

Australian Medical
Association

The Royal Australian
and New Zealand
College of Psychiatrists

The Royal Australian
College of General
Practitioners

Mental Health
Consumers and Carers

Australian Private
Hospitals Association

Australian Health
Insurance Association

Australian Government
Department of Health and
Ageing

Australian Government
Department of Veterans'
Affairs

Address all Communications
to:

The Executive Officer

SPGPPS Secretariat
3rd Floor AMA House
42 Macquarie Street
BARTON ACT 2600

PO Box 6090
KINGSTON ACT 2604

Phone: (02) 6270 5438
Facsimile: (02) 6273 5337
Email: ptaylor@spgpps.com.au
Website: www.spgpps.com.au

SPGPPS News

Issues 25/26 | May 2006

- **Editors Desk**
- **Progress Report 2005**
- **Beyond 2006**
- **Substance Abuse and Dependency**
- **CDMS Management Committee**
- **AUSEINET: Online Recovery Toolkit**
- **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 features the 2005 annual Progress Report for the SPGPPS, its Centralised Data Management Service (CDMS) and the National Network of Private Psychiatric Sector Consumers and Carers (National Network). The Report provides a comprehensive summary of activities conducted in 2005 and can be accessed from the homepage of the SPGPPS website at www.spgpps.com. The SPGPPS Executive Officer, Phillip Taylor, provides a summary in this Edition.

Beyond 2006

On the 31st of December this year, the *AMA Agreement for Service 2004-2006*, which supports the SPGPPS, its CDMS and the National Network will expire. SPGPPS stakeholders have been asked to confer with their constituencies regarding the future of these ventures beyond 2006. To assist stakeholders, the Secretariat has drafted a Business Plan for the next three years. It is anticipated that the Plan will be circulated following the 23 June 2006 SPGPPS meeting, after acceptable budget projections for 2007-2009 have been agreed. This Edition briefly describes the relevance of the SPGPPS, its CDMS and the National Network to the private sector. The AMA has requested that a decision on continuance or otherwise be reached by the end of July this year.

Innovative Models Working Group (IMWG)

IMWG has substantially revised its discussion paper on assessment of models of funding service delivery for private psychiatric services following the last three meetings of the group held on 9 February, 7 April and 22 May 2006. We are hopeful that a final draft will be ready to be circulated widely throughout the private sector for discussion and comment after the 23 June SPGPPS Meeting.

CDMS Management Committee

The recently established CDMS Management Committee held its first meeting and developed Terms of Reference for consideration by the SPGPPS. The Terms of Reference are given in this issue.

Consumer Perceptions of Care Pilot Study

Another *AMA Agreement for Services*, between the AMA, the Australian Government Department of Health and Ageing and Queensland Health, has enabled the Pilot Study of *NRI/MHSIP Inpatient Consumer Survey* to be undertaken in both the private and public sectors this year.

The AMA has employed a research assistant, Ms Erin Pearce, and the Study is now underway. All

private hospitals with psychiatric beds (Hospitals) were invited to participate in the Pilot Study and eight Hospitals have agreed to participate. Posters, large and small, will be distributed to Hospitals to assist in promoting the Study.

Queensland Health is coordinating the participation of public mental health facilities in Queensland.

The package for each patient in the Pilot Study will include a Patient Information Sheet, a survey questionnaire (for either in-patient or day/outreach) to be completed by the patient, and a reply-paid envelope.

SPGPPS Substance Abuse and Dependency Working Group (SDWG)

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. The preliminary results of that exercise are outlined in this Edition.

SPGPPS Working Group on Mothers, Babies and Psychiatric Inpatient Treatment

This working group has determined that the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* (Guidelines) require amendment to incorporate a guideline on mothers, babies and psychiatric inpatient treatment. Based on the Working Groups recommendation the last meeting, the SPGPPS endorsed the inclusion of the statement, *Specific post-natal mental health services where babies should usually accompany their mother during her admission.*, as a dot point under Section 5. Treatment and Care Options, of the Guidelines.

National Network of Private Psychiatric Sector Consumers and Carers

The National Network held the first of its meetings for 2006 on 27-28 February 2006. Two invited guests attended the meeting. Ms Heather McDonald from the Australian Council on Healthcare Standards came along to discuss a range of issues pertinent to consumer participation in accreditation processes. Ms Maria Bubnic from the Mental Health Branch of the Department of Human Services in Victoria attended the meeting to discuss the development of a nationally consistent carer perceptions of care measure.

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

Progress Report 2005

Mr Phillip Taylor

This is the second annual progress report on the activities of the SPGPPS, its CDMS and the National Network, as required under the *AMA Agreement for Services 2004-2006*. While readers can obtain the full Report from the SPGPPS website at www.spgpps.com.au, I would like to provide a summary of what was a very busy year for all three ventures.

The SPGPPS

SPGPPS made submissions and in some cases was invited to appear before a number of inquiries into, or related to, mental health. These included the following.

- *Senate Select Committee on Mental Health.*
- *House of Representatives Standing Committee on Health and Ageing Inquiry into Health Financing.*
- *Australian Government's Productivity Commission Position Paper on Australia's Health Workforce.*
- *Human Rights and Equal Opportunity Commission National Inquiry into Employment and Disability.*
- *Mental Health Council of Australia in association with the Human Rights and Equal Opportunity Commission, Out of Hospital Out of Mind Report.*

SPGPPS met four times in 2005 to consider and further progress its work, which was mainly conducted between meetings through its working groups. In summary, those working groups progressed the following goals for the private sector.

IMWG — Encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals.

ISWG — Develop strategies to improve the quality, availability and utilisation of information regarding private sector mental health services.

SDWG — Determine what is best practice in the current treatment and care of substance abuse and dependency in the private sector.

MBWG — Determine whether amendments are necessary for the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care*, in view of the *RANZCP Position Statement on Mothers, Babies and Psychiatric Inpatient Treatment*.

The CDMS

In 2005, 43 private mental health facilities submitted data to the CDMS. Two small co-located psychiatric units at Pioneer Valley Hospital and St Andrews Private Hospital (Ipswich), both in Queensland, were closed. Brisbane Private Hospital joined the CDMS.

CDMS Standard Quarterly Reports

In 2005, the SPGPPS's CDMS continued to collect, process, analyse and report data submitted by Private Hospitals with Psychiatric Beds (Hospitals) and Private Health Insurance Funds (Health Funds).

Generation of the Standard Quarterly Reports within the agreed 13 weeks of the end of the relevant quarter was problematic, due in the main, to changes in Hospital systems and staff. In October 2005, the CDMS provided each participating Hospital with a brief report indicating the timeliness of their submissions over the preceding 12 months in an effort to encourage compliance with the data submission deadlines.

Enhancements to the Hospitals Standardised Measures database application (HSMdb)

In 2005, a new version of the HSMdb, version 1.6, was distributed to Hospitals. This update incorporated several significant enhancements to the reporting functions within HSMdb.

The National Network

The 21 February 2005 meeting of the National Network participated in a workshop to consider whether the *NRI/MHSIP Inpatient Consumer Survey*, currently used in the US public sector, would be suitable for use as an instrument for a Consumer Perceptions of Care Measure in Australia. The National Network undertook further local State and ACT consultations with consumers and carers in the private hospital-based sector. These consultations helped to inform the development of the Pilot Study of *NRI/MHSIP Inpatient Consumer Survey*, which is being undertaken this year in both the private and public sectors.

In 2005, the National Network made several submissions on a wide range of mental health issues. The Chair, Ms Janne McMahon and the Carer representative, Ms Ruth Carson, appeared before the Senate Select Committee on Mental Health in Adelaide and the Chair also appeared before the House of Representatives Inquiry into Health Funding in Canberra.

Mr Phillip Taylor is the SPGPPS Executive Officer.

Beyond 2006

Dr Yvonne White

In supporting the SPGPPS, its CDMS and the National Network, the participating financial stakeholders, namely, the Australian Medical Association, the Royal Australian and New Zealand College of Psychiatrists, the Australian Private Hospitals' Association, the Australian Health Insurance Association, the Australian Government and, for the National Network, beyondblue, have helped to deliver some real benefits for private sector mental health services in Australia. Some of those achievements have been individual achievements of the SPGPPS, its CDMS and National Network supported by the SPGPPS Secretariat. Others, however, have been the result of jointly working across two, or sometimes all three, of these ventures. All three are fundamentally geared toward helping stakeholders achieve their goal of ensuring that high quality mental health treatment and care is provided in the private sector through a broad range of effective evidence-based services delivered in the least restrictive setting and the most efficient manner.

The Role of SPGPPS

From the outset, the role of the SPGPPS has been to enable stakeholder representatives to meet regularly and undertake open and frank discussions so that stakeholders can work together to formulate collaborative solutions on agreed key issues affecting mental health services in the private sector. By its nature the SPGPPS cannot deliver concrete outcomes. That capacity lies in the hands of the individual stakeholders. The role of the SPGPPS is to better inform stakeholders' policy processes and enable those stakeholders to reach agreement on actions that will improve practice in the private sector.

A Private Mental Health Alliance

SPGPPS, its CDMS and National Network play an important role in making the case for the private sector. These ventures are assisting stakeholders to address issues raised and propose actions to move the sector forward. Over the next three years we want to continue to work together as a *Private Mental Health Alliance* to consolidate and build on those achievements — to see through the important work that we began over ten years ago now.

CDMS

As most readers will know, the SPGPPS's CDMS was established to support the implementation of a *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services*. Through their implementation of this National Model, over 95% of private hospitals with

psychiatric beds (Hospitals) across Australia have been able to put in place an efficient system for the routine collection of data that enables the quality and efficiency of mental health service delivery to be evaluated and reported on every quarter.

The SPGPPS's CDMS and the reports it produces is the tangible evidence that participating Hospitals and Health Funds are committed to improving the quality, effectiveness and efficiency of the services those Hospitals provide.

While the SPGPPS's CDMS seeks to continuously improve the utility of the Standard Quarterly Reports it provides to Hospitals and Health Funds, there is still much work to be done to improve the utility and ease of use of the reported information. The current Reports are complex and somewhat difficult to use effectively. We have laid out a development path that, over the next few years, will lead to increasingly more flexible and easily used information being provided to both Health Funds and Hospitals. The SPGPPS's CDMS provides a valuable service to both to private hospitals with psychiatric beds and to the health insurance funds that pay benefits for psychiatric care provided in those Hospitals.

National Network

The role played by the National Network of Private Psychiatric Sector Consumers and Carers is of critical importance. The National Network was conceived at the request of the sector to give a voice and a presence to those who receive psychiatric care in the private sector setting.

The National Network provides the private sector with the honest feedback it needs on service provision and funding. While the feedback we receive is not always what we would like to hear, without it we run the risk of our service provision and funding being out of alignment with what is actually needed. Pressuring payers and service providers to look at the broader picture and viability over the longer term is a valuable service to the whole sector.

The Future

The issues that led to the establishment of SPGPPS, its CDMS and the National Network have not lessened in importance. The Prime Minister and the Nation as a whole have acknowledged the importance of the need to provide effective care for people with mental illness and the private sector needs to be part of the fundamental reform process that is now being initiated.

Dr Yvonne White is Chair of the SPGPPS.

Substance Abuse and Dependency

Mr Maurie O'Connor

Given the importance of substance abuse and dependency as a major co-morbidity of mental health in the private sector, the SPGPPS reconvened its Substance Abuse and Dependency Working Group (SDWG).

In part, the mandate of SDWG is to disseminate what is best practice in the diagnosis and treatment of substance abuse and dependency for private mental health services. In doing so, SDWG agreed to develop a *SPGPPS Position Statement on the Diagnosis and Treatment of Substance Abuse and Dependency in Private Mental Health Services* (Position Statement). However, given the enormous complexity of this area, SDWG postponed the development of the Position Paper pending a scoping exercise to determine current practice.

CDMS Data on Co-Morbidity of Substance Abuse and Dependency

At the 5th SDWG Meeting, the SPGPPS Principal Information Officer, Mr Allen Morris Yates provided a presentation on the extent and consequences of co-morbidity of substance abuse and dependency with the other major diagnostic groups seen in patients admitted to private hospitals. The statistical breakdown of the diagnostic profiles showed that there is a significant level of comorbidity of substance abuse and dependency with the other major diagnostic groups in patients admitted to private hospitals. While not a large group, these patients are high utilisers of care.

Screening and Assessment

A recent survey undertaken by the Australian Private Hospitals Association asked private hospitals with psychiatric beds (Hospitals) if they routinely screened, which screening tests and assessment tools they used, and whether there were any situations where these screening tests and assessment tools were not used.

While the response rate was low, it was clear that routine screening is taking place in those Hospitals that responded. There is, however, wide variation, in the screening tests and assessment tools that are being used.

SDWG concluded that the combination of the use of a validated tool, such as the *Alcohol Use Disorders Identification Test* (AUDIT), and the following biochemical tests represented the optimum effective approach that should be considered by psychiatrists for promoting best practice in the routine screening and assessment for

alcohol and substance use on admission to a Hospital.

- Carbohydrate Deficient Transferrin (CDT)
- Full Blood Examination
- Liver Function Test
- Urine Drug Screen

SDWG were of the view that early identification is essential to achieving better outcomes and reducing subsequent re-admission.

Funding of Programs by Health Funds

While the picture is by no means clear, preliminary feedback suggests that Health Funds currently fund a wide diversity of programs that are mainly run by private hospitals. Whether or not these programs represent best practice is unclear, though the consensus that has emerged suggests that private psychiatric hospitals are better able to deal with the nature of comorbidities involved than any other setting.

Development of the Position Statement

The last meeting of SDWG agreed that the Position Statement should be structured to include the following.

▪ *Comorbidity of Substance Abuse and Dependency*

This section is being developed to identify the significant level of comorbidity of substance abuse and dependency with the other major diagnostic groups in patients admitted to private hospitals.

▪ *Guidelines for Screening and Assessment*

This section will include the steps that need to be taken to screen and assess for substance abuse and dependency when people present for admission to a private hospital.

▪ *Treatment Models*

This section needs to be addressed through a survey of drug and alcohol units concerning the current treatment models they use.

The Position Statement will also refer the reader on to the relevant resources that exist for diagnosis and treatment substance abuse and dependency including for both alcohol and other drugs.

Mr Maurie O'Connor chairs SDWG and represents the Department of Veterans' Affairs on the SPGPPS.

CDMS Management Committee

Dr Bill Pring

At the end of 2005, the SPGPPS considered the role its Information Strategy Working Group, which was originally established to examine the development of an information strategy for the private sector aimed at improving the quality, availability and utilisation of information regarding private sector mental health services. It was agreed that the Group should be restructured for the future as a Management Committee for the SPGPPS Centralised Data Management Service (CDMS).

Draft Terms of Reference

At its' first meeting the Management Committee drafted terms of reference, which were subsequently considered and amended by the SPGPPS. These are set out below.

The CDMS Management Committee (CDMSMC) was established by the SPGPPS to supervise the work of the SPGPPS CDMS, which is aimed at improving the quality, availability and utilisation of information regarding private sector mental health services.

The Clinician representative will hold the position of Chair of CDMSMC. CDMSMC members undertake to brief and consult with their constituencies, other relevant individuals and organisations on the deliberations of the CDMSMC.

The following Terms of Reference have been identified for CDMSMC as of March 2006.

1. *Ensure that the integrity and sustainability of the SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based Psychiatric Services (hereafter, National Model) is maintained through the following.*
 - (a) *Review of the specification of the Outcome Measures Protocol and the framework for its implementation by Hospitals.*
 - (b) *Review of the specification, implementation and provision of the Standard Reports provided by the CDMS to Hospitals, Payers and the Australian Government.*
 - (c) *Ensure that a framework is in place for the training for private hospitals with psychiatric beds (Hospitals) participating in the SPGPPS CDMS, which includes implementation, refresher and advanced training.*
 - (d) *Ensure that appropriate Risk*

Management strategies are in place for the National Model and the CDMS

2. *Set the goals and objectives for the CDMS and ensure that these goals are reflected in the work plan for the CDMS. The work plan will be reviewed regularly.*
3. *Improve the understanding of the SPGPPS CDMS and publicise its value and research potential widely.*
4. *Develop new outcome measures of consumer and carer satisfaction, to address their perceptions of care, and their perceived needs.*
5. *Provide the SPGPPS with regular progress reports on the CDMS.*
6. *Provide advice and recommendations to the SPGPPS on the National Model and the CDMS and their alignment with other relevant national data collections.*
7. *Ensure the SPGPPS Representatives to the AHMAC National Mental Health Working Group Information Strategy Committee (ISC), report to CDMSMC on the deliberations of ISC and any relevant implications for private sector mental health services.*
8. *Ensure the SPGPPS Representatives to the AHMAC National Mental Health Working Group Safety and Quality Partnership Group (SQP) report to CDMSMC on the deliberations of SQP and any relevant implications for private sector mental health services.*

The CDMSMC will consult with a broad range of stakeholders and access expert skill as required to meet these terms of reference.

Meeting Frequency

Quarterly back-to-back with meetings of the SPGPPS

Membership

- (1) Clinician Representative (Chair)
- (1) Hospital Representative
- (1) Health Fund Representative
- (1) Australian Government Representative
- (1) Consumer Representative
- (1) Carer Representative

Review

To be reviewed annually

Dr Bill Pring chairs the CDMS Management Committee.

Auseinet: Online Recovery Toolkit

Ms Susan Mitchell

Auseinet (The Australian Network for Promotion, Prevention and Early Intervention for Mental Health) has just launched an Online Recovery Toolkit: <http://www.auseinet.com/toolkit/> This Toolkit is a collection of practical recovery oriented resources and information aimed to assist mental health consumers, carers, service providers and policy makers.

The need for this resource was identified whilst Auseinet was involved with Debra Rickwood in a national consultation seeking feedback on the Discussion Paper, "Pathways of Recovery: Preventing Relapse". Participants at these consultations identified a need for practical tools to assist them to implement recovery services and activities.

The Toolkit's collection of up-to-date information and resources is based on feedback from the national consultations, consumers and carers, including the Auseinet Consumer and Carer Consultative Committee.

The Toolkit contains:

- ☛ **Policies and strategies:** national and international
- ☛ **Care planning:** a guide to care plans and care planning processes
- ☛ **Publications:** covering a wide range of recovery topics (most being free to access on line)
- ☛ **Fact sheets:** summary style information available on the Internet
- ☛ **Site links:** organisations that provide recovery oriented activities, research and resources

- ☛ **Good practice examples:** Australian initiatives that demonstrate good practice in recovery
- ☛ **Service directories:** peak agencies providing services for those affected by psychiatric disability
- ☛ **Online discussion forum:** http://www.auseinet.com/toolkit/rec_discuss.php

The Toolkit provides a link to the following documents, which have informed its development:

- Pathways of Recovery: 4A's Framework for Preventing Further Episodes of Mental Illness. Rickwood, D. (2006).
- Pathways of Recovery: Preventing Further Episodes of Mental Illness (Monograph). Rickwood, D. (2006).
- Pathways of Recovery: Report on the National Consultation on Preventing Further Episodes of Mental Illness. Rickwood, D. & Mitchell, S. (2006).

We welcome your feedback to ensure that the Toolkit remains a source of relevant and up-to-date information. Please contact Joy Sims or Susan Mitchell at Auseinet tel: 08 8201 7670 or email: auseinet@flinders.edu.au.

Ms Susan Mitchell is Project Coordinator, Consumer and Carer Issues, Auseinet. Ms Mitchell maybe contacted at: www.auseinet.com, or by phone on Ph: 08 8201 7670.

How to Contact Your Representatives

National SPGPPS Secretariat

Mr Phillip Taylor
SPGPPS Executive Officer
42 Macquarie Street
BARTON ACT 2600

Phone: 02 6270 5438
Fax: 02 6273 5337
Email: ptaylor@spgpps.com.au

Mr Allen Morris-Yates
SPGPPS Principal Information Officer
42 Macquarie Street
BARTON ACT 2600

Phone: 02 6270 5438
Fax: 02 6273 5337
Email: allen.yates@bigpond.com

Ms Bronwen van der Wal
SPGPPS Administrative Officer
42 Macquarie Street
BARTON ACT 2600

Phone: 02 6270 5438
Fax: 02 6273 5337
Email: bvanderwal@spgpps.com.au

Australian Medical Association

Dr Martin Nothling
Suite 26 – 29
Level 2
101 Wickham Terrace
BRISBANE QLD 4000

Phone: 07 3839 7088
Fax: 07 3832 1629
Email: annyoung@mdeconsultants.com.au

Dr Bill Pring (Observer)
Delmont Consulting Rooms
300 Warrigul Road
GLEN IRIS VIC 3146

Phone: 03 9808 1477
Fax: 03 9808 7627
Email: bpring@ozemail.com.au

The Royal Australian and New Zealand College of Psychiatrists

Dr Yvonne White (Chair SPGPPS)
66 High Street
RANDWICK NSW 2031

Phone: 02 9399 8459
Fax: 02 9326 4461
Email: drywhite@bigpond.com

Dr Jo Lammersma
529 Port Road
WEST CROYDON SA 5008

Phone: 08 8340 0822
Fax: 08 8346 0252
Email: plammers@adam.com.au

Ms Sharon Brownie
Chief Executive Officer
The Royal Australian and New Zealand
College of Psychiatrists
309 La Trobe Street
MELBOURNE VIC 3000

Phone: 03 9640 0646
Fax: 03 9642 5652
Email: Sharon.brownie@ranzcp.org

The Royal Australian College of General Practitioners

Dr Brian Kable
Anzac Square Medical Centre
280 Ann Street
BRISBANE QLD 4000

Phone: 07 3229 1344
Fax: 07 3221 2694
Email: brian.kable@racgp.org.au

Australian Government

Ms Maria Jolly
Health Priorities and Suicide Prevention Branch
(Mail Drop 37), GPO Box 9848
CANBERRA CITY ACT 2601

Phone: 02 6289 4496
Fax: 02 6289 7703
Email: maria.jolly@health.gov.au

Mr Peter Callanan
Private Health Industry Branch
(Mail Drop 86), GPO Box 9848
CANBERRA CITY ACT 2601

Phone: 02 6289 9840
Fax: 02 6289 9888
Email: peter.callanan@health.gov.au

Mr Maurie O'Connor
Acting Director Mental Health Policy section
Department of Veterans' Affairs
PO Box 21
WODEN ACT 2606

Phone: 02 6289 6601
Fax: 02 6289 4702
Email: maurie.o'connor@dva.gov.au

Consumer Representative

Ms Janne McMahon
15 Samuel Place
FELXISTOW SA 5070

Phone: 08 8336 2378
Email: jmcmahon@senet.com.au

Carer Representative

Mrs Ruth Carson
PO Box 32
FOSTER VIC 3960

Phone: 03 5682 1303
Fax: 03 5682 1380
Email: k.carson@dcsi.net.au

Private Health Insurer Representatives

Mrs Judy Hardy
c/- PO Box 217
UNLEY SA 5061

Phone: 08 8272 7960
Fax: 08 8272 8236
Email: judyh@tne.net.au

Ms Deborah Stephenson
PO Box 14639
MELBOURNE CITY MC 8001

Phone: 03 9937 4458
Fax: 03 9937 4419
Email: deborah.stephenson@hba.com.au

Private Hospitals Representatives

Ms Moira Munro (Deputy Chair SPGPPS)
The Perth Clinic
29 Havelock Street
WEST PERTH WA 6005

Phone: 08 9481 4888
Fax: 08 9278 2977
Email: moiram@perthclinic.com.au

Ms Carole Turnbull
Chief Executive Officer
Ramsay Healthcare SA
33-36 Park Terrace
GILBERTON SA

Phone: 08 8269 8100
Fax: 08 8269 7307
Email: turnbullc@ramsayhealth.com.au
