Extract from Hansard

[COUNCIL - Thursday, 1 April 2010] p1260b-1262a Hon Mia Davies

PATIENT TRANSPORT

Statement

HON MIA DAVIES (Agricultural) [5.20 pm]: I rise this afternoon to offer a timely reminder to members about the importance of royalties for regions—I could not let the opportunity pass after the debate this afternoon in this place—and why it is more than just dollars for cows, as the opposition claimed today.

I had a reminder this week about why this is so important and why it is important to have this money flowing back into the community and the regions. It is also a reminder of why all members of Parliament, not just the members representing country electorates, should have a keen interest in this program. Last week the mother of one of my friends was admitted to Carnarvon Regional Hospital in severe pain. Tests were inconclusive after several days, and it was necessary to transfer her to Geraldton Regional Hospital for further testing. The patient's family is based in Perth, so, needless to say, there were many phone calls. It is a bit hard to pop up to Carnarvon to be by your mum's bedside when things go wrong.

Once in Geraldton, it became necessary to transfer her to Perth. Fremantle Hospital has a piece of equipment that was required to conduct further testing. At this point, she had been in hospital on a drip for nearly 10 days to manage her pain and her hydration. I would like to make it clear before I make any further statement that I am at no point questioning any of the medical profession's decision making or judgements. It is not about individuals. They have been supportive and wonderfully cooperative with the family. It is more the system and how it has played out for this particular patient. At this point, when people need to transfer from Geraldton to Perth, they can either be sent on a commercial flight or transferred by the Royal Flying Doctor Service. There is obviously a financial component to this. If patients are not suffering a life-threatening injury, they are assessed as such and put on a commercial flight. After a prolonged period of time in hospital, the patient, with her husband, who had driven from Carnarvon to Geraldton to be with her, had to go to the airport, check herself in and endure the duration of the flight from Geraldton to Perth and then get to the hospital. She checked back into the hospital that night at about 12 o'clock. It was a fair way from where she started.

This would be probably an inconvenience to most people at the best of times, but it was fairly unbearable in her situation. Her husband travelled with her and was responsible for her wellbeing on the flight to Perth. Once settled in Perth, he caught the plane to Geraldton to drive their car to Perth. Both these individuals are in their 60s. I think of them as being in their young 60s, because they are an active and vibrant part of their community, but they are from a generation that does not like to make a fuss. When they were posed with the option of travelling with the RFDS or getting a commercial flight, it was much easier for them to make the decision that they would get on a commercial flight and not make a fuss and all the rest of it.

The issue I am struggling with is that I cannot imagine the equivalent happening in Perth. I cannot imagine that a patient at Joondalup Health Campus who needed to be transferred to Fremantle Hospital would be given bus fare, be put on bus 485 to travel to Fremantle Hospital and have to check themself in. It just would not happen.

Hon Ken Travers: It does.

Hon MIA DAVIES: It should not.

Hon Ken Travers: That is the point: it should not happen in Geraldton, Carnarvon or Joondalup. I agree with you on that.

Hon MIA DAVIES: It should not happen anywhere. I am glad to hear that there is equity, even if it creates great difficulties for everyone. It is a problem to which this house should apply its heart and mind to try to solve. Undoubtedly, the distance from Carnarvon to Geraldton to Perth is a fair bit further than from Joondalup to Fremantle.

It still astonishes me when members dismiss the benefits of royalties for the regions, so there is a point to this story. CowParade continues to be trotted out—excuse the pun—but it was a \$50 000 investment from government, not \$900 000 as was stated in the house earlier today, to leverage a project of international standards. Members in this house all understand that expenditure needs to be made across a range of budget portfolio areas, and there is no doubt that it is a balancing act. However, it is simplistic to suggest that if we do not invest in a regional tourism project, we can solve the problem of rising living expenses across the state. It cannot be done. I therefore take this opportunity to remind members that while the previous government was splashing money about in the metropolitan area on the Mandurah–Perth railway, Kalgoorlie Regional Hospital fell off the forward estimates. While they were planning to build a museum in Perth, Albany Regional Hospital fell off the forward estimates. While we subsidised the cost of travel on the metropolitan public transport system and there was cheap travel for pensioners in the metropolitan area, there was no such thing for pensioners or people on fixed incomes in regional areas to enable them to access vital health services in the metropolitan area.

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Country local governments were struggling. The patient assisted travel scheme offered a negligible amount. The RFDS was considered a special interest group.

Using royalties for regions, this government has made significant inroads to bring health services up to scratch. There is still a bit to do, and, obviously, it has not solved everything because I have stood today and talked about something that is still of concern to me; and, I suspect, everyone in this house.

Over the past year, royalties for regions funding has gone into Kalgoorlie Regional Hospital, Nickol Bay Hospital, Albany Regional Hospital, the Royal Flying Doctor Service, the patient assisted travel scheme and the Country Age Pension Fuel Card. These things go towards enabling country people to access equitable health services to those available to their metropolitan cousins. A number of small grants have gone towards regional health projects. They have all been driven from a local area. Local communities have actually identified projects that they want. While members of Parliament stand in this house and state that we should be spending royalties for regions funding on X, Y and Z, it proves to me that members still do not understand the program. That is why particularly members of the opposition are sitting on that side of the house. We still have more to do to redress the imbalance. I urge all members to look beyond the cows and to look towards the real difference —

Several members interjected.

Hon MIA DAVIES: Have members seen the cows? I am seriously considering getting one of the cows and putting it in the courtyard so everyone can see just how brilliant they are!

Hon Ken Travers: There used to be concrete cows in Milton Keynes when I visited 30 years ago!

The PRESIDENT: Order! Let us hear the member on her feet.

Hon MIA DAVIES: I am nearly finished. Thank you, Mr President.

Better yet, if members have not been out and spoken to the communities, go out and see them. I saw Hon Ken Travers at the Wagin Woolorama. I know he has been out there, and he told the house that he had been out talking to the communities. I am glad that Hon Ken Travers has discovered, as I am sure he was told, that people value this royalties for regions program not just for the cows but for all the other things that it does, particularly in relation to important issues like health.

I will return to the tale about my friend's mother. There are still, undoubtedly, inequalities in the provision of services and infrastructure between the metro and regional parts of this state. We accept that we cannot have teaching hospitals in every regional centre, but perhaps now, with this program, and with a political will, we could dare to dream that this patient's experience will be a thing of the past. With better technology and a change in attitude, funding in the regions should not have to be a hard-fought battle that requires legislation; it should just occur as a matter of course.

The PRESIDENT: I recommend to members, if they are travelling south over Easter, to go and look at the house cow displayed at a prominent Margaret River winery!