

House: Legislative Assembly- Grievance
Date: Thursday, 15 June 2006
Member: Castrilli, Mr John; DEPUTY SPEAKER; McGinty, Mr Jim
Subject: UROLOGICAL EQUIPMENT IN SOUTH WEST
Page: 3796c - 3798a / 1

UROLOGICAL EQUIPMENT IN SOUTH WEST

Grievance

MR G.M. CASTRILLI (Bunbury) [9.15 am]: I want to bring to the attention of the Parliament and the Minister for Health my concerns regarding the lack of urological equipment in the south west. Although the South West Health Campus has the services of two urological surgeons, it does not have the necessary equipment to perform certain procedures, and patients are therefore required to be referred to Perth. For three years now, requests for - the minister might have to help me over the pronunciation of this - a flexible uretero-roscope and laser have fallen on deaf ears. Was that all right?

Mr J.A. McGinty: Not bad! I think that qualifies the member for Bunbury for a medical degree!

Mr G.M. CASTRILLI: This is how I understand it, minister.

Under normal circumstances, a person can receive treatment with this equipment as an outpatient. However, when country patients are required to travel to Perth, they are often required to be hospitalised. This is in addition to the assessment and preparatory appointments required prior to treatment, which also require transport to Perth. The unnecessary transporting of patients to Perth is adding additional and unnecessary costs to the community and the health system. These additional costs do not take into account the human cost and the impost upon a person in severe pain who has to travel to Perth for assessment. It can take up to four weeks to obtain an appointment for such an assessment. The patient is then only assessed and at that point has still not received any treatment. An appointment for treatment can be months away. There is one such case in the south west of a patient called Michael O'Connell. Mr O'Connell was referred to Fremantle Hospital for urgent treatment in December 2005. He had been admitted to the hospital in the South West Health Campus with a stone in a kidney, which caused him severe pain. It was a nine millimetre stone that required urgent treatment. As I understand it, no response was received from Fremantle Hospital and the patient remained untreated, unwell and in pain. After another severe attack, he was told he could be treated in the foreseeable future only if he presented to Fremantle Hospital while he was in severe pain. I understand that repeated episodes of pain suggest an obstruction in the kidney and there are cases in which such an obstruction has resulted in the loss of a kidney. Mr O'Connell had been extremely ill in recent weeks. Having to travel to Perth for assessment on Friday, 26 May, he returned to Bunbury over the weekend hopeful that he would be accepted for treatment the following week; treatment that he could have received almost six months previously in Bunbury.

The DEPUTY SPEAKER: Just a moment, member for Bunbury. I ask members present to keep their conversation level down a little, please, so that both the Hansard reporter and I can hear the member on his feet.

Mr G.M. CASTRILLI: Thank you, Madam Deputy Speaker.

It was treatment that Mr O'Connell could have received almost six months ago in Bunbury without additional cost to the health service, not to mention the unnecessary severe pain, anxiety and damage to this man's health. Mr O'Connell was finally treated with a laserscope on Tuesday, 30 May. However, he experienced complications. He suffers continuing episodes of extreme pain requiring heavy doses of morphine and is very unwell. This is a man who has, in his lifetime, undergone back surgery and been back at work a week later without painkillers. We cannot tell for sure whether the extended wait and the long episodes of pain and anxiety contributed to these complications.

I am aware of another case in which a man who has only one kidney has been waiting for treatment for approximately three months. We, as a society, are putting his kidney in jeopardy and putting his life at risk. At a time when urological services in Perth hospitals are stretched to breaking point, approximately 30 south west residents have been forced into referrals to Perth hospitals over the past three months to receive treatment that could have been provided in Bunbury. In this month alone, one Bunbury urologist had to refer four patients to Perth.

I do not wish to make light of this, because I have experienced gall stones, and I know how extremely painful the condition is. I am sure the Minister for Peel and the South West can attest to the extreme pain that this condition can cause. I know that the Minister for Health, in reply to a question asked in the house yesterday about the equipment that had broken down at Fremantle Hospital, said that the Minister for Peel and the South West received treatment within three days, and that was great. I am only going on reports in the newspaper; I am not sure whether the Minister for Health corrected it yesterday. However, the Minister for Peel and the South West certainly understands the sort of pain this condition can cause. If patients come to Bunbury, they will not be afforded this luxury. People are still in pain and their kidneys are still at risk.

I implore the Minister for Health to reconsider the Bunbury Regional Hospital's application to receive \$120 000. It costs only \$120 000 for this piece of equipment to cover this circumstance. In anyone's terms, spending \$120 000 would seem to be good economics, considering the dollar savings on patients referred to Perth hospitals, and any subsequent ongoing costs resulting from further damage to kidneys. It will also allow people in severe pain to be treated in a very timely manner and without unnecessary travel to Perth. I think it is a moral obligation on society that any government should honour. I am asking the minister to help the Bunbury community by agreeing to reconsider the matter, or maybe by writing out a cheque for \$120 000 for this piece of equipment, which would serve a very good purpose in Bunbury and the south west.

MR J.A. McGINTY (Fremantle - Minister for Health) [9.22 am]: I thank the member for Bunbury for raising the very important matter of provision of health care services for people in Bunbury and the south west of the state. I will provide a bit of background to this matter. In previous discussions on the question of the provision of

this facility with Dr Sue Chapman, the resident specialist neurologist at Bunbury Regional Hospital, it was recommended that Dr John Ward, the hospital's medical administrator, discuss the matter with Dr John Stanley, the senior neurologist at Sir Charles Gairdner Hospital. He was the doctor who pioneered the introduction of this treatment over 10 years ago.

Dr Stanley has advised that flexible ureterorenoscopy with laser is a safe and effective method for the treatment of renal and ureteric stones. It avoids the need for percutaneous treatment of most renal calculi, and is usually done in the day stay units attached to operating theatres. Dr Stanley estimates that there are now about 10 of these units in public and private hospitals in Perth, serving a population of approximately 1.2 million people. This type of unit is not currently available in the south west. Dr Stanley advises that in this week alone, he has treated three patients from the south west using this treatment method. He further states that both of the resident neurologists in Bunbury have been trained and are well skilled in the treatment using this modality.

The price of the Holmium laser unit has now dropped to below \$100 000. Dr Stanley has advised that this technology is the current gold standard and will remain so for at least the next 10 years, which is its usual life span. Two or three flexible ureterorenoscopes are required to service the treatment needs of two **urologists**, at a cost of approximately \$16 000 per unit. They have an estimated life of between 30 and 50 operations, which equates to a disposable cost of approximately \$500 per operation. Dr Stanley further states that the scopes are quite delicate and can be damaged by over-zealous cleaning, and extreme care needs to be exercised. Over the past two years, Bunbury Regional Hospital has spent \$200 000 on endoscopes to support current activity; \$195 000 on anaesthetic monitoring equipment for theatre; \$50 000 on emergency monitoring equipment used for transport; and \$200 000 on an upgrade for the sterilising unit.

Bunbury Regional Hospital management is awaiting a reply to requests for patient numbers and assistance with the preparation of a business case from Dr Sue Chapman and Dr Michael Pether, the Bunbury resident **urologists**. It will then formalise the request, asking them to provide us with the number of patients they have referred to Perth over the past 12 months for treatment with flexible ureterorenoscopy using the Holmium laser. Coincidentally, the issue is to be discussed at the hospital's medical advisory committee meeting tomorrow, Friday, 16 June 2006. The hospital's management is to present the cost of the introduction of this new treatment at the meeting, to assist in determining its importance against all the other competing needs for new and replacement equipment across the various specialty areas.

The hospital's management has asked the facilities manager of the combined Bunbury Regional Hospital and St John of God health campus for information on patient and staff safety and the status and capacity of operation theatres in respect of laser technologies such as this. When all of this data is collected, and if the medical advisory committee recommends this as a priority for implementation, a business case will be developed and forwarded to the Western Australian Country Health Service for funding consideration for 2006-07.

Having said that, an essential part of the government's approach to health care delivery - one that will be shared by members on both sides of the house - is to deliver

health care closer to home. This is a very clear-cut illustration of exactly that point. Assuming that a sufficient number of patients from the south west need to undergo this procedure to justify the acquisition of this equipment, when measured against other priorities for capital equipment and new technology at the hospital, it is something that I will strongly support. I have no reason to believe that, given the population of the south west, there would not be sufficient demand; I believe there will be sufficient demand. I see the benefits in patients being treated closer to home. That is always an objective. There are obviously things that cannot be done in country Western Australia. High-technology, specialty, limited-volume matters must be treated in Perth. However, short of that, the treatment of kidney stones and the like is exactly the sort of thing that I believe we should be extending to at least the major country centres, among which Bunbury is pre-eminent. It is a matter also of enhancing country health services in this way.

The second issue is one of taking pressure off the metropolitan hospitals. It is obviously more demanding upon services in Perth when people come from the country, whereas in the country they can be treated on a day patient basis. The additional health resources that go into the provision of these services when somebody has to come to Perth are very significant, and it makes economic sense to have the treatment done in Bunbury if that is possible.

The final point that I make - I think it is well highlighted by the patient to whom the member referred - is the effect on the patient. There is no doubt that the provision of services such as this locally is far better for the patients than the disruption of their lives, as well as the additional costs imposed on the health care system of centralised care. Therefore, I will be very supportive, once I have seen the facts and figures, of this equipment being installed at Bunbury hospital.