STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 16 FEBRUARY 2015

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 11.03 am

Ms MARIA McATACKNEY
Chief Executive Officer, Nyoongar Patrol System Inc, sworn and examined:

The CHAIRMAN: My name is Liz Behjat. I am the chairman of the committee and I represent the North Metropolitan Region. If I can just go around and introduce my colleagues here, we have Hon Amber-Jade Sanderson from the East Metropolitan Region; Hon Darren West, who is our deputy chair, from the Agricultural Region; Felicity Mackie, who is our advisory officer; Hon Nigel Hallett from the South West Region; and Hon Jacqui Boydell from the Mining and Pastoral Region. We welcome you to our committee hearings today and, as you have just heard, you will be our final witness in this entire inquiry, so there we are. Have you given evidence to a parliamentary inquiry before?

Ms McAtackney: No.

The CHAIRMAN: We had three newbies today giving evidence. As you can see, it is a fairly relaxed process, so please feel relaxed during the process. But I just need to go through some formalities as it is a parliamentary hearing. First of all, I need to ask you to either take an oath or affirmation.

[Witness took the oath.]

The CHAIRMAN: Thank you so much. Do you mind if I call you Maria?

Ms McAtackney: Yes, that is fine.

The CHAIRMAN: Are you happy with that? Great; I am Liz. You will have signed a document entitled "Information for Witnesses". Did you read and understand that document?

Ms McAtackney: Yes, I did.

The CHAIRMAN: Thank you. 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 documents you refer to during the course of this hearing for the record. Please be aware of the microphone and speak into it and try not to cover it with papers or make too much noise near it, other than you speaking, obviously. 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.

As we have done with our other witnesses who have appeared in front, before we start asking questions we just give you the opportunity, if you like, to make an opening statement, which you can do if you want to.

Ms McAtackney: Okay. I guess the purpose of me being here is to address the failures of some of the processes in terms of the PAT scheme in relation to the Indigenous people from the remote communities that come down to Perth for treatment.

The CHAIRMAN: Okay. We have sort of travelled around to a lot of the regional areas and we have become quite familiar with some of the issues, certainly, that are surrounding it. But we before

we go into obviously the deficiencies of the scheme as you see it, are there any benefits in this scheme for the Aboriginal people?

Ms McAtackney: I think it would be the access to treatment, because some of the communities are so small, so therefore they do not have the specialised services. Plus, with the Indigenous population there is a large number of people that require dialysis and in some of the communities they are from, they do not have access to that; therefore, there is a need for them to actually travel and to go to the best location where they can get the treatment. I guess the advantage is providing the financial support and the accommodation support for some of the people and making sure that the people do have access to medical services regardless of where they live.

The CHAIRMAN: The Nyoongar Patrol, who do a fabulous job—I have to say on the record that I know from experience over the years what a great job you do in a whole range of areas, so I congratulate you on that. Do you see a lot of people coming to you or as you are going around finding a lot of people who the system is failing—that they are not adequately supported in perhaps the amount of money they are given for accommodation and issues like that? What is your experience?

Ms McAtackney: I mean, the clients that we do come in contact with are the ones that have fallen through the cracks, so that is the bulk of the clients that we deal with. There are several reasons why they have fallen through the cracks. One is the fact that they are supported to come into an urban city without the support. Once they actually get to Perth and then they get to their accommodation services and to their first appointment, and once they walk out of the hospital doors then it appears that no-one is responsible for the continuation of their care. That is where we come in contact with them because they have started to fall through the cracks.

The many calls that we have made to the hospital, to the various funded services that actually deal with the PAT scheme, have not been very fruitful for us because their views are that their responsibility actually lies only when they are in the hospital system and once they walked out the sliding door out of the hospital, then they are not responsible for them.

[11.10 am]

The CHAIRMAN: We have had evidence that there is a system of some sort in place as a meet-and-greet system, if you like, for Aboriginal patients coming from the regions and without sort of going into the details of it—I am sure you are familiar with the service I am speaking of—we have heard that that is not actually adequate in the fact that perhaps these people only work Monday to Friday, nine to five, and that people can arrive in Perth at any time either on a plane or train or coach. You have people coming from very remote regions, sometimes with a carer, but sometimes not with a carer. Their English language skills are sometimes not existent at all but certainly basic at best, and then they just arrive and they do not know what they are doing or where they go in readiness for the appointment tomorrow. Do you see people in that situation often?

Ms McAtackney: We see a lot. I guess the meet and greet is more for the people that have secured the accommodation through the PAT scheme—for example, you would have the Autumn Centre, Derbal Bidjar, which are the medical facilities that accommodate clients that are coming down. So, they would provide a support for them from the airport to their accommodation and then to their appointments as well. But the ones for whom there is no hostel accommodation—for example, if they only come in for a one-day treatment and they come to see a specialist, they are actually booked in Jewell House—they are pretty much left on their own. We often get phone calls from people from the train station, ringing us up and asking us, "Where do we start?" They have arrived here, they have an appointment and they do not even know where the hospital is or how to get there.

The CHAIRMAN: It is very early days yet, obviously, with Fiona Stanley Hospital because it only opened last week.

Ms McAtackney: That is right.

The CHAIRMAN: Is there already evidence there that we have patients arriving for treatment at Fiona Stanley not knowing where to go and what is going to be happening with them?

Ms McAtackney: At this point I cannot give you the information because we still need to look at the stats from the staff—what they have picked up—particularly in the Fremantle area because that is closer to Fiona Stanley. We need to actually look at the people who used to use Fremantle Hospital, and now that Fremantle emergency service is closed so they have to go to Fiona Stanley. From our experience—I have been the CEO for Nyoongar Patrol for 15 years—we do envisage that there will be some trouble. It is only because we know the fact that there have been some major issues from people staying at Wellington Square and just going to Royal Perth Hospital, which is just a walking distance. Now they actually have to catch two means of transport for them to get where they have to be. But I am sure that the stats will start to show that there are most probably a lot of people who have missed their appointments. With the target group we deal with, yes, we do see them in the parks, and it does not matter whether the appointment is in Royal Perth, whether it is Sir Charles Gairdner or whether it is going to be Fiona Stanley, which is further away, the problem will still exist. That is because the minute they leave the hospital they are left to fend for themselves, and they do not know how to fend for themselves in terms of manoeuvring through the transport system. A lot of them do not have vouchers for them to catch the transport, and even the social workers in the hospital often ring Nyoongar Patrol to express their concern that the people who do attend appointments are totally reliant on the vouchers system and they do not have the amount of funding to provide to and from transport vouchers.

Hon AMBER-JADE SANDERSON: Your submission, which I thought was very good—thank you—raises some really good, really important issues. But you talk about PATS in some ways feeding the homelessness cycle, or where it starts within PATS. If you can just clarify for me, under the "Transport" section the submission states that they often receive calls from people who cannot get home. My understanding of the way PATS works is that the PATS clerks book tickets to and from Perth, so why are people not able to utilise those to get home?

Ms McAtackney: Okay. That is because —

The CHAIRMAN: Sorry, just before you answer that, there is just like an administrative thing that we might need to do. The submission that we did receive from Nyoongar outreach services did not arrive in the time frame that we set out for submissions, so I think that as you are here today giving evidence I am wondering whether you may like to now table a copy of that just for the record. So that we can use all this evidence that is fantastic can we just put on the record that unanimously the committee accepted this as your tabled submission for today's evidence. I just needed to do that part. Would you like to now answer that question?

Ms McAtackney: Yes, I guess in terms of that it is that once the people fall through the cracks for several months, then PATS will not send them back home.

Hon AMBER-JADE SANDERSON: So they miss their train or plane or bus?

Ms McAtackney: They miss it, yes. When PATS changed their whole new system, their system could not re-book tickets, but I think they have actually fixed that little problem they had. But if someone has been in Perth and they have fallen through the cracks and they have gone into a drinking binge and they are hanging around the parks and they have become homeless and after six months or so they want to go back home, then they are not flagged on the system as having their tickets paid for.

Hon DARREN WEST: Just a couple of things on that. I think I have heard from you that whilst there are issues with the system, it is not getting the patients to medical services; the issues are around after the medical services have finished and the patients are left to their own devices, as you told us earlier?

Ms McAtackney: It is more so that they can attend one or two medical appointments and then not attend any after that, therefore they have just fallen out of the medical system. The issue we have with that is that the patients, once they are out in the parks and they have decided they are not going for medical treatment anymore, there is not a tracking system in terms of their wellbeing and what happens to them once they are out of the hospital system. This is where Nyoongar Patrol tries their best to try to reconnect them back into the system, which is often very difficult because once we try to get them back into the medical system we will get a response, "Well, the hospital is not an accommodation facility; the people have to take responsibility for their own lives." We do get all sorts of reasons why it is extremely difficult to link them back into the medical services.

Hon DARREN WEST: So what would be a good way to fix that? Would there be a better way for organisations like yours to be able to sort of kickstart the treatment again? How do we deal with that?

Ms McAtackney: Actually, if you have a look at the document there that I gave the girl, we did present a model of how we believe the system can work. That was before the review, because the Wellington Square issue, with a lot of people who are down for medical treatment, became a very big political sort of concern. We did come up with a model that we saw that would work.

[11.20 am]

Hon DARREN WEST: Okay.

Ms McAtackney: The model is that, firstly, I guess, the people that come down, they get their fares paid for. Secondly, PATS do not have a very large number of facilities that they can use to get the people, so it is very limited. They only have Jewell House, Derbal Bidjar, and then they have the Autumn Centre. So, they have got those three. Now, within the three centres they have quite strict drinking policies, which means that the people get evicted once they have shown that they have been drinking in the park and were affected by substances. Then they get evicted, and that is where it starts; that is where the problem starts. So they do not have a place to go to. There is no medical coordination of services. They are not aware—I guess I should not say "not aware". I think a lot of them know that they are down here for medical treatment, but in terms of times and how to get there, that becomes a bit of an issue. If Indigenous people are coming from the remote communities into a setting where it is very unfamiliar for them, there needs to be a linkage of services in the spaces where they tend to gravitate and that there is coordination between services that are there and the hospital. There are a lot of resources that actually go into the clinical–medical setting in terms of PATS, but there are no resources, other than, of late, the Medicare Local, that provide services for people that do fall between the cracks and just do not return for their medical treatment. We have had many, many cases—we have even had deaths in the parks—you know, as a result of people who have been evicted from their accommodation. There is no appropriate accommodation. They squat in vacant buildings. They are not going for their dialysis, you know, and at the end they just die in the parks.

The CHAIRMAN: I think, and what you say is, a coordinated approach is a requirement because whilst the situations that you are explaining are obviously certainly not ideal, the issue that we have to remember here is that we are relating to the PAT scheme, and it is a travel subsidy scheme. It is in no way meant to be a complete support system for patients coming from rural and regional areas, but we do understand that there are obviously, in the case of Aboriginal people, some special circumstances. It is interesting to see the model here that you have proposed, because I think there probably needs to be a bit more integration with other Aboriginal medical services and other providers that are there. We have to look purely at the PATS system there. I think one of the other things you raised also was that—and I think that was the experience in Jewell House—if they are evicted because they have been drinking or using other substances, they are not then given a refund of that PATS money, so they are left with no money whatsoever to even seek any other sort of accommodation. Is that right?

Ms McAtackney: Exactly. So what happens with them is they come down to Perth and then they will have their accommodation. Now, having had discussion with PATS themselves, they told me $60 is the subsidy, which is not much to get even one night of accommodation for the people, even though we wanted to try a different sort of accommodation facility. So, in terms of having just the $60 and just the three hostels and Jewell House, I guess in terms of the limited accommodation and the choice that they have, having spoken to them, they just seem to be really stuck with the types of accommodation that they can put people in, which is in most situations not the appropriate accommodation because the policies will make them become evicted. So I guess it is that, and then in terms of their money, they just do not get to see it. There is not anybody that would actually even go to Jewell House and say, "Look, these people are not using the services any more. How do they get their money back? Do they get their money back?" It just seems to be a system that I am not too sure whether it is their data or whatever that would take them off the list, but until that happens, they continue to take their money.

Hon AMBER-JADE SANDERSON: You raised the issue in the submission of carers.

Ms McAtackney: Yes.

Hon AMBER-JADE SANDERSON: We had evidence when we travelled that supports some of what you are saying in the submission—that carers often just bunk off; they get to Perth and disappear and that that is an issue. You do outline some quite good suggestions. Are you, in your submission, suggesting, let us say, a pool of approved carers that would go with PATS, rather than the patient choosing a family member or being pressured to take a particular family member?

Ms McAtackney: Exactly; yes. I believe the ideal model would have a pool of trained health workers, and it is part of their role to come down with the client to ensure the client receives the care, and to go back with them. For all these years I have worked on the patrol, the carers are a member of the family, someone with substance misuse issues themselves, and then the patient is the one that is actually looking for the carer, instead of the other way around. Then they tend to drag them away from their treatment too because they do not have an interest for them with the hospital system because they have just come down and they just are meeting and socialising. I think that is something that I have advocated probably 13 years ago, and the best that we ever came up with was a pamphlet of what to bring down when you come down to Perth. But it has never addressed the fact that you are taking people who are quite sick out of, you know, what they are familiar with. You are taking them into a big city, and then the expectation is that they will just be picked up and dropped off to a hospital, and everything will be fine, and then they get dropped back at the airport and they go back home. So that is what the issue is there.

Hon DARREN WEST: Maria, what sort of numbers of people do you consider would fall into this category?

Ms McAtackney: I would say easily at least 40. It is quite high.

The CHAIRMAN: Forty per cent or people?

Ms McAtackney: People.

Hon DARREN WEST: Forty people each year would have this issue?

Ms McAtackney: Yes, because we cover the northern suburbs, and the northern suburbs would have at least 10. Then you have Wellington Square, which is easily 20 to 25, which will cover not just Wellington Square, but also the inner city. Then you have got Fremantle, and from next week we actually are going to be doing a bit of research for the City of Armadale because there is quite a large number of people that are from remote communities that are sort of hanging around the shopping centre, and I guess part of the research, and plus with the PAT scheme as well, is the number of people that do get the move-on orders from police. So then they get displaced and then

they go into somewhere where they do not get the support at all because there are no services that actually target that area.

Hon DARREN WEST: Of that 40, how many do you think would really want to get going home, and how many would want to stay, because people might want to stay for a while of their own choice?

Ms McAtackney: I would say in the short term—and I mean most probably up to three months—you would probably get about 10 that want to go home. Up to 12 months, once they get tired and they start to get not feeling the best, and they have missed all their appointments, and other people who they have been attached to have also dispersed, then I would say maybe another 10 per cent. We will have at least a good 10 per cent that believe they want to stay here, so that would be after the 12 months.

[11.30 am]

Hon DARREN WEST: Can you tell me, finally, what sort of scope of job that would be? If we said to you that we need you to take responsibility for these people and help them once they have finished, how much staffing and how many resources do you think it would take to look after the people that fall through the cracks?

Ms McAtackney: I would say you would be looking at about five staff. It is not about setting up a really big service, but it is about getting a lead agency that sits outside the medical model and actually targets all the social welfare issues of the people who have come down through the scheme, and has a very strong linkage with the medical service. In terms of the Aboriginal Medical Service, these are not their clients, so they are clients that have come down related directly to the hospitals. They have very little input in terms of what happens with them, and they also do not have a medical outreach service, so the Nyoongar Patrol has to rely a lot on the mainstream medical model to make sure that the people receive medical care and that they also head back home. We strongly believe that if they have that support, as soon as they fall through the system, they are caught pretty quick and then there is a linkage to get them back into the service and there is a means of transport that can take them from the park and take them to their appointments, and work with their carer who came down and make it pretty tight so that they do not fall through the cracks.

Hon JACQUI BOYDELL: Can I just ask a clarifying question there? You were just saying that patients were not from the Aboriginal Medical Service in the regional centres or remote communities. Can you just elaborate what you mean by that? I would have thought that most Indigenous patients that were coming down actually had some contact with the AMS at some point in their community. How are you tracking that for the people who are coming?

Ms McAtackney: With the Perth Medical Centre? They do come from —

Hon JACQUI BOYDELL: The hospital?

Ms McAtackney: No, I mean the people who come down through their medical services from their remote community.

Hon JACQUI BOYDELL: Through the AMS?

Ms McAtackney: Yes, so their relationship is between the hospital and themselves. In terms of Perth, dealing with the people who have fallen through the cracks in the parks, they do not have a service that goes out and targets these people and works with them, and passes on the information back to the medical service. We have had situations where we have directly tried to work with the remote communities—for example, the Wiluna Medical Service—to get people back, and we have had successes of getting people back, but sometimes they come back here as well.

The CHAIRMAN: Maria, that has been very helpful evidence to us today. Obviously, a lot of work has gone into your modelling as well, so we will look at that quite closely. I think it will certainly help us in our deliberations, so I thank you very much for making time today. As I said, you are the final witness in this inquiry, so we will go into our deliberation phase and write our report. It should not be too long before you see our report being tabled, and hopefully there will be some recommendations in there that might be very helpful in this very interesting area. Thank you very much.

Hearing concluded at 11.33 am

_____