

HOSPITALS — NORTH WEST CENTRAL ELECTORATE

Grievance

MS M. BEARD (North West Central) [9.31 am]: Today I grieve to the Minister for Health to seek further clarification and detail around expected time lines and delivery dates for three long-awaited upgrades to hospitals across the electorate of North West Central—Tom Price, Paraburdoo and Meekatharra. I thank the Minister for Planning for agreeing to take the grievance on behalf of the Minister for Health.

It is difficult to explain to people who constantly point out to me that despite regional WA contributing significantly to WA's economy that these communities still live with substandard, dilapidated and inadequate health facilities, with no clarity around when the rebuild of these critical and much-needed facilities will start to come to fruition. As industries continue to develop and more people move to these regional communities, the pressure on these health facilities continues to grow, which not only negatively impacts patients and their families, but has a flow-on effect on population retention and attraction, and the broader positive regional development of our regions.

Three years ago, the Premier joined the Shire of Ashburton and Rio Tinto, which the minister confirmed last week contributed \$20 million to the Tom Price Hospital project, to announce the proposed construction of a new building for the hospital in Tom Price. The minister recently identified land tenure as one of the sticking points being worked through. The Shire of Ashburton's CEO confirmed that land has been committed and made available for the new hospital development, and, as the minister suggested, the shire is working with WA Country Health Service in Port Hedland to seek a better understanding on others delays to the development of that site.

The minister has noted—something many are acutely aware of—both the cost increases and a tight market in the construction industry, particularly in regional areas. The Shire of Ashburton has indicated that it is very concerned about the health impacts if the building is delayed and the facility is further pushed out and what this will mean for the community. It shared a view with me that it understands that the delay is also the result of review estimates and cost expansion. The project costs could now be more than \$70 million, and, as a result, the project may be delayed even further. I understand that the minister acknowledged that cost escalation is a reality for every construction project—and we all agree. She also mentioned that this will not stop the Tom Price Hospital project proceeding, as the government will look to find ways to best manage cost escalations. But with this in mind, the community needs comfort that this project will not still be a concept in three years' time.

Paraburdoo Hospital is another health facility in disrepair and in urgent and desperate need of attention. Community members have noted the dilapidated building and working conditions, and are concerned that some of the facilities are not up to today's needs or standards. As I noted on a recent visit to Paraburdoo, the doctors' surgery is still operating from a mobile van in the car park, as has been the case for around 12 months, due to the need to move out of the building, which is in poor condition and looking very dilapidated, even from the outside. Again, this vibrant community contributes significantly to the WA economy with substandard facilities and a need for better services.

I am often asked about the Meekatharra Hospital's expected time lines and when the community will start to see progress on this project. It has also stalled and been on the horizon for many years. Again, this is an area within the regions where industry continues to grow providing additional pressures and the dilapidated facilities need urgent upgrades. The deficiency in services and ageing health infrastructure across the regions increases the need for people forced to travel to seek medical attention and unable to gain the services they need closer to Perth.

This brings me to my next point—the patient assisted travel scheme. Many in the regions understand the challenges of seeking services in the regions. As previously pointed out by the minister, the goal is to bring services closer to the people, which is everyone's wish. While this is not happening or possible or steps to make this happen are occurring, people need to be able to afford to travel to access the services they need. A key point of frustration for health provision is the inadequate nature of PATS, which is a vital piece of the health puzzle that no longer fits the needs of regional people, particularly given the cost-of-living blowouts. The need for changes has been exacerbated by the gradual decline of services across the regions, and the landscape within which we live has changed.

This is why the upper house and Hon Martin Aldridge currently have a petition calling for changes to the six pillars that underpin PATS. We are calling for increases in fuel subsidies for private vehicle use to reflect the contemporary costs of operating a motor vehicle in our regions; increasing accommodation subsidy to better reflect the high cost of accessing accommodation while seeking treatment in Perth and other major centres; providing taxi vouchers to allow patients to get to and from medical appointments; recognising the impact of delays in processing approvals, including pensioners who rely on their repayments to be allocated urgently; expanding PATS to increase dental and allied health services; and expanding the definition of patient escorts and carers to provide greater assistance for patient escorts, with particular regard to patients travelling for childbirth, patients in remote Aboriginal communities, patients who are aged or disabled and patients undergoing cancer treatment. The current challenge and under-delivery of services triggers broader concerns for members of the community who are unable to get or

cannot afford to get to these services that they desperately need. These are some steps I ask the minister to consider to ensure this program improves and continues to be fit for purpose.

It costs 16¢ for fuel to travel a kilometre in the north. The last time I was there, diesel cost \$2.63 a litre. It is easy to do the maths and see that one does not get far on a litre of fuel. This is discouraging some, particularly seniors on a pension, from travelling to receive the attention that they need. I ask the minister to consider this aspect, particularly in relation to the fuel rebate, which the ATO has rated at 67¢ a kilometre and the New South Wales subsidy is 40¢ a kilometre, yet ours is 16¢.

I know the minister has previously highlighted that infrastructure is just one way to deliver regional services. However, without upgrades and rebuilds to our hospitals, we will struggle to keep people in our regions. Getting it right in the North West Central electorate is the number one priority for both the minister and me. I am happy to work with the minister because my community just wants improvements and outcomes, and at the moment the feeling is that these projects have no end in sight.

My community is looking for direction and some form of certainty on when and how these projects may actually be delivered. Regional WA is the engine room of our state and over recent years has gifted the Labor government our royalties underpinning record surpluses, and these families and communities feel they deserve more.

MR J.N. CAREY (Perth — Minister for Planning) [9.38 am]: I thank the member for North West Central for her grievance. I am responding on behalf of the Minister for Health, who is not in Parliament this morning. I want to reaffirm that our government and the Minister for Health have a very clear commitment to delivering a world-class health service across Western Australia, including in the regions. It is fair to say and it is recognised that our government has a highly ambitious infrastructure program, including the upgrade and redevelopment of a number of major hospitals in the regions, including in Tom Price and Meekatharra.

As the Minister for Housing, I know that we face extraordinary times and that the COVID-19 pandemic radically reshaped our construction market. It not only reshaped our housing market, but it also reshaped construction across the board. Western Australia is not alone in that; it is on the record that every state is facing skilled labour shortages, which in part are due to demand across the world and the international barriers that were rightly imposed at the time because of COVID, and also cost escalations due to global supply chain issues.

Western Australia is not unique. As a result, the government has faced pressures. The Minister for Health is on the record as clearly acknowledging that. Just like in the housing portfolio, the Minister for Health has sought to think outside the box, given the constraints that we face in construction. That is why we have set up innovative programs. Just as in housing, health has looked at modular wards for at least four major hospitals—Bentley Health Service, Rockingham General Hospital, Osborne Park Hospital and Bunbury Hospital at the South West Health Campus. We delivered 120 beds in a year. We know that that solution will not work for every area. I want to be resolutely clear that we are doing everything we can to roll out our ambitious infrastructure program for health, but we must recognise the constraints and capacity that Western Australia is facing.

Planning for Tom Price Hospital is continuing. As the Minister for Health said, the government is working closely with the WA Country Health Service and Rio Tinto, which has contributed \$20 million towards this project. The identified site is currently vested, as the member mentioned, with the Shire of Ashburton, which is working constructively with WACHS to deliver appropriate land tenure outcomes. As with all infrastructure projects, once a managing contractor is appointed, we will work with it to establish a program of works that will include indicative time frames for construction.

As we have said, we acknowledge that it takes time to progress significant infrastructure projects, and we get that that can be frustrating for local communities. Despite the constraints, we will always do our best to work as hard as we can to deliver those outcomes for regional communities.

In addition to our investment in Tom Price, we have completed the \$61.41 million redevelopment of the Newman Health Service, which was opened by the former Premier and the Minister for Health. That facility was purpose built, with \$15 million contributed by BHP.

A health facility in Meekatharra was a 2021 election commitment. The government announced that it has allocated \$48 million in capital funding for the new Meekatharra health centre. That commitment will reinvigorate Meekatharra as the central service hub for the Murchison district through the implementation of a service redesign. In order to achieve this, the project will address the ageing infrastructure of the existing hospital and consolidate acute care, emergency services, the Royal Flying Doctor Service and residential aged care, with population health, mental health, community aged care and other primary care services within one purpose-built co-located facility on the existing Meekatharra Hospital site. Project definition planning has commenced and is ongoing.

The member referred to Paraburdoo Hospital. We acknowledge that that hospital has infrastructure challenges. It is an ageing facility. The government is investigating solutions to challenges at the site. The Minister for Health is

carrying out an ambitious program for regional infrastructure for our hospital system, but we have also been delivering high-quality health care, with incredible progress being made by bringing health care closer to home through innovations such as an emergency telehealth service, which has brought emergency care to every hospital across the state, including some nursing posts and remote Aboriginal communities. The inpatient telehealth service allows patients to remain in their small local hospitals, cared for by local nursing staff, with medical care via the emergency telehealth service. This innovation was achieved despite—or perhaps it is recognised in part because of—the COVID pandemic.

Finally, the member raised the patient assisted travel scheme. I want to be very clear and put on the record the fact that the Labor government has substantially increased the PATS accommodation subsidy by 66 per cent and expanded eligibility to ensure vulnerable patients can travel with a support person. Let us be very clear that the previous Liberal–National government did not increase the subsidy for eight years while in government.