

HEALTH SERVICES — NORTH WEST CENTRAL ELECTORATE

Grievance

MS M. BEARD (North West Central) [9.54 am]: Today, I grieve to the Minister for Health and I thank her for taking my grievance. I am seeking answers to the number one question that I am asked across the electorate of North West Central. I know the minister is very aware of this situation and the difficulty we have in the north west. The question that people ask me is that at a time of billion-dollar surpluses built on the back of regional WA, why do our communities continue to be plagued by difficult access to health services? This issue not only negatively impacts patients and their families, but also has flow-on effects to population retention and attraction, tourism, and the broader positive regional development of our region. Carnarvon hospital is the major health facility for at least 500 kilometres. It services the broader Gascoyne region with limited specialist services available, including the lack of maternity services, which the minister is well aware of. After 12 months, people have been asking me whether the Minister for Health is able to provide us with some kind of time line of when the scaled-back services may be reintroduced, which would provide some direction for them.

Yesterday, the minister said that she is very aware that it is a temporary measure. It is 900 kilometres to Perth and nearly 500 kilometres to Geraldton each way, and often the travel, the costs and the logistics involved are enormous, particularly for elderly patients without family support, and is something that is probably not experienced in any capacity in the metropolitan areas. Being remote and away from extended family, friends and support networks, I think we deserve some additional support to ease the difficulty when people are unwell, especially when they are critical, given it is not possible to make the health services available locally, which people appreciate.

On top of the lack of maternity services, earlier this week I was contacted by concerned mothers about the provision of child and family health nurse services in Carnarvon. Feedback on the ground suggests that in recent times these services have either been scaled back, postponed or are not able to be provided, with some of the mothers unable to access immunisation for their babies, which they find distressing and concerning. When my children were small, I was very fortunate to have the services of two amazing nurses in particular, Beth Hudson and Erica Preston, who are incredibly dedicated health professionals. They still play a critical role within that health service for new families. Feedback clearly shows that we need to find a way to work together to bolster services, particularly for babies, children and young mothers.

I know that the minister implicitly understands that health services are a fundamental building block of any community and that getting it right is too important to be plagued by delays or incompetence. I ask the minister how we can work together to be creative in finding solutions to ensure that at least one full-time child and family health nurse is available to provide services at all times at Carnarvon Health Campus or an alternative venue. Families in Carnarvon and beyond have not been able to get immunisations, and we need to help them to find a solution. I am happy to work with the minister on that.

The current challenges and under-delivery of services trigger concern from the community about the patient assisted travel scheme, which is vital in the huge and remote electorate of North West Central. PATS is critical for regional residents, and not having access to it is simply not good enough in this climate. There are some steps that I ask the minister to consider to ensure that the program, which was improved under the Nationals in government at one point in time, will continue to be fit for purpose. By way of example, I raise the concerns of Glenn Haves, a Denham local who is supporting his wife, Judy, as she undergoes ongoing cancer treatment. Glenn raised with me some genuine concerns around access to taxis when travelling for treatment, the fuel subsidy offered and processing delays of reimbursements. Glenn and Judy have received taxi vouchers in the past, but it is at the discretion of the manager in Carnarvon and the processing time to receive these vouchers has meant that they have not been received ahead of treatment. Glenn asks that these vouchers be made mandatory, as they are essential for being able to access treatment in Perth after travelling more than 800 kilometres for regular ongoing treatment. He also points out that it should not be a case-by-case discretionary item, which is a fair point and one that I agree with.

Judy, who is currently in a block of six weeks of chemotherapy treatment, is not allowed to drive after treatment, so to expect her to use public transport or to rely on others so far away from home is not fair or realistic. Glenn is staying in Shark Bay and Judy is in Perth, as she has treatment once a week and the travel toll back and forth would be too much, but the separation does not make it easy.

On top of these challenges is the fact that the fuel cost subsidy for travel is woefully inadequate. If we do the maths we can see that 16¢ per kilometre, with fuel prices in Shark Bay at \$2.24 for diesel, will not get you far. With the ATO rate at 67¢ a kilometre, I ask: when was the last time the patient assisted travel scheme fuel subsidy was increased, and is there space to increase that subsidy for regional people? Before the minister mentions air travel, I am told that Judy is not actually able to travel by air in case she has adverse health impacts. The kicker is that it can take six to eight weeks to have these costs reimbursed, which is causing enormous distress for many pensioners and is impacting on a lot of other people as well. Lastly, following on from the example of Glenn and Judy, I ask

whether we can look at a more generous and easily accessible taxi voucher system for patients who need to come to Perth and large regional centres.

In closing, I thank the minister for taking my grievance and I reiterate that I am very happy to work with her, because my community just wants outcomes. If we think outside the box, I know we can find alternative ways to find solutions to make it easier for patients, with more affordable transport options, better transfer services post-treatment, and on-the-ground support in the city for those who need to travel long distances—particularly vulnerable seniors who arrive in Perth on their own. I look forward to working with the minister to ensure that our community gets the focus of the government to address the issues that are unique to our regions, so we can dispel the view that health in our community is not the focus of the minister's team. I again thank the minister for taking my grievance today.

MS A. SANDERSON (Morley — Minister for Health) [10.01 am]: I thank the member for North West Central for her grievance, and I appreciate her advocacy on behalf of her community. I acknowledge that health care is one of the underpinning factors of the success of any community in attracting families and growing local economies and communities. That is why the government invests in regional health care. The member raised a few issues, and I will try to cover as many of them as I can.

With regard to child health family nurses in the Gascoyne region, there has not been a scale-back of the service; there are three FTE clinical community health nurses based in Carnarvon and 0.8 FTE based in Exmouth. Although the Exmouth component is filled, Carnarvon has only one FTE filled. It is not that the funding has been scaled back in any way; it is a recruitment issue, as we are seeing across the system. Multiple recruitment processes have been undertaken over the past three years to fill the remaining two positions. We have also attempted to secure further agency nursing support. An urgent request was sent out to all WA Country Health Service community health nurses for support for Carnarvon via a short-term secondment. There has also been allocation of time by the on-site public health nurse to support the provision of immunisations, and support for new mothers from the midwifery group practice for their first six weeks post birth. Discussions have been held with the local medical practice and the Aboriginal Medical Service to upskill and support them to provide immunisations in primary care.

It is acknowledged that this is really important, particularly early immunisations, so WACHS is working creatively across services to ensure that people have access to those services while we fill those positions. I think the permanent position holder had to take some unplanned personal leave to deal with a family emergency, which means that there has not been a clinical community nurse presence. That is why the community feels it has been scaled back, but it has not; it is a recruitment issue. We are aware of that, and WACHS is working on it urgently. I acknowledge that that situation is undesirable and needs to be resolved.

It is anticipated that there will be a community nurse back on-site within three weeks. There will continue to be an Aboriginal community health worker on-site throughout this time, monitoring and supporting Aboriginal families in the community. WACHS continues to seek opportunities to cover the current service across the midwest. We are undertaking a structural review of the Carnarvon community health services so that we can identify where we can potentially modify the current model and improve our ability to recruit those positions by making them more desirable. That will involve the creation of a level 1 registered nurse who can be supported to undertake the required further training under the Grow Your Own model.

Maternity services continue to be a challenge. Ultimately, we are very committed to continuity of care, but that is challenging in small communities. There is a national shortage of midwives, and that continues to challenge regional communities. The midwifery group practice in Carnarvon commenced on 3 May 2021 and GP obstetrics are also available. One of the perverse outcomes of providing more choices is that there is less work for people to do when there is a finite number of births. The reality is that there are around 100 births per year in Carnarvon. I encourage people to have more babies in Carnarvon—more babies are welcome, because midwives need to have a minimum of number of births to maintain their currency of practice. That is a registration issue rather than a recruitment issue, if you like. This is a very challenging issue that is right in the middle of a grey area. We are working creatively and we are doing a review of obstetrics and maternity services in country health. They are very supportive of looking at a sustainable model that will also provide continuity of care.

This issue is in the middle of a grey area where there are just not enough births to maintain the midwifery group practice and the GP obstetrician, so we are working through that. The normal birthing service is based on the model of retaining low-risk women in the community seeking a vaginal birth or a vaginal birth after a caesarean section. Those moderate to high-risk women travel to Geraldton or Perth, and that requires further support. It is not ideal, and I acknowledge that. I also acknowledge that it is very challenging, but we are certainly focused on it. I cannot give the member a date or a deadline, but we are working through it.

I am trying to be very open with the member here: this is a complex issue and it is not just about recruiting; it is about the registration requirements and having enough births. The question I have asked the service is: are there midwives who are willing to work across towns that will give them the practice they require to maintain their competencies?

The health service supports women to travel, with 100 per cent of travel and accommodation expenses paid above the PATS reimbursement. If there are situations in which that is not happening as smoothly as it should, I invite the member to please contact my office because we will be very happy to work with her office to make sure that those women are getting the reimbursements they need. We will continue to work with the member on reinstating that service.

There has been a significant increase in funding for PATS under this government. In opposition I was part of an inquiry led by the then government that made a range of recommendations for the former government to implement, but it was shelved. This government has increased the rebate and it is going up by the consumer price index, so it is more than \$100 per night.

The member made a valid point about the fact that it is taking six weeks to reimburse taxi vouchers. I am very happy to take that matter up with the WA Country Health Service to see whether it can improve on that; that seems an unnecessarily long time, but this is a complex area. I am very happy to continue working with the member on making things easier for her constituents.