

MULTIPURPOSE SERVICE HOSPITAL, MORAWA

Grievance

MR J.P.D. EDWARDS (Greenough) [9.32 am]: My grievance this morning is to the Minister for Health, and I raise it on behalf of the electors of the Morawa area, which is in the north eastern wheatbelt. A multipurpose service hospital has been proposed for the area, but there are some very real concerns about the timing and the funding of that MPS. I say that particularly in light of what has occurred in the past few weeks at Moora District Hospital, and following comments on the radio this morning about Dumbleyung District Memorial Hospital. My community in Morawa has some very legitimate concerns.

I will outline the background and history of the situation as I understand it and also give a brief sketch of the Morawa district. Morawa is a town in the heart of the northern wheatbelt. It has a population of just over 1 000 people. It has a very popular agricultural school. Its record with the tuition and training of young agricultural students is recognised around the State. I attended its valedictory ceremony the other day, and some very clean-cut young students are going out into the world, hopefully to become leaders of the State. Morawa also has a very successful high school servicing the township of Moora and the farming hinterland. It is not an insignificant community. The current Morawa District Hospital services its nearest neighbour, the township of Perenjori, which is half an hour down the road and has a population of 685 people. Apart from agriculture, mining activities have formed part of the resource for the Morawa-Perenjori region. Although no mine is currently operating, I understand that in the very near future the Koolanooka range could be again opened up for iron ore mining. Other projects apart from agriculture will take place in that region. Of course, that will attract to the area people who might ultimately need to use a hospital.

The hospital is approximately 80 years old. The former hospital board recognised that renovations and a lot of repair work needed to be done. The kitchen is in disrepair and could be a health issue. I am aware that hospital staff do a magnificent job in ensuring that the kitchen meets acceptable standards, although it is somewhat of a struggle. Although the operating theatre is operational, it is quite removed from the recovery rooms and is old-fashioned to say the least. The structure and materials of the hospital are showing their age, as are those of the Moora hospital. The former coalition Government put \$800 000 aside to improve and renovate the old hospital. That work was to be completed in 2002. However, the new Government in its wisdom decided to cancel renovations and build a new MPS at a sum of \$5 million. That is laudable. The contractor who was hired to do the renovations had to be paid out in excess of \$100 000. The hospital is also an integral part of the Morawa Lodge aged persons hostel, which is only some metres down the road. The district hospital also caters for the aged in the Morawa area. The idea is that the new hospital will be adjacent to the aged persons hostel. The MPS is proposed to cost \$5 million. I understand that the time frame for completion was 2005 but is now 2007. However, there is now a question mark over that date. About \$20 000 has been budgeted for architectural drawings, some of which have already been completed. Those plans are not acceptable to the community because they do not properly marry the hospital with the adjacent aged persons hostel. There are concerns about that.

Will the minister advise when the Morawa community can expect a new MPS, as promised by the Government? Some community money is also involved in the project. A local resident made a bequest of some \$100 000 for the works. People are concerned about where that money is located in the scheme of things. That money is for the hospital. I hope that it has been quarantined, and I seek some information about that. On behalf of the community of Morawa, I look forward to the minister's response. I urge him to give this due consideration because although the community has a hospital, it is in disrepair. That will only get worse as time goes on. The community was promised that renovations would be done, but that work was put to one side in favour of a new hospital. The community's expectations were raised and it thought it would get a new hospital. It will be a failing of this Government if the community does not get either the new hospital or the renovations that were promised. I look forward to the minister's response.

MR J.A. MCGINTY (Fremantle - Minister for Health) [9.36 am]: The Morawa and Districts Health Service supports the populations of the Morawa and Perenjori shires. The population of both shires in 2001 was 1 534, a reduction of 12 per cent since 1996. The Morawa and Districts Health Service became a multipurpose service in March 2003. The key health services include an eight-bed hospital, which was built in the 1930s and which contains four acute beds and four nursing home-type patient places; a 12-room low-care residential facility, which is a stand-alone facility that was transferred to the health service under the MPS process; a home and community care service; community and child health services; allied health services, including a resident physiotherapist; visiting speech and occupational therapists; and one resident general practitioner based at Morawa who also operates a visiting service to Perenjori. Other key background factors need to be considered when discussing the Morawa health facility, including the drop in the acute-bed occupancy rate from 5.4 in 1995-96 to 1.09 in 2002-03, and the average nursing home-type patient occupancy rate of three. The hospital

has a total occupancy rate of four patients. The top diagnosis-related groups include chronic obstructive airway diseases, respiratory infections and digestive diseases. There were 756 presentations to the emergency department in the last financial year; of these only one was in the triage 1 category. Forty-three presentations fell into the triage 2 category and, as members would expect, the overwhelming bulk of presentations were in the triage 3 to 5 categories, of which there were 712. The 12-bed Morawa Lodge facility has five permanent residents, and the operational budget for the multipurpose service is \$1.969 million. As the member for Greenough has rightly indicated, a capital works project for the Morawa District Hospital emergency department was approved for the 2000-01 budget. The total budget was \$890 000, which remains the approved budget. As the member for Greenough rightly indicated, some expenditure was made on the commencement of work on the upgrade to the emergency department. The expenditure to date has been \$185 577, and this predominantly related to the abandoned redevelopment of the emergency department. The unspent balance is \$704 423, which is still in the budget as an unexpended amount. I do not know the answer to the request the member outlined for \$100 000. If there is a request for a purpose, it will be used for that purpose.

It evolved from the commitment of funds for the upgrade of the emergency department of Morawa District Hospital that the board chairman and the shire CEO proposed to officers of the Department of Health that it made little sense to invest in upgrading very old facilities modelled along the lines of a traditional inpatient facility for acute, multi-day-stay care. They suggested that the upgrade process be scrapped, and, instead, that the old hospital be replaced with a modern, purpose-built, multipurpose facility when funds became available. It is not correct to state that the current Government scrapped the proposal. The proposal came from the community - that is the advice I have received - and the Government acted on that basis. The chairman of the board and shire CEO advised that there would be sufficient community support for this new approach. On that basis, the then Minister for Health agreed to the proposal. The upgrade proposal was scrapped and a commitment was given to build a replacement purpose-built, multipurpose facility in Morawa when funding was available, and that planning was to commence immediately. A press release to that effect was made by Hon Kim Chance in June 2002. I have seen that press release.

At the same time, the Morawa and Perenjori communities decided to become a multipurpose service under the joint state-commonwealth program. Planning for services in the multipurpose centre commenced immediately, and the initial focus was upon service needs and plans. This was a deliberate decision to ensure the focus on facility needs and design for the multi-service area would be in the context of health needs and priorities.

A project working group was established and met for the first time in November 2002, and that group has continued to meet to oversee planning developments. It has always been understood by the community representatives on the group that although the intention is to replace the old hospital with a new, purpose-built health centre, the time line for construction could not be provided, as it is dependent on funding availability in the capital works budget. I am told that members of the working group were also briefed on the most typical time line for capital works projects of this type from the approval, planning, detailed design and documentation stage through to tendering and construction to completion. This was in order to ensure that they understood that such projects usually proceed over a two to five-year timeframe, and longer in cases in which a construction budget is required and when several budget priorities must be considered.

When it was announced during 2003 that the budget for the Geraldton redevelopment would be increased from the initial \$35 million to \$40 million, the member for Greenough sought assurance from the mid west Murchison health regional director, Shane Matthews, that this would not be at the expense of delaying the Morawa hospital replacement project. The member was advised that planning for Morawa would proceed along the current lines as planned. The more recent announcement of the decision to increase the budget for Geraldton to \$49 million after the tenders came in at a much higher price than expected, together with the decision to remove the Moora project from the capital works program, has obviously caused concern for the member for Greenough. I acknowledge that concern. Therefore, he has again questioned the possibility that the Morawa hospital project could be removed from the program. I give this assurance: the Morawa project remains on the draft program, and planning will proceed as before. It is still a commitment, depending on the availability of funds, to undertake the construction. In other words, nothing has changed.