STATE BUDGET, HEALTH SERVICE

1619. Mr M.W. Trenorden to the Minister for Health

(1) I refer to page 1098, Outputs and Performance Information, Output 2, Major Achievements for 2002-03, Admitted Care, 8th dot-point and specifically to the negotiation of a Doctor from Esperance to provide services to Norseman and ask -

(a) what assistance did the State Government provide in this instance; and

(b) what other assistance has been provided by the State Government to assist other rural communities attract and retain doctors?

(2) I refer to page 1101, Outputs and Performance Information, Output 2, Major Achievements 2002-2003, Support Services, 6th dot-point and specifically to the State's successful bid of $8 million of Commonwealth funding to develop rural communication infrastructure and ask -

(a) what infrastructure will be developed; and

(b) how will this benefit health service provision in rural communities?

(3) I refer to page 1105, Outputs and Performance Information, Output 2, Major Initiatives for 2003-2004, Support Services, 1st dot-point and specifically to the proposal to enable as much secondary level acute care activity as possible to be retained in key regional centres, with Perth providing tertiary level services and ask will the Minister detail what changes are expected to the provision of Health Services in regional WA (outside the centres of Albany, Kalgoorlie, Bunbury and Geraldton) as a result of this initiative?

Mr R.C. KUCERA replied:

(1) (a) The State Government provided assistance with:

Eight (8) sessional payments over a three (3) week period were made to the GP.

A government vehicle was made available for three (3) journeys (from Esperance to Norseman return), a distance of 400 kms per trip.

Provision of overnight stay accommodation under a rental agreement.

Provision of a consulting room, clerical assistance and consumables (at Norseman Hospital) under a contractual agreement with the GP.

(b) The State provides specific attraction and retention loadings in the fee for service arrangements between public hospitals and private Visiting Medical Practitioners who attend public patients. Salaried medical officers employed directly by the State have a range of attraction and retention benefits embedded in their conditions of employment.

(2) (a) The aim of the infrastructure development is to significantly increase bandwidth in a number of key regional centres. The nature and extent of this improvement will become clear when the request-for-proposal phase is completed later this year.

(b) The Department of Health is a co-principal purchasing member of the State consortium managing the project, together with the Department of Education & Training. The expected health service benefits from the infrastructure development are:

(i) Improved telehealth services for country patients, reducing the need for funded travel and accommodation.

(ii) Enhanced access to health information by rural health practitioners.

(iii) More efficient deployment and administration of information and financial systems used by country health services.

(3) The Government has endorsed the direction set by the Country Health Service Review that includes the development of a network of regional and district health structures. This will ensure the delivery of appropriate, safe and sustainable health services aligned to future health needs of the community.

The approach will also ensure that country communities will have greater certainty of access to appropriate and quality health services geared to need.

This will be achieved through the development over the next 5 to 10 years of a system of Regional Health Networks. These networks will be supported by Integrated District Health Services providing primary and secondary care for their populations and the surrounding towns and communities.

Examples of such centres will be located at Esperance, Katanning, Moora, Narrogin, Merredin, Northam, Carnarvon, Newman, Derby and Kununurra.

Health service arrangements for smaller towns and communities will involve MPS models and some innovative future flexi-care models designed to incorporate emergency and primary health care at the local level.