SPGPPS
Private Mental Health Alliance

Australian Medical Association

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The Royal Australian and New Zealand College of Psychiatrists

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The Royal Australian College of General Practitioners

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Mental Health Consumers and Carers

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Australian Private Hospitals Association

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Australian Health Insurance Association

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Australian Government Department of Health and Ageing

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Australian Government Department of Veterans' Affairs

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SPGPPS News

Issue 24 l December 2005

- **Editors Desk**
- **SPGPPS Calendar 2006**
- **Interim Draft Discussion Paper: Assessment of Models of Funding Service Delivery for Private Psychiatric Services**
- **Centralised Data Management Service Management Committee**
- **Implementation Plan for the National Mental Health Plan 2003-2008**
- **How to Contact Your Representatives**

SPGPPS News provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance. As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector. SPGPPS News does not, therefore, necessarily represent the views of participating organisations, unless otherwise stated. Further information can be obtained from the SPGPPS Website at www.spgpps.com.au, or by contacting the Secretariat on 02 6270 5438.

Editor's Desk

Dr Bill Pring

This Edition of SPGPPS News wraps up a very busy year. Three SPGPPS Working Groups held frequent meetings to good effect and our National Network of Private Psychiatric Sector Consumers and Carers had their two-day face-to-face meetings in Melbourne in February and August.

With several key inquiries having reported in 2005 and several more poised to report in 2006, next year holds the promise of real reform resulting in positive outcomes for people with a mental illness.

SPGPPS Meeting Schedule 2006

To ensure that the private sector is able to meet the demands of what will be another very busy year this Edition gives a brief outline of the meeting schedule for 2006 for the SPGPPS and the meetings of its subgroups for the first quarter.

The Secretariat is currently drafting the Annual Progress Report for 2005 and next year will be developing the Business Plan for the SPGPPS, its Centralised Data Management Service and the National Network for beyond 2006.

Government Inquiries

SPGPPS representatives appeared before the Parliamentary Inquiry into Health Funding in September and the SPGPPS Chair, and Executive Officer will again give evidence early in 2006.

In the meantime, a copy of our *SPGPPS Innovative Models Working Group, Discussion Paper: The Assessment of Models of Funding Service Delivery for Private Psychiatric Services*, has been well received by the Standing Committee. The SPGPPS has given its permission for the Paper to be used by the Standing Committee as evidence on the understanding that it is currently undergoing substantial revision by our Innovative Models Working Group.

Innovative Models Working Group (IMWG)

As mentioned above, the IMWG is currently substantially revising its Discussion Paper following comments received by SPGPPS Stakeholders. It was reviewed at the last IMWG meeting held on 17 November 2005. The results of this evolutionary process are given in more detail in the article in this Edition.

Centralised Data Management Service Management Committee

The role of our Information Strategy Working Group (ISWG) has evolved over the past two years to be largely that of a management committee, which oversees and directs the work of the CDMS and our Principal Information Officer, Mr Allen Morris-Yates. SPGPPS has restructured this Working Group into a smaller Management Committee for the CDMS and further detail on the Committee are provided in this Edition.

SPGPPS Substance Abuse and Dependency Working Group (SDWG)

Our SDWG is in the process of developing an *SPGPPS Position Statement on the Diagnosis and Treatment of Substance Abuse and Dependency in Private Mental Health Services*. Currently, SDWG is undertaking a data gathering exercise before taking any further steps in the development of the Statement.

- ***CDMS Data***

Mr Morris-Yates, is generating data from the SPGPPS Centralised Data Management Service on substance abuse disorder that can better inform the further development of the Position Statement.

- ***Screening and Assessment***

The Australian Private Hospitals Association has been asked for information on current programs and current practice in screening and assessment for substance abuse disorder in private hospitals with psychiatric beds.

- ***Health Fund Programs***

Health Funds have agreed to obtain information on the range of programs that they support.

- ***DVA Programs***

Our SDWG Chair, Mr Maurie O'Connor, is gathering data on the programs that the Department of Veterans' Affairs is currently either funding, or purchasing.

SDWG will next meet at the Adelaide Clinic on Monday, 20 February 2006.

SPGPPS Liaison with AHMAC National Mental Health Working Group (NMHWG)

Following a meeting with Dr Tony Sherbon, the NMHWG has agreed to a broad strategy for private sector involvement in the *Implementation Plan of the National Mental Health Plan 2003 – 2008*. Details are given in this Edition.

SPGPPS Working Group on Mothers, Babies and Psychiatric Inpatient Treatment

The 41st meeting of the SPGPPS requested that a small working group be established to review the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* and determine whether these Guidelines require amendment to incorporate any Guidelines on mothers, babies and psychiatric inpatient treatment.

Dr Bill Pring is the Editor of SPGPPS News, the official AMA observer on the SPGPPS, and Chair of the ISWG.

SPGPPS Calendar 2006

Mr Phillip Taylor

At the last SPGPPS Meeting for 2005, the following schedule of meetings of the SPGPPS for 2006 was agreed.

1. **43rd SPGPPS Meeting**
   Friday, 24 March 2006
   RANZCP NSW Branch
   Maddison House
   761 Darling Street
   Rozelle
   New South Wales

2. **44th SPGPPS Meeting**
   Friday, 23 June 2006
   The New Farm Clinic
   22 Sargent Street
   New Farm
   Queensland

3. **45th SPGPPS Meeting**
   Friday, 29 September 2006
   Perth Clinic
   22 Havelock Street
   West Perth
   Western Australia

4. **Friday, 1 December 2006**
   Airport Hilton Hotel
   Arrival Drive
   Melbourne
   Victoria

Meetings of SPGPPS Sub-groups

Much of the work of the SPGPPS is now progressed through its sub-groups.

Centralised Data Management Service Management Committee
Formerly the SPGPPS Information Strategy Working Group, this committee will meet the day before the quarterly SPGPPS meetings for a three-hour face-to-face meeting. The first meeting of the new Committee will be held in Sydney at the Sheraton Hotel, Darling Harbour on Thursday, 23 March 2006.

Innovative Models Working Group
This group will continue to progress the *Discussion Paper The Assessment of Models of Funding Service Delivery for Private Psychiatric Services.* in 2006. The 17th Meeting of this Working Group will be held in Adelaide at the Adelaide Hilton on 9 February 2006.

SPGPPS Substance Abuse and Dependency Working Group (SDWG)
This Working Group is looking at the development of an *SPGPPS Position Statement on the Diagnosis and Treatment of Substance Abuse and Dependency in Private Mental Health Services*. Its first meeting for 2006 will be at in Adelaide on Monday, 20 February 2006.

SPGPPS Finance Committee
The Finance Committee meets every quarter to oversee the expenditure of the SPGPPS, its Centralised Data Management Service and the National Network Of Private Psychiatric Sector Consumers and Carers. The next meeting of the Finance Committee will be held via teleconference on Tuesday, 7 March 2006.

SPGPPS Mothers and Babies Working Group (MBWG)
This single-purpose Working Group has been established to Consider the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* (Guidelines) and determine whether these Guidelines require amendment in view of the *RANZCP Position Statement on Mothers, Babies and Psychiatric Inpatient Treatment.* The MBWG will hold its first meeting via teleconference on Monday, 23 January 2006.

National Network for Private Psychiatric Sector Consumers and Carers

The National Network for Private Psychiatric Sector Consumers and Carers holds two face-to-face meetings a year. The 12th Meeting of the National Network will be held at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists in Melbourne on 27/28 February 2006.

National Mental Health Working Group (NMHWG) and sub-groups thereof

The SPGPPS Chair, Dr Yvonne White will continue to maintain a strong link with the public sector through attendance at meetings of the AHMAC National Mental Health Working Group, which are scheduled for 2006 to take place in Melbourne on 10 February, 12 May, and 6 October.

The SPGPPS Deputy Chair, *Ms Moira Munro*, will continue to represent the private sector at meetings of the NMHWG's Information Strategy Committee (ISC), scheduled in 2006 for 30/31 March, 29/30 June, and 14/15 September.

Dr Bill Pring and Mr Phillip Taylor will continue to represent the private sector on the NMHWG's Safety and Quality Partnership Group (SQP), which is planning to hold its first meeting next year on 6 March in Sydney.

Mr Phillip Taylor is the SPGPPS Executive Officer

Interim Draft Discussion Paper: *Assessing Models of Funding Service Delivery for Private Psychiatric Services*

Mr Phillip Taylor

In 2003, the SPGPPS established an Innovative Models Working Group (IMWG) to encourage the uptake of innovative models of mental health care and funding in the private sector.

Between February and November 2005, the IMWG met on several occasions to analyse the different perspectives of SPGPPS stakeholder groups to innovative models of funding and its impact on the provision of mental health in the private sector. From these discussions, the IMWG agreed to prepare a discussion paper, for the SPGPPS that identifies and discusses funding arrangements that can:

- reduce incentives for inpatient care;
- increase incentives for alternative models to inpatient care;
- provide training in best practice alternatives; and
- meet the desired needs of consumers and their carers.

Interim Discussion Paper

The IMWG's Interim Discussion Paper titled, ***The Assessment of Funding Service Delivery for Private Psychiatric Services***, firstly identified the agreed fundamental expectations of consumers, and their carers. It then went on to discuss some of the options available for the funding of comprehensive models of service delivery that would enable the needs of consumers and carers to be most effectively met. It was thought that certain of the options could be implemented or at least trialed in the short term whilst the remainder would most likely require further consideration and debate. Any legislative or regulatory constraints, and how they might be addressed, were also discussed.

Further Development 2006

At the 16th Meeting of the IMWG the comments received from consumers, carers, clinicians, private Hospitals and Health Funds were discussed and the format of the Interim Draft was extensively revised.

IMWG was also asked to address the development of recommendations on the suggested principles that should underpin the implementation of such models, even though this will extend the timeframe for completion of the Discussion Paper well into 2006.

The Discussion Paper will be restructured in 2006 along the following lines.

1. General Introduction

This section will include the historical background of how the exploration of the proposed models has come about. The SPGPPS 2003 *General Principles and Recommendations* will also be included as a small table in this section.

2. Current State of Play

This section will include a description and statistical information on of how the mental health sector is currently structured, particularly in relation to the funding of private office-based and hospital-based psychiatric services.

3. Underlying Principles

This section will include the explanatory orientation for readers and the underlying general principles for all proposed models.

4. Consumer, Carer and Clinicians Perspectives

This section will address the fundamental expectations of consumers, carers and clinicians.

5. Alternative Options for Funding Private Psychiatric Care

This section will include all the options for alternative models for funding both office-based and hospital-based psychiatric care. Under each Option a *Pros and Cons Table* will appear together with that Options *Principles for Implementation*. The *Principles for Implementation* will identify any legislative or regulatory constraints and flag any workforce implications. The models that are being explored are set out below.

Office-Based Psychiatric Care

Option 1: *Improve Remuneration for Consultations with Carers*

Option 2: *New Item Numbers for Allied Health Professionals Under Medicare Funding*

Option 3: *Health Insurance Fund Financed Allied Health Initiative*

Option 4: *Psycho-social Rehabilitation Projects*

Option 5: *Increase Private Psychiatrist Rebates*

Hospital-based Psychiatric Care

Option 1: *Programme–based Per–diem Payment Model*

Option 2: *Casemix–based Per–diem Payment Model*

Option 3: *Casemix–based Episodic Payment Model*

Option 4: *Prospective Case Payment Model*

Option 5: *Bundled Prospective Payment Model*

Mr Phillip Taylor Chairs the IMWG.

Centralised Data Management Service Management Committee

Dr Bill Pring

Through its Centralised Data Management Service, the SPGPPS has recognized that it has a valuable resource at its disposal. The establishment of the SPGPPS Information Strategy Working Group furthered the best use of this resource. ISWG developed a set of working goals, which have been the foundations of the work of this group since its inception. Some of the goals have been completed and many are still progressing.

The role of the ISWG has evolved over the past two years to be largely that of a management committee, which oversees and directs the work of the CDMS and our Principal Information Officer, Mr Allen Morris-Yates.

ISWG also acknowledged that, in the past, meeting back-to-back with the SPGPPS has made it difficult for some representatives to be away from their organisations for a full two days. The issues, however, that the ISWG deals with are very complex and cannot be adequately dealt with via teleconferences.

SPGPPS has agreed that the ISWG should be restructured as a smaller management committee for the CDMS. It was also agreed that one representative each for clinicians, consumers, carers, Hospitals, Health Funds and the Australian Government would be sufficient.

The work of the Management Committee will continue that of the ISWG and comprises the following broad areas.

1. *Integrity and Security of the SPGPPS National Model*
2. *CDMS Standard Quarterly Reports*
3. *CDMS Training Framework*
4. *CDMS Risk Management*
5. *CDMS Promotional Activity*
6. *Consumers and Carers Perceptions of Care*
7. *CDMS representation on AHMAC NMHWG Information Strategy Committee*
8. *CDMS representation on AHMAC NMHWG Safety and Quality Partnership*

The first meeting of the CDMS Management Committee to be held in Sydney on 23 March 2006 will consider and agree on Terms of Reference that acknowledge the original work goals of the previously constituted Information Strategy Working Group.

Some of the areas currently being progressed are set out below.

Consumer Perceptions of Care

The agreement to enable the Pilot Study of *NRI/MHSIP Inpatient Consumer Survey* to be undertaken from 1 January to 31 December 2006 has been signed by the AMA and Queensland Health. It is currently with DoHA awaiting signature. After all three Parties have signed the agreement, the AMA will advertise for a Research Assistant to assist with the Pilot Study in early 2006.

What are the objectives of the pilot study?

The primary objectives of the study are to examine the feasibility, utility and acceptability to both consumers and service providers of the routine collection and reporting of information regarding Consumer Perceptions of Care (CPoC). Our National Network of Private Psychiatric Sector Consumers and Carers has reviewed the MHSIP for its applicability to the Australian situation.

How will the pilot study be conducted?

The pilot study will involve a test of a particular methodology for the ascertainment and reporting of CPoC. A period of sixteen weeks is set aside for the actual conduct of the data collection and routine reporting phase of the pilot. This will allow a full three months (quarter) of data to be collected, with allowance for an initial start-up phase of one or two weeks.

An important feature of the pilot process will be the provision to participating Hospitals of reports on a monthly basis. This will ensure that during the pilot Hospitals have adequate opportunities to consider the utility of the measures. It will also enable the reporting framework for the CPoC measure to be refined during the course of the pilot. Both these factors should help ensure that the information obtained during the evaluation is based on the full data collection and reporting cycle.

Consumers will be offered the appropriate CPoC questionnaire on discharge from episodes of acute overnight inpatient care, and at three monthly review and discharge from episodes of ambulatory care and extended episodes of overnight inpatient care.

In accordance with the data collection protocols for consumer self-report measures, patients being transferred to another facility for more intensive care, or who are very distressed or cognitively

impaired, will not be offered the measure. In addition to the CPoC measure itself, the forms will also include an evaluation questionnaire regarding the content of the CPoC measure, the survey process and the consumer's views regarding the utility of the CPoC measurement process.

Consumers will be provided with a reply paid envelope and will be asked to mail their responses to the SPGPPS's Centralised Data Management Service (CDMS). Responses to the CPoC and evaluation questionnaires will be entered into a database on receipt at the SPGPPS's CDMS office in Canberra.

Feedback for participating hospitals

An essential aspect of the pilot study will be the provision of timely feedback to participating Hospitals.

During the third week following the end of each month of the data collection phase, a report based on the responses to the CPoC measure will be prepared and forwarded to each Hospital and Service participating in the trial. This will be structured in the same way as current Standard Quarterly Reports for Hospitals from the CDMS, i.e., identified Hospital's aggregate results compared with all Hospitals aggregate results. The report generation process will be fully automated, with reports in PDF format being emailed to identified key staff in each participating Hospital.

During this phase, the content and format of the reports will be continuously improved on the basis of feedback from participating Hospitals and Services. At the end of the study, an aggregate report for the whole period covered by the data collection phase will also be prepared and forwarded to each participating Hospital and Service.

This regular and frequent reporting process will serve two purposes. First, it will enable all participating Hospitals and Services to have an opportunity to review and possibly act on their survey results during the course of the pilot phase. Second, it will enable participants to provide properly informed feedback in the subsequent evaluation of the feasibility and utility of the ascertainment and reporting processes.

On completion of the data collection phase, all responses to the evaluation questionnaires accompanying the CPoC measure will be analysed and written up as one component of the final reports of the trial. The second component of the evaluation will be a qualitative analysis based on focus groups conducted with key Hospital staff and the Hospital's consumer and carer advisors.

Information from both the data collection phase and the evaluation phase will be compiled into a final report that will be made available to all Hospitals participating in the SPGPPS's CDMS. It is important to note that in the final report, information regarding the results for Hospitals will be presented in such a way that there will be no possibility of individual Hospitals or Hospital Groups being identified.

Further information

If you would like to know more about the Pilot Study please don't hesitate to contact Allen on 08 8278 5811 (preferred) or 0417 268 386.

Carer Perceptions of Care

The SPGPPS Principal Information Officer, Mr Morris-Yates, will be formulating a project brief around the issues to be addressed in the development of a Carer Perceptions of Care measure. This area is highly complex.

Training and Hospital Support

Mr Morris-Yates will commence refresher and advanced training for Hospitals participating in the CDMS in the New Year. The ISWG is also investigating the possibility of private hospital participation in public sector training forums on outcome measurement.

Implementation Plan for the National Mental Health Plan 2003-2008

Dr Yvonne White

The peak body overseeing mental health policy in Australia, the AHMAC National Mental Health Working Group (NMHWG), has agreed to an annual monitoring process for the *Implementation Plan for the National Mental Health Plan 2003-2008* (Implementation Plan).

At the 15 July NMHWG Meeting, I raised the question of the involvement of the private psychiatric sector, and it was agreed that the Chair of the NMHWG, Dr Tony Sherbon, would meet with a small group of private sector stakeholders to discuss this matter further. That meeting took place in Canberra on 24 October 2005 and the following representatives participated in the meeting.

Dr Tony Sherbon	Chair NMHWG
Dr Peggy Brown	Chair NMHWG SQP
Ms Alison Grant	Secretary NMHWG
Ms Suzy Saw	DoHA
Ms Maria Jolly	DoHA
Dr Yvonne White	Chair SPGPPS
Ms Moira Munro	SPGPPS Deputy Chair
Dr Bill Pring	Chair SPGPPS ISWG
Ms Christine Gee	Chair, APHA Psychiatric Sub Committee
Mr Paul Mackey	APHA, Director Policy and Research
Mr Allen Morris-Yates	SPGPPS Principal Information Officer
Mr Phillip Taylor	SPGPPS Executive Officer

The purpose of the meeting was to identify areas in the private psychiatric sector where relevant activity is currently occurring, or will occur, during the life of the Plan, and to discuss how this could be monitored and included in the annual reporting process to Health Ministers on the implementation of the Plan.

Subsequently, Dr Sherbon indicated that NMHWG Executive would be pleased to support a number of SPGPPS recommendations and has agreed to the following in relation to the Key Areas set out in the Implementation Plan.

Key Area 1.1

A recommendation for the involvement of the SPGPPS in the dissemination of the Prevention Scorecard was supported noting that the Scorecard is still subject to further NMHWG discussion.

Key Area 1.2

SPGPPS will be invited to participate in the Population Surveillance Workshop. The date has not yet been determined for this workshop.

Key Area 1.3

The membership of the Promotion and Prevention Working Party will be reviewed and consideration given to the involvement of a RANZCP expert in promotion and prevention, as part of this review.

Key Area 1.6

A recommendation will be made to the Australian Government Department of Health and Ageing that the private sector be considered a relevant stakeholder in relation to the National Mental Health Youth Foundation.

Key Area 1.7

The Chair of the Older Persons Mental Health Network will be approached with a recommendation that RANZCP be considered for membership of the Network.

Key Area 2.1

The Terms of Reference of the Emergency Mental Health Access Policy Group will be reviewed and consideration given to the involvement of Australian Private Hospitals Association.

Key Area 4.2

SPGPPS will be invited to participate in an Innovations Workshop to consider innovations in mental health service delivery.

NMHWG has welcomed private sector involvement in a number of NMHWG subgroups that are progressing Key Areas of the Implementation Plan. These sub groups include the following.

- *Safety and Quality Partnership Group.*
- *Australian Government Department of Health and Ageing Tolkien 11 project.*
- *Steering Committee for the Review of the National Mental Health Policy.*
- *Information Strategy Group.*
- *National Standards for Mental Health Services Subgroup*.
- *National Mental Health Workforce Advisory Committee.*

At our last SPGPPS we undertook discussions with regard to amending the Monitoring Template for the Implementation Plan to reflect specific SPGPPS activity relevant to Key Areas.

The NMHWG would be pleased to include such activities in the Monitoring Report to Health Ministers and to name the SPGPPS subgroups as appropriate. The SPGPPS has agreed that it will identify areas of interest for inclusion where appropriate.

Dr Yvonne White is Chair of the SPGPPS and SPGPPS representative on the AHMAC National Mental Health Working Group.

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