

STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

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

SESSION TWO

Members

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

Hearing commenced at 11.43 am**Mrs ELIZABETH WATERS****Manager, Clinical Services, Bega Garnbirringu Health Service, sworn and examined:****Mr CLIVE HOLT****Chief Operations Officer, Bega Garnbirringu Health Service, sworn and examined:**

The CHAIRMAN: Good morning, ladies and gentlemen. Welcome to the hearings of the Standing Committee on Public Administration's inquiries into the PAT scheme. My name is Liz Behjat. I am the chairman of this committee. Before I formally open these hearings, I just want to first of all say to people from the public who are here today that you are very welcome to join us here. I need to point out, because there has been a bit of a feeling in some places we have been visiting that this is an opportunity for people to ask us questions about the PAT scheme, that that is not the case. Indeed, it is not like a town-hall meeting where we are going to do a Q&A session. It is for us to find out what is happening with relation to the PAT scheme in the places we are going to. We have people giving evidence to us today. If there are people in the public gallery who feel that they would also like to have that opportunity to be sworn in as a witness to give oral submissions to the committee, we do have a little bit of extra time at the end of our hearings this afternoon, and we can accommodate that request if anybody would like to make that request of our committee clerk, Lauren, there. Also, we had a hearing at 10 o'clock this morning, held elsewhere other than in these committee offices here, and I understand that there may have been, on the radio perhaps, someone saying that the 10 o'clock hearings were being held here. It was on our website that the 11.30 hearing was due to take place here. So, I do apologise if any member of the public has been inconvenienced by somebody on the radio perhaps giving information that was incorrect that the hearings were being held here at 10 o'clock. So, we will just go into our hearings now.

First of all I will introduce the members of our committee. My name is Liz Behjat, I am the chairman of the committee and I represent the North Metropolitan Region. Starting from my left here we have Hon Amber-Jade Sanderson who represents the East Metropolitan Region; next to her is the deputy chairman of our committee, Hon Darren West, who represents the Agricultural Region; our advisory officer, Felicity Mackie; here to my right is Hon Nigel Hallett from the South West Region; and to his right is Hon Jacqui Boydell representing the Mining and Pastoral Region. So, five out of the six regions of Western Australia are represented on our committee.

Welcome to you both today, and thank you for agreeing to giving evidence to us. I need to go through some formalities first. These are really the only formal part of the proceeding. I want you to feel comfortable in the proceedings that we are doing and please use our first names to address us and do not think that you are on trial for anything or anything like that. It is really just for us to get some information. But, first of all, because it is a process that is being recorded as in Parliament, we need to run through some things. I need to ask you first to take an oath or an affirmation.

[The witnesses took the oath or affirmation.]

The CHAIRMAN: Elizabeth, you prefer Beth, is that right?

Mrs Waters: Yes.

The CHAIRMAN: Terrific. I am a Liz; I am not Elizabeth either. You would have both signed a document entitled "Information for Witnesses". Have you read and understood that document?

The Witnesses: Yes.

The CHAIRMAN: As I said, 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. Please be aware of the microphones and try to speak into them and ensure that 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. So, if there is something that you feel might be of a confidential nature that you do not want to share in the public arena, just signal that to us and we will make that decision at that time. 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. Great; take your jacket off, Clive, sit back and be comfortable, because that is the formal part over and done with!

I have a few standard questions that we might run through, and feel free to expand on any of the areas that we are talking about. My committee members will also jump in when they want to get some more information about the things that you are saying.

I guess the easiest way for us to start is to ask: in the experience of the group that you are representing what are the good things about PATS and what are the bad things about PATS? Hopefully there are good things!

[11.50 am]

Mrs Waters: The scheme overall is good. The idea of the scheme is fantastic for people living in regional, rural and remote areas; otherwise many of the clients would not be able to access the services in Perth at all. But with anything, there will be hiccups and little things that we should be able to iron out for our clients to make their journey a lot easier and smoother; things like giving out full information of the accommodation places that they will stay at when they get to Perth; trying to organise that they will be staying at accommodation places that are closer to the facility that they will be attending for their appointments; and also taking into consideration the accommodation places that supply transport to transport them to their appointments because a lot of times some of our clients have never been to Perth before. It is scary for them, you know. They are taken away from their families and the whole thing is just a scary thing for them, and then they will end up just not going to the appointments if they are not supported properly. They need to have transport from either the train station or the airport when they actually get to Perth, because they do not know how to get to wherever it is that they are staying. And likewise on the way home when they are discharged, they can land here at Kalgoorlie at eight or nine o'clock at night but they might live out at Ninga Mia or somewhere like that, so they need a cab voucher to be able to get back to their home when they get home. So, a lot of times it is just awareness, to look at the bigger picture when you are booking a client in. We have clients that might come down from Warburton, or places out there, who have just never been out of their community. We really need to take that into consideration and provide them with as much support as we can so that they will take that journey and not stop because they are scared.

The CHAIRMAN: Do you think a way of doing that would be to have someone travel with them who they are familiar with to basically step them through all of those stages, so that really we need to concentrate on getting this person the medical attention they need, to get them their treatment, to get them better and not have to worry about those peripheral things that are very necessary but are burdensome to them? You could either have them always going with someone who is a coordinator from your centre, for instance; or at least if you can get someone to get them down and have them

met by someone at the other end who is responsible for PATS patients coming to Perth who steps them through. Do you think that might be a way?

Mrs Waters: A lot of times that would be fantastic if they could have like an Aboriginal health worker travel with them and make that journey. That would make it a lot more comfortable because they could then help them communicate as well when they get there.

The CHAIRMAN: Are those types of requests ever made and refused or are they just not thought of at the time; because I think there is capacity for people to go with carers if it is certified by the doctor?

Mrs Waters: If the doctor says that they need to have a carer, it has been knocked back on occasion, and you will have to have a lot of consultation with the PATS team to establish that this is a necessity, that we do need this.

The CHAIRMAN: Do your consultations take place with the PATS team at Kalgoorlie hospital?

Mrs Waters: Yes, and we have also rang Perth as well, head office.

The CHAIRMAN: Are the clients whom you look after generally aware of the PAT scheme and that it is available to them? Do you think that there is enough information available that they can do that?

Mrs Waters: I think there is enough awareness of the scheme, because when they come through and they see our doctors—obviously, we are doing the referrals—it will be explained to them either by the doctor or the health workers that this scheme is available and that their transport and everything will be provided. We help them with the forms and everything, and then they have to go to the hospital to do that part of the process.

The CHAIRMAN: You touched on the difficulties with people coming. I would imagine that for some of your clients from the more remote, or even not necessarily the remote, Aboriginal communities, English is not their first language.

Mrs Waters: That is right.

The CHAIRMAN: So their language is their first language and English is not. Explain to me how those people manage to fill out the forms and all of those sorts of things. What are the difficulties that they are experiencing over and above what somebody who is literate in the English language might experience?

Mrs Waters: Our health workers assist them with that. We have health workers that can translate.

The CHAIRMAN: And there is the understanding that the yellow form goes here and you have got to bring back the blue form and if you do not bring back the blue form —

Mrs Waters: That is right. Our health workers and our reception staff will take the clients right through that journey.

The CHAIRMAN: Do you think that could be managed in a different way?

Mrs Waters: I think it could be, yes.

The CHAIRMAN: What if it was to be an online system that is commenced with the GP being the person who would start that process off? I am assuming the GP comes to the communities to visit, or have you got your clients coming in to see the GP or a combination of both?

Mrs Waters: Both, because we have two mobile clinics that go out into the community. We have both. Then we have people that come into our clinic in town.

The CHAIRMAN: So would it be an easier thing if there was this online process where the GP started it off to say, “This person needs to go to Perth for this reason and then they need air transport, taxi vouchers and those sorts of things” and then it was taken over on an online basis, or is that not —

Mrs Waters: It might be easier, but it would have to be done by the health service providers —

The CHAIRMAN: Yes.

Mrs Waters: — because a lot of our clients are not familiar with using computers. So, if it was not done correctly, it would not go any further; it would have to come back until it was done correctly—like that type of thing.

Hon NIGEL HALLETT: What system would you like to see, Beth? What do you reckon would be the ideal system?

Mrs Waters: I really do not know. I would have to have a look at a few to think. Having it done on the computer like that is making it more onerous for the doctors, and have they got the time to do that? You would have to have a few in front of you and go through them to know.

Hon DARREN WEST: I just have a couple of things. We sort of touched on how the system works and the challenges that you face in implementing them and getting paperwork and pieces of paper back and forward, and I can clearly see the challenges in that. You said you had a couple of mobile clinics. How regularly do they run? Do you find that after those runs, you will clearly have a certain number of referrals? It is a bit foreign to us. How does that all work?

Mrs Waters: We try and have a mobile clinic on the road at least once a fortnight; that would be a minimum. They will go to the north corridor and south corridor. The idea is that one is north, one is at base, one is south and one is at base. It does not always work like that. It will depend, if you have taken other teams with you, how many PATS referrals you may have, because you might take eHealth Australia and the Earbus Foundation and have a lot of referrals for surgery for the kids with grommets or you would have a lot of PATS on that trip; the next trip you just might have a GP, a nurse and health workers with you and you may not do so many. So it will depend on the team you are taking when you go out with the mobile clinic as to how many PATS referrals you would have.

Hon DARREN WEST: Do your mobile clinics have the same number of people all the time or do you take people from the clinic here on those?

Mrs Waters: Yes. We take whatever staff are available and what the need of the community is. The community might ring us up and say, “We’ve got a problem with boils”, so we will say, “Okay; we’ll send up a doctor, a nurse and a health worker and the medications and dressing products and everything like that.” We take into consideration the need of the community at the time as to what team we might take in. Yesterday, I was having discussions with the school in Esperance and they need some help with some young diabetic kids they have got, so I am looking at sending a diabetic educator with them. What the team is depends on what is happening in the community at the time, but then you will have scheduled visits from optometrists, ophthalmologists, the ear team and nephrologists. They will schedule their visits for the year and then we will work around that.

Hon JACQUI BOYDELL: I just wanted to go back to your comments around carers being able to travel. We are talking about particularly Indigenous patients where English is a second language. In my mind, I am thinking from a medical perspective; the patient is supported because the doctor has a clear pathway to be able to say, medically, “You need a carer.”

Mrs Waters: Yes; that is right.

[12 noon]

Hon JACQUI BOYDELL: In your opinion, would you suggest that, with your clients in particular, there needs to be provision for a healthcare worker to be escorting those Indigenous clients where English is a second language, because if they do not, they do not get to access the scheme because they will not go.

Mrs Waters: That is right. I think that would be a great benefit because if English is not their first language, a lot of times there is not much value for them to go to the appointment; they will not

understand what is being said to them. They will not ask nine times out of 10, but if they have got someone there with them to help them translate, they will be much more comfortable and it is more likely to —

Hon JACQUI BOYDELL: So your doctors at your facility, even though they may recommend and understand the Indigenous requirements of that patient—that they need a carer to go with them to help them understand what is happening to them—are they saying, “Yes, they need a carer” and then the PATS process is saying, “No, you don’t qualify medically”?

Mrs Waters: That has happened.

Hon JACQUI BOYDELL: That has happened, and have you appealed that process at any time?

Mrs Waters: I know on one occasion we appealed it and we won, yes.

The CHAIRMAN: Does that happen often?

Mrs Waters: No, not with our clients.

The CHAIRMAN: Do you often have people going to these appointments in Perth coming back and you say, “So how did you get along?” and they go, “I’ve got no idea”?

Mrs Waters: I do not think it is commonly thought that a carer can go for those reasons; it is more that people think that it is if the client needs assistance to shower or care for themselves like that. That is more where a carer is requested. I think that it would be of great benefit in those situations if we did have a carer. So I think there needs to be more awareness and it needs to be communicated more that it is possible for that to happen.

The CHAIRMAN: So either a broadening of that policy or —

Mrs Waters: Yes.

Hon AMBER-JADE SANDERSON: Have you ever had to use the exceptional circumstances?

Mrs Waters: I have not, no.

Hon AMBER-JADE SANDERSON: But have clients who access your organisation, and what kind of experience have you had?

Mrs Waters: I really have not had any experience in that, so, I am sorry; I cannot help you with that one.

Hon AMBER-JADE SANDERSON: You touched on it a little earlier on, but do you think that the scheme is a user-friendly scheme for both the people administering it and, obviously, the clients who access it?

Mrs Waters: The thing is we will always only hear the bad; do you know what I mean? Look how many people use PATS. Obviously, it flows for a lot of people and we just hear the complaints. I cannot sit here and say it is bad because obviously a lot of people use the service and it works, but it is always good if we can jump the hurdles that are there.

Hon DARREN WEST: Going back to where we were before, on your mobile runs—excuse my ignorance on this, but usually, for most of the inquiry, we have been looking at people to and from Perth—you refer people clearly down to Kalgoorlie and they will require treatment here. Does that qualify for PATS as well?

Mrs Waters: Yes.

Hon DARREN WEST: So what would you say of your GPs’ referrals? Would they be half to Kalgoorlie west to Perth and a bigger group from —

Mrs Waters: No, mostly to Perth, because most of these places have some sort of health facility. Most of them will not have a doctor all the time, so it is just like we are backing up those services that are there.

Hon DARREN WEST: So for dialysis patients, for example—I saw your map before—you cover a fair swag of the state; about a third of the state, I reckon, think by looking at that.

Mrs Waters: That is right, yes.

Hon DARREN WEST: So, clearly there are some big distances involved for dialysis patients from as far north as you get.

Mrs Waters: The biggest problem we have with dialysis patients is that, as everybody is aware, they are away from their family in Perth waiting for a chair for two, sometimes even three, years. So, if something happens at home, those clients will come home, and then they will end up acutely sick because they are not being dialysed, and then the hospital will not send them back on PATS because they have got here on their own steam anyway. Half the time they end up being RFDS'd out, so it would have been so much cheaper just to PATS them back. In that situation, I think we should be able to PATS the clients back to wherever they come from where there are dialysis chairs—work it out twice a year so that they at least have contact with their family or, if there is a death in the family and they need to come back for a funeral, to work out dialysis where there are chairs available, of course, so that they can do that, to stop those acute phases of them coming back, not being dialysed, and ending up acutely ill and being RFDS'd back to Royal Perth. It is big dollars.

The CHAIRMAN: I should have asked this at the beginning as well. Could you just talk to us about the geographic locations of the area that you cover?

Mr Holt: We obviously cover any clients that present at the clinic here in Kalgoorlie, but then the mobile clinics go up as far as Laverton, and then the southern corridor runs all the way down to Esperance. We do often get clients presenting from South Australia, and we also have clients coming in from the Northern Territory as well. So it is a fairly broad geographic area that we cover.

The CHAIRMAN: That is interesting. So the clients who come to you from the Northern Territory, if they require medical treatment to access the PAT system, are they flown back to Darwin or Alice Springs for that treatment or are they sent to Perth?

Mrs Waters: If they present here, and it is our doctors that are treating them, they will go to Perth.

The CHAIRMAN: Where they are going to be absolutely not familiar with anybody at all, because they are from the territory.

Mrs Waters: That is right.

The CHAIRMAN: That is interesting.

Hon DARREN WEST: Are there any other suggestions that you have for us about how we might make this whole scheme better and easier for you to work with?

Mrs Waters: I think better communication and awareness.

The CHAIRMAN: Is that communication of what the scheme will cover, how people access it, and perhaps either a better explanation or a broadening of the policy to allow those who do not have English as their first language to have a companion travel with them to assist them through that process?

Mrs Waters: Yes, and when the process is happening, for the PATS clerks to communicate more of the services that are available to them when they get to Perth—taxi vouchers or to transport people, or whatever like that.

Hon DARREN WEST: One of the things that keeps coming up, not so much from your evidence but from others, is an online facility. Is that possible for the areas that you work in? You have said that a lot of your clients do not have access to the internet, and I accept that, but your providers —

Mrs Waters: Our providers would.

Hon DARREN WEST: Most of the communities that you visit would have some sort of internet access. Should the right people have the right equipment in place, could that perhaps kick that process off and be referred to wherever it is wanted?

Mrs Waters: Yes—each area that we go into.

Hon DARREN WEST: It would not be a major impediment; it would just be that the individuals—your staff—would have to take on that extra workload that other individuals may do.

Mrs Waters: That is right. Yes, that is how I see it.

The CHAIRMAN: Thank you very much for coming today. This is all really helpful information for us to go back with to our deliberation phase. We are not the people who will make any decisions about any changes that the PAT system may need to have done to it, but certainly, if we deem it necessary, we will be making recommendations in our report, and then it is up to the government at that time to consider those recommendations. But, certainly, for us to be able to come out and speak to the users of the system is a very valuable process, so we appreciate you giving up your valuable time to come to us today.

I also at this stage welcome to the public gallery our parliamentary colleague Wendy Duncan, the member for Kalgoorlie. Thank you so much for coming and joining us today, Wendy. We are in your electorate, and thank you for the invitation to come here.

That is the conclusion of the hearings until this afternoon, unless there is anyone else who wants to speak to the committee.

Hearing concluded at 12.09 pm
