

COLLIE HOSPITAL — SURGICAL PROCEDURES

Grievance

MR M.P. MURRAY (Collie–Preston) [9.29 am]: Before I do my grievance, I extend my sympathy for the victims and displaced persons from the recent earthquake in Italy, especially from my community which has a large Italian background.

My grievance today centres around South West Health Campus and the Collie Hospital. It is, of course, to the Minister for Health. Recently, Hon Sally Talbot asked question without notice 688 in the upper house about surgical procedures that had been removed from the hospital. It is of concern to our community that \$7 million is being spent, albeit belatedly, to upgrade the hospital while services are being taken away. Doctors have contacted me about this, but there is a further problem beyond just removing services from Collie. It means that patients have to travel to Bunbury, and are put on the waiting list there, which then puts extra pressure on other people in the south west. Bunbury is a regional centre, and I understand a lot of work is being done there, but while we have the facilities in Collie to do these operations, we should be doing them there. Tonsillectomies were mentioned in the answer given in the upper house, along with things like abscesses and boils. Those sorts of cases are also being referred down the hill to Bunbury.

Some untruths were told in the answer given in the upper house about mechanisms the government had put in place to assist patients and their families with costs of travel and accommodation. The answer stated that patients could use the patient assisted travel scheme, and all of us in the country area know what that is. However, to claim assistance under PATS, a patient who needs general surgery must reside outside a 100-kilometre range from the centre providing the service. For patients who need cancer treatment and kidney dialysis the range is 70 kilometres. As the minister probably knows, having visited there recently, Collie is 60 kilometres from Bunbury, so patients there do not qualify for PATS except under special circumstances, which exist for people requiring dialysis. They go in two or maybe three times a week. In the main, patients in Collie cannot claim under PATS. The answer in the upper house was therefore misleading. In the first place, Collie residents do not really want PATS; they want the operations to be done in Collie. The procedures are not overly onerous, and the stays in hospital are not that long.

What is the point of having a \$7 million upgrade of a hospital, when it is not going to provide adequate services? It is ridiculous. One can understand why this government is in trouble with its funding, if that is the way we are going to proceed down the line. Further upgrades are needed. I understand that the wards and the operating theatre need extra work. I understand that some work is being done in this round on the operating theatre, but regular issues in the hospital include the breakdown of the air-conditioning system. The other night, the temperature was minus one, and we had no air conditioning. I had the same problem 12 months ago, when I was in there myself. The nurses were wearing gloves because the air-conditioning system had broken down.

That is a side issue, and I come back to the main issue of my grievance. I believe that Collie is fairly well serviced with doctors with the skills to carry out operations that, although I would not call them minor, are at the lower end of the scale. The real issue is: why are we not doing them in Collie? I had that question asked, but no-one has actually mentioned the reason for the change. The answer was safety reasons, but what does that mean when we talk about operations that people should be having in their own communities? I am sure that these procedures are still done in areas such as Manjimup, with the same population. Because we are a bit closer to Bunbury, our services have been dropped off for the sake of convenience. It is not about saving money and it is not about services. Every time we move someone down to Bunbury to have an operation, someone in that region moves down the list. We know there is a problem with waiting lists for operations. It also means that some of those people will suffer for extended periods when they do not need to. Like any member of this house, I think we should be working very hard to limit the suffering for people all over the south west. I ask that the minister look into this matter, give the Collie community an answer about why this has happened and rectify the situation by putting those operations back into Collie Hospital so people from the Collie community do not have to travel to line up in the queue at Bunbury to get these minor procedures.

MR J.H.D. DAY (Kalamunda — Minister for Health) [9.35 am]: In response to the issues raised by the member for Collie–Preston, I understand that some changes have been made recently, but are intended to be temporary. I will explain the situation. The Western Australian Country Health Service continually reviews the scope of surgical procedures delivered in small hospitals to ensure that a safe and contemporary level of service is maintained. Everyone would understand that that is a responsibility that WACHS needs to fulfil.

A review has been commenced to ensure that the level of surgery performed at Collie Hospital is consistent with the WA Health clinical services framework. The general practitioner who previously undertook surgery at Collie Hospital is not currently credentialed to undertake surgery, and the WACHS surgical lead is currently reviewing the doctor's credentialing statements and scope of practice. As a result, if visiting surgeons to

Collie Hospital are unable to add the required patients to their list, some surgical procedures undertaken under general anaesthetic may need to be transferred to Bunbury Hospital. However, this is only a potential outcome and does not reflect a permanent change in the service provision at Collie Hospital. While this review is being undertaken, some procedures previously booked have been temporarily postponed and some in the approved list have been brought forward.

The procedures currently not able to be performed, unless visiting surgeons are able to add them to their list and have the required support, such as nursing support and 24-hour cover, include appendectomies, tonsillectomies, abscess drainage requiring a general anaesthetic, hernia repairs, haemorrhoidectomies, fistula repairs, gland biopsies and other procedures requiring a general anaesthetic. The procedures that can currently be performed include minor surgery such as skin lesions, vasectomies, circumcisions, abscess drainage under a local anaesthetic and other minor procedures not requiring a general anaesthetic. I am advised that, because of this situation, Collie Hospital has cancelled surgeries for four patients who required tonsillectomies and one patient with a perianal abscess, whose surgery was cancelled on 23 August 2016.

This is intended to be a temporary situation, but clearly WACHS and the government have a responsibility to ensure that appropriate clinical standards are maintained at Collie Hospital and all our other hospitals and that patient safety is the paramount consideration. That is why some changes have been put in place in recent times, while this review of the capacity for surgery to be undertaken at Collie Hospital is carried out. In relation to patient safety considerations, it is required that a surgeon have formal training in surgery, current experience in the management of each condition, an ongoing minimum number of cases in different procedures to ensure proficiency and ongoing professional development and upskilling in new procedures and equipment to ensure safe and contemporary practice. There needs to be capital infrastructure that supports surgical services, including operating theatres, sterilisation, inpatient infrastructure and contemporary equipment. The nursing staff need to be trained and experienced in surgical management, surgical equipment, sterilisation, recovery requirements and post-operative care. There is a requirement for maintenance of minimum case level numbers and ongoing professional development to ensure skill level and training in contemporary nursing management and the use of surgical equipment. Access to an intensive care unit or high dependency unit is secondary to the increasing requirement for patients to have in-depth management post-operatively due to other health conditions or complexities and the increased requirements for access to blood products, both planned and unplanned. There needs to be access to imaging and pathology services, particularly after hours, to support emergency situations. There needs to be access to the pharmacy and stores inventory. There needs to be post-operative support and management, including access to allied health professionals. These standards are continually reviewed and updated to ensure that they meet contemporary standards of patient care.

As the member for Collie–Preston mentioned, a capital redevelopment is underway at Collie Hospital. I was pleased to visit the \$7.8 million project at the end of April with the Minister for Regional Development. The scope of works includes a major refurbishment and extension of the emergency department. It also includes a fit-out of the new administration centre, new hospital and ambulance entries, new equipment and medical stores, and new reception and triage areas, waiting areas and treatment bays. We have made a significant commitment to maintaining high-quality services at Collie Hospital, with a scope of practice that is appropriate for the capacity, training and qualifications of the medical staff providing that treatment. As I said, a review is underway. Some temporary changes have been made to ensure that clinical standards are maintained in the short term. I expect that once the review is completed, if the appropriate standards can be guaranteed to be maintained, the previous arrangements will be put back in place. As I said, patient safety and clinical standards are paramount, and that depends on the qualifications and the credentialing of the doctors concerned.