

CARDIOTHORACIC SERVICES — NORTHERN SUBURBS

880. Mr A.P. O’GORMAN to the Minister for Health:

I refer to the 180 transfers per year from Joondalup Health Campus to inner city tertiary hospitals for patients requiring angiograms and concerns from community groups that cardiothoracic services will be substantially retained in inner city hospitals.

- (1) Does the minister accept that his policies to maintain tertiary hospital services in the inner city has penalised patients in the northern suburbs and delayed the development of Joondalup Health Campus as a tertiary hospital?
- (2) Why do cardio patients have to journey into the city, which takes 35 minutes or even longer in peak hour, when there is a clear demand for acute services for these patients where they live in the northern suburbs?

Dr K.D. HAMES replied:

I thank the member for the question. It is a very good question; in fact, one that has been put repeatedly by members on our own side to ensure that I am well across the situation.

- (1)–(2) There are two components to the question. Firstly, what is happening with current patients from the catchment area of Joondalup hospital, where are they going and how are they being treated? The member is correct; largely, they go to Royal Perth Hospital for their treatment. There is a time period in which it is recommended patients be treated, and all of those patients are being treated within the appropriate times. I checked to see how many are over boundary; that is, how many are not being treated. I think there was only one, and that person had a scheduled time. Everybody who needs cardiac surgery in that area is getting cardiac surgery at exactly the appropriate time that they need it.

What of the future, which is the bulk of the member’s question? Again, that is a matter that I have investigated. The member will be aware that a private unit is being established in Joondalup hospital. That unit will use a lot of the doctors who currently operate at Royal Perth Hospital and will obviously see all the private patients in that area. As soon as that unit is up and running, I have asked the Department of Health to look into how we can make use of that facility for people who live in the Joondalup catchment region. We are going to wait until it is up and running. When it is up and running, I have asked the health department to look at contracting for Joondalup hospital some of those patients who come from that region. It depends on their capacity to treat them and what we are doing at Royal Perth Hospital but I think there is every chance that when the private unit is opened, we will contract to them for some public patients in the same way that it managed —

Mr R.H. Cook: So it will be an afterthought. Is what you are saying?

Dr K.D. HAMES: No, it is not an afterthought; it is commonsense. Members from both sides of this house asked me to look at how we can do that. We have a budget and doctors who operate. They are not overstretched or overloaded; they are operating very efficiently at Royal Perth, which is why there are very few people who are over boundary having that procedure. It is a distance to travel. We contract to that hospital for a range of other services and I think it will be a good opportunity for us in the future to perhaps free up more space at Royal Perth by getting the same doctors doing some of those procedures on public patients in the future.