

SOUTH WEST AREA HEALTH SERVICE

Grievance

MR P.D. OMODEI (Warren-Blackwood) [9.27 am]: My grievance is to the Minister for Health. As a member of Parliament representing a country seat and a country district, of fundamental importance to that community is the provision of good health services - good health care and allied health care including all the ancillary services that people expect in a modern society. I hope the minister has taken the time over the past couple of days to be fully briefed - a number of questions about this issue have been asked in this place and in the Legislative Council - on what is happening in the South West Area Health Service. It is clear to me that that health service is in crisis. The number of changes and proposed changes taking place without consultation with the community is alarming. In my 15 years in Parliament, I have always believed that the area of health is a major priority, but I have not seen the level of concern and community unrest that I have seen in the past few weeks.

I will refer the minister to a few things that have happened with regard to questions asked of him, firstly by the member for Mitchell about senior health nursing positions. In response to that question on 11 March in this place the minister said -

I was made aware of a proposal to spill a number of positions throughout the south west area health service, particularly in Bunbury and Busselton. When I was made aware that that was what was being proposed for people who had been long-term, loyal and good employees to the hospitals, particularly in Bunbury and Busselton, and that they would have to reapply for their jobs, I put a stop to it.

I called the south west area general manager up to Perth. We had an early morning meeting and I said, "I do not agree that this is an appropriate way to treat your staff; put a stop to it".

Perhaps the minister can explain whether that message has finally got through to the south west manager, because my information is that that matter is still up in the air.

Another matter of concern is the proposal to reduce the number of health service managers, or directors of nursing, as they are more commonly known, from 17 - that is, 16 plus the one in Bunbury - to eight. I referred to this matter in a question without notice on Thursday, 1 April. I was talking then about what was originally a leaked document, and even though the minister claimed that there was no such document, it obviously later became a matter of public knowledge. I understand that in earlier meetings it was made very clear to those health service managers and nursing staff that that position would be replaced by a clerical position. I understand that the minister has since clarified that matter, after the pressure was applied, and that position will now remain a clinical position. I understand also that as a compromise position since that time, a number of the current acting directors of nursing, or health service managers, will be put into substantive positions. That is a welcome change. The original proposal was expected to save \$172 000 a year and full savings of \$756 000.

In my view, it does cost more to deliver health services in regional Western Australia. However, I do not want a situation to develop in which health care is centralised to the regions. Although I strongly support what is said in the Reid report about improving tertiary facilities in the regions, because that will provide for the regions many of the services that metropolitan people expect to have available on a day-to-day basis, that should not occur to the detriment, or to the loss, of the smaller hospitals in regional Western Australia.

The minister would have received in his mail in the past few days a letter from a Dr John Williams of Augusta - I presume the minister will be going to Augusta - who has invited the minister to have a drink with him on his back verandah to discuss the health situation in Bunbury. John Williams is a long-serving doctor in that area. Bunbury has a medical practitioner service that is working very well. We cannot afford to have more services siphoned out of the regions.

I do not know whether the minister is aware, but these days hardly any babies are born in the Pemberton and Manjimup hospitals. Those two hospitals were upgraded when we were in government, so they are not very old. They have state-of-the-art birthing facilities. Nowadays young mothers are required to travel along South Western Highway to Perth for their delivery. I know some work is being done on this matter. However, it is a disaster waiting to happen if those young mums have to travel up and down that road eight, nine or 10 times during the time that they are pregnant, often with young kids in the car with them; and invariably part of that travel will be in the winter months, when it will be even more dangerous because of the large number of big trucks on that road.

I am also concerned about the situation with nurses. I have received a number of letters from nurses. A petition will be sent to the minister from nurses in the South West Area Health Service. Those nurses are very concerned about their future. The particular concerns that they mention in their petition are unilateral and unlawful rostering changes; sustained and unreasonable workloads and the associated risks for patients and staff; the abolition of jobs; unfair human resource practices; and a lack of communication about or interest in their

concerns from management. The petition calls on the minister to: ensure that the South West Area Health Service complies with all of its legal, industrial and moral obligations to its nurses; recognise the damage that has been caused by the changes so far; and come to see the situation for himself, address nurses, and reassure them that the Government is interested in attracting and retaining them. I have been told that the nurses have been told that if they sign this petition, they will be reprimanded. I also have a copy of a letter to Michael Moodie, the chief executive of the South West Area Health Service, from the union about senior nurse positions in the South West Area Health Service. That letter raises a range of issues that need to be addressed very quickly.

I would like the minister to tell me very clearly what will happen in the South West Area Health Service, because it is a matter of grave concern to the people of the area.

MR J.A. MCGINTY (Fremantle - Minister for Health) [9.36 am]: I will deal with the issues that have been raised by the member for Warren-Blackwood, and I thank him for his grievance. The first point I need to make is that Bunbury Regional Hospital has four after-hours nurse coordinators. It is proposed that those administrative positions be abolished and those staff be employed in the emergency department to ensure there is a transfer from administrative positions to service delivery positions. We want to use those four after-hours nurse coordinators to upgrade the nursing firepower in the emergency department of the hospital rather than have them fill administrative positions. These nurses currently, with penalties, earn \$90 000 a year. We believe it would be far better to use them to meet the clinical needs of patients who present at the hospital than occupy what are, in substance, administrative positions. I emphasise that no nurses will lose their jobs as result of that transfer from an administrative position to the emergency department to provide direct patient care.

The second point that has been raised is the proposal to reduce from 17 to seven the number of health service managers, or directors of nursing as they have been more traditionally known. Again, the same principle underpins that proposal; namely, we want to ensure that those senior people are available to provide direct patient care rather than fill administrative positions. What is being proposed in the south west - and what is currently being consulted about, and what people are reacting against - is a proposal to consolidate these positions in the south west area into seven regional directors of nursing rather than have one director of nursing for each health establishment. As the member for Warren-Blackwood would be aware, some of the health services in the south west are very small and provide services to a limited number of inpatients. For instance, I think it is true to say that the hospital in the member's own area of Pemberton is small. Whether we need one director of nursing for a small facility such as that or whether we can have one director of nursing to cover that region and each of the facilities in that region is, I believe, worthy of consideration in order to free up funds that can be used on direct patient care. If I can use the example of the member's own area of Pemberton, what is proposed is that instead of having three positions of health services manager or director of nursing - one for Manjimup, one for Pemberton-Northcliffe and one for Walpole - there will be one director of nursing covering the three facilities. That will still leave in each of those facilities a senior nurse; however, that nurse will not be a health service manager. What is proposed at Pemberton is that the person who is currently the health service manager will in future spend four days a week providing direct patient care in a clinical capacity, and one day a week on administration, reporting to an area director of nursing or health service manager. It is proposed in each of those areas that a number of hospitals or health services will have a common director of nursing covering each of them.

Mr P.D. Omodei: Will those nurses be expected to do in one day the administrative work that they are now doing five days a week?

Mr J.A. MCGINTY: The question is whether there was ever, in reality, a full-time director of nursing in that position. I expect that those nurses are already doing a certain amount of clinical work. The position should reflect that reality. We want to achieve better utilisation of staff, greater service delivery and less administration. We want fewer administrative positions and more people delivering clinical services on the ground. That is the principle that underpins this proposal. I can understand that there would be some reaction to a significant change in the way in which services have been delivered. However, in my view it is a sensible proposal from the point of view of service delivery on the ground, because the one thing the health system is frequently - in fact, incessantly - criticised for is that it is top heavy with bureaucracy and does not have enough people on the ground to actually deliver services. I must say that it is more profoundly the case in Perth than it is in the country.

Mr B.K. Masters: I am glad the minister said that.

Mr J.A. MCGINTY: It is profoundly the case. The number of bureaucrats and the growth in the number of bureaucrats and clerical positions in the head office and the hospitals is something we want to reverse so that we have a lean administration and, if anything, a fat service delivery in order to meet those needs. That is the principle that underpins this.

Mr R.F. Johnson: Too many chiefs and not enough indians.

Mr J.A. McGINTY: That is the problem we have at the moment and that is what this proposal is designed to achieve. We want to try to turn that around. In a nutshell, we currently have 17 health service managers and we propose to reduce that number to seven.

In the brief time available left to me I make the point that I am concerned about what is happening in the south west. It is the only area in the State in which the pressures on nurses are bubbling over. It has not happened in the metropolitan area. Metropolitan nurses and nurses in the north west, the great southern and other areas are all working under enormous pressure. It is bubbling over in the south west because there is a particular problem that we need to focus on. That is why my chief of staff spent some time earlier this week in the south west trying to get a good handle on exactly what is happening and where things are heading.

I make a couple of quick points. First, as part of the total health budget, the budget allocation to country health services has increased by 19.12 per cent for the three years from 2000-01 to 2003-04. That is a very significant increase. Secondly, we are appreciating nurses more. I am talking about changes in the administrative positions of some nurses in the south west. That is the reason that the Government took the unique step of writing to every nurse acknowledging the workload issues they face and giving them, without qualification, a 3.4 per cent pay rise with effect from 1 May. The reason we did that was to show that we valued the nurses. We wanted them to know that they were recognised. That formed the basis upon which the Government was going to enter into the EBA negotiations.