

AGED-CARE FACILITIES — COLLIE

Grievance

MR M.P. MURRAY (Collie–Preston) [9.10 am]: I grieve to the Minister for Health on an issue that is causing huge problems within not only the Collie town, but also the Collie region, which is aged people being kept in Collie Hospital because there are no beds available in aged-care facilities. Recently, I noticed \$20 million was given to increase the number of aged-care beds around the south west region, the great southern and further, and I congratulate the government on that. Unfortunately, over the last few years in Collie, the aged-care centre there has closed a wing, reducing the number of beds by 14. That means that people who probably should go straight across the road from Collie Hospital into the aged-care centre—it is not far across—cannot. For reasons that are very hard to find out, the wing has been shut. The facility has said that it has been closed because of financial reasons, but it is being used as accommodation quarters for people who work in the aged-care centre. In the meantime, last week four people were in the Collie Hospital who probably should be in aged care. It is costing the system a huge amount—around \$1 200 a day—whereas if there were an agreement with the government, they could be housed in ValleyView Residence for around \$300 a day. It is just not acceptable to see these people who have lived in the town all their lives—I know some of them sold raffle tickets for the aged-care centre—are now unable to access it. What happens when people cannot access aged care? They have to start looking around. I had a lady in my office last week who had been to 22 aged-care centres trying to get a spot for her father, unsuccessfully. He is what they call a “runner”. If centres do not have areas where runners can be locked up—I am sure the minister understands that—where people can be observed all the time, they disappear and then people have to find them to bring them back. He is not what would be called an elderly person as such; he is not many more years older than me! That has put stress on the family and the father is now in a ward at Collie Hospital with a security guard on the door. Again, that is an additional cost on the health system when he should be in a secure unit in an aged-care centre.

We cannot keep pretending that everything is well in this area. I wrote to the Minister for Health previously on this issue, and he rejected my proposal, which is fine—I copped that at the time—but the situation has got worse. We know that aged care is going to hit us harder in the future. I see some changes happening and I certainly recognise those, but some of the small communities are missing out. I see that money has been provided for an extra 50 beds in Harvey’s aged-care centre, yet Collie has a ward that is locked up with 14 beds that could be made available. I do not quite understand the reasoning for that. Community leaders from both political persuasions whom I talked to this week and last week have said that we have to do something about it. I do not want a coup; I do not want a divided town fighting over who is going where. I am asking for some leadership from the minister to look at why this is the case.

I believe that there should be a dedicated audit of the cost of keeping aged-care people in hospital and also an audit on the ValleyView Residence to see why it has shut that wing. If we cannot go through an ordinary audit, there should be a government inquiry into why that facility has now shut one wing. An inquiry will certainly clear the air. Over time, there have been many letters written to the local newspaper and there have been many people in my office, and I mean many; I am not just talking about a handful. At the last annual general meeting, the local doctor said that 33 people had been referred to ValleyView but only three were accepted. I think it has got down to the fact that if people need the highest level of care, the facility will take them in because there is more money. That is unfortunate for people who a doctor decides may be just under the marker for the top rate. I know there have been changes to the way the rate is assessed, but if people are just under that marker, they will have problems because they do not fit to be able to stay in the Collie community. Why should people have to go to Manjimup or Harvey in their later years?

Just recently, some people—I will not name them, but they are friends of mine—once they shifted out of town, lasted less than a month; they died. I believe that is due to the trauma of being shifted away from their natural surroundings. It is really, really hard on the family. Family members have come into my office and broken down and cried—again, I am not exaggerating one bit—and said, “But, Dad doesn’t want to go. He’s comfortable; he knows his surroundings here. We can take him for a drive around the town.” When they are 100 kilometres away, it is very difficult for the family, because of their own families, work commitments and the whole lot, to jump in the car and see mum or dad on a regular basis at another facility. Manjimup and Harvey are quite some distance away—even as far as Waroona. Pam Corker House down there is a very well run aged-care centre. I do not understand why 14 beds are closed at ValleyView. I am asking for an inquiry into that to audit the cost to work out, between the two facilities, something that is tenable and also cheaper for the government. I do not see the point of the costs being paid at the moment of \$1 200 versus \$300 a day, yet we are saying that we have to tighten up. Here is a classic example that could be used across the board in all parts of the state, and certainly would help of some of these people who are distressed about this issue of aged care of their parents and other elderly relations.

DR K.D. HAMES (Dawesville — Minister for Health) [9.17 am]: I understand the member for Collie–Preston’s concerns. This has been a matter of bitter dispute between the state and commonwealth government for many, many years—not just the current government, but previous Labor and Liberal governments. This has been going on for as long as I know—in fact, while I was still a general practitioner. The state government is responsible for hospitals in this state and the commonwealth government has responsibility for primary care—that is, GPs and aged care. We jointly fund home and community care programs with the commonwealth, but it is even talking about taking that back. The commonwealth government is responsible for funding aged-care places in this state. We have long complained that the funding it provides is inadequate, particularly in Western Australia. Western Australia has fewer aged-care beds than any other state. Particularly during my time as minister, which has largely been with a Labor federal government, I have had long discussions with previous federal health ministers about the amount of funding that the federal government provides, particularly for Western Australia. That is why there are not enough beds open in Collie and that is why, I presume, the member for Collie–Preston’s aged-care facility closed a wing. It is just not paid enough.

The member talked about it wanting to keep the high-care patients. In fact, centres are tending to go away from high-care patients because there are considerable extra staff resourcing issues involved with high-care patients and the extra funding they get from the commonwealth for high-care patients is just not enough to cover the costs. Quite a lot of facilities in the country just do not exist for high-care patients, and in the city, they have not expanded and have been constrained. This means there are often empty beds for high-care patients, which are filled with low-care patients because it is cheaper and because of the subsidy the facility gets to cover them. Part of the issues are the cost of buying land, building houses and running facilities, and the high cost of staffing, particularly after hours. They are expensive facilities to run, so it is very hard. The former state Labor government, under Jim McGinty, tried something, which was worth a try. It gave up on the commonwealth and said that it was going to fund what it called “transition care patients”. The state government had contracts to put patients in nursing homes but what happened was that the commonwealth got more out of the space and was providing even less funding. The state government took over the funding and once those places filled, we were back where we started; the hospitals just kept filling up with more patients.

I do not know why the nursing home in Collie has shut, but I do not think the government has the power to do inquiries, do investigations or go through its books because it is a private company. I do not know whether the member for Collie–Preston has sought to have a meeting with the owners of the company to find out from them directly, but that is something the member or the government need to do.

Mr M.P. Murray: Just quickly, the facility is a community-built facility.

Dr K.D. HAMES: Yes, but it is still run by a private organisation and it was not built by the state government. Certainly, someone needs to sit down with the owners—fine—but I strongly suspect they will say that they cannot afford it. Having people in our hospitals costs a lot of money, but we work really hard to get them out. There are three in the hospital at the moment. One of them has found a place and is moving. Of the remaining two people, one is the absconder who the member talked about. He was found a place but he kept absconding and finding an alternative place is not enough.

I saw the member’s release in the paper asking why Collie did not get funding when other communities got funding. The reason is that Collie has an aged-care facility, but the other communities did not. One of the things we recognise with the royalties for regions—funded Southern Inland Health Initiative is all the issues with health in the country, such as a lack of doctors, a lack of telehealth, poor-quality buildings—all those things. Stream 6 was to address the issue of a lack of adequate aged care. However, aged-care facilities are not financially viable and people have to buy the land and build in those areas that do not have them. For those towns in which people cannot stay because there is no aged-care facility in the town, because it is not commercially viable to build one, we have come up with funding to help support building or expanding aged-care facilities. In little country towns all over the place, people want to stay in their area. Often families still have the farm outside town and they want to keep farming, but mum and dad reach the age at which they want to be in town in a support facility and they have to go two or three towns away to find somewhere. That is what the funding is for. We cannot take the money we are spending on hospital beds because the beds are still there.

The reason that beds cost is not the expense of the bed, but that the staff have to be there to look after the patient. Those costs are incurred regardless of whether there is a patient in that bed. Therefore, we cannot drag that money out of the hospital—and give the hospital less money—and give it to a privately run aged-care facility across the road that is a commonwealth responsibility. We have licensed places. We run it because the commonwealth licences us through the WA Country Health Service to run it. We coordinate it because we are on the ground and our WACHS people are better placed to do it, but it still requires licensing for places. The commonwealth licenses a certain number of places. We have capacity in that region. I presume that there is enough capacity in Collie, because places are being found for those people. The place across the road will not take them, I presume, because it will lose money. The government cannot force a private company to lose

money. We cannot say, “You’ve got to take them, or else.” We cannot just say bad luck if it tells us that it will lose money by taking those people. We do not fund those things and we cannot fund those things. It is worth having a conversation with the owners of the facility to find out why it has closed the wing and to see whether there is a way to get community support to get the patients in. As the member said, the nursing home across the road has the capacity. It is not as though Collie needs funding for an aged-care centre because it does not have one. It does have one and, compared with places that do not, that is clearly where the money needs to go. If the member for Collie–Preston does meet with the people who operate it, I would be interested in him telling me what they say and whether there is some way around this issue. As I said, this is the responsibility of the commonwealth, not the state. I do not want to hand it over because we are lumped with the problem. We will try to do what we can.