

STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

**TRANSCRIPT OF EVIDENCE
TAKEN AT CARNARVON
FRIDAY, 29 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 1.46 pm**Ms CAMILLIA THORNE****Board Director, CMSAC, sworn and examined:****Mr SHANE VAN STYN****CEO, Carnarvon Medical Service Aboriginal Corporation, sworn and examined:****Miss MELANIE BELLOTTI****Aboriginal Liaison Officer, Carnarvon Medical Service Aboriginal Corporation, sworn and examined:****The CHAIRMAN:** If you could just take the oath or the affirmation there for me, please.

[Witnesses took the oath.]

The CHAIRMAN: You all will have signed and read a document entitled “Information for Witnesses”. Did you read and understand that document that you signed?**The Witnesses:** Yes.**The CHAIRMAN:** The proceedings are being recorded by Hansard. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record, and please be aware of the microphone and try to talk into it and ensure that you do not cover it with papers or make too much noise near it. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today’s proceedings, you 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 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 formalities out of the way and we can just move on to some of the questions that we have got here. Is this a submission that you are making?**Mr Van Styn:** No; it is just a document that I had there, including a previous conversation with other Aboriginal medical services about PATS.**The CHAIRMAN:** Okay.**Mr Van Styn:** And we are going to go through some of those ongoing issues with that.**The CHAIRMAN:** Right; okay. In your words, Shane, and from your experiences with regard to Aboriginal medical services, what are the efficiencies and what are the deficiencies of the PATS system?**Mr Van Styn:** We have an opinion and it stands that there are no efficiencies in the PAT scheme at all. It woefully fails particularly Aboriginal people and in recent years has played a large contributing part to a death inside our community. We believe that having people, for example, sent on one-way flights to Perth and being told to find their own way home is completely unacceptable and is a very obvious example of how bad the system is.**The CHAIRMAN:** So, do you have a register of the number of people under your care who have been sent on one-way flights and then told to bring their way back? Do you have the statistics to go with that?

Miss Bellotti: No, not on me.

[1.50 pm]

The CHAIRMAN: Could you provide that on notice?

Miss Bellotti: Yes.

The CHAIRMAN: If you could provide to us, say, over the last, maybe, three years of the numbers of patients who have been sent on a one-way —

Miss Bellotti: I have only been in the role for a year, so before that I am not sure.

The CHAIRMAN: Okay, so you would not have that information available? Okay, so in the last 12 months, could you give us the number of clients under your services who have been flown to Perth in a one-way situation and then told to make their way back? We do not need to have their personal details, but if you could just give us what the quantum is, that would be great.

[*Supplementary Information No B1.*]

Mr Van Styn: I thank the committee, of course, for relying on us to represent other people, and as a CEO I represent many people.

The CHAIRMAN: Sure.

Mr Van Styn: Definitely the deficiencies are: being given \$280 worth of fuel to get from Carnarvon to Geraldton. For those who have been fortunate enough to do that drive, you would realise that is simply not enough to actually get you there and back, depending on which car you are driving. Deficiencies in quantum of accommodation payment: \$60 is grossly inadequate. Deficiencies in the style of accommodation: placing wheelchair-bound patients who are elderly and frail in accommodation with no working elevators and stairs. Separating carers on different floors from their patients is another significant deficiency. We also, of course, have deficiencies in timing. We no longer have afternoon flights, of course, here in Carnarvon, so morning appointments are required to be attended the day before and you are stuck for a day. Indeed, such an example did result in one of our patients, unfortunately, being left out in the cold one morning, unable to get transport, not provided with taxis, unfortunately contracted a double pneumonia and passed away. We have examples of significant deficiencies coming up in locality, in proximity to accommodation, particularly people who have English as a second language, very traditional people—no allowance for them whatsoever in being able to navigate their way around. Again, the flights from Carnarvon only operated previously flying out at 5.30 pm and arriving 7.30 pm. You do not have any transport options; there are none. Unable to check into accommodation as check-in times have closed, and they are, unfortunately, resorting to living in parks and streets. We, of course, have situations where you might have ill families that have kids in their care and not being able to get those kids either on aircraft or on a bus or indeed accommodated with them, and therefore stranding kids. As we speak today, we have a patient who is down in Perth on a one-way flight with her child now stuck in Perth unable to make her way back. And as a CEO of an organisation, that is a continual drain on our funding.

The CHAIRMAN: How will she get back?

Mr Van Styn: We are not sure. What has happened in the past is we have been having to pull out of our health budget taxi vouchers and the like to try to get people back. We are not too sure how she is going to get back.

The CHAIRMAN: Not back by taxi?

Mr Van Styn: No, between airports and hospitals and the like. No, we will not send a taxi from Carnarvon here—we would go broke! I did see a request for one, however, just the other day! A deficiency, and I would like Mel to talk on this, if she may, is eligibility. We continually try to seek eligibility questions and it seems to be a closely guarded secret as to actually how you work

some of that out, and we felt if it was more open we could certainly have a much better time. Again, we touched on the buses. I mean, from Carnarvon, they are three times a week. You could often then find what seems like a simple appointment, a simple hour out, hour in becomes a four and five-day practice. And again, you are stranded and intentionally accommodation is not provided for the four or five days; it is provided only for the one or two days in an instance of care.

The CHAIRMAN: If you have an Aboriginal client whose language is not English as their first language, are they given the opportunity to take a carer with them who they are familiar with, who speaks their language and who can then guide them through that entire process? I know there is country connect when they arrive in Perth.

Miss Bellotti: Country connect is —

The CHAIRMAN: We can talk about that, but what I am asking is: is there an ability for a carer just to be with that person the whole time and then be able to take them to their appointment and return with them?

Miss Bellotti: Only if they are a registered carer through Centrelink or something, or if doctors have specifically written it on their yellow PATS form. If it is not on the yellow PATS form, the PATS ladies at the hospital cannot approve it. So, if you get a typo or something not written properly that comes under their policies, then it gets declined and they are not able to go.

The CHAIRMAN: Would you see that that could be a benefit if that was something that was streamlined in the system, especially when we do have —

Miss Bellotti: Especially with our Indigenous patients, a lot of whom are illiterate for starters. And then the city is foreign for them; you know, some of them do not even venture out of Carnarvon.

The CHAIRMAN: It is foreign for a lot of my country members as well when they get into the metropolitan area! It is my electorate, so I kind of know my way around.

Miss Bellotti: A lot of them do not even venture out of Carnarvon. When they go to the city, it is all strange; they do not even know how to jump on a normal bus, and they would not even know which direction to go in.

The CHAIRMAN: You smiled when I talked about country connect; it was more of a grin actually on your face! Would you like to expand on that? Is there a deficiency in the country connect program?

Miss Bellotti: Yes; they only run nine to five on weekdays so the patients are left stranded. Our buses get into the city. For Geraldton, firstly, they do not have country connect there. They get in at about two o'clock in the morning, and the accommodation is closed and they have to find some other place to stay until they can book into their accommodation the following day— like, between nine and five or eight and five or whatever it is.

The CHAIRMAN: So they are literally sometimes staying on a park bench or under a tree?

Miss Bellotti: And then when they go to Perth, especially on the buses, the buses arrive at six o'clock in the morning in Wellington Street. And, yes, that is not a good place to be.

The CHAIRMAN: So there needs to be a more flexible arrangement of meet and greet.

Miss Bellotti: Yes, that only runs between nine and five on weekdays. And even on the weekends when people are sent down, there is no-one there to meet and greet them. Then the meet and greet themselves, you ring them up and they are bound by policy and procedures and they cannot do this and they cannot do that, and their funds are being cut; and only if you are disabled or have got little kids with you that they will come and assist you; otherwise you are left to fend for yourself.

The CHAIRMAN: In the processing of a person's application, are the people dealing with it—I guess you are helping them along the way in relation to a number of things—sympathetic towards

the cultural needs of Aboriginal people and their language needs, or do you find that there are barriers there as well in that first application stage?

Miss Bellotti: When I first started work—that was May last year—there was. Since I have built a relationship with the ladies at the PATS office, it has eliminated some of those barriers. I suppose they are getting good, but I know the ladies at the PATS office are bound by their policies and procedures and I understand that and patients do to a certain extent. But I think that the main thing is the policy or whatever, the PATS rules and regulations need to be updated to reflect today's modern times, even like for the cost of accommodation; \$60 to \$70, that is just not good enough. Patients are forced to dip into their own money, and coming from country areas especially when you have got your own bills to pay, you have got to buy your own food and you have got other things that you need as well as go to Perth, and then you have got to pay for parking and accommodation and food and everything else as well. So, yes, I think the main thing is that it just needs to be updated to reflect —

The CHAIRMAN: And what about the types of things that are covered by the PAT scheme, as opposed to those that are not? I know one of the major issues in the Indigenous population is hearing issues; they are major.

Miss Bellotti: Yes.

The CHAIRMAN: And from my understanding of the policy guidelines, those sorts of services do not qualify for PATS assistance in relation to needing specialist audiology treatment and things like that. Is that your experience as well?

Miss Bellotti: Yes; audio. There are some cardio tests that patients get sent to Geraldton for that are not covered.

Mr Van Styn: Dental.

Miss Bellotti: Dental is another one that does not get covered. They do it for the kids who are sent to PMH, but they do not do it for the adults, which is not consistent and it should be. And especially, like, we have a dentist but it does not do the main surgical extractions, and patients are being sent down to Perth for those things. One of our patients a couple of weeks ago had to fork out \$280 just to see the specialist before he got his tooth extracted. And, yes, they are costs that do not get covered by PATS. The specialist that you go and visit, the up-front costs that you have to pay beforehand, PATS do not cover those.

[2.00 pm]

The CHAIRMAN: The \$280 that he had to pay, was that the specialist's fees or the travel costs?

Miss Bellotti: The specialist fees, and they do not get travel costs for dentists, so —

The CHAIRMAN: That is one thing—the actual cost does not fall under PATS, the actual cost of the service; that is another —

Mr Van Styn: She was actually referring to the —

Miss Bellotti: Dental and some cardio stuff that they got sent to Geraldton for.

Mr Van Styn: Touching on Geraldton, there is no country connect in Geraldton and obviously Carnarvon, going back to that argument that we are sort of in between, without the regular flights and without the regular buses and without access to most of that tertiary healthcare. Simply just getting to Geraldton itself represents a whole pile of patient transport issues, accommodation issues and the like—Geraldton certainly does not have \$60 rooms, for example, and getting accommodation there in those times. To get back to Carnarvon—sorry to go back again, but none of that service is available at all for Carnarvon people. So often our port of call is Geraldton, not Perth, where these things are actually available.

Hon NIGEL HALLETT: What is your area that you actually cover, Shane?

Mr Van Styn: We are just about to commence doing some services from Burringurrah out to Gascoyne Junction and into Carnarvon and Mungullah village. So we do most of the Gascoyne, excluding Exmouth, at the moment, but we are starting to do a few small services out towards Shark Bay as well; so pretty much the entire Gascoyne.

Hon JACQUI BOYDELL: Thank you for giving your evidence today, because I think this is a real gap in health service provision right across the state to Indigenous people. The very fact that you would be expected—anyone, not just Indigenous people—to get on a bus and arrive at two in the morning, I do not know how I would be picked up. When you have a major health issue and you are stressed, et cetera, it is just not good enough. So I really thank you for the great evidence that you have given us today, and I think there are some issues that we can work with there. Just on the area of patients getting lost and the homelessness issue, I see a comment in your document that if there was a process in place where government would provide an administrative process for PATS staff to be able to follow up with patients if they either have not got on the bus or have not got on the plane or have not checked into their accommodation, at least there would be somebody following up the duty of care to that patient. Is that falling back on you at the moment, and is that a cost to you to try to get patients home or find them again?

Miss Bellotti: Yes, finding them. I had a call yesterday with a patient in Perth, a mother and child, and, yes, it is stressful on both parts. We are supposed to know about getting them back home and they are stressing out about how they are going to get back home, as well as dealing with what they are down there for.

Hon JACQUI BOYDELL: Can you just work through how that would happen—you know, historically how you have managed that before?

Miss Bellotti: I have liaised with the ladies or with the social workers at the hospital that they are dealing with. We have issues with not being able to get hold of social workers and ALOs. I have been dealing with rural health within a couple of the hospitals, which has been good in assisting me, and even utilising the other AMS in Perth, Derbarl Yerrigan, and some of their staff, to help track down patients and organise stuff from that end to get them back home. For me it is through working with the other ALOs within WA that we manage to get things into place, where they have failed in getting patients back home.

Hon JACQUI BOYDELL: Do you find the social work services at the hospitals that your patients are going to adequate? If there was a meet and greet at least at the hospital with the social work service, would that help?

Miss Bellotti: That would definitely help.

Hon JACQUI BOYDELL: That does not happen?

Miss Bellotti: No. For myself, as you will see in this document, with most of our ALOs around WA and the regional areas who try to liaise with the ones in the metropolitan area, you can never get hold of them. They never return your calls. I do not know if they are busy, working, or what it is, but you can never get hold of them, and that is why I have utilised the other AMS. But they do not get funding to run around and help do our job, and we do not get funding to do that either, so we all fall short in all sorts of areas. Yes, it is problematic. And like what you see in the news reports about the homeless in the city, a few of our patients could get caught up in that.

Mr Van Styn: It is worth pointing out that Mel is the only Aboriginal liaison officer who is charged with looking after everyone simultaneously, so in the event —

The CHAIRMAN: Are you working full-time?

Miss Bellotti: Yes.

The CHAIRMAN: More than full-time, I would imagine.

Miss Bellotti: Yes, and it is stressful.

The CHAIRMAN: You are a woman; you can do that!

Miss Bellotti: I know! But, yes, even after hours I get patients that come home on weekends and they get stranded and even in the city they ring on the work phone. That is something I will have to have a yarn with Shane about—taking the workload home to help those that do get stranded. People only deal with that from nine till five, and it is not a nine-to-five issue; it is 24/7.

Hon JACQUI BOYDELL: Certainly not when patients are getting into Perth at two in the morning or having to get somewhere for a morning appointment.

Miss Bellotti: Yes, and even when they are sent down by the Royal Flying Doctor Service, that is usually a one-way thing, and then you have to do jump up and down before PATS approve it. It is nothing against the people at the hospital and the PATS clerks; it is a PATS issue and it is across-the-board for Indigenous and non-Indigenous people.

The CHAIRMAN: Is there something that you would like to add to what Shane and Mel have been saying?

Ms Thorne: Not really, but the accommodation up there, they want to accommodate you way away. When I come down to see my cardiologist, they expect me to stay out in Midland, and the cardiologist is down at Sir Charles Gairdner Hospital, Hollywood Private.

The CHAIRMAN: So your cardiologist is in Hollywood and you are expected to stay in Midland?

Ms Thorne: Yes, and no taxi vouchers, because they do not give taxi vouchers from the hospital.

The CHAIRMAN: So you are catching a train from Midland into the city and then a bus out to Hollywood?

Ms Thorne: Sometimes I do, unless I am lucky enough to get a taxi voucher from AMS.

The CHAIRMAN: Sure.

Hon JACQUI BOYDELL: And that links back to you saying you are providing that extra support to your patients.

Ms Thorne: I catch buses and trains.

Mr Van Styn: Absolutely, and that instance is a great example. We act as a quasi-PATS. In my office is a safe full of taxi vouchers. We have terminally-ill patients who have no family or friends or any means of getting from Midland to Charlie Gairdner, so we issue them with taxi vouchers.

The CHAIRMAN: So you supplement them with your own taxi vouchers?

Mr Van Styn: Most definitely; that is a big part of my budget.

The CHAIRMAN: Can you perhaps provide us with details of how much of your budget would be expended in that way?

Mr Van Styn: This year it would be \$24 000 for taxi vouchers, and I have cut that in half from the prior year because we cannot afford it. I can provide that in better detail, if you like.

The CHAIRMAN: If you could provide it in better detail as to those taxi vouchers that are being used for people who are on a PATS trip and who need a supplementary taxi voucher from you, that would be terrific, Shane.

Hon JACQUI BOYDELL: Lauren will send you an email to request it.

Mr Van Styn: I will get cracking straightaway.

[Supplementary Information No C3.]

The CHAIRMAN: Thank you very much. We really appreciate you taking the time. As we have been saying as we have gone around, there is a big jigsaw puzzle out there that is the PAT scheme,

and you are a very important piece in that jigsaw puzzle, so it will really help us in our deliberations when it comes to that.

Ms Thorne: Would they be able to try to do that for a family? My granddaughter had open-heart surgery earlier this year.

[2.10 pm]

The CHAIRMAN: I am not sure if you were here right at the very beginning. We are not the people who make—if I had the purse strings I would be saying “of course”, but we do not have that ability. What we do have is that—our committee is made up of people from across all of the parties in Parliament—we make recommendations to government. This report, when we finalise it—it will be some time before we do finalise it, because we want to make sure that we can prepare the best and the fullest picture to give to the government—will go to the Minister for Health with our set of recommendations, to say this is how we think we could make this scheme better, or this is what you need to do. It is up to the government at that time in relation to how to do it. I can tell you that our committee recently conducted an inquiry into the pastoral lease industry, and we came here for hearings on that. A number of recommendations came from that, which the government took on board and is now implementing, so it was one of those examples of when you hear people talk about powerful parliamentary committees! But we are hopeful, because all we want to do is make it better for our fellow Western Australians, and everyone who lives in Western Australia should all have the same benefits and access that we all enjoy.

Miss Bellotti: The main thing for me is updating it to reflect the costs of fuel and accommodation; and if we had another bus service, it would be good.

The CHAIRMAN: We have just been to have a look at the new plans for the hospital, and the new renal dialysis unit I think is going to be a great benefit to your people. It will be awesome, when that is here.

Miss Bellotti: Yes, it will benefit us, because that is what most of our patients get sent away for.

The CHAIRMAN: Thank you very much for coming today.

Mr Van Styn: Thank you for your time and I do need to state that it is not a slight on the PATS staff at all.

The CHAIRMAN: No, we understand that. Everybody works to guidelines and policies and things like that. The date of this meeting is not on the minutes.

Miss Bellotti: On the top, it should be.

The CHAIRMAN: No, I just noticed it is not, so if you could just let us know the date when you had that, it would be great.

Miss Bellotti: Yes, I will.

[*Supplementary Information No 4.*]

Hearing concluded at 2.12 pm
