

House: Legislative Assembly- Grievance

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Member: **Castrilli, Mr John; Barnett, Mr Colin; Carpenter, Mr Alan; McGinty, Mr Jim**

Subject: SOUTH WEST REGION - HEALTH SERVICES

Page: 6457d - 6459a / 1

SOUTH WEST REGION - HEALTH SERVICES

Grievance

MR G.M. CASTRILLI (Bunbury) [9.03 am]: My grievance is to the Minister for Health; however, he is not in the chamber. I bring to the attention of the Minister for Health and this Parliament my deep concern about the state of health services in the south west region.

Point of Order

Mr C.J. BARNETT: Grievances are directed to ministers. I realise that sometimes ministers might be running late; however, I would appreciate it if the Leader of the House were present to advise which minister will be available to respond to this grievance.

Mr A.J. CARPENTER: We have reached the grievances debate quicker than normal. The Minister for Health will be in the chamber shortly.

Debate Resumed

Mr G.M. CASTRILLI: I hope the Minister for Health will be able to rectify the problem. Greater Bunbury is recognised as one of the fastest developing regions in Australia. The number of general practitioners serving the Bunbury community has diminished to the point at which Bunbury is teetering on the brink of a health care crisis. The average age of general practitioners serving the area is the mid to late 50s. Next year another five doctors are expected to retire. That is cold comfort, given that the local medical fraternity has estimated that Bunbury is currently short of at least 10 medical practitioners. The departure of medical professionals from the Bunbury health service has been exacerbated by an increasingly overwhelming demand for health services in the region, and the stresses experienced by doctors operating hectic general practices. The government is aware of this worrying trend, yet little has been done to address the problem.

Mr E.S. Ripper: Are you talking about medical practitioners employed in private practice in Bunbury?

Mr G.M. CASTRILLI: Yes.

Very little has been done to address the problem of the deficit of new practitioners seeking full-time employment in regional areas. I have been contacted by a practice of local doctors that applied to have the location of its practice recognised as an area of unmet need due to the very serious situation in Bunbury. It is of great concern that this practice has been unable to service all of its patients who want to make appointments and, therefore, those patients have been forced to present to the Bunbury Regional Hospital emergency department. Equally worrying is the fact that the emergency department is in a location already classified as an area of unmet need. The doctors of the practice sought the declaration of unmet need after considerable and extended efforts to attract doctors to the region were to no avail. The practice has a database of about 45 000 patients. In the past 12 months, 23 000 patients have presented to the practice, which resulted in more than 65 000 consultations. Of the 11 general practitioners working at the practice, five are full-time and five are part-time. The eleventh doctor is on maternity leave. The figures equate to 175 consultation sessions a week to service the 45 000 patients that are on the practice's books. This compares with the Australian average of 105 consultations a week. To my horror, and to the horror of those in the Bunbury health service, the Western Australian Department of Health has rejected the proposal to have the location of the practice classified as an area of unmet need. In effect, the government has turned its back on the serious requirements of Bunbury's health practitioners and, therefore, the regional south west community. I have learnt that the rejection is based on Medicare billing statistics and the doctor-to-population ratio calculated for the Bunbury statistical local area. I am compelled to share the serious anomalies that have been raised.

Firstly, the Bunbury statistical local area is located within the City of Bunbury boundaries and does not take into account the surrounding suburbs and districts within the greater Bunbury area. This means that the real population figure for Bunbury is considerably underestimated. Secondly, the department uses full-time equivalent measures, irrespective of whether doctors work part-time or full-time, and this creates a false impression of availability. Doctors who choose to work part-time do so for lifestyle reasons, not because of a lack of patient demand. This situation means that the greater Bunbury region is close to experiencing a serious health care crisis. Classifying the location of the Bunbury medical practice as an area of unmet need would allow overseas-trained doctors to provide a service to the Bunbury community and would alleviate the serious pressure on Bunbury's general practitioners. It would not preclude Australian doctors from such opportunities. I hope it will not take a disaster to happen before this government responds to the situation. If it does, we will need to brace ourselves. I call on the Minister for Health to immediately intervene. He must direct his department to reassess the serious state of the health service and directly support the medical fraternity of the greater Bunbury region.

MR J.A. MCGINTY (Fremantle - Minister for Health) [9.08 am]: To the extent that there is a shortage of general practitioners and primary health care practitioners in any area, I urge members opposite to approach the person responsible, the federal Minister for Health and Ageing, Tony Abbott.

Responsibility for the provision of primary medical services - that is, GP services - is clearly a federal government responsibility. The federal government must accept responsibility for training an adequate number of general practitioners. The provision of private GP services throughout the length and breadth of Western Australia is clearly the responsibility of the federal Minister for Health and Ageing, Tony Abbott. The state is responsible for hospitals. To the extent that the issues raised by the member for Bunbury relate to the adequate provision of private GP services, blame must be laid squarely at the feet of Tony Abbott and the federal government because it is their responsibility. That is the issue.

Mr J.H.D. Day: He is a good friend of yours, as I recall.

Mr J.A. McGINTY: He is indeed. We are still cooperating very closely on a whole raft of matters to improve health services, to a significant degree in country towns, particularly the larger country towns. There is an interaction between the federal responsibility for primary health care and state responsibility for hospitals where cooperative arrangements can be entered into. An instance of what we are currently trying to do is in Merredin, where the hospital will offer a sessional appointment to attract doctors to the area to supplement their private work. The private responsibility is not something that fits within my responsibility as Minister for Health. While we have a responsibility for the health and wellbeing of the entire community, the provision of GP services is a federal responsibility. The provision of hospital services is a state responsibility.

Mr G.M. Castrilli: From what I have been told by the local practitioners, they have applied to have Bunbury declared as an area of unmet need and the Western Australian health department has rejected that. If what you are saying is true, why will the Western Australian health department not at least support them in having Bunbury declared as an area of unmet need?

Mr J.A. McGINTY: I am unaware that that is the case.

Mr G.M. Castrilli: That is what I have been told.

Mr J.A. McGINTY: I am happy to take that up as an issue and ascertain whether that is the case. On a weekly basis I sign off on areas of unmet need, some of which are in the country and some are in the city; some are in various medical specialty areas where there is not sufficient demand. That then triggers a process that enables doctors, particularly overseas-trained doctors, to be brought into those areas. I will ascertain whether there is an issue at Bunbury. In relation to the south west generally, I am told that Manjimup and Harvey-Wellington are the areas of most pressing need at the moment. They are the areas that have been identified.

Mr G.M. Castrilli: I think Harvey is an area of unmet need and it is coming up for renewal. When it does, I hope that you will support its continuation as an area of unmet need.

Mr J.A. McGINTY: Sure. We have already identified that as being an area of great pressure. We will transfer them a little further north from Bunbury to Harvey-Wellington!

Mr G.M. Castrilli: No we won't!

Mr J.A. McGINTY: No. Anecdotally I am aware - and I was in Bunbury yesterday - that there is a waiting time of two to three weeks to get a GP appointment -

Mr G.M. Castrilli: I didn't know you were in Bunbury yesterday, minister.

Mr J.A. McGINTY: Indeed I was.

Mr G.M. Castrilli: I thought you were supposed to let me know.

Mr J.A. McGINTY: I was there with my good friend the member for Leschenault.

Ms J.A. Radisich: First Tony Abbott, now the member for Leschenault!

Mr J.A. McGINTY: I am told that anecdotally, and I have not had this quantified, there is a two to three-week waiting time to see a GP in some areas of Bunbury. However, there are other bulk-billing facilities available in Bunbury where there is not that waiting time. I am thinking of the South West Aboriginal Medical Service facility, which provides general GP services to the public in Bunbury.

Returning to the area of state responsibility in this matter, the WA Country Health Services contracted as a visiting medical practitioner, as sessional or salaried staff, the following medical practitioners in the last six months. These are the extra doctors contracted to work in the Country Health Services in the south west. Ninety-six GPs have been offered sessional or salaried appointments in the Country Health Services, and this includes GP obstetricians and anaesthetists. There are also nine specialists and 40 non-specialists for the emergency department; five specialists and two non-specialists in orthopaedics; eight specialists and six non-specialists in general medicine and medical subspecialties; 20 specialists and six non-specialists in general surgery and surgical subspecialties, excluding orthopaedics; nine specialists and two non-specialist anaesthetists; five specialists and four non-specialists in mental health, and another specialist is about to arrive; four specialists and one non-specialist in paediatrics; and four specialists and one non-specialist in obstetrics and gynaecology. These are individuals, not full-time equivalents. Most of them are part-time and not all are resident in the south west. The numbers do not include doctors working in the south west who do not hold contracts with the WA Country Health Services servicing the south west.

I am told that at the Bunbury Hospital at the moment, although there were two days recently when elective surgery was cancelled and there was a problem with

the teams in terms of operations cancelled over those two days, that was caused by a higher than expected incidence of sick leave among the staff. Apart from that, I am told that at the Bunbury Hospital at the moment there is no shortage of medical staff.

Mr G.M. Castrilli: Private practice cannot get doctors.

Mr J.A. McGINTY: Sure, private practice is the problem area.

Mr G.M. Castrilli: That was my basic aim in raising this grievance today. When they look at doctors, they look at whether they are full time or part time. They are still classified as one, which distorts the whole thing.

Mr J.A. McGINTY: The problem is that private practice is primarily the responsibility of the federal government, although we help in that area. The hospital, which is where we have put in all the effort, is the state's responsibility.
