

PALLIATIVE CARE — COLLIE

Grievance

MR M.P. MURRAY (Collie–Preston) [9.25 am]: I rise today to grieve to the Minister for Health about the issue of palliative care at Collie Hospital and in the Collie region. Palliative care is a very important part of our health system to support not only people with all sorts of illnesses who are entering the final stages of life, but also their families. It is unfortunate that such support is not happening to the degree that it should be happening in Collie. Yes, there is a palliative nurse in Collie, but how can one person do the difficult job of supporting 25 or 27 patients at one time? The workload of that nurse will result in another person becoming ill because of the emotional baggage that he or she has to carry to do the job. I have nothing but admiration for the people who take on that job because one of the hardest things to do is look after the grieving family of an ill person. The mental health care of an ill person and the help that they need is more than simply walking into a room and asking, “How are you today?” It also involves asking, “What is your medication? Is your medication up to scratch? Is your house in order for your final days? Do you need extra care? Do you need a change of bandage?” Those are the things that a palliative care nurse deals with. It is unbelievable to think that one person can look after 27 patients and it is totally unreasonable that that person is expected to look after those patients in only 20 hours a fortnight. The community deserves better.

The minister has been to Collie and commissioned some of the works to upgrade Collie Hospital, but unfortunately opening offices does not improve patients’ level of care. Those works may have made the workers in the office area feel better, but the care of palliative patients has been neglected. This is on top of the government deciding to withdraw some procedures, such as tonsillectomies, from being performed at Collie Hospital; indeed, only a small range of procedures are done at Collie Hospital. The government has put up a facade at the front of the hospital at the same time that it has removed services and put extra pressure on individuals who work in this area. This is an area that any health minister should delve into and work away at to make sure that the problem is fixed. The problem is a lack of hours and a lack of people to provide palliative care. Some of us will probably end up in palliative care and we will really appreciate the help that these people give. I have nothing but praise for the people who do the job. People come to me and tell me that palliative care nurses are wonderful and that they have helped them deal with loved ones who are in the final stages of life.

A palliative nurse is available in Collie for only 20 hours a fortnight, which is quite a slap in the face under this system. Minimal money is expended in this area. In many cases, people are sent from major hospitals to Collie Hospital to spend their final days. Those people deserve the same treatment as patients who spend their final days in a larger regional hospital. The Collie community of 9 000 people certainly deserves that. This issue has been neglected by this government. It has built a monument, but it has forgotten about some health services and has taken others away, and that is something I do not quite understand. I ask very strongly that the minister address this situation. One person cannot carry the weight of a whole community, because we know what will happen—that nurse will end up needing care. I make it very clear that it was not the nurse who came to me and grieved. Her friends and some of her workmates said that she was taking on far too much and working too hard, and that if it continued there would be a breakdown and she would probably not be replaced. The community would then be short of a palliative care nurse. I do not think that anyone here would want that job. I am sure that everyone who passes through that service takes a little bit away from that nurse as they go because those types of nurses work very hard. They try not to be emotionally attached, but, unfortunately, in that job how can you distance yourself? I know that it is the last day of Parliament but the minister has time to rectify this problem. I ask on behalf of the nurses and the Collie community that the minister hold an immediate inquiry to lift the number of hours of palliative care nursing provided in our community.

MR J.H.D. DAY (Kalamunda — Minister for Health) [9.31 am]: I thank the member for notice of the grievance. I agree that the provision of palliative care services in Collie and elsewhere is very important.

Mr M.P. Murray: You might need it soon by the sound of things.

Mr J.H.D. DAY: Hopefully I am not going to need it too soon, not before the end of this grievance anyway.

Ms R. Saffioti: At least you’re hanging around for the grievance, minister.

Mr J.H.D. DAY: It is my pleasure.

Several members interjected.

The DEPUTY SPEAKER: Thank you, members.

Mr J.H.D. DAY: I agree that the provision of care and the skills, capacity and commitment of the clinical staff is probably more important than the nature of the building and facilities in which they operate, as important as they can be. As the member indicated, some redevelopment work is underway at Collie Hospital at the moment,

but clearly there needs to be sufficient and adequately trained and experienced clinical staff to provide the services out of the hospital. I am advised that currently Collie has one palliative care nurse who is an experienced clinical nurse. I presume that person is a “she”—is that right?

Mr M.P. Murray: Yes.

Mr J.H.D. DAY: She is contracted to work 24 hours a fortnight. When activity increases there is capacity to increase the amount of hours that she works. For the last four weeks, the palliative care nurse has worked 32 to 40 hours a fortnight. I am advised that the current patient load is 26. Not all these patients require active engagement because they are at various stages of their illness. If demand indicates that extra hours are required, there is a plan to increase the current palliative care nurse’s hours. Suitably experienced nurses from Collie Hospital can also provide support to the palliative care nurse. Clinical phone support is also readily available through the rural palliative care specialist team, which is based in Bunbury.

Mr M.P. Murray: That is a problem because they are not in the community.

Mr J.H.D. DAY: At least it is backup support that is available. I understand that they are not physically located in Collie, but it is important to have backup services available. I am advised that activity and demand is being closely monitored by the WA Country Health Service, South West health. Currently there are no plans to recruit additional palliative care nurses in Collie. However, I will ensure that WACHS is made aware of the concerns that have been raised so that it can assess the situation. Each district in the area—Wellington, Warren–Blackwood, Vasse, Leeuwin and Bunbury—has a palliative care nurse, and those nurses across the districts may be able to assist in other districts, depending on their workload. I am advised that more widely across the south west resourcing for palliative care services is comparable with the rest of regional Western Australia. Palliative care is provided as a continuum of services that ranges from providing home care through general practices in the community to hospices and emergency departments. WACHS South West health provides palliative care services across the region in line with the rural palliative care model of care. The south west district has a rural palliative care specialist team, which is based in Bunbury. This team provides governance, support and education to district teams, and assists with complex patient care planning, treatment and liaison with medical staff. Across the south west region each district has a specialist palliative care nurse who is supported by the regional palliative care team, and each nurse has a dedicated phone number. These nurses coordinate care for patients within their community and provide some nursing care. They also attend hospitals and care facilities if required. Community palliative care patients are advised to call the local hospital after hours if support is required. Local and palliative care nurses are part of the care team and a clinical handover occurs for specific patient details, medication schedules and care needs. Terminally ill patients have access to in-home palliative care if they wish to be cared for at home, and access to an after-hours palliative care specialist advice line in Perth if required. The general nurses working in the hospital are not required to hold specialist palliative care qualifications. That is some general information.

As I said, there is a capacity to increase the number of hours that the palliative care nurse is contracted to work if necessary. If there is a concern that the nurse is being overworked and is not comfortable dealing with her workload, I will ensure that that is considered by the WA Country Health Service and discussed with her. As the member said, it was not the nurse who raised the issue but her friends, and I am sure that that issue can be considered and investigated and, if necessary, appropriate alternative arrangements made. I am not confirming that any changes should be put in place, but I can assure the member that the issue will be further considered appropriately.