

HEALTH SERVICES — MURCHISON

Grievance

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [9.54 am]: I thank the Minister for Health for taking this grievance about health services in the Murchison. Members of this chamber will know that advocating for improvements to regional health services has been one of my priorities since being elected to Parliament, whether it is additional midwives to support families to have babies close to home, upgrades to hospitals in my electorate or the attraction and retention of staff to nursing posts in small country towns. I am firmly of the view that access to quality health services is a fundamental for government and should not be impacted by a person's postcode. Like many country people, I am pragmatic enough to know that we cannot all have a Fiona Stanley Hospital in our backyard. Coming from a small country town in the wheatbelt that was home to a district hospital, I count myself lucky that when I was growing up, we always had a doctor in town or one just down the road in Kununoppin, and if something serious happened, we could go to the emergency department and someone would be there to meet us. That sense of comfort should not be only for people in our large regional cities and Perth, because if we want to attract and retain people to live and work in regional Western Australia, access to health services is fundamental.

Over the last five years, I have listened to the member for North West Central advocate for the communities of his electorate about health services, specifically in the Murchison, to the Minister for Health and the previous Minister for Health. Specifically, he has consistently raised concerns about staffing at nursing posts in the Murchison subdistrict and Meekatharra Hospital, as was raised with the minister yesterday in question time, and pressures on health services as the population in the communities of Exmouth and Coral Bay grows and swells over peak holiday periods.

In relation to nursing posts, as the minister would be aware, the Murchison subdistrict includes the communities of Cue, Meekatharra, Mt Magnet, Sandstone and Yalgoo. There have been ongoing challenges in attracting and retaining staff to these nursing posts. It is particularly challenging for the single-staff sites. The Shire of Yalgoo in particular has raised concerns with the Minister for Health and the Department of Health on numerous occasions, having experienced regular closures of its nursing posts. Its request, which has not been met to my knowledge, is to have at least one nurse present at the nursing post during the week and additional nurses for emergencies over the weekend. It is disappointing that the minister's response, no doubt provided by the department, is to refer to the number of presentations at the site and say that the level of staffing is appropriate. Quite clearly, even if it is from a workplace safety perspective, single-staff nursing posts are not appropriate. I know that some progress has been made in this area, but I want an assurance from the minister that the department will continue to work to ensure that it reduces the number of single-staffed nursing posts across the state. When the only staff member is sick, on leave or attending another issue, the community is exposed. Using a formula to assign staff based on presentations fails to recognise other specific factors that impact access for patients in remote locations. Although it is one decision-making factor, isolation, safety, lack of alternatives within a reasonable distance and the cost of transporting patients should also be taken into consideration. I am afraid that I cannot agree that a mathematical formula works to provide services for our remote and regional communities, and I urge the government to reconsider allocating some of the budget surplus that is currently available to attract staffing numbers to these nursing posts.

In Cue, a community that I recently visited as part of the meeting of the "Cue Parliament", there have been serious impacts in the past of not having staff or having only one staff member available. I will highlight an incident that occurred in the last few years to make the point. This happened a couple of years ago, but the community says that there are similar ongoing issues. The shire CEO, who was also an ambulance volunteer, has spoken publicly of the trauma and emotional fallout for the nurse and volunteers who managed an accident with multiple casualties and a fatality. A week after that incident occurred, a very small pool of volunteers at an unmanned nursing post had to deal with another two very serious situations. Another example is when a shire councillor called for an ambulance due to breathing difficulties, but no ambulance was available and no-one was at the nursing post over the weekend. He had to call someone from a neighbouring town, which is a long way away when you are in the Murchison, to pick him up and take him to Meekatharra. There are number of other examples that I am sure the minister is aware of because it is a challenge in those remote communities without a doubt. I ask that the minister please outline what actions have been taken recently to address some of these challenges, specifically to resource, attract and retain nursing and medical staff in that Murchison subdistrict.

I want to touch briefly on the Meekatharra Hospital. The member for North West Central has raised grievances in this house previously and asked a question in the Parliament yesterday. It is an old hospital and the community has been waiting for confirmation on when that project will begin. The government made a promise before the 2017 state election that was backed up by the previous Minister for Health who acknowledged that work needed to be done. We are now in June 2022, wherein it appears that no outward action is being taken to progress this project. Therefore, there is an opportunity here for the minister to outline exactly what will be done, what the community can expect, and what the time lines are for the upgrades to that hospital given that we are five years down the track and there has been little information or confirmation that the project will be delivered at all. Back in 2017, there was

a \$13.3 million commitment to start construction. I note that it was a commitment made to start in the government's second term, which was probably a little audacious at the time; nonetheless, that has come to pass. That time is now, and we have three years before we get to the end of this. We know that these projects take time. I think the community would very much like to have some confirmation on at least a commencement date and when it can expect to see light at the end of the tunnel.

The minister's answer in Parliament yesterday referred to the process, and we understand that there needs to be work done, but there has been five years for this work to be done, and the community is still struggling with an absolutely substandard building. Although improvements have been made to deal with some of the most challenging issues in that hospital, it is not a new service, and it is not the service that was promised by this government. I think that the community deserves to understand exactly what that commitment was and when it will be delivered.

MS A. SANDERSON (Morley — Minister for Health) [10.02 am]: I thank the member for her grievance, and I am happy to outline the actions that the government is taking to support regional health care. I will start with the Meekatharra Hospital redevelopment. The member for North West Central's question yesterday took me by surprise because it was not on my radar as a project that had a red flag. When I went back and looked, it was not a 2017 election commitment; it was a 2021 election commitment. I cannot find a record of it being in 2017, so if the member has that record, I would appreciate that information. All the information I have is that it was a 2021 election commitment, and it was a \$48.9 million capital funding commitment. Therefore, it is wrong to say that the project is five years out of date; it is not. It was a commitment from the last election and that project is on track.

The project's purpose will provide essential health service hubs for the Murchison district, and it is going through an implementation of service design. Essentially, to achieve this, we have to work through a whole range of service factors, including the acute care emergency service, Royal Flying Doctor Service and residential aged care. As the member knows, the WA Country Health Service is a provider of residential aged care in most regional areas. The approved scope will essentially support all those services including mental health. A project definition plan was commenced in the architectural team, along with the consultant engineers, and they will be going through the site on 1 July. The service planning project to develop the actual service models for Murchison out of Meekatharra commenced in December 2021.

The project has completed the community population profiles and is going through some of the modelling, including working through Murchison shires: Yalgoo, Mt Magnet, Cue, Sandstone, Murchison and Meekatharra. It is a very thorough process. WA Country Health Service has worked internally with stakeholders to date, including mental health, community alcohol and drug services, Allied Health Taskforce on Workforce Issues, child health, public health, palliative care, cancer services, regional and renal services, aged-care assessment team, regional assessment service and visiting specialists, telehealth and dental. External stakeholders were consulted, including the WA Primary Health Alliance—there is a whole bunch of acronyms here; I do not know what they are!—GPs; RFDS; St John Ambulance; and the shires of Meekatharra, Yalgoo, Mt Magnet, Cue and Sandstone. Consultation with the Shire of Murchison is planned for 16 June, which was last week. Also consulted were the Western Australia Police Force, Department of Communities, Yulella Aboriginal Corporation, Youth Focus WA and Geraldton sport. Therefore, broad consultation is occurring, and once that is complete, a project definition plan will be put to government, and it will be approved for commencement. Therefore, this project is on track. It was a commitment from the last election and is a priority for the WA Country Health Service.

On the member's other broader points around the workforce in the WA Country Health Service, there has certainly been, in the last 10 years, but more recently in the last five years, significant investment in WA regional and country health, with approximately \$1.5 billion over 80 projects in regional Western Australia. The regional areas are a very challenging environment to deliver construction projects in, let alone the metropolitan areas. The WA Country Health Service provides outstanding care, and the staff in particular are very, very committed in their local communities. I thank the staff and all those people who hold multiple roles, including shire presidents, volunteers and State Emergency Service volunteers, who really keep those communities going.

There has been significant investment in technology, infrastructure and services. Regional and remote towns have more modern housing facilities, and new technology is currently being rolled out to bring care closer to home because staffing is challenging.

In the midwest, we have a number of significant capital works in planning and underway, including Geraldton Health Campus and the redevelopment of Dongara. The inpatient telehealth service has allowed many patients to remain in their home towns and be cared for locally by nursing staff, with medical care via the ITS. The virtual 24/7 stroke care service is also an important feature as is the mental health emergency telehealth service, which the previous federal government cut, and the state government has stepped in to continue to fund that because it provides a really important service. Midwifery and obstetrics emergency telehealth service, tele-chemotherapy and virtual nursing backup service provides support for newly graduated nurses in regional WA.

On the matter of those particular nursing posts, I agree with the member that individual nursing posts are probably not fit for purpose. We are addressing that under the new work health and safety legislation passed by this government. The information that I have is that Yalgoo is the only site that has a single nursing post; those other sites have two posts. They are working very, very hard, too. WACHS is looking at more innovative ways to attract graduates who perhaps want to do their masters or people who already have those skills but they could potentially study as well as get paid while they are there. I appreciate and agree with the comment that it has to be more than mathematics. It the same with public transport; it is about the cohort that we are trying to service. But one of the issues with clinical practice is it has to keep up a certain amount of clinical hours to keep its practice current. That is a real challenge, particularly with obstetric care and midwifery. Carnarvon, with 100 births a year, is a good example of that; it is not enough births for a midwifery group practice to keep its practice current, so it has to keep cycling midwives through. There are a lot of factors competing in this area.

The government and the WA Country Health Service take the workforce issue very seriously. It is a standing agenda item on our meetings, and we work very closely to ensure that we fill those roles where we can and how we can. Sometimes we have to bring people from the health services providers in the metropolitan area, and we provide very generous incentives to do that.