



Neurological Council of WA



ANNUAL IMPACT REPORT 2023-24

CHAIRMAN'S REPORT

EMERITUS PROFESSOR CHARLES WATSON AM



The past year has been very successful for the Neurological Council (NCWA). The highlights for me were the introduction of a program of child neurological support called NeuroKids and the advent of two special new patrons for NCWA. Neurokids has been established with grants to support two new paediatric nurses in Perth, and WA's Governor, the Honourable Chris Dawson, and his wife Mrs Darrilyn Dawson, agreed to become patrons of NCWA. The Governor and Mrs Dawson held a celebratory reception for NCWA and its supporters at Government House on World Brain Day.

Overall, the year was an outstanding one for our CEO, Etta Palumbo, and her senior team of Milinda Walker, Kym Heine, Judith Pugh and Kate Fandry. Milinda Walker, head of our finance team, and our Treasurer John McLean have done an excellent job

in managing our financial affairs to the approval of our external auditors. Judith Pugh and new board member, Pam Lewis, have finalised a new clinical governance framework and policy, which has been endorsed by the Board. Kym Heine has continued her excellent work in managing and supporting our team of nurses. Kate Fandry is exploring ways of developing our partnerships with like organisations, as well as donors and supporters.

Our CEO Etta Palumbo is nearly at the end of her three-year contract, but the Board has encouraged me to finalise a new contract in appreciation for the contribution Etta has made over a difficult period. One of Etta's achievements has been the establishment of the Community Neurological Leaders Forum. The group of CEOs/Executive Leaders of WA neurological not-for-profit organisations meets quarterly to discuss sector future development plans. The Forum members have formed a strong collegiate group, and are supported by working groups focusing on data, policy and funding. Etta has also worked with Jenny Rodger of UWA to establish new postgraduate educational opportunities for non-medical community health professionals. I have been involved in developing lectures for the new course in neurology, and I know that our nurses who enrolled in the course have performed extremely well. I hope that the course will be offered on an annual basis.

I want to thank the Board members for their support during the year. Our two senior board members, John Maclean (Treasurer) and Karene Primrose (Secretary) have announced that they will leave the Board at the end of 2024. John and Karene have been outstanding contributors over many years, and I will miss the quality of their input and the finance and legal expertise they respectively bring to the board. However, I am pleased that our Board succession planning has identified two highly qualified potential nominees whose appointments will be considered at the AGM.

I formally welcome our two newest Board members, Pam Lewis and Alan Harvey, who joined the Board following our 2023 AGM. Pam is an experienced nurse administrator, and Alan is a leading neuroscience researcher who has long history of support for NCWA.

I also take this opportunity to specially thank continuing Board members Linda Friedland, Darshan Ghia, Ian Passmore and David Freedman for their important role in NCWA governance.

Finally, I sincerely thank all the NCWA nursing and administrative staff for their excellent work over the past year. In my opinion, the quality of our clinical services has never been higher, and our management of financial and policy obligations is exemplary.

Professor Charles Watson

CEO'S REPORT

ETTA PALUMBO



In preparing the Neurological Council of WA's 2023–24 Impact Report and reflecting on the significant progress made over the past year, I remain optimistic and committed to improving the lives of all Western Australians impacted by neurological conditions, and our shared vision of a brighter, more inclusive future for our neurological community.

Among the highlights, we welcomed His Excellency the Honourable Chris Dawson AC APM, Governor of Western Australia, and Mrs. Darrilyn Dawson as new joint Vice Regal Patrons. We joined the Telethon7 family as first-time beneficiaries, which enabled the launch of NeuroKids. We convened the Community Neurological Sector Conference bringing together neurological leaders, clinicians and researchers, stakeholders and people with lived experience from across the health, disability, justice, education and aged care sectors. These activities supported our mission to provide neurological

sector leadership and community-based services for people impacted by neurological conditions in WA.

Despite receiving no peak body funding, we endeavour to build neurological sector relationships and foster understanding, collaboration and partnerships. Collaboration is a founding value for the Neurological Council, and we embodied this by uniting members to amplify our collective voice, working with clinicians and multisector providers to improve access and nature of patient care, and lobbying researchers and policymakers to prioritise neurology and make the patient voice central to decision-making.

Our Community Neurological Leaders Forum remained committed to collaboration for the greater good, to communicate the voices of our respective communities and to act as a reference group to better inform and shape data management, policy development and funding decisions. The Forum is gaining recognition and generating momentum for positive change, with view to influencing neurological strategy and setting the agenda from the perspective of the 1 in 3 Western Australians living with a neurological condition.

Membership shifted up a gear, growing to 38 not-for-profit members and over 50 individual and organisational members, marking the largest increase in nearly 30 years. This growth reflects the trust and resonance of our mission and engagement with members.

Demand for our Neurocare services continued to grow with referrals for community neurological nursing and health navigation services up 18%. With no new funding and increasing wage, travel and operational costs, our exceptional team of neuronurses worked tirelessly to service the increased demand in a timely, effective and professional manner, exceeding all hours of direct client care and cost per hours of care targets.

While this Impact Report is a testament to our collective efforts, it also reminds us of the enormity of unmet need and the far-reaching individual, societal and financial impacts associated with undiagnosed, untreated and unmanaged brain and nervous system disorders. It underscores the importance and urgency of our work within an environment of increasing prevalence, rising health waiting lists, workforce pressures, government reform, cost of living increases and declining mental health.

As a state election approaches, we aim to ensure our neurological community's voice is heard and needs met. Each individual's journey deserves hope, dignity, care and support.

I look forward to growing our impact and reach in 2024–25. I sincerely thank my Board, leadership team, staff and volunteers for their individual and team contributions to our success. I also recognise and thank our members, stakeholders and neurological community who we value the opportunity to work with to advance our cause.

Etta Palumbo

ABOUT THE NEUROLOGICAL COUNCIL OF WA

OUR PURPOSE

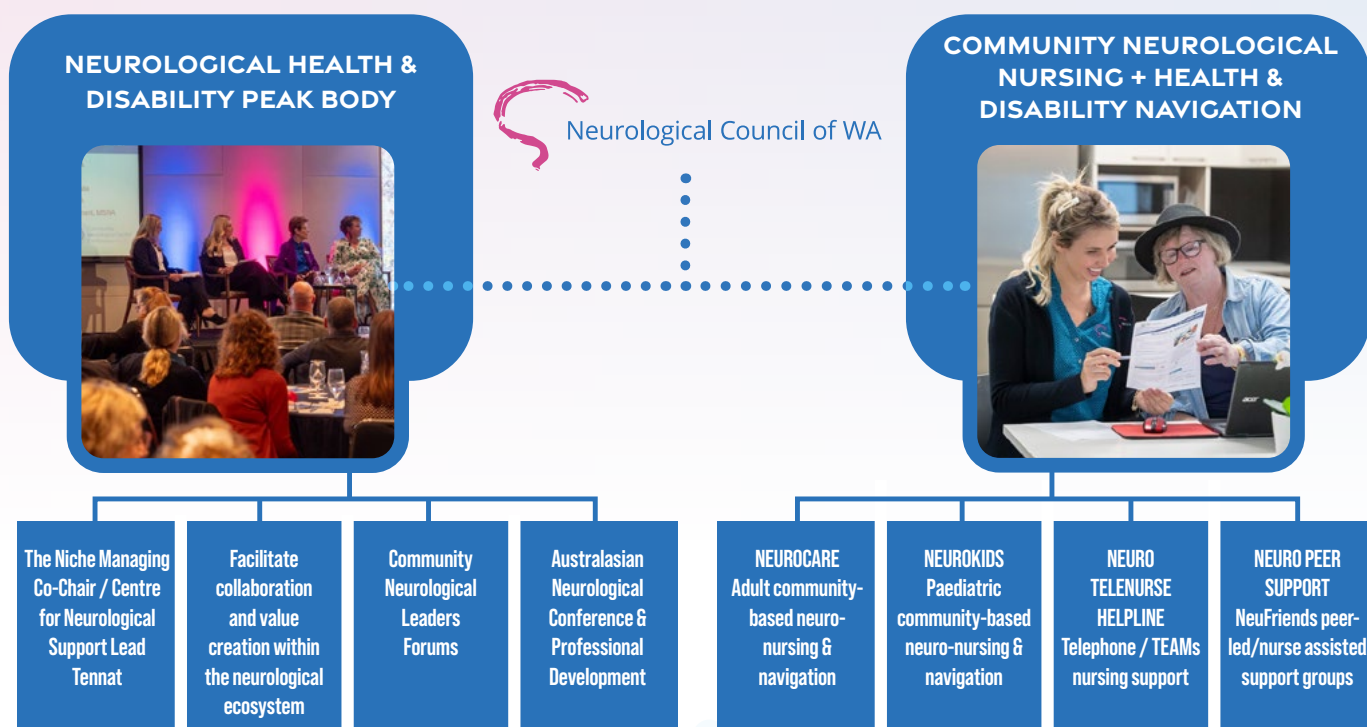
Leadership and community-based services for people affected by neurological conditions in Western Australia.

OUR ORGANISATION

The Neurological Council of WA is a not-for-profit peak body for the community neurological sector and people impacted by neurological conditions and symptoms in Western Australia.

We have two main functions:

- Act as a neurological health and disability peak body to support collaboration and value creation within the neurological sector.
- Deliver state-wide community **neurological nursing and health and disability system navigation** for Western Australians of all ages impacted by any neurological symptoms or conditions.



The Neurological Council is dedicated to reducing the incidence and impact of brain, spinal cord and nervous system disorders.

We work with disease-specific community neurological organisations, as well as research, health, disability, education and aged care professionals, to champion brain health, and improve community awareness, understanding, support and management of neurological conditions.

Our **Neurocare** and **NeuroKids** services complement public health care by supporting individuals, families and carers through community neurological nursing and health and disability system navigation, and providing clinical information, education and advocacy. Specially trained community neurological nurses tailor services to individual needs, including help understand and cope with a recent diagnosis, manage symptoms or functional impact, retain or regain functional capacity, improve wellbeing and quality of life, and empower people to live and participate in their communities.

We support Western Australians of all ages experiencing neurological symptoms or living with a neurological diagnosis.

Neurocare WA is majority funded by the WA Department of Health. To enable continuity of care, the Neurological Council is a registered NDIS provider that can offer neurological nursing services for NDIS participants. **NeuroKids** was launched in January 2024 adding two paediatric community neurological nurses dedicated to supporting children and adolescents and their parents, carers and families. Neurokids is proudly supported by Telethon7.

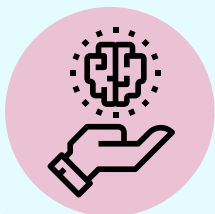
Strategic Plan 2022-2025

Mission:

Leadership and community-based services for people affected by neurological conditions in Western Australia.



1 Our Community



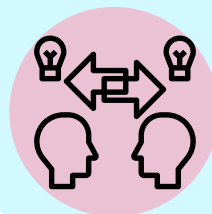
- Foster valued relationships with people affected by neurological conditions, based on care, respect, dignity, and mutual trust, with an emphasis on empowerment and autonomy through their life-course.
- Deliver person-centred, timely, effective, and efficient health care, including assistance with navigation, education, advocacy, support, and information for clients, carers, and families.
- Provide integrated, evidence-based programs, health care pathways and services to reduce the impact and burden of neurological disorders and to maximise quality of life and wellbeing.
- Provide accessible, equitable and affordable services that are responsive to regional, cultural, and social challenges.

2 Our Sector



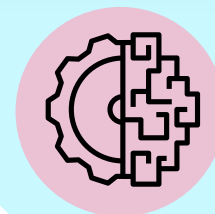
- Identify, strengthen, and amplify the voice of people impacted by neurological conditions to influence policy, plans, legislation, and funding.
- Collaborate with government, business, research organisations, and community stakeholders to advance the availability of multidisciplinary and multisectoral neurological services.
- Build stakeholder, funder and donor awareness, trust, and engagement to support the Council's mission, growth, and sustainability.
- Collaborate with organisations with a common purpose to create collective impact through ongoing communication, research, mutually reinforcing activities, sharing resources, advocacy, and sector representation.
- Create neurological health promotion campaigns aimed at increasing awareness of the importance of promoting and protecting brain health and preventing neurological disorders.

3 Our People



- Create a modern, safe, adaptable and well-functioning work environment.
- Inform, empower, and provide resources to staff to enable them to perform at their best.
- Build a high-performance team culture that is positive, productive, respectful, collaborative, and inclusive.
- Build capacity through continuous improvement of service offerings, models of care, consistency, professional development, and refinement and understanding of scope of practice.

4 Our Business



- Maintain a sound and ethical corporate governance framework with legislative, regulatory & program compliance.
- Develop a best practice organisational model that is contemporary and strategically aligned.
- Strengthen financial sustainability through funding security, aligned diversification, and revenue growth.
- Embrace and invest in business improvement, environmental sustainability, innovation, and data systems to improve customer value, improve community experience, and to monitor and report on client outcomes.
- Improve recognition of the Neurological Council as a leading provider of community neurological services.

OUR PROFILE AND IMPACT

In 2023–24, Department of Health funding for Neurocare, and our new NeuroKids service, proudly supported by Telethon7, enabled us to deliver short- to medium-term clinical intervention in the form of community neurological nursing and health and disability navigation services. Our evidence-based model of care has helped improve the health and wellbeing, health literacy and quality of life of thousands of Western Australian individuals, carers and families.



2226 clients supported



734 Free Call Neurocare TeleNurse calls (487 hours)



780 hospital-based multidisciplinary care meetings/clinics (1375 hours)



15,403 appointments



55 regional towns supported with at least one outreach visit



56 professional and community education sessions



17,555 hours of direct care (17% increase)

1110 new clients from 1214 new referrals (18% increase)



17 Nurse-led support groups



4614 home visit care hours



1120 clients discharged, 71 deceased

57 clients identified as ATSI



6756 telehealth / virtual care hours



27 clients required interpreter



33 Staff (24.7 FTE)



167 different health conditions / symptoms managed

75% over 55 years old



21 Community Neurological Nurses (17.2 FTE)



2 mobile teams – Peel and Wheatbelt



58% Metro
42% Regional



4 offices – Perth, Bunbury, Albany, Geraldton

84 NDIS clients (659 hours)



52% Female
47% Male

CATEGORISATION OF CONDITIONS OR SYMPTOMS MANAGED

| | |
|--|-------------|
| No Diagnosis | 5 |
| Cerebral palsy | 4 |
| CVD Cerebral ischaemia | 469 |
| CVD Cerebral vasoconstriction vascular syndromes | 17 |
| CVD Intracranial haemorrhage | 77 |
| Disorders of cerebrospinal fluid pressure or flow | 8 |
| Disorders of neuromuscular junction or muscle | 48 |
| Dissociative neurological symptom disorder | 127 |
| Epilepsy or seizures | 185 |
| Headache disorder | 59 |
| Infections of CNS | 11 |
| Injuries to head or spinal cord | 89 |
| Motor neuron diseases or related disorders | 186 |
| Movement disorder Ataxic | 21 |
| Movement disorder Choreiform | 4 |
| Movement disorder Dystonic | 7 |
| Movement disorder Parkinsonism | 212 |
| Movement disorder Tic | 1 |
| Movement disorder Tremor | 25 |
| Multiple sclerosis or other white matter disorders | 41 |
| Neoplasms of brain or CNS | 56 |
| Neurocognitive disorder | 101 |
| Neurocognitive impairment | 53 |
| Neuropathies cranial nerve disorders | 86 |
| Other nervous system disorders | 70 |
| Other system disorders | 20 |
| Pain disorders | 26 |
| Spinal cord disorders excl. trauma | 19 |
| Structural developmental anomalies | 9 |
| Symptoms signs or clinical findings of cognition or nervous system | 190 |
| Total | 2226 |



NEW JOINT VICE REGAL PATRONS: GOVERNOR AND MRS. DAWSON

The Neurological Council of Western Australia was honoured to welcome His Excellency the Honourable Chris Dawson AC APM, Governor of Western Australia, and Mrs. Darrilyn Dawson as new joint Vice Regal Patrons in June 2024. Their patronage brings valuable recognition to our cause and highlights their commitment to the wellbeing of those affected by neurological conditions across the state. We are privileged to align our efforts with the Governor's priorities, which focus on supporting youth development, Aboriginal communities, and strengthening institutional trust. This partnership will further enhance our mission to deliver community-based services through an intersectoral approach in metropolitan, regional and rural areas of Western Australia.

COMMUNITY NEUROLOGICAL SECTOR CONFERENCE (CNSC) & MINI EXPO 2023

The CNSC 2023 was convened on the eve of World Brain Day bringing together over 150 WA delegates in person and online. The conference was successful in promoting cross sector, multi-disciplinary collaboration. Delegates heard from local and internationally renowned speakers about how we can collectively improve health and disability services, outcomes and lives of people impacted by brain and nervous system disorders.



With the World Health Organisation's *Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders 2022–2031* as a detailed blueprint to guide the way forward, this event aimed to be a catalyst for prioritising, promoting and improving neurological diagnosis, treatment and clinical and community care in WA. The success of the Conference and Mini-Expo, together with building global momentum advocating for neurological change, has motivated us to hold a major biennial, multi-stream conference and expo.



NEUROKIDS LAUNCHED IN PERTH METRO

NeuroKids launched in January 2024, providing community based neurological nursing and navigation services for children and adolescents with neurological conditions. Proudly supported by Telethon7, three dedicated pediatric Community Neurological Nurses (2FTE) have delivered family-centered care, including essential education and guidance on symptom and medication management, via home visits and virtual health consultations. The two metropolitan based paediatric neurological nurses have added an initial 398 hours of direct care for WA kids, and their carers, parents and families. Positive feedback about having timely access to information, advice and support at no cost from families in crisis has been overwhelming, reflecting the critical role NeuroKids can play for WA's neurological community.



NEUROCARE TELENURSE

In October 2023, we introduced our free call, confidential Neurocare TeleNurse line 1800 645 771, which operates 8.30am to 4.30pm, Monday to Friday.

The service helps improve health equity by giving all Western Australian's direct access via telephone and virtual consultations to our qualified team of NeuroNurses who are experienced in managing a wide range of neurological symptoms and conditions. Callers include people impacted by neurological conditions and their family, carers and service providers, who are able to receive timely access to clinical information, neuro-nursing support, and/or triage for additional neuro-nursing or specialised support, via a Neurocare assessment or referral to an appropriate clinician and/or specialist organisation.

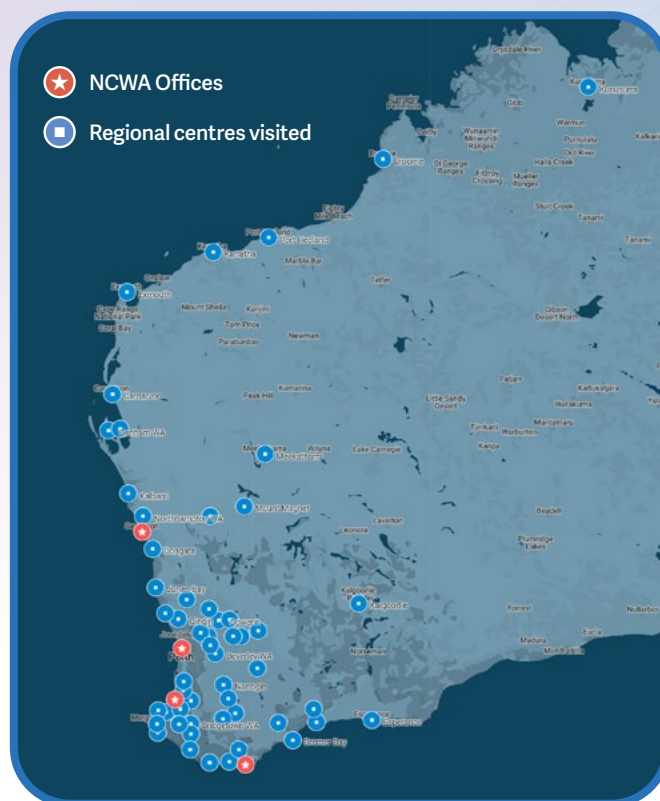
REGIONAL OUTREACH PILOT

Throughout 2023–24, Community Neurological Nurses participated in a Regional Outreach Pilot making 61 visits to service communities across 55 regional, rural and remote towns. These visits allowed us to undertake in-home assessments for clients with complex neurological needs, while raising awareness of both Neurocare and NeuroKids services in underserved areas. Supported by funding from the WA Department of Health, we were able to reach communities in the Pilbara, Kimberley, Mid West, Goldfields and Great Southern regions, areas where high travel costs would normally limit access.

This outreach has identified clusters of neurological conditions and unmet needs, and we continue to explore solutions to improve healthcare equity for these priority regions. The visits confirmed significant challenges in navigating healthcare in rural and remote WA including:

- **Geographic Isolation:** WA's vast distances and low population density make it difficult to establish and maintain healthcare facilities resulting in little or no care close to home and long travel times for both patients and healthcare providers.
- **Limited Infrastructure:** Many remote areas lack the necessary infrastructure essential for delivering healthcare services, such as hospitals, clinics, reliable transportation and affordable housing.
- **Workforce Shortages:** With shortages across healthcare, few professionals consider work in outside of metropolitan and south west WA. Attracting and retaining skilled staff is challenging due to the remote locations, harsh climates, limited amenities and loss of support networks due to transient nature of community.
- **Higher Costs:** Cost of living, travel and accommodation is significantly higher in mining and tourism towns. Delivering healthcare in remote areas is expensive per capita/return on investment due to the need for specialised equipment, higher operational and transport/travel costs and opportunity cost of travel time.
- **Health and Social Disparities:** Rural and remote populations often have higher rates of chronic diseases and poorer health outcomes, which is compounded by limited access to preventive and primary care services. Attendance at scheduled appointments and adherence to medication and treatment regimens is comparatively poor, often due to poor health literacy, low education, unemployment, housing instability or lack of transport.
- **Cultural Barriers:** In areas with significant Aboriginal populations, cultural differences, language barriers, trust, family and community priorities and differences in the concept of time and fluid pace of life, can also impact the delivery and effectiveness of healthcare services.

Overcoming the above challenges will require targeted sector wide strategies and investments to improve healthcare access and outcomes. The Neurological Council is committed to health equity and servicing regional, rural and remote WA and will continue to advocate for our neurological community outside of metropolitan WA.



COMMUNITY NEUROLOGICAL LEADERS FORUM



Having celebrated its second anniversary, WA's Community Neurological Leaders Forum has grown its membership to 38 not-for-profit disease-specific consumer peaks and support organisations representing adults and children living with neurological conditions and symptoms in WA. Forum member shared interests include:

- establishing partnerships across the neurological sector including government, community, private and philanthropic organisations
- establishing engagement pathways with relevant government agencies
- consolidating sustainable and equitable funding and support across the neurological sector
- amplifying the voice of the neurological community to improve recognition of neurological conditions and:
 - Ensure the needs of people with neurological conditions are heard, considered and addressed.
 - Support inclusion at all levels of service development (e.g. consultation, participation, service design)
- cementing the Community Neurological Leaders Forum as a point of reference for government and other organisations or entities.

Forum members are strongly advocating for a Neurological Strategy for WA to prioritize and guide planning focus and investment in the prevention, treatment, rehabilitation

and care of people impacted by neurological conditions, including carers and family, and to improve health and wellbeing outcomes and quality of life.

The Forum prepared a discussion paper for the WA Department of Health entitled 'Towards a Policy Agenda for Enhancing Neurological Health' calling for greater collaboration between the WA Department of Health and community neurological organisations. The Neurological Council of WA became a member of the Neurological Alliance Australia in 2024, joining over 30 other national neurological groups to promote our common agenda through making submissions to inquiries, issuing position statements, conducting events and making representations to government and other key decision makers. Our common interest as a member of NAA includes:

- addressing neurological data gaps
- improving aged care, health and disability integration
- investing in funding for medical research
- strengthening the NDIS
- ending age discrimination for NDIS eligibility
- ensuring equal access to assistive technology.

NEUROLOGICAL BURDEN OF DISEASE

Neurological conditions are a significant global health issue. The World Health Organization (WHO) reports:

- Prevalence of over 1 in 3 people worldwide are affected by neurological conditions. In 2021, more than 3 billion people were living with a neurological condition.
- Neurological conditions are now the leading cause of illness and disability worldwide. The overall burden, measured in disability-adjusted life years (DALYs), has increased by 18% since 1990.
- The most prevalent neurological conditions include stroke, neonatal encephalopathy, migraine, dementia, diabetic neuropathy, meningitis, epilepsy, neurological complications from preterm birth, autism spectrum disorder and nervous system cancers.
- The economic burden of neurological disorders is substantial, affecting both healthcare systems and economies globally.

There is little data relating to neurological conditions in Australia. Neurological disorders accounted for approximately 20.5% of Australia's total burden of disease in 2017, which translates to nearly 1.2 million DALYs. Between 2010 and 2017, the burden of neurological disorders increased by 15.6%. These conditions represent around 14% of NDIS participants. Economic impact from the burden of neurological, disease in Australia is estimated to be over \$100 billion.

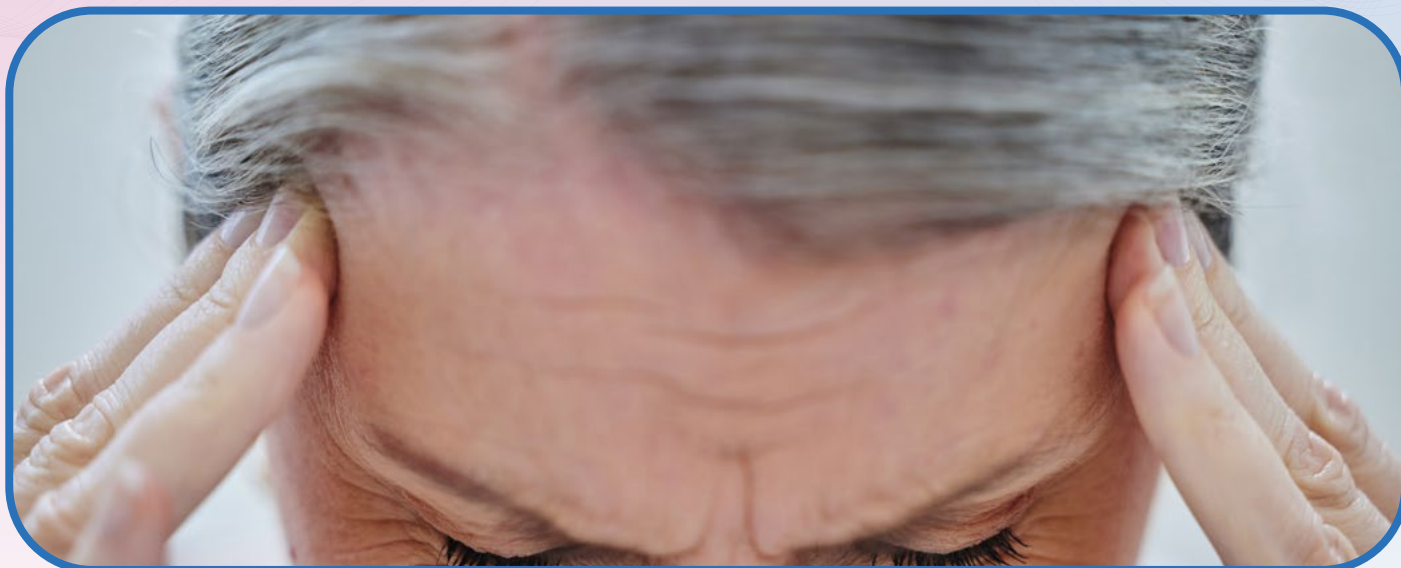
There is a pressing need for a neurological strategy for both Australia and WA, and investment into the capture and analysis of data to inform that strategy.

CENTRE FOR NEUROLOGICAL SUPPORT (CNS)

The Neurological Council of WA is a lead tenant and co-chair of The Niche Lotteries House located within the QEII Medical Centre Precinct. We manage the Centre for Neurological Support offering affordable accommodation to 11 co-located neurological not-for-profit organisations, in our fully accessible, purpose-built premises. CNS is recognised as a hub of neurological activity and support, creating a sense of community and a collaborative culture, positively influencing the neurological landscape. In December 2023, ADHD WA moved to their own premises in Mount Claremont.

CNS MEMBERS





CHRONIC HEADACHE CASE STUDY

A 50-year-old female was referred to the Neurological Council in April 2024 by the neurology outpatient clinic at Royal Perth Hospital with a diagnosis of chronic headaches and migraine worsening over the last year and exacerbated by medication overuse headaches. She was taking amitriptyline and candesartan as prescribed for migraine prevention. She was also reducing her use of paracetamol and ibuprofen (over-the-counter pain relief medications) as advised by the clinic doctor.

Additionally, the client was legally blind secondary to diabetes and a genetic disease. She was hesitant to go shopping or cross roads due to her limited vision. She had occupational therapy services and supports via Vision Australia and VisAbility Australia for this secondary health problem. Following a functional assessment, she still was awaiting the outcome of her 2023 application for NDIS support.

On admission to our Neurocare service, the client was experiencing daily headaches and migraines twice a week. For 20 days of the previous month and five days of the previous week the client had headaches and was unable to go to work (as assessed by the HALT-7/30 Index)

The debilitating symptoms associated with her headaches and migraines affected her daily life: she was unable to work and relied on her brother's help with daily activities.

Among the key interventions, our community neurological nurse (CNN) educated the client about headache and migraine triggers, including medication overuse headaches

and the role of hydration in migraine. She was given information of ways to improve and maintain her water intake, which was inadequate at the time.

Subsequently, the client was prescribed AJOVY (fremanezumab) for the prevention of migraines. AJOVY is administered monthly by injection under the skin. Therefore, our CNN guided the client in the self-administration of the injection on several occasions until the client was confident in self-administering the medication.

By July, the client reported that she was no longer using over-the-counter pain medications. Her morning headaches had ceased. Her HALT-7/30 assessment was greatly improved with no migraines and 10 headaches in June—half as many as on admission to Neurocare.

Chronic daily headaches are one of the most disabling headache conditions. Helping this client avoid headache triggers and teaching her to self-administer her preventive medication confidently and safely saw a significant reduction in the frequency of her headaches.



MOTOR NEURONE DISEASE CASE STUDY

A 62-year-old male was referred to the Neurological Council in April 2024 by the Motor Neurone Disease Association of Western Australia (MNDWA) with a diagnosis of motor neurone disease (MND) typified by amyotrophic lateral sclerosis (ALS). MND is a neurodegenerative disease affecting upper motor neurones, lower motor neurones or both, and results in generalised muscle weakness.

On admission to our Neurocare service, the client had three pressing problems. First, he had had rapid weight loss of 15 kg due to his difficulty swallowing (dysphagia), poor appetite and stress. Additionally, he was dehydrated and constipated. Second, the client was struggling with excess saliva (sialorrhea) or drooling due to weakness of his tongue and swallowing, and thick saliva at the back of his throat that he was unable to shift due to difficulty coughing. Saliva management was most concerning to the client and his wife. Third, there was confusion about his medications and their administration via the recently inserted RIG—a radiologically inserted gastrostomy tube into his stomach for giving fluids and feeds.

Among the key interventions, our community neurological nurse (CNN) liaised with the client's dietitian and speech therapist regarding his nutrition needs for weight management and to reduce fatigue and loss of strength. She reinforced the need for adequate hydration and initiated a bowel management plan to help with his changing bowel habits.

Our CNN initiated a secretion management plan, which included positional/postural adjustments, safe swallowing

techniques, hydration, over-the-counter and prescription medications, oral suctioning and airway clearance. She referred her client to a community respiratory physiotherapist to assess him for advanced secretion management strategies. The client's respiratory symptoms were also flagged with the hospital multidisciplinary team. Our CNN arranged with MNDWA for loan of a nebuliser for administering mucolytic agents, taught her client how to use the nebuliser and helped him plan a daily schedule for administering nebulisers.

The client and his wife, his primary carer, were educated about the administration of medications via the RIG, including flushing to prevent blockages and chemical, physiological and physical interactions. Our CNN liaised with her client's GP for a medication review and to prescribe medications in suitable form for administration via the RIG or by an alternative route.

Our CNN scheduled 4–6 weekly home visits to reassess her client and modify his planned care accordingly. She also communicated with her client via email, telephone and text as required. The client depended on our CNN for prompt advice and to liaise with other members of his healthcare team, including joint visits with the respiratory physiotherapist when trialling cough assist device.

Our Neurocare CNN's support resolved a number of the presenting issues and the client and his wife feel considerably more confident and supported managing their ongoing care needs.

OUR BOARD OF DIRECTORS 2023-24



**Emeritus Professor
Charles Watson AM**
Chairman



Dr Linda Friedland
Deputy Chair



John McLean
Treasurer



Karene Primrose
Secretary



David Freedman
Director



Dr Darshan Ghia
Director



**Emeritus Professor
Alan Harvey**
Director



Pam Lewis
Director



Ian Passmore OAM
Director



Etta Palumbo
Chief Executive Officer

[Link to full Board Member Biographies](#)

TREASURER'S REPORT

JOHN McLEAN



I have pleasure in presenting the Treasurer's Report for 2024 in support of our audited financial statements.

The statement of profit or loss shows a significant increase in income in 2024, from \$2,891,148 to \$3,184,451. This is an increase of 10%. There are a number of contributing factors, including additional grant income, increased fees for services rendered and additional interest income.

The only significant drop in income has been from the sale of assets. This is due to a large (post covid) fleet refresh last year which has not been replicated this year. We are back to a more normal fleet upgrade pattern.

Our core revenue source remains the Department of Health (DOH), and although we have seen an inflation related increase in our base funding, the long term expanded funding contract which we hoped for has yet to arrive. Our DOH funding contract has been extended to December 2025.

We remain optimistic about DOH funding beyond that date. Pleasingly the Department has been flexible regarding our use of prior year surpluses, which has allowed us to fund \$200,000 of complementary projects, for regional outreach and a Telenurse helpline.

The fees referred to earlier relate to our NDIS offering, which continues to expand slowly. We see this as an area of incremental rather than exponential growth.

The exciting new developments, as highlighted in the CEO report, relate to new sources of grant funding from Telethon for a Neurokids project.

We continue to invest our surplus funds prudently at the best, low risk, rates we can access in the market. This generated \$88,000 of interest income in 2023/24.

Our expenses have increased from \$2,767,019 to \$3,127,572, with the vast bulk being attributable to higher wages and additional staff to support of the projects referred to previously. Additional travel costs in 2023/24 of \$20,000 are also related to the DOH regional outreach project.

Overall, the result is a surplus of \$56,879, down from \$124,129 last year. Of this surplus, \$45,000 relates to the DOH contract. This will be added to our 2024-25 DOH funding.

Our balance sheet remains strong, with \$2,500,000 million in cash and deposits. The main reason for this increase is unspent grants which sit in the balance sheet at \$734,266 as opposed to \$433,970 last year, which is for grants received in advance for the 2024/25 financial year.

John McLean

FINANCIALS

FINANCES 23/24

| Income | 23/24 |
|---------------------|---------------------|
| Grant | \$ 2,620,472 |
| Fees for Services | \$ 92,120 |
| Rent Income | \$ 244,905 |
| Others | \$ 226,954 |
| Total Income | \$ 3,184,451 |

| Expenditure | |
|-----------------------------|---------------------|
| Operational Expenses | \$ 81,358 |
| Rent and Office Expenses | \$ 234,487 |
| Depreciation / Amortisation | \$ 216,939 |
| Transport & Travel Costs | \$ 107,238 |
| Wages & Salaries | \$ 2,253,913 |
| Administration & Others | \$ 233,637 |
| Total Expenditure | \$ 3,127,572 |

| Assets | |
|---|---------------------|
| Cash & Cash Equivalents | \$ 2,439,392 |
| Sundry Debtors & Prepaid Expenses | \$ 72,176 |
| Motor Vehicle, Office Furniture & Equipment | \$ 984,026 |
| Total Assets | \$ 3,495,594 |

| Liabilities | |
|-----------------------------------|---------------------|
| Employee Entitlements | \$ 243,317 |
| Trade & Other Payables | \$ 207,424 |
| Unexpended Grants Carried Forward | \$ 768,883 |
| Total Liabilities | \$ 1,219,624 |



Neurological Council of WA

CENTRE FOR NEUROLOGICAL SUPPORT

The Niche QEII MC 11B Aberdare Rd Nedlands WA 6009

Phone: 08 6285 3800 | PO BOX 7006 Shenton Park WA 6008

hello@ncwa.com.au | www.ncwa.com.au



NeuroCare

GENEROUSLY FUNDED BY



Government of **Western Australia**
Department of **Health**

NeuroKids

PROUDLY SUPPORTED BY



Neurological Council of WA acknowledges the Traditional Custodians of Country throughout Western Australia. We recognise their continuing connection to land, waters and community and we pay our respect to them, their cultures, and to Elders both past and present.