will negotiate with them to provide them with the cab voucher once they arrive at the Aboriginal hostel—so it is to the premises. So we negotiate and ensure that they can pay.

The CHAIRMAN: Let me see if this is right: an Aboriginal patient comes to Perth, they are told, "Don't worry, when you get there, just jump into a cab. When you get to the Aboriginal hostel, the cab fare is going to be paid."

Ms Hull: Yes.

The CHAIRMAN: Is that not a problem for an Aboriginal person who is coming to the city when they do not know their way around the city? The cab driver themselves may not accept the fact that they will get payment at the other end because you do not have that voucher up-front. How do you deal with that? I am assuming that that is what might happen—let me know if am I correct in that assumption—and how do you deal with that?

Ms Hull: We have actually had conversations with PATS in regards to that. We cannot enforce that, but we have spoken to them and raised our concerns about some clients not actually getting available cab vouchers. However, between PATS and Country Health Connection we, I guess, try our utmost to actually ensure that they do have the cab vouchers.

The CHAIRMAN: You said in your evidence to us that the meet and assist program is changing because of anecdotal evidence from clients. What is that anecdotal evidence, and what are the changes that you are implementing?

Mr Davies: Can I respond to that? We have had the PATS program under the Aboriginal health improvement unit for around about 12 months. Prior to that, there were 20 Aboriginal community–controlled health services in this state that predominantly saw the majority of Aboriginal clients. We did not even know they existed prior to them coming to the Aboriginal health improvement unit, and we had never utilised them. The only time they had been utilised, obviously, is when patients were coming through the hospital or the public system, so we were not aware that they existed in the Aboriginal Medical Services. We have now, at the Aboriginal health improvement unit, started a restructuring of the country connection program, and we have moved them into new offices. It is an essential service—an absolute essential service—and the criticism that may be about it is the fact that, because of the workload and obviously you are highlighting a lot of that, country connection is vastly under-resourced to handle the number of clients that are coming. We are proposing a couple of things, and obviously I am driving it with Susan through our department, and obviously I am also driving it through the non-government sector. In the Aboriginal Medical Services we have Aboriginal liaison officers, so what is proposed now is that we want to expand the country connections, and as the chairperson of the Aboriginal Medical Services in Geraldton—we are the first ones to do it—we now intend to establish an office in Perth. Instead of our Aboriginal liaison officer being situated at the AMS in Geraldton, they will actually operate out of our small office space in Perth. For instance, we cover all the way out to Wiluna and across to Carnarvon. So for any Aboriginal clients who come either through the public system or through the Aboriginal control sector—obviously having two drivers is vastly insufficient for the client base—what would happen is that these guys would pick up the client, take them to the hospital and that would be the end of it. Our Aboriginal liaison officer then will take over from there and ensure they get into the hospital and do all the follow ups like we do. What we do now when we have in particular aged people or people with chronic disease and they have to come to Perth, our Aboriginal liaison officer travels with them and stays with them. And if they have to stay here for three months or something, our Aboriginal liaison officer will stay for two weeks until they are settled in and make sure they have all the necessary services. So, there is a wide range of very good services out there, including country connect, which is obviously very much under-resourced. The one problem has been that we have never known about one another, and the whole concept of coordinating all those services that are now available will enhance and answer the questions that you are asking, because country connection services is an absolute priority for Aboriginal people coming from the country. So, I am not sure what they used to do prior to us taking over—I am not making a criticism of that. Since we have taken them over, Susan has worked very closely, and Charmaine has come to work for us, and it has been great having Charmaine. We now are negotiating with the Aboriginal-controlled health services.

There are already three other Aboriginal-controlled health services—one at Wiluna, the lands, and also Carnarvon—that have indicated that they would like to be part of that and still have a liaison officer. At the Geraldton Aboriginal Medical Service we have 18 Aboriginal health workers, so the liaison officer could be in Perth because what the liaison officer does in our region, we have the Aboriginal health workers to do that. The liaison officer's role is to make sure the patient's journey in Perth is taken care of, because it is very scary and daunting—especially for elderly Aboriginal patients and for those whom, as Charmaine said, English is a second language. So we are addressing all those issues, but while we are also doing that, country connect does need to be expanded. Two drivers cannot take care of them. Of course, once our liaison officers are established, we will provide that support. Charmaine has a committee that is working on the expansion and development of that, and working with the non-government sector as I speak. I suppose it is fairly convenient having me—not that I am anyone special—as the director because not only am I the director from the government perspective, but also I am the chairperson of the Aboriginal Medical Service in Geraldton. Up until recently, I was the deputy chairperson of the state Aboriginal Health Council of Western Australia. So, I am able to work with both sectors in terms of bringing everybody together. But, finally, I will say that the country connection program is

an absolute essential service, in particular for Aboriginal people coming from remote areas—absolutely.

[11.50 am]

The CHAIRMAN: As to the provision of the cab vouchers in the instance where you are unable to physically meet the person—you could take this on notice because you will not have the information with you if you do in fact have that information—are you able to provide to the committee a breakdown of the amount of money you have expended in cab vouchers for PATS patients over the past three financial years?

Ms Powe: I think we have got it for the past two years at least.

The CHAIRMAN: Two years? Whatever you have got will be terrific.

[*Supplementary Information No C1*.]

The CHAIRMAN: Anything we are asking you on notice, we will write to you and say, "This is what we have asked for", so you do not have to think about taking notes or anything like that.

One of the things you said, Charmaine, was that you provided an advocacy role for patients.

Ms Hull: Yes.

The CHAIRMAN: An advocacy service to whom; on behalf of Aboriginal patients obviously?

Ms Hull: Yes.

The CHAIRMAN: But who do you advocate to?

Ms Powe: In terms of that clinical care that patients are receiving, it is actually advocating on behalf of the patients' cultural needs to the clinical team. So if there are particular issues about gender—male, female and operations—that is where our ALOs step in and explain that and advocate on behalf of what the patient requires.

Ms Hull: If I could add to that, particularly in discharge planning, we know that that is critical. When the patient is admitted, we found that once they go back to the community—and this is anecdotal—they are not appropriately linked with those primary care services, and there are all these other social determinants, such as housing, education and having a job, so it is really important. Country Health Connection has actually developed an assessment sheet. When they have been discharged, we understand that the doctors, specialists, and nurses in the hospital are the experts in that particular field. When the patients have been discharged out into the communities, we are linking with the AMSs and the ALOs in regard to what the best outcome will be for that particular patient. We want to ensure that we get the best outcomes for our patients and we want to prevent them from being those frequent flyers. If you are diagnosed with diabetes, we want to make sure that they are linked with the AMS or the Medicare Locals, their GP, and actually ensure that they have access to a diabetes educator. They are looking after themselves and linking with disease management teams and so forth and there is that self-management so that we know that they then have that quality of life and we are increasing the life expectancy. We know that Aboriginal people are being discharged and then become sicker, and then they are admitted again. We are trying to prevent that, so working with the acute care setting, we know that we can add value. We are not saying that we are going to DoAA; we are going to add value.

The CHAIRMAN: I am sure my colleagues have questions.

Hon JACQUI BOYDELL: Can I just say from the outset that given the massive workload you must have and the very limited budget you have, you do an amazing job. I think, from a state government perspective, we are probably not supporting you enough in terms of your need to expand your service, in my opinion, because it is integral to Aboriginal people being looked after. I really congratulate you on that because $556 000—the director general of the Department of the Premier and Cabinet probably gets paid more than that!

The second thing I wanted to say is that from some of the evidence we have taken, particularly in the Kimberley—it was the Ngaanyatjarra lands people who came to the Kimberley because they missed us in Kal—gave us a lot of evidence and probably we heard it in Carnarvon as well where the country connect system—this is not a reflection on what you are doing—but definitely they are saying it is a bit broken outside those operational office hours. I think we can all recognise where you want to provide a service whenever anyone is coming in, whether it is 2.00 in the morning or not, of course you would want to do that. My question goes back, really, to the cab vouchers. If you are funded by WA Country Health Service and when the person is leaving their site, say, for example, in Geraldton, and coming to an Aboriginal hostel where they are promised that they will get a cab voucher, and you are all being funded out of the same pot, I do not understand why, at the person's home in Geraldton, they cannot actually be issued a cab voucher from the PATS clerk and then whether you can administratively, in the background, adjust your budget. To me, the patient is the main outcome, and should be able to have the confidence to have a cab voucher. It does not matter who is giving it to them. WA Country Health is managing everyone's budget; it is purely an administrative thing, and a little bit of a cop-out, I would have thought, for WA Country Health to suggest that you have a fund out of that and you cannot have a cab voucher when you leave home. What are your comments on that? Is it the administrative process and the budget that is stopping that?

Mr Davies: I think you are exactly right. With the allied controlled health services, any patient who travels from our region to Perth without assistance from any our staff, are issued with cab vouchers. So they might be coming down to have an MRI scan or whatever it is that they have to have, and they do not need assistance; they are quite capable of looking after themselves, but they are issued with cab vouchers. In terms of the service, the proposal that we are putting together is—which we will do, because we have already identified office space for our area, if we get maybe six or seven of our Aboriginal services with liaison officers in Perth, and we are part of that forum that Charmaine has established—and we coordinate and put all our programs together, we will then have the capacity to provide a 24-hour roster, but we do that already. For instance, at Mt Magnet, we have a doctor who is not on 24-hour call but he is available if somebody has a car accident. He is available on 24-hour call for that whole remote area out there, but he is not available if somebody has a toothache or a headache. If we could bring all the services together, which we are proposing, a lot of the questions you are asking will be addressed. In terms of the Aboriginal controlled health services, we are not seeking any additional funding, because we already get the funding. We are already funded to do that. The additional funding that is required is for Country Health Connection. We currently have two drivers, and my view is that we should have at least four or five. I think there still needs to be more administrative support, but you will find over the next 12 months that we will formulate a partnership between the state and the non-government sector. That is not something new, because under the current COAG for the previous four years—the Footprints to Better Health—most of the Aboriginal controlled health services, for instance in my region, all the state health money under Footprints to Better Health that goes to my region, no one individual service runs a program on their own. So if there is a program that WACHS has been funded for, they are what we call the lead agency, and they work in partnership with the two Aboriginal controlled health services, and vice versa if we have a program. It will not be something new because between WACHS and the non-government sector around Western Australia, we have many, many partnerships going, and it has not cost any additional resources. It is more about coordination and how we do it. That is our plan for the metropolitan area as well, but you are right: if Country Health Connection is going to continue to function to the level that is required, there are two options: it needs to be resourced, or it needs to be taken away. It cannot half-function at the level it is at; somebody needs to make that decision. But I will say that it is an absolutely essential program for remote areas. I have been involved with Aboriginal health services for 35 years—I started when I was about 10! I have to be honest with you, and Susan will tell you, that we had never before heard about Country Health Connection, and I realised, "Hang on a minute; we should

be working with these guys." We are now restructuring Country Health Connection in conjunction with the non-government sector.

[12 noon]

The CHAIRMAN: When was it that you discovered that they existed?

Mr Davies: When they first negotiated with us about coming over to the Aboriginal health improvement unit. Susan had to explain to me who they were.

The CHAIRMAN: What year was that?

Ms Powe: It was probably three years ago when we were approached to provide support.

Mr Davies: But you are absolutely right: if we are going to be effective, we have to be effective 24 hours a day.

Hon DARREN WEST: By the time the parliamentary committee works out what is going on, you have it all sorted, so good on you. You need to be more resourced, and that has come out around the place regularly in our hearings. I have a little bit to do with Graham Sandy—I have been down to see him a couple of times. Just on that—you have touched on it—you need more drivers, clearly, and my colleague Josie Farrer, the member for Kimberley —

The CHAIRMAN: Whose birthday it is today.

Hon DARREN WEST: Her birthday is today. She is often refused a taxi ride.

Mr Davies: I knew she would eventually get to 21!

Hon DARREN WEST: Yes, she has, and there is a party tonight if you are around!

She is constantly being refused a ride in taxis, so I can see so many problems with how the whole taxi voucher thing works, in terms of the bit of paper, who pays and just the fact that people are not familiar with taxis and may not always get taken on the journey that they want to get taken on. Clearly, it is obvious to anyone who works in that area that we need more drivers to meet the patients. I look forward to the proposal that you are putting forward. I cannot speak for everybody else, but it certainly seems to be an area of weakness in the whole system, when people from remote and regional areas come down here and do not have any means of getting around, which is already bad enough when you are sick. That is really good to hear, and I hope that all goes well. We would certainly be interested in any information that you can forward on as to what you think you need, because I would like to hear exactly what it is that you require to make the service work as well as you would like.

Hon JACQUI BOYDELL: Sandy, with your plan or your strategy of coordinating those services, can you provide the committee with any of that or are you really at the starting point?

Mr Davies: We are at the starting point at the moment. From a GRAMS situation, we have already identified our office base. Once we have established that, we will assist those other services, particularly in remote areas such as Puntukurnu and Wiluna. They are the major concern because for the Aboriginal people in those areas—English for a lot of them is their second language. Their families do not have the resources to visit them so when they are down here, they are very much isolated. I was terribly distressed about three weeks ago to find out that four Aboriginal people who had been down to Perth on dialysis have now been taken back to the lands because they accumulated additional chairs. One gentleman had been here for eight years and never seen his family. I do not know whether it is in legislation but it should be. It is almost a crime that somebody would have to come down here and not have contact with their family for eight years. That is what our job is as an Aboriginal medical service—to ensure that that does not happen. If somebody is here for a period of time, we have the capacity in the non-government sector from time to time to bring their family down to visit them. Government services do not have that capacity because they are constrained by all those bureaucratic rules that I am having difficulty getting used to, coming

from the non-government sector. I see this as a great opportunity. It has always been an issue having our clients come from the country to the city. I believe we are now in a situation where we will be able to overcome that. It will take partnerships. The WA Country Health Service is absolutely tremendous how they run partnerships with the non-government sector.

The CHAIRMAN: I think also they are certainly putting a lot of effort into the provision of extra renal care out in the region. As we were travelling around to some of the hospitals, they were saying to us how grateful they are that these chairs are being funded. Obviously if someone can stay close to country, that is the ideal outcome.

Mr Davies: Absolutely. Full credit to Susan, and since Charmaine has been on board, Charmaine has taken this whole thing on. We are now in a situation where we can put the whole thing into place. I just sit there and get all the credit because I am the director. Everybody rings me and tells me what a good job I am doing but these are the guys who do all the work.

The CHAIRMAN: It is always teamwork.

Mr Davies: From an Aboriginal perspective, I think what we are proposing is absolutely brilliant and will address a lot of those issues around Aboriginal people who have to spend more time in the metropolitan area for health services than they need to. Coming from having Aboriginal liaison officers here from their country, they can identify with their own people. For me, it is a great concept.

Hon JACQUI BOYDELL: It is a bit of a no-brainer really, is it not?

The CHAIRMAN: I think you will see in the public evidence that we have taken in various regions, it would be fair to say that Country Connect does not get a particularly good rap from users of PATS. That is understandable given the limited resources that you have. But it is very heartening to see through this coordination effort that you are doing that that might change. Certainly, the information that you have provided to us will be very useful for our report and in our deliberations—any recommendations that we might make.

Hon JACQUI BOYDELL: It is around the pick-up service —

The CHAIRMAN: Generally, people are put on a Greyhound bus and the Greyhound bus gets in at two o'clock in the morning.

Hon DARREN WEST: And around the accommodation, too. There is a lot about the accommodation.

Ms Powe: It is a huge issue for us.

Mr Davies: I missed the meetings in Carnarvon because my wife has been ill and I have been in Perth. I have something I want to say.

The CHAIRMAN: I was just about to say that we need to wrap the hearing up but if you would like to make some sort of closing statement.

[12.10 pm]

Mr Davies: I did not get to go to the hearings. I know that the government spends large amounts of money on PATS. I want to give an example of how we have put into place a service that now saves the government a substantial amount of money. I am not sure if they are aware of it. The Geraldton Regional Aboriginal Medical Service, with the support of the federal government, the state government in particular and royalties for regions, three years ago built a new Aboriginal service out at Mt Magnet, which is 335 kilometres east of Geraldton. We service all the remote areas. When we built that, we set it up and established it so it could accommodate specialist services. I will give you one example but we had many. Just recently we had the cardiologist come to Mt Magnet, like they do every three or four months. He went from Mt Magnet to Cue to Meekatharra to Wiluna. In that time, the cardiologist saw 47 clients; 23 of them had whatever it is

that they do. We have a teleconnect between our two offices in Mt Magnet and Geraldton. This is a specialist service, working in partnership with the Aboriginal health service. They have now gone out to see these 47 clients—those clients who need to come back to see a specialist for two minutes, who says, "Your X-rays are fine" and turn around and travel another 600 kilometres to get home. That is just great! What happens now is we actually go out and bring the clients that the specialist requires to Mt Magnet. We link up to Geraldton and they get their results and our health workers drive them back. I got my staff to do a calculation. We believe that the calculations around PATS for those 47 people, if they had to come to Geraldton and then Perth to see the specialist and then come back to get their two-minute results, would have cost PATS somewhere in the vicinity of $37 000, but it did not cost them a cent because we provide it.

If we are talking about health services and PATS, how we address it—Susan will know; I sing this song everywhere I go—we need to be taking the services to the regions, like we do. I think that is the only way you are ever going to help resolve the issue. I understand millions are spent on PATS by the state government. We have a full-time doctor at Mt Magnet working for the Aboriginal medical service. The shire has never been able to get one out there. I must say he is probably the best paid doctor in Western Australia. The other thing is that that doctor is there and we are able to afford to pay for them because we pay them but the state also contributes to his income. If WACHS was not contributing to his income, we would not have him. It is about partnership; it is about coordinating things.

I just wanted to use that as an example. It is not just the cardiologist; we have the eye specialist, Dr Kwong or whatever his name is, who comes out regularly. We are delivering specialist services all the way to Wiluna through Mt Magnet. We need to work on that partnership arrangement with WACHS, like we have been doing, in the long term and expand it to the state, which is now happening. To me, it is not about additional resources; it is about coordination.

The CHAIRMAN: Smarter use of what is out there. Sandy, I can let you know that you are not singing a solo; a choir is starting up out there of people looking at getting the services out there. You are not alone in those things.

Thank you very much for appearing in front of us today. Good luck with what you are doing in the future. You have helped us a lot in helping to formulate what we want to recommend, ultimately, when we table our report.

Mr Davies: I was very pleased to be able to come today because I was disappointed I missed you earlier.

Hon DARREN WEST: All the transcripts of those days are available if you want to look at them. They are online.

The CHAIRMAN: We will write to you and let you know what we have asked for—those two years' worth of records with regards to cab vouchers. Thank you very much. We appreciate it.

Hearing concluded at 12.14 pm

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