

MERREDIN HEALTH SERVICE

Grievance

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [9.21 am]: My grievance is to the Minister for Health, and I thank him for taking on my concerns today. My grievance relates to concerns that have been raised with me by local governments and constituents in the eastern wheatbelt about Merredin Health Service. Since my election in 2008, I have taken a keen interest in improving my constituents' access to health care. During those 10 years it seems to have been a perennial issue for wheatbelt communities to face doctor shortages, crumbling or inadequate hospital infrastructure, and for ambulance volunteers to be stretched to their limits. I am not exaggerating or gilding the lily for effect; I have stood in front of too many meetings of angry and frustrated communities demanding a solution to doctor shortages or dealing with a substandard hospital. Happily, as a result of a significant investment program by the previous Liberal–National government—the Southern Inland Health Initiative, funded by royalties for regions—we have seen improvements in the infrastructure of many of our country hospitals and nursing posts. Merredin hospital is the beneficiary of some of those funds and its completion is tantalisingly close. I look forward to welcoming the minister to Merredin to celebrate that day sometime in the very near future. However, there are still some concerning issues and my grievance today covers three key areas: firstly, doctor shortages leading to patchy or non-existent coverage at a regional hub-hospital; secondly, the impact of these shortages on our volunteer ambulance drivers; and, thirdly, the future of the theatre and surgery at the hospital, and the interim solution for those living in the eastern wheatbelt who have to travel to Narrogin for surgery.

I will start with doctor shortages. Last year, responding to similar community concerns, I raised the issue of doctor shortages at Merredin with the WA Country Health Service, particularly over the weekend. Those concerns were again raised by local government zone representatives of the region who are meeting today to discuss this issue with WACHS. Last year WACHS advised that Merredin hospital was one of three hub hospitals for the wheatbelt under the country health initiative incentive arrangement. To be eligible for this arrangement, a doctor working in the hospital has to work at least one 12-hour shift and at least 46 weeks a year. Last year, seven doctors were on the Merredin ward roster; four from the local community and three from outlying towns. With only seven doctors on the roster, each doctor would need to work two 12-hour shifts every week to achieve full roster coverage, which is more than double the CHI requirement. As we can imagine, doctors have been unable to maintain that commitment and so gaps in the roster occur, which WACHS finds very difficult to cover with locums, who typically travel from Perth, which is a three-hour drive each way.

I was advised in August last year that as a result of ongoing coverage issues, a review of the medical model at the Merredin emergency department had been triggered. I seek the minister's advice on what this means, if the review has been completed, and, if so, what changes have or will be introduced because 12 months on, we are still facing the same issue. Merredin is a regional centre on a major highway, and although presentations to the ED may not be comparable with regional cities or metropolitan Perth, I believe that they deserve access to quality health care and emergency medical services.

I refer to the fatigue from our volunteer ambulance services. Minister, I cannot visit any of the towns in my electorate without having a volunteer of St John Ambulance tell me that its service is stretched. The surrounding towns consider Merredin to be their regional centre, but if there is no doctor at Merredin, patients are diverted to Northam, or worse, Midland or a tertiary hospital in Perth. If a person has started their journey in Southern Cross in the middle of the night, that is a very long drive for the patient and the volunteers. Their concern is that the lack of doctors in Merredin means patients are being diverted from Merredin more often, and it is starting to wear very thin.

The final concern I have is about the theatre and surgery schedule at Merredin and access to that surgery. Hon Martin Aldridge and I were recently in Southern Cross and Westonia and we were surprised to learn that patients requiring surgery who would normally go to Merredin were being directed to Narrogin. Their preference is to go to Northam. It is a far easier trip straight down the Great Eastern Highway on a reasonable road, instead of the back-road drive to Narrogin through some pretty winding and less safe roads. I understand WACHS has committed to change this protocol, and I appreciate that it has been working on this with me and Hon Martin Aldridge and is very helpful when we contact it to provide us with feedback and information, but the minister's assurance that this is in fact the case will make a big difference to these communities while the redevelopment of Merredin hospital is completed. We would also like to know when the theatres will be back in operation. The minister would understand that that hospital has been under construction now for a couple of years; it is very close to completion. I do not think that the theatres were ever considered to be part of the original scope of the project, but after works commenced, it was discovered that some work needed to be done to bring the theatres up to compliance with contemporary standards. That will be music to my constituents' ears, but they would very much like to know when the arrangement of patients being diverted away from Merredin for surgery that they can have in this regional hospital will come to an end and they can start utilising Merredin hospital as the hub that it was designed as.

Minister, access to quality health care is a fundamental right for every citizen in this state. I ask him to turn his attention to this most important issue and work with me and the community to ensure we have a well-resourced and staffed Merredin hospital. They look to me and the community within that zone has raised this issue with me from a local government perspective, because they have many volunteers coming to them and their constituents to say that they see Northam staffed 24/7 and they believe that Merredin is just as important. It is the only significant hospital between Northam and Kalgoorlie, and they have started to see patients coming in from that eastern part of the community being diverted. It is a fairly long drive between Narrogin, Northam and Midland and it is putting a lot of pressure on those volunteers and also the patients who need to visit the hospital for any of the services that they provide. They are typically the elderly, but if they are travelling with a child, the closer the hospital is, the better. We have done a lot of work to bring that hospital up to scratch. I understand that attracting doctors to Merredin is a perennial issue; it is not new. I was reading some documentation last night and in 2002, Brendon Grylls, as the member for Merredin, raised this with Bob Kucera, the then Minister for Health. This is not new to Merredin, but I appreciate any comments the minister could make on that medical model and on the doctors' salary, instead of relying on the general practitioners who operate in that area and who are already stretched, and how we can assist in taking the pressure off those volunteer services. I thank the minister for his consideration.

MR R.H. COOK (Kwinana — Minister for Health) [9.28 am]: I thank the member for her grievance today and appreciate the difficult issue. I also appreciate that she joins a long and rich history of country members of Parliament grieving to or making representations to government about the attraction of doctors to practice in the bush. She made the observation about Hon Brendon Grylls in 2002, and those problems continue to plague us. They are wicked problems. I was very impressed she did all that in seven minutes; I will really have to fire up here. There is currently a shortage of on-call doctors to provide full coverage at Merredin. Obviously, Merredin Health Service has a range of services, including radiology, ultrasonography, pathology, nursing outpatients, visiting medical specialists, Aboriginal health, community and mental health, community nursing, midwifery, allied health, the commonwealth home support program, and health promotion. It is an important piece of infrastructure and the largest hospital in the eastern wheatbelt. The member reported that it has recently undergone a \$23.7 million redevelopment begun by the member's government, which I am sure was richly needed. I look forward to opening that with the member in the very near future. Practical completion was achieved in February, but as the member would be aware, during the redevelopment there was a temporary closure of the operating theatre to enable work on the nearby sterilising and medical imaging services. As a result, it was discovered that the theatre needed to be reviewed to comply with contemporary standards. After renovation was started, more and more issues were discovered. WA Country Health Service Wheatbelt has engaged an architect and subcontractors to review the theatre against the relevant compliance standards. That report has just been received and is being reviewed. I am happy for the member to receive a briefing on that. As the member would attest, the Merredin Health Service is an important one and a number of operations take place there, although they are low-risk category 3 operations. Unfortunately, category 1 and 2 and high-risk patients were already being transferred to Northam, Narrogin, or Perth. Of those patients, 19 category 1 and 2, and 23 category 3 patients have been transferred to Northam. Only 12 patients were transferred to Narrogin—five category 1 and 2 patients, and seven category 3 patients. All those patients were seen within the recommended time. A total of 112 patients have been referred to the metropolitan area—35 of those patients were category 1 or 2, and 77 were category 3 patients. It is particularly inconvenient for those patients. Of the category 3 patients, many were unsuitable to have their surgery performed at Merredin or had selected surgeons who do not service Merredin.

This is an ongoing and troubling issue. We are in the process of trying to recruit doctors and will continue to do so. In the meantime, we will try to reduce the impact that has on our paramedics. As the member would be aware, we have recently undertaken a country ambulance review. That has now been concluded, with feedback from the St John Ambulance country health service and other stakeholders. I would be happy to give the member for Central Wheatbelt and other country members a briefing on that in the very near future, perhaps when we return from the winter break, because some challenges will come out of that. The member observed that a volunteer country ambo will often be called to an incident, take the patient to the local hospital, get home, take their clothes off and crawl into bed only to be called out again to undertake a transfer of the patient to a larger hospital. The member gave the example of a patient who came from Southern Cross to Merredin and was diverted from Merredin to Northam, and sometimes a patient will go all the way to Midland. That puts an intolerable strain on our volunteers. As the member knows, we need volunteers to serve our very distributed country health network. We are doing a lot of work on country ambulances at the moment and that will be a very challenging piece of work. It is leading up to the review of the St John Ambulance contract, which will come up in June next year. There is a lot of work to be done in that space and I very much look forward to the input of the member for Central Wheatbelt and other members who represent regional Western Australia about the best way to undertake that.

I am not aware of the review of the medical model at Merredin, so I will take that on notice, if I may. Obviously, we struggle to have a 24/7 emergency department at Merredin, but it is an important part of the services we provide.

Merredin ED activity is quite low, with an average of seven and a half patients per day. There are 730 12-hour shifts annually. To fully cover that roster, 16 doctors are needed and there is currently a shortage of doctors on the roster. We also have an ED nurse practitioner who works 76 hours a fortnight. This is an ongoing and vexing problem. We will continue to invest in our physical infrastructure in the WA Country Health Service. The most challenging aspect is the human resources—the workforce to put into that. We are getting great success from the emergency telehealth services and the inpatient telehealth service, which reduces the need for inter-hospital transfers. That is relieving some of the pressure on our volunteer ambulance drivers. We will continue to work on this. I look forward to doing the reveal of the redevelopment of the hospital with the member in the very near future. The member has identified a very wicked policy problem for the WA Country Health Service. How we can continue to recruit doctors into our regions is an ongoing challenge, but it is one that we will continue to take on with the assistance of the member and other regional members to promote what is a great place for people to undertake their medical practice.