

CORONAVIRUS — REGIONAL COVID-19 CLINICS

107. Ms M.J. DAVIES to the Minister for Health:

I refer to the minister's comments this morning that COVID-19 clinics may be rolled out regionally in coming weeks.

- (1) Will the minister confirm these locations?
- (2) When will they become operational?
- (3) What advice is being provided for remote communities and smaller regional centres that will not be covered by this plan?

Mr R.H. COOK replied:

- (1)–(3) Members of the community in our regional areas remain well serviced by the hospitals and the GP networks that exist in their communities. But it is true that as this particular virus epidemic takes hold of the Western Australian community and potentially our regional communities, we have to respond in a way that meets the demand. I have been saying in the media that while we have these COVID clinics in our adult tertiary hospital settings at the moment, we understand that there will probably be a time when we have to have them out in our outer metropolitan area and our regional areas. We can understand where those places would be in the first instance—our major population centres. We would envisage that it is likely to be in places such as Bunbury, Albany, Kalgoorlie, Geraldton, Karratha, South Hedland and Broome—that is, those centres that are already serviced by big regional hospitals and would have the capacity to run separate clinics.

In the meantime, those communities continue to be well served by the emergency departments, and will continue to do so, and we will continue to support our GPs working out there in regional communities to make sure that they have the support and resources they need to service their communities. But this is a very dangerous situation. We all understand that at some point in time the spread to the community will be unavoidable. When that happens, we will deploy these COVID clinics into those communities that need them. Planning is already at an advanced stage in relation to our regional centres, and I would envisage that it would be likely in the coming weeks that we would be setting at least the physical infrastructure up to make sure that they are ready to go when the need arises. But I repeat that it is on the basis of the perceived need. Members will be aware that we have six positive cases at the moment, all within the metropolitan area, so this is the epicentre of where the public health emergency currently lies; therefore, this is the focus of our intentions at the moment. But we are making sure that we are reaching out and doing the planning now so that we are ready to respond.

I think the member also mentioned Aboriginal communities, so I will just say that a lot of planning is going into working with our Aboriginal communities at the moment, particularly through the association of community health organisations of Western Australia and the community control health organisations, or Aboriginal medical services. We want to make sure that they are ready to deploy their teams when we need them to.