

HOSPITAL SERVICES IN THE SOUTH WEST

Motion

HON BARRY HOUSE (South West) [3.51 pm]: I move -

This Legislative Council condemns the Gallop Government in the strongest terms for its neglect of hospital facilities, services and patient care in the south west areas of Western Australia, with particular regard to -

- (1) its failure to support smaller town hospitals;
- (2) its centralising control and services into the metropolitan area;
- (3) its centralising of purchasing away from smaller country towns;
- (4) its abolition of local hospital boards and the subsequent loss of “community ownership”, which generates pride and voluntary support; and
- (5) the continual erosion of resources at the service delivery point leading to low staff morale and decline in appropriate care to these communities.

Reading the motion will help members understand the points I wish to raise and the themes that are important. The previous motion was aimed at the Attorney General and this motion is aimed principally at the same person in his role as the Minister for Health. Initially, I was preparing to speak on the first motion moved today. I was keen to support the case for this motion to receive a degree of urgency because the situation in the South West Area Health Service is spiralling downwards at an alarming rate, to such a degree that a general strike of nursing and other hospital staff is planned for Tuesday of next week. That is why there is a degree of urgency about this motion and it is why this motion was originally put on the notice paper on 12 December 2003. The signs were well and truly there in December 2003 that the South West Area Health Service had some critical problems.

The South West Area Health Service is probably unique, because it is not like a metropolitan health service with major hospitals; it contains many facilities. It covers an area from Yarloop in the north to Collie and Boyup Brook in the east and to Augusta in the south, and contains 16 hospitals and a range of ancillary -

Hon Paddy Embry: It goes a little further than Augusta.

Hon BARRY HOUSE: There are no hospitals in Antarctica that I know of.

Hon Paddy Embry interjected.

Hon BARRY HOUSE: I think the member understands the general area.

The first theme of this motion concerns the lack of overall resources relating to the general budgetary item and the lack of resources in dollar terms that have been allocated to the south west. In that sense the South West Area Health Service’s budget always seems to be under enormous pressure and strain. During the 16 years that I have been in this House there has always been a critical period leading up to the end of every financial year when individual hospital and health services’ budgets are brought to account. The only time they received some real attention and seemed to work well was during the four or five years when hospital boards were in place in that health service. During that time local communities had a clear discipline to manage their budgets themselves and to take some ownership of their health services.

The second theme of the motion is centralisation. There has been an enormous drift in decision making away from country regions generally, and the south west is no exception. The third theme is the continual increase in resources on the administrative side of health services at the expense and decline of the service delivery section. That theme is highlighted by the answer to a question I asked in the Legislative Council on 12 March this year, which states, in part -

- (2) What was the overall cost of the newly created executive management group and operational centre, compared with the cost of directors of nursing being on site at each hospital?

The critical part of the answer to that question is -

The overall cost of the South West Health Service executive management group and operations centre is \$1.105 million. The overall cost of directors of nursing on site at each hospital is \$1.428 million.

In other words, the cost of administration in the South West Area Health Service is virtually as much as the cost of the clinical decision makers in hospitals in the south west. I wish I could get those figures traced back over the past 10 or 15 years, and not only for the south west, because I think we will find, regrettably, that the trend is similar throughout the State. The trend is that the dollars spent and the resources allocated to administration

have steadily gone up and up, and the dollars spent and the resources allocated to service delivery staff, whether they be nurses in hospitals or whether they be critical people dealing with the public and delivering services in a range of ancillary areas across the health system, have steadily gone down and down, certainly as a percentage.

Another theme that is coming through loud and clear is that the current management style in the South West Area Health Service appears to be a bit of a dictatorship - and quite a brutal dictatorship at that. That has been allowed to happen by the Government, whether deliberately or accidentally I am not sure - as a result largely of a decision by the former Minister for Health, Hon Bob Kucera, who went to the south west just a month or two after he was elected to this place and appointed to that role and abolished all of the south west health boards. Therefore, in the past three years of this Government, the community has had no voice. The community's voice was very active in the south west through the health boards. The health boards worked well in our part of the country. I have heard Hon Kim Chance say in this place that they did not work in Merredin and the people there could not wait to get rid of them. That might have been so for Merredin, but it certainly was not the case in the south west. By and large the hospital boards were welcomed by their communities and worked very well.

The best way in which I can trace through these themes is by reading from a series of newspaper articles. These articles are not exhaustive by any means; they are just a sample of newspaper articles, largely from south west papers, that indicate the major problems that exist in the South West Area Health Service. An article in the *South Western Times* of Thursday, 20 November 2003 headed "Hospital risk high - Report says staff, patients face injury" says -

Patients and staff at Bunbury Regional Hospital's acute psychiatric unit face a high risk of injury from unsafe practices, according to a leaked occupational health and safety report.

A South West Area Health Service occupational health and safety review into the hospital's acute psychiatric unit leaked to the *Times* last week identified insufficient staff training and rooms with fittings that could be used in self-harm attempts as two of the main safety hazards to staff and patients.

The article says also -

The unit's intake of voluntary and involuntary patients increased dramatically in August after the unit opened all of its 15 beds.

Prior to that time, the issue at the psychiatric unit at Bunbury Regional Hospital had been that beds were closed. The co-located Bunbury Regional Hospital and St John of God Hospital in Bunbury is a magnificent facility. The coalition Government can deservedly take a lot of credit for providing that facility. The issue all the time has been not the facility, because the facility is terrific, but the management of that facility and the lack of resources and personnel allocated to it to enable it to realise its full potential.

The article says also -

An incident in August where a patient injured himself may have been partly caused by the staff's lack of training in restraints.

The level of risk to the safety and health of staff was high and the risk to patients was "extreme".

That is alarming in itself.

Another article in the *South Western Times* of 27 November 2003 headed "Nursing cut at Harvey hospital" says -

Concerns about the future of health services in the Harvey shire increased this week following an announcement that Harvey District Hospital had reduced its registered nursing staff.

An eight-hour position for an enrolled nurse has been cut from the hospital's afternoon roster, leaving only two registered nurses to care for up to 20 patients including the accident and emergency unit.

An article in the *Busselton-Margaret River Times* of Thursday, 4 December 2003 headed "Elective surgery cancelled", and an article in the *Bunbury Mail* of Wednesday, 17 December headed "Summer surgery fears", reflect the decision of the South West Area Health Service to severely cut back resources over the busy summer period and close elective surgery opportunities in hospitals across the south west. The sequel to that is that although these facilities were later reopened, no more resources or staff have been supplied to them. That is another major problem that is getting out of hand. Another article is in the *Busselton-Margaret River Times* of 25 December - or at least that is what it says. I am not sure what a paper is doing coming out on Christmas day, and I certainly do not recall getting it on Christmas day. The article refers to the claim by the member for Vasse, Bernie Masters, that "emergency surgery will not be performed at the hospital this summer" and "no elective surgery will be performed from December 19 to January 19". That really summarises the situation that exists at Busselton hospital.

A front-page article in the *South Western Times* of 15 January 2004, which has a big headline “Need a doctor? Join the queue, the wait could take two weeks”, says -

Bunbury patients are having to wait up to two weeks to see a general practitioner.

According to one health professional, patients new to Bunbury were forced to visit doctors in Perth because waiting lists were too long.

The article reflects exactly what I am saying in the motion and what I am saying in the themes that I am trying to develop; namely, that the Government is centralising patient care and facilities. The article refers to the critical seasonal factors that existed in Bunbury at the time and says -

An increasing population, seasonal flu epidemics and an outbreak of Ross River Virus were putting further pressure on Bunbury’s already stretched general practitioners.

Waiting lists for routine appointments such as prescription renewals and pap smears had blown out to about two weeks, depending on the popularity of the doctor.

One of the doctors in Bunbury is Dr Ern Manea. Dr Manea is a very respected general practitioner.

Hon Ljiljanna Ravlich: A lovely gentleman.

Hon BARRY HOUSE: And a terrific guy, who has made an enormous contribution to medicine and the community in general. He is a former Bunbury mayor and served a couple of long terms as mayor.

Hon Kim Chance: With great distinction.

Hon BARRY HOUSE: Absolutely. He was also formerly Chair of the South West Development Commission. In the past year or so, at the age of, I think, 78, Dr Ern Manea has gone into practice on his own, and he is still seeing more patients than any other general practitioner in Bunbury. That is a great reflection of his commitment to his community and his commitment to medicine. If anything is going on in medicine in the Bunbury area, Dr Ern Manea would know what those problems are. He has delivered probably three-quarters of the population of the town over the years and knows exactly what is happening. Dr Manea is quoted in the article as follows -

One of the city’s few bulk billing GPs, Dr Ern Manea, said waiting times were forcing patients to seek other arrangements such as hospital emergency departments.

“Over the past three months I have had two patients, both new to the area, tell me they had to go back to Perth because they could not see a GP in Bunbury,” Dr Manea said.

“One was told by the practice he went to that they were not taking new patients and the other one was told he had to see a GP within two days but the wait lists were too long.”

Bunbury is not the worst place in the world to set up business and live as a GP; it is a very attractive destination. It is quite alarming that a town as big as Bunbury has such a critical shortage of GPs. That is another in the long list of difficulties.

An article that appeared on Thursday, 9 January 2004 in the *South Western Times* under the heading “Health care is ‘lacking’” reflects the same problem. The article states -

Two-week waiting lists for Bunbury general practitioners have prompted concerns from health professionals that some patients are “suffering from a lack of care”.

Bunbury Regional Hospital emergency medicine director Dr Garry Wilkes said yesterday emergency department activity had increased over the past year and the level of patients’ illness was more severe.

The point is explained in clear terms further down in the article as follows -

Dr Wilkes said the increase in acuity levels could be due to the GP shortage and a lack of . . . after hours surgeries in Bunbury.

“I don’t know where they (GP patients) are going, I suspect they are suffering from a lack of care,” Dr Wilkes said.

“It is just conjecture, but by the time they present to the emergency department their acuity has progressed to a much higher level of care.

“One of the things GPs are extremely good at is prevention and primary care.

We all know that is the most cost-effective way of dealing with medical situations in the health system. In general, GPs can play an enormous role in preventing illnesses and medical conditions from getting worse if they

can get to people in time. However, people in Bunbury must wait two weeks to see a GP. I am sure members will agree that is pretty alarming.

On another tack, the *South Western Times* on Thursday, 11 March 2004 published an article headed "Nurses depressed: doctors". This interesting article states -

Nursing staff at Bunbury Regional Hospital are taking anti-depressants to cope with stress and going home in tears because working conditions at the hospital are so bad, according to two senior Bunbury doctors.

I think members will find that those working conditions relate to management, not to facilities. The article continues -

Local GP Mary Collins and surgeon Mark Smith told the *Times* this week that staff numbers had been cut so much nurses feared for patient and staff safety after several recent "near misses".

"Nurses are really in dire straits," Mr Smith said.

Now we get to the style of management, as the article continues -

Dr Collins said a culture of fear at the hospital and confidentiality clauses in employment contracts were preventing staff from speaking publicly on issues of concern.

She had decided to speak publicly now for fear of a patient dying unnecessarily at the hospital if changes were not made, she said.

In a letter from nurses last month to director of nursing Linda Jackson, leaked to the *Times*, the nursing staff claimed that "occupational health and safety standards have been breached to the point where staff have injured themselves and patient safety has been severely compromised".

I am quoting these articles in this way because we are hearing these stories, reflected in the media by doctors and members of Parliament, that nursing staff particularly have been disfranchised in the whole exercise. They claim they have been bullied into silence and compliance by the management style that exists in the South West Area Health Service at the moment. They are extremely concerned because they are dedicated professionals who do an outstanding job across all of the hospitals throughout the area. They are in the job because they are interested in health delivery. They are in the job because they care for patients. The word "care" is critical in all of the reasons for their employment.

Debate interrupted, pursuant to standing orders.

Sitting suspended from 4.15 to 4.30 pm