



Government of **Western Australia**
 Department of **Health**
 South Metropolitan Area Health Service

ROYAL PERTH HOSPITAL

ABN 13 993 250 709



CLINICAL SERVICES EXECUTIVE

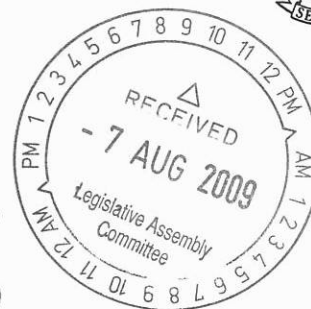
Telephone: (08) 9224 2294 Facsimile: (08) 9224 1939

CLINICAL ASSOCIATION EXECUTIVE

Chairman: Dr K Warr

Email: kevin.warr@health.wa.gov.au

Telephone: (08) 92242707 Facsimile (08) 92241939



The Principal Research Officer
 Education and Health Standing Committee
 Legislative Assembly
 Parliament House
PERTH WA 6000

Dear Dr Worth

The Royal Perth Hospital (RPH) Clinical Staff Association (CSA) welcomes the opportunity to make a submission to the EHDC in keeping with the terms of reference and the specific issue of adult community health care services. RPH has served the Western Australian Community at its present location for over 150 years and the decision by the present Government to retain RPH as a significant health service provider in the city has been welcomed by the community, patients and staff. This is the most significant departure from the Clinical Services Framework 2005 -2015 and the original Reid report and has required a review of the Clinical Services Framework in terms of role delineation.

The Government pre-election committed to;

- Maintaining RPH as a 400 bed inner city hospital (Possibly modelled on the Alfred Hospital in Melbourne)
- Maintaining an emergency department
- Continuation of teaching and research
- Introduction of the RPH Protection Bill 2008

This decision allows continuation of vital adult community health services to the inner city and eastern corridor population in terms of recognised high quality services that are both accessible and local. These populations are overly represented with individuals who are poor, homeless, psychiatrically ill, educationally disadvantaged and with multiple co-morbidities. Additionally RPH provides care for an aged population in the central Metropolitan area; and outreach to rural and remote W.A. including Telemedicine. In particular RPH has established significant services for indigenous Australians particularly patients with chronic renal disease in remote locations.

In terms of needs and gaps in adult community health services, the foregoing identified populations are chronically underserved at present and the addition of the Fiona Stanley facility will serve to help address this shortfall in a complimentary manner and will not be a duplication of services in such areas of unmet need. Equally the outreach services of Hospital and Rehabilitation in the home to prevent hospital admission would similarly be complimentary.

Since the Reid review demand modelling has demonstrated a need for additional beds over and above the 643 beds in Stage 1 Fiona Stanley. RPH will assist in meeting this shortfall. Staffing will be a key issue for all hospitals but fortunately the decision for RPH to remain, albeit downsized, has resulted in improved staff morale and a decision to continue on for many staff who were considering retiring or moving to private practice rather than moving to the Fiona Stanley site.

High end Tertiary services need to be nourished to ensure that a critical mass of competent staff are available for the additional services at Fiona Stanley.

Location and distribution of these services will be determined through the process of role delineation as that Fiona Stanley hospital matures into the flagship hospital intended.

In conclusion the Inner City and rural and remote population has been well served by RPH and will continue to have significant adult community health care needs which should be the key focus for the New Royal Perth Hospital. The notion of compliance with and departure from what are now dated reports, rather than a continual critical reassessment of the population's health needs, will lead to a 2005 service delivery system in 2015. We wish the committee well in their deliberations and look forward to your report.

We are happy to discuss these issues further with the committee members individually or as a group.



Dr Nigel Armstrong
Deputy Chairman of the RPH
Clinical Staff Association



Dr Kevin Warr
Chairman of the RPH
Clinical Staff Association