PEEL HEALTH CAMPUS — PRESENTATIONS

Grievance

MR D.A. TEMPLEMAN (Mandurah) [9.44 am]: I would like to grieve this morning to the Minister for Health about a concern that has recently been raised with me by a number of local residents, which I have given the minister some notice of in terms of names. Only a week and a half ago, I had a meeting with Mr Steven Harris and his mother, Mrs Elaine Harris, who is his carer. The meeting focused on the response to his presentation to Peel Health Campus on 6 September for a major injury to his shoulder. He was referred to the emergency department at Fremantle Hospital on 7 September, the next day, when a range of X-rays et cetera were taken. On 11 September, he was taken to the fracture clinic and told that he would need an operation on his shoulder but because there was still swelling, he would have to wait a bit later for that operation. On 6 October, Mrs Harris told me that he was again taken to a clinic where he was X-rayed once more. It was revealed that the injury had started to knit, so the ongoing pain and concern for him has prevailed since then.

I was quite concerned when Steven and his mum came to see me because it was clear that he was in grave pain. In his case, a series of questions need to be asked. When Steven initially made the presentation at Peel Health Campus on 6 September, why was no orthopaedic specialist contacted to gain their opinion or otherwise about immediate admission to the hospital for review and arrangements for formal treatment? Why was he referred to another accident emergency department, that being at Fremantle Hospital, nearly 100 kilometres away, for a repeat basic assessment to be made? Why was he sent to another appointment for a specialist review? If we had the capacity to respond to presentations such as Mr Harris's locally, he could have received more responsive treatment when he presented. In his case there seemed to be no prioritisation, as his case was certainly urgent. There seems to be a pattern in the presentations of the nature of Mr Harris and others at our local hospital in Mandurah in that many of those responses are to refer local people to hospitals elsewhere for treatment and ultimately for follow-up response. This is a problem for people in Mandurah because if they are referred to Fremantle or Rockingham for their initial treatment or follow-up treatments, ultimately they have to travel to and from Mandurah. For people who are elderly or have a disability or, indeed, who are working, that means a whole day out of their time just to get to a follow-up appointment.

Mr Harris is not the only person whose case has been highlighted to me in the past few weeks. Another resident, Mrs Larraine Ullrich, a 67-year-old lady, presented at Peel Health Campus on 22 October. She was injured at home. She is also a carer for her husband. She claims in her explanation of what occurred that she was admitted to the hospital at that time but she was concerned that there was a lack of response to her situation. She was transferred to another hospital north of Mandurah some days later after being admitted to Peel. On 3 November, the hospital transferred her to the fracture clinic for a CT scan, where the doctor told her that she would need surgery. Her concern is that this caused great stress to her and her family. Indeed, because she was a carer for her husband, her daughters and extended family members were required at very short notice to get her to and from hospitals outside of the region. Ms Ullrich is a constituent of the Minister for Health; she lives in Dawesville, in Wannanup.

Then there is the case of Ms Linda Rush, who was admitted to the public health system on 30 September this year after breaking her left humerus neck. She was transported by ambulance to Peel Health Campus, her arm was X-rayed and placed in a sling, and she was later discharged. I am paraphrasing what she has written. After fortnightly appointments at Rockingham Fracture Clinic and more X-rays, there was still no outcome. She wrote that she has had the expense of having to seek a private doctor to help her finally recover, as the public system has failed her. She is a pensioner and will "struggle with ongoing costs and more fears of frustrations".

Her concern outlines the fact that there are, it seems, local people in our electorates who are presenting at our local hospital with the expectation that their fractures will be dealt with. Some of them are serious, and I do not deny that they must be dealt with immediately, and it is absolutely acceptable that they be transferred to a tertiary place.

DR K.D. HAMES (Dawesville — Minister for Health) [9.51 am]: I thank the member for Mandurah for bringing this to my attention. Although the member is clearly free to discuss the specific details of individual patients, I am not; I have to respect the confidentiality of those patients. Although I have the information before me, I am not able to respond to individual components of individual patients' complaints; I can talk about them only in a general way without direct written permission from the patients. In fact, I had trouble getting the notes about those patients, but as the minister I am able to access them.

I see cases such as this all the time, not in person but in writing. People who are not happy with their treatment go and see their local members, who write to me directly and put forward their complaint. We have a huge array of methodologies to deal with that. We have hospitals that are able to individually respond to complaints. They will directly contact patients and discuss it with the patients and go through their treatments. The Department of

Health as a whole has a similar program and I will go through individually what the health department reports to see whether or not the treatment has been reasonable. Sometimes I have sent back cases, having knowledge as a doctor, saying that the treatment, in my view, was not reasonable, and I want some action taken against whoever did it. That range is there. People can make a complaint about individual doctors or the treatment they received in hospitals to the Health and Disability Services Complaints Office, and it will be investigated by its team. All those things are available.

As far as Peel Health Campus goes, for a time—I think when Health Solutions Pty Ltd was managing that hospital—there was an orthopaedic surgeon based in Mandurah who was able to provide an after-hours service for minor fractures but that is not the case at present, and I have discussed with the member the reasons for that. At present Peel Health Campus does not have a contract to manage minor fractures after hours, so it does not have, in effect, a 24-hour, on-call orthopaedic surgeon. We could set up that service but it would cost about $5 million a year for about two patients a week.

Mr D.A. Templeman: There is an expectation —

Dr K.D. HAMES: I will get to that.

The member talked about three individual patients. The management of a fractured humerus—normally neck of humerus—is not active management; it is conservative management. The management is in fact a sling, and sometimes a shoulder brace or a pad under the arm. But it is conservative management. If the member looks up "fractured humerus" on the internet, he will find a range of possible treatments, and the most successful is conservative management. It is just as good as, in fact better than, surgical management of that condition. The normal process is to send patients to an orthopaedic outpatient clinic. Member for Midland, I am trying to talk to the member; it is his grievance.

There is not a dedicated outpatient clinic at Mandurah, and it creates difficulties, obviously, for patients who have to go to Rockingham or, in the future, Fiona Stanley Hospital. But remember that those patients are not going to have to take time out of their work because they will not be working. If they have a fracture, the chances are that they do not need to. They can be referred for physiotherapy, and some of those patients were referred for physiotherapy locally in our region. There will come a time when an increased level of service is required at Peel, and we are looking at how we can do that. I have concerns about the treatment in one of those cases, and I am following up on how that patient was managed. I will be following that up in the same way I oversee, as I said, other services. There is a component I am not happy with, and I will follow that up. I am happy to write to each of those individuals as though they had written to me, as a result of the member's grievance. I will go through things with them and have people contact them to go through their treatment, because sometimes they have concerns that really do need a follow-up to make sure they are happy and are on the right path.

The treatment for a broken humerus is not to immobilise the limb. Surgery is required only if there are frequent dislocations of the healing of the fracture. The best long-term outlook for those patients is conservative management. Sure, it would be nice to have that in Mandurah, but I am not ready to justify $5 million a year for something that happens about twice a week. We can provide as much support to those patients as we can. There are social workers, and some of those patients were referred to social workers for support. We just need to do the best we can with management. It will be painful; they have broken a major bone in their body. The major management for those patients is dealing with pain relief and with the social impact of not being able to use that limb for a period of time. In fact, we want them using it to a degree, otherwise the shoulder seizes up. It is very important, particularly with multiple fractures in the first case the member talked about, to use that limb and not have it immobilised or fixed or out of position. The member said some people told him that they wanted surgery and were told they could have surgery if surgery was an option. That is particularly the case for the individual the member talked about who was going back and whose bones were knitting; that is correct. It was decided at that clinic meeting that that patient would receive ongoing conservative management, as we try to do for most of those types of things. Opening up a fracture in a hospital and putting pins into the bones significantly increases the risk of infection and poorer long-term outcomes. If it can be kept closed, it will heal just as well and that is the best management for that sort of fracture. The problem is that people do not understand that if it is not being communicated with them adequately. That is what this follow-up complaint system is about: making sure they understand that the best treatment is at an outpatient clinic with specialists in orthopaedic surgery. There are lots of orthopaedic surgeons in those clinics, not just one that people have to try to get in to see. There used to be lots of them at Fremantle, and they will now be at Fiona Stanley Hospital, which, as the member knows, is 30 to 40 minutes away.