Hearing commenced at 2.48 pm

Mr BRETT COWLING
Chief Executive Officer, Ngaanyatjarra Health Service, Alice Springs, sworn and examined:

Miss MICHELLE DOYLE
Patient Liaison Coordinator, Ngaanyatjarra Health Service, Alice Springs, sworn and examined:

The CHAIRMAN: Michelle and Brett, you were in the room earlier when I introduced my colleagues?

The Witnesses: Yes.

The CHAIRMAN: So I do not need to go through that. As I said: Jacqui, Liz, Felicity, Darren and Amber-Jade. Lauren is our committee clerk. It has been a long five days for us. You are our last witnesses for this round of hearings, which is great. I just need to run through the formalities, if I may, first, so if you could take either the oath or the affirmation, please.

[Witnesses took the oath.]

The CHAIRMAN: You will have both signed a form entitled “Information for Witnesses”. Have you read and understood that form?

The Witnesses: Yes.

The CHAIRMAN: The proceedings today 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 that you refer to during the course of the hearing. Be aware of the microphone and try not to cover it with any papers. 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 formal bits and pieces out of the way. Perhaps for our benefit, and you have brought them out to show us the areas that you cover, could you walk us through your service and what it is that you provide.

Mr Cowling: Yes, just a very brief context, because I think the model that Ngaanyatjarra Health Service provides is quite different to the rest of the state —

The CHAIRMAN: Definitely.

Mr Cowling: So there is some important context. We are an Aboriginal community–controlled health service over 12 different sites in the Western Desert. Obviously we are based in Alice Springs, but the communities are all in Western Australia, as your map indicates.

The CHAIRMAN: Are you commonwealth funded or state funded?

Mr Cowling: A combination of both; mostly commonwealth.

Warburton is about the centre of those services; so you are pretty familiar with Warburton. It is one of several hubs but not the only hub. However, it is the only place that the PAT system drops or
returns patients to. The other communities are not on the mail plane run. That is run through the RASS system—the commonwealth-funded regional air subsidy scheme. Warburton is where they get back to. Warburton is 1 000 kilometres from both Alice Springs and Kalgoorlie, so it is equally distant. It is several hundred kilometres to any of the other communities. Ngaanyatjarra Health Service runs an extensive specialist program funded through MSOAP—about a million and a bit dollars for MSOAP. We have also extensive respite haemodialysis soon to be into three communities—so extremely remote haemodialysis services—which is easing the burden on both Perth and Kalgoorlie-based services. That is funded at a cost per patient treatment price, but the PATS is funded through a board—a renal trust account. They have been putting a little bit of royalties away every year for the last decade to enable patient travel back to country for remote haemodialysis. So that is where that is funded from.

The CHAIRMAN: Who administers the haemodialysis in the communities?

Mr Cowling: A combination of Ngaanyatjarra Health Service works with a partner called Purple House in Alice Springs. Purple House is quite well known in the Central Desert, but its abbreviation is WDNWPT. They run remote haemodialysis services, and we partner with them. We receive a cost per patient treatment price of $412 from the WA government to get those people home for respite dialysis to two communities now, but in a couple of months it will be three communities.

The CHAIRMAN: The dialysis is actually delivered by a medical specialist?

Mr Cowling: They are class 3–approved hospitals where those settings are, so a completely different standard of accreditation. That is delivered by renal nurses in those locations. There is some at-home dialysis that is managed by patients, but that is not what I am referring to here. This is mostly respite dialysis that costs a lot more for patient treatment. I guess the only other point I wanted to make that really differs us from them is that we have PATS officers internally; we have had since the inception of Ngaanyatjarra Health Service. Michelle has been in this role for 11 years. Her predecessor was in the role for 17 years. That is when we started the health service; it was through PATS. That was what the board articulated as a very clear need, and with that you will get the rest of the story today. That is, I guess, a critical difference that Ngaanyatjarra Health Service, through the commonwealth, funds four FTE of PATS officers.

The CHAIRMAN: Is the system working?

Miss Doyle: It does for us. The only thing that falls down is Perth because we do not have a liaison in Perth. We have two liaisons and me as the coordinator in Alice Springs, and we have one liaison in Kalgoorlie. The office does all the travel, all the referrals and all the accommodation. We pick them up from the planes, we take them to accommodation, we pick them up, we take them to appointments, we take them back and we take them back to planes. We actually do everything with them.

The CHAIRMAN: What happens if they arrive at nine o’clock at night?

Miss Doyle: They do not because our planes do not arrive at nine o’clock at night, thank God. Our travel does not actually allow that. We have planes once a week. They leave Alice Springs. We have two planes that leave Alice Springs. One goes around in a circle and —

The CHAIRMAN: These are mail planes, are they not?

Miss Doyle: These are actually mail planes, so they are not just ours; we fly everybody for eight seats. Once a fortnight, the top communities get to go to Kalgoorlie; the other fortnight the bottom communities get to go to Kalgoorlie. That is it. They all stop in Warburton and that is when they swap planes. Then the plane goes from Warburton to Kalgoorlie and back again.

The CHAIRMAN: Are those planes full every week?
Miss Doyle: Every week, I have got four planes for the next three weeks, and I think I have got three people on them. So we fight council, we fight everybody, for those eight seats. It is not just our seats.

Hon AMBER-JADE SANDERSON: What happens if someone has got a referral appointment and you cannot get them on a seat?

Mr Cowling: They wait.

Miss Doyle: They wait. Either that or we change the appointment because at the moment three non-attendances means you have to start from the beginning again; you have to get another referral. So it is easier for us to move the appointment so that they do not get a “did not attend”. That is one of our major problems. In Perth, I negotiated with WA Country Health that we actually give our guys taxi vouchers. All the information that we make in the office gets faxed through our liaison in Kal and an envelope is made up for them, so it has their appointments, it has everything in it, it has their taxi vouchers. We then chase the blue form. It is useless trying to give this mob a blue form because it never comes back. It is just not something that is in their heads.

The CHAIRMAN: How would it work for you if it went to a web-based system?

Miss Doyle: We actually have an electronic—we negotiated that at least six years ago. On our Communicare system we have the yellow PATS form which is only available to our doctors. They then open it up on Communicare, fill it out, fax it to us with the referral and the radiology request or whatever, and we do everything from there. It took a lot of negotiating but we have it.

The CHAIRMAN: So an expansion of that system would work quite well for you?

Miss Doyle: It does work well because the doctor is the only one who has access to it. They are the only ones who can fill it out anyway. It works well for us. The actual yellow and blue combination when I first started, it is useless because everything we do is faxed. We are in Alice Springs; everything else is in WA. So all of ours is faxed anyway.

The CHAIRMAN: Your patient gets to Kalgoorlie. They get their envelope and they have all their bits and pieces.

Miss Doyle: They get put on a train.

The CHAIRMAN: Are they put on a train on their own? They do not have anybody travelling with them because they do not clinically need someone to travel with them?

Miss Doyle: If they do not clinically need an escort, then they do not get one. We find that sending escorts sometimes is more trouble than it is worth. It is the escort that runs them up, not the client. We actually have banned escort lists because everyone wants to be an escort. It is like, “Rio, you can’t be an escort because you trashed something last time you were an escort.” Being there that long helps immensely. If someone was to walk into my position, they would have no idea. But there are ones that, “I’m an escort”, and I say, “No, you’re not.” The only thing we cannot stop is RFDS during the nights, because these “I want to be an escort” are the first ones to the clinic. I take them—they do not even get through A & E and they are gone! Under PATS ruling, if the escort runs, then the client is the one who suffers. If our guys do not turn up to appointments, they know they walk home. Everything is cancelled. We have about a 90 per cent turn-up rate, which is pretty good.

[3.00 pm]

The CHAIRMAN: That is pretty good.

Hon AMBER-JADE SANDERSON: I am assuming that you have a lot of clients who have English as a second language —

Miss Doyle: Yes.
Hon AMBER-JADE SANDERSON: — so that is a challenge, but because you provide the pick-up and drop-off —

Miss Doyle: We take them to every appointment.

Hon AMBER-JADE SANDERSON: — you are providing that support.

Miss Doyle: Yes. We go into the appointments with them unless they say no, they do not want us. I have had, like, 11 babies over the years: “Okay, I’ll come and have a baby with you; not a problem!” But, basically, you can tell on their faces. You will get doctors going blah, blah, blah, and even I go, “Oh my God, what was that?” So we do not leave the room until we know that our guys have some basic understanding of what is going on.

Hon AMBER-JADE SANDERSON: That is in Kalgoorlie and Alice Springs, but not Perth?

Miss Doyle: Not in Perth, no; we do not have a liaison in Perth.

The CHAIRMAN: The taxi vouchers that are in the envelope in Kalgoorlie: who has funded those?

Miss Doyle: They are already written on — Kal PATS, so goldfields.

Mr Cowling: You met David Bowdidge in Kalgoorlie last week when you were there on Tuesday?

The CHAIRMAN: Yes, we did. Sorry; that seems like it was a lifetime ago almost, with all the things we have learned in the last week.

Miss Doyle: So it was actually Perth. It was not David that okayed that; it was actually someone in Perth. He had to then go up to Perth and say — I mean, otherwise these poor guys get to the train station, they do not read English — they do not read at all — and they just stand there. It is like, “No.”

The CHAIRMAN: Have tried to have services provided in Perth?

Miss Doyle: We have worked with Country Health Connection for a very long time.

The CHAIRMAN: I was talking about country connect before and I think you were going like this — you were shaking your head!

Miss Doyle: They have never —

The CHAIRMAN: Your experiences?

Miss Doyle: Yes. When old people were there, like Ruth McCarthy and all that who had been there for many years, they were great, but they still never actually meet or assist anybody. The meet-and-assist program at the moment is that you have got to be pretty desperate. They do not have the resources to be meeting people from everywhere. We only use them if we are really desperate and someone, say, has been RFDS-ed. We would then ring them and say we need accommodation. We cannot book our own accommodation anymore; it all goes through them. But we would have to be pretty desperate for them to actually go and meet someone at one of our trains or planes. They do not have the resources to do it.

Hon DARREN WEST: The same question as I asked Henry: there is a bit of talk about having an electronic system for the forms. You said that having the different colours is useless when you fax them, which makes sense.

Miss Doyle: It used to be yellow to go and blue to come back.

Hon DARREN WEST: Yes. So, once you fax them, it comes out white or pink or whatever colour!

Miss Doyle: Yes.

Hon DARREN WEST: Just on that, I can see the current system is an issue. The more remote you get, the less familiar the people are with the system and the more trouble you are going to have with the forms, but could the same thing be said for an electronic system? Do you think it would be worse or better, or would it be best to stay like we are in really remote communities?
Miss Doyle: The way we do it, it works for us, because sometimes our doctors are not even on the lands; they are in Melbourne or somewhere else. So it works well for us in that no matter where she is, she can actually fill that form out and fax it to us, and we then fax it on to Kalgoorlie.

Hon DARREN WEST: So whether it was faxed to you or came through in an email would not really make a great deal of difference.

Miss Doyle: No, it is still going to be white, but it does work well.

Hon DARREN WEST: Do the clinics that you have have good enough internet for that? I am presuming you have internet.

Miss Doyle: No, it is only up to the doctor; the doctor is the only one who can fill that form out, so she is the only one who has access to it.

Hon DARREN WEST: But to receive an email in it?

Mr Cowling: The answer is yes. The internet has the capacity. There is BDSL most of the way through the lands.

Hon DARREN WEST: Okay. So it is technically possible.

Mr Cowling: Absolutely.

Hon JACQUI BOYDELL: Michelle, I just have one question. I just want to go back to your comment about escorts, and I will try to clarify that a little bit. What I am reading in what you are doing—everywhere else that we have been, this is a cultural issue, and it is actually a health-risk issue for Indigenous people. They either do not engage with health agencies or they do not attend appointments, and therefore end up in much more dire straits health wise, because they are either frightened of travelling or they do not understand; they are saying, “Yes, I get that”, but actually do not get it.

Miss Doyle: Yes, you can tell when they do not.

Hon JACQUI BOYDELL: Yes. I think what you are saying is that you recognise that, but you are providing that support through your own services because you find that you are able to do that, spending your resources on that. So you are still providing a cultural level of care to the client or the patient, and I hear what you are saying about the escort stuff. I think that is a bit of a no-brainer, I guess, that you would not be sending people who are —

Miss Doyle: The biggest problem with us with escorts is that we do not have the beds. We have four beds in Alice Springs; that is it. Kalgoorlie AHL closed at Trilby Cooper for about 12 months. I am not sure why, but they did, so that became a huge issue.

Hon JACQUI BOYDELL: Is that open again, because I did not think it was?

Miss Doyle: Yes, they only just opened.

Hon JACQUI BOYDELL: That must be just recent.

Miss Doyle: Yes—August. No-one knew they opened, but they did open. So we used the Red Cross short stay. If not for them, our guys would not have gone anywhere, because they just will not go unless they have got accommodation.

Hon JACQUI BOYDELL: So, you are essentially providing internal support to recognise the cultural aspects.

Miss Doyle: Yes, and they know when they get on a plane, we are at the other end.

Hon JACQUI BOYDELL: Yes. That is what I am getting at, I guess.

Miss Doyle: We are always at the other end.

Mr Cowling: Except for Perth.
Hon JACQUI BOYDELL: Except for Perth, yes.

Mr Cowling: Four FTE is the minimum required to run what we have got, but it is not providing that same service for patients and clients when they get to Perth.

The CHAIRMAN: How many of your clients are going to Perth on average?

Mr Cowling: About 20 per cent.

Miss Doyle: Depending on RFDS, probably 20 or 30 per cent of RFDS would go straight to Perth.

The CHAIRMAN: What is that in numbers, roughly?

Miss Doyle: Probably 20 or so at least a month every two months. Most of the time they will stop in Kalgoorlie unless, of course, they know the medical reason is not going to be serviced in Kal, and they will go straight to Perth. But normally they will go to Kalgoorlie first. If Kalgoorlie cannot service them, they will then go to Perth.

The CHAIRMAN: The ones who are taken by RFDS down to Perth, how do they come back?

Miss Doyle: They come back on the train. They sit in Kalgoorlie so we can get them on a flight home—sometimes that is a couple of weeks.

The CHAIRMAN: Who organises the Perth to Kalgoorlie part for them?

Miss Doyle: We do a lot.

The CHAIRMAN: But you are not there, so who walks them through that and says, “Time to go to the train”?

Miss Doyle: No, they get a taxi voucher. Normally they go from the hospital to accommodation; if not they will go straight from the hospital to the train. They are given taxi vouchers to get to the train, get themselves on the train and when they are at the other end.

Hon JACQUI BOYDELL: So you would have organised that prior to them leaving?

Miss Doyle: Yes. We organise everything and then it all goes to Kalgoorlie PATS because they are our financial side. We used to do all the finances, but gave it up quite a while ago. So we send all our paperwork to them. They then issue all the purchase orders and we know at the other end to pick them up.

The CHAIRMAN: I notice on the map that you have given us that you have 12 communities who come under your care. There is one very close community, Karrku —

Miss Doyle: No, that is not ours. I was not too sure where that came from.

The CHAIRMAN: Maybe it is not there anymore.

Mr Cowling: It is some traditional lands, but there is no-one actually permanently there.

The CHAIRMAN: So this is really everyone who is in that region?

Miss Doyle: The one that sits up on the top there, all on its poor little lonesome, which is Kiwirrkurra, is different again. We only have services to Alice Springs for them; they cannot get to Perth.

The CHAIRMAN: Because there is no way to get them to Warburton?

Miss Doyle: There is no way of getting them to Perth. The only way to get them to Perth is to fly them to Alice, Alice to Kal, and under PATS you cannot pass a regional centre to get to a regional centre.

The CHAIRMAN: So they go to Alice and from Alice to Darwin?

Miss Doyle: To Alice Springs, yes.
**Hon Jacqui Boydell:** That makes sense.

**Miss Doyle:** No, they all come to us.

**The Chairman:** Just you and Alice?

**Mr Cowling:** Or Alice to Adelaide, Alice to Darwin.

**Miss Doyle:** We do not do Darwin because we do not have anywhere in Darwin to put them. Most of ours go to Adelaide from Alice Springs.

**The Chairman:** Do you have an arrangement with Adelaide general hospital?

**Miss Doyle:** No, we fight like everyone else does in Adelaide.

**Mr Cowling:** Alice Springs Hospital would organise that travel a lot.

**The Chairman:** So it would be an inter-hospital transfer?

**Mr Cowling:** Correct.

**Miss Doyle:** If it is an inter-hospital transfer, it is dealt with by Alice Springs PATS; we have to bring them home. If it is an appointment, we have to do it from us, so we then ring one of the hostels in Adelaide and see if we can tee that up. Again, there is a pick-up service in Adelaide for them, so we organise that to get them.

**The Chairman:** I know it is pretty hard to be exact about it, but out of these 12 communities how many people do we have living in those 12 communities?

**Mr Cowling:** Between 2,000 and 2,500.

**Miss Doyle:** Depending on funerals, add another thousand.

**The Chairman:** Out of that, say, 2,500, how many PATS transfers are you doing a year?

[3.10 pm]

**Miss Doyle:** A lot. We would get probably 30, maybe, depending on doctors, a month—30 referrals a month. How they travel is a bit different because we have to wait for planes, seats, whatever, but we would be doing probably 20 to 30 a month, sometimes more, sometimes less, depending on transport and depending on compliancy. That is our biggest problem, actually compliancy to get them out of the lands.

**The Chairman:** Do you get a day off?

**Miss Doyle:** No. Seven days a week, 24 hours a day.

**Hon Amber-Jade Sanderson:** We have talked a lot about the logistics around PATS. What about the scope of services that it covers?

**Miss Doyle:** PATS I do not have a problem with, other than dental I would like improving. Allied health, as you said, is not included, but we try and sneak that in when we bring them in for something else. So when we bring them in for, say, orthopaedics, we try and get physio and everything else and dental and whatever we can all in the one trip.

**Hon Amber-Jade Sanderson:** Have you got any stats on what the major medical reasons for having to move people are?

**Mr Cowling:** Yes. Do you want us to provide them, or?

**Hon Amber-Jade Sanderson:** Yes, please.

**Hon Darren West:** Yes, take them on notice?

**Hon Amber-Jade Sanderson:** Yes, or give us an overview now, if you can, and provide them.
Mr Cowling: Seven major specialty areas all come to the lands. This is in order of priority—endocrinology, renal. There is an obstetrician that comes and pediatrics and ophthalmology, and that generates a whole lot of PATS travel from there, so by far the majority of our patients have at least one chronic disease. Nearly 60 per cent of people have one chronic disease. That is excluding mental health. So, I did not bunch psychiatry up in there; they come as well.

The CHAIRMAN: Audiology? Do they come as well?

Mr Cowling: At times we have had audiology, so —

Miss Doyle: Australian Hearing do go out there.

Mr Cowling: But that is rehabilitative hearing, but we do have some audiology capacity in the health service for periods of time. I guess the major issues there are renal and related to diabetes; heart disease and cardiology is the next thing. So, of that 60 per cent about 40 per cent of those have more than one chronic disease. Complex comorbidities is by far the majority of what we do.

Hon DARREN WEST: How do you find the PATS staff in Kalgoorlie?

Miss Doyle: Good. They are just pushed to the limit as much as we are. It has often been asked why we do not just send all this to Kalgoorlie. They could not keep up with it. They find it hard enough to keep up with our paperwork as it is. Because, as I say, we book the trains and we use purchase orders for the planes, but they do everything else; so they do trains, accommodation—the lot. We book it. They then have to pay for it.

Hon AMBER-JADE SANDERSON: That is the benefit of you being on the ground and understanding the local transport network.

Mr Cowling: I still cannot answer the question, though, why that is not funded through WA Country Health Service. There is no money for that from PATS for these four positions. If we were to not do it, they would have to employ at least four positions plus 30 years of knowledge to get to the same point we are at now.

Miss Doyle: That was the first ever position Ngaanyatjarra Health had 30-something years ago, the PATS person and a receptionist and that was it.

Hon AMBER-JADE SANDERSON: Does the area come under a WA Health network?

Mr Cowling: No. Well, it does. It is the goldfields regional health service. They do not deliver any health services, but I do have a very good relationship with Geraldine in Kalgoorlie. You met David —

The CHAIRMAN: And we met Geraldine as well. Geraldine gave evidence to us as well.

Mr Cowling: We work really closely together, but not in terms of service delivery.

The CHAIRMAN: Do you find that you are very often having to make applications for exceptional circumstances?

Miss Doyle: Not very often, no. Our guys, as I say, we have had two people in the positions for nearly 20-something years, so they are very versed on PATS. They know what they can do. They know what they should not do. So, they are usually pretty compliant. Like Henry said before, our biggest problem is planes. We are only allowed 10 kilos a person. So, the same—they are going to have a baby; they come to the airport and you pick them up at 5.30 in the morning and they have got a pram and you look and go, “That is not going to fit on the plane. You are; we are.” So they do not get to bring baby stuff back. What we try to do is they usually come in at least twice before baby. Each time they come in we say, “Buy something, something little, take it home.” But, I mean, like, we all have a pram. They cannot. If they want that, they have to drive it in or out. So, they are very disadvantaged in that way.
The CHAIRMAN: I can certainly understand on a mail plane you are just limited by the size of the plane, but I am certainly scratching my head about the commercial flights.

Miss Doyle: It is literally 10 kilos and that is it. Well, I travel Red e-Deal and I do not have hand luggage. I take luggage on the plane; I did not know you could not —

The CHAIRMAN: Or you can tick a box and pay $20 extra and you will be able to do that.

Miss Doyle: Do you? Okay.

The CHAIRMAN: Well, I should not say definitively, but on every web-based booking thing I have ever done online for an air ticket if you are buying a Red e-Deal special you can add on: “Do you want to have that and do you want to have that?” It does add to the cost of the ticket obviously.

Hon JACQUI BOYDELL: It is not really a question, but it is just something going through my mind of how to work that issue out. So, how do your goods get shipped in, say, to Warburton or something—on a mail truck?

Miss Doyle: Anything over and above—ABC Transport, is it not?

Mr Cowling: From Alice and there is transport from Perth as well.

Hon JACQUI BOYDELL: That could be utilised, maybe, to get a pram up.

Mr Cowling: Prams get brought into the local stores at exorbitant rates; they buy them from the local store and I think whatever someone tried to arrange themselves would be out-priced by the stores.

Miss Doyle: I mean, our guys are pretty good at getting from A to B and back again. If a family came in, they would shove it in a car. We have NPY, which sometimes will take it out for them, but, basically, they just cannot take it on a plane.

Mr Cowling: It still does not resolve that issue of patients being dropped back in Warburton only. If you think about being dropped 300 or 400 kilometres from your actual home, it is mind-boggling to the rest of us, but that has been happening for years and is apparently acceptable under the commonwealth-funded RAS system. We have raised this with RASS. I have had multiple meetings in Canberra about this, but it still does not change the root of the problem.

Hon AMBER-JADE SANDERSON: How do you get people back from Warburton?

Miss Doyle: They get themselves back.

Mr Cowling: They either get themselves back in usually unroadworthy vehicles that we would all come unstuck in if something actually went wrong. The other way is we try with health service vehicles to coordinate. We have got a couple of pharmacists employed internally, so if they are moving medicines around, they throw patients in and try and coordinate that and meet the planes, but it is really a bit of an ad hoc, unsatisfactory, unsustainable model.

Miss Doyle: Because if we cannot fit, like, say, someone from Warakurna on, then they have got to get to Warburton to get on the plane. So, then you have to sort of go, “Okay, can you get to Warburton? You are; okay, fine.” So then you have to try to find a way. If not, they just have to wait. With pregnant ladies we come undone because we send them out at 38 weeks. We have to make sure they are out by 38 weeks. So, it just becomes a logistical nightmare.

Hon DARREN WEST: One more question. Just looking at your map here, you know, and you work through the goldfields and you can sort of see some logic in that because they are between you and Perth. Would it be good if you had your own area?

Mr Cowling: As a regional health service?

Hon DARREN WEST: Yes. It is probably a broader health question than a PATS question, but they go together. There is sort of a big chunk of the state in here that you cover most of. I mean,
there a good argument to be made for perhaps having a separate one so that you sort of control your own PAT scheme, run your own health services through that?

Mr Cowling: From a PATS perspective, yes; from the rest of the Ngaanyatjarra lands it is controlled internally and Geraldine would tell you the same. We are part of goldfields, but only as far as PATS is concerned. We have got our own PATS class, but the rest of the health service is run like a separate region. We have our own very complex telehealth specialist services, GPs, allied health and everything else is run like a separate region, even through to population health and broader things like that.

[3.20 pm]

Hon DARREN WEST: Would it be fair to say that you are sort of doing the job without getting —

Mr Cowling: Except for PATS. We are not funded for that, and at one point, when the commonwealth did not increase our funding with that increase from the commonwealth for five years, which is —

Hon DARREN WEST: For your health services or for PATS?

Mr Cowling: No, for the health service. So at some point we need to question whether what we are doing is sustainable.

The CHAIRMAN: What is your quantum of commonwealth funding at the moment per annum?

Mr Cowling: Its about 83 per cent commonwealth, and there is a little bit of medical revenue in there was well. About 12 per cent is state funded. So Warburton clinic is solely funded—not top-up funded, solely funded—by WA Country Health Service, about $1.7 million per year.

The CHAIRMAN: What is the 83 per cent commonwealth funding in actual dollars?

Mr Cowling: It is $7.8 million.

The CHAIRMAN: The RASS people that you deal with, are they Canberra based or Perth based?

Miss Doyle: Canberra.

The CHAIRMAN: Have you ever suggested to an RASS person, “Come to Warburton. We will drop you there and you can find your way across”?

Miss Doyle: I did! We actually had them come one morning for a meeting and I did say to Michael Rush, “How about I drop you at Warburton and you find your way to Wingellina”, and he was just looking at me. So I was like, well, that is what we have got to do. We will see what we can do.

The CHAIRMAN: This is a little outside the PATS thing now, but I am just finding this conversation incredibly interesting. Is that because they just do not understand the vastness of the regions that we are dealing with or —

Mr Cowling: No. Michael Rush is the head of RASS in Canberra and I actually think he is quite knowledgeable, but his hands are tied by federal budgets. He has looked at multiple other models and we have had some quite robust discussions about this, but it does not actually result in change.

The CHAIRMAN: So it is the health minister you need to drop in Warburton and tell him to find his way to —

Hon JACQUI BOYDELL: It is a policy decision of government you need to change.

Miss Doyle: We used to have Ngaanyatjarra Air when I started and it used to do two trips a week. On Mondays it would go; on Wednesdays it would come back; and on Thursdays it would go. But it hit the ground.

Mr Cowling: But it is not the health minister, so none of that is funded through the Department of Health.
The CHAIRMAN: So it is all funded under —

Mr Cowling: RASS is actually funded through the Department of Transport as a mail service; it has nothing to do with patients. We are just, literally, the afterthought on the end that gets three patients.

The CHAIRMAN: Is there anything that you want to tell us that we have not asked you today?

Mr Cowling: You have heard the dental stuff; you would have heard that in multiple places, so let us not talk about that again. You heard the story about respite haemodialysis. Now that is a really good story and that is easing quite a burden of WA Country Health Service responsibility, but it is still not covered by PATS, so those people are getting back for six-week blocks, usually for important periods of time to be back on the lands. A lot of them are senior traditional owners, and they are getting back for funerals; it is good stuff.

The CHAIRMAN: And law and for —

Mr Cowling: Law business. That is funded through my board’s trust account, which is not—that money will dry up at some stage —

The CHAIRMAN: Can I ask you how much board money you are using on that respite haemodialysis?

Mr Cowling: Since we started the service in Warburton 12 months ago this month, we have used $700 000.

Miss Doyle: Kiwirrkurra has just opened theirs as well so that can also be added.

Mr Cowling: This month there is $22 000 left, so it is —

The CHAIRMAN: So we need to look at an extension of dental services, allied health and respite haemodialysis. Are there any other questions?

Hon AMBER-JADE SANDERSON: No; it has been really helpful.

The CHAIRMAN: We appreciate your coming all the way from Alice Springs.

Miss Doyle: Pleasure. It is just we could not make the Kalgoorlie one and it is like, well, the next one we will have to do is Broome.

Hon JACQUI BOYDELL: When I saw you on the list I thought, what, are they coming from Kalgoorlie?

The CHAIRMAN: That is great.

Mr Cowling: Yes, and I am going back tonight, though.

Miss Doyle: And I am going to Kalgoorlie tomorrow so —

The CHAIRMAN: And we are going back to Perth in a couple of hours.

Mr Cowling: We travel a lot. There is no logical answer to where we work and why.

The CHAIRMAN: Because you just do it.

Mr Cowling: You just have to do it.

The CHAIRMAN: Thank you so much. You heard me talk about the jigsaw puzzle, and yours is another piece in that really interesting —

Hon JACQUI BOYDELL: A good piece.

The CHAIRMAN: A very good piece. Congratulations on all the work you are doing and the dedication. I would hope that one day you would be able to get a day off or a break or a holiday!

Miss Doyle: The only time they give me holidays is if I leave the country.

The CHAIRMAN: And do you manage to do that at least once a year?
Miss Doyle: Yes.

The CHAIRMAN: I would hope so.

Mr Cowling: Have you looked into what the—this is the federal Senate inquiry into what you are doing, so this is back in —

Hon DARREN WEST: In 2007.

Mr Cowling: Have you read that and do you have a photocopy of that?

Hon DARREN WEST: Yes, we had a bit of a look through that.

The CHAIRMAN: Yes.

Mr Cowling: There were some pretty good recommendations by the commonwealth then that have not been instigated.

The CHAIRMAN: Great. Thank you. A copy of the transcript will be sent to you.

Hearing concluded at 3.25 pm