

Mesiti, Lauren

From: Helen Westcott <hwestcott@wsquared.com.au>
Sent: Wednesday, 3 December 2014 1:27 PM
To: Mesiti, Lauren
Cc: John Scott (John.Scott@cyoc.wa.edu.au); Bruce Wittber
Subject: Additional Information from the Wheatbelt Heath MOU Group to the Standing Committee on Public Administration - PATS Inquiry

Hello Lauren

Both Graeme Fardon and David Singe spoke to the health professionals within their respective areas to gauge some idea of how the trial PATS form had been received.

What is provided below is a summary in dot point form of the comments received, thus ensuring anonymity.

- Likes them, one page, far easier for patient
- Indifferent, no real complaints but no positives either
- not used them
- feedback on the process (rather than the form) which they find most unhelpful.
- Practice Nurse found the new PATS forms confused elderly patients and couldn't see the benefit of the change.
- indifferent about them.
- the combined form is a much better, there is far less stuffing around for the patients, i.e. yellow form here, blue form there.
- the form is better for patients (all in one form). No difference in Dr Contribution to the form but definitely better
- not aware of a change (locum doctor)
- As long as the patients are organised, not leaving it until the last minute, we can cope easily
- We only assist completion of forms for patients who have disability (illiterate etc). All patients are responsible for completing their own form and presenting it to us. We complete GP section and pass to GP for perusal and signature.
- Perhaps my only mention would be that patients do not actually know if they will receive the PATS payment until after their return from specialist. I know this should not impact on their visit to a specialist but the only question I have received is "how do I know if I am getting the payment?" This occurs because the forms are submitted after their appointment whereas they used to be assessed prior to their appointment. There are guidelines for eligibility in that the patient must attend the closest regional service to receive payment. If the service is not available regionally then they will receive PATS, however sometimes there are mitigating circumstances which affect this e.g. the patient has long standing appointments with same specialist in Perth or elsewhere and they generally do not want to change (nor should they have to). This of course then becomes their own choice but they still like to submit an application just in case. Having said this, the current system is better for the majority of patients and the workload has remained the same for the practice staff and GPs.

I hope the above is of assistance with the Committee's deliberations on the PATS form.

In closing I would like to reiterate the Group's gratitude to the Committee for meeting with its members. The Group was greatly appreciative for the opportunity to meet with the Committee to provide further comment around its submission.

Should you have any questions on any of the above please call/email me.

Take care

HW

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