

HEALTH — SPECIALIST ACCESS — WAITLIST

211. Ms L. METTAM to the Minister for Health:

I refer to the minister's comment that claims that there is some kind of hidden waitlist are absolutely and completely wrong. How can the minister expect Western Australians to have confidence in her ability as Minister for Health when she refuses to acknowledge the hidden waitlist epidemic that is crippling so many across our state, such as Shelly French from Rockingham, whose four-year wait to see a specialist led to a cyst on her right ovary fusing to her kidneys, bladder and bowels?

Ms A. SANDERSON replied:

I have, of course, read the article that the member for Vasse is referring to, and those are incredibly challenging circumstances that that lady has experienced over the last few years. Certainly, from reading through the article, it appears that she was challenged in a range of areas in the health system, including by being bounced around by general practitioners a number of times in order to get a referral to a specialist. It is incredibly difficult when people experience those sorts of issues.

There are a couple of things to address the points raised by the Leader of the Liberal Party. This government is undertaking significant investment and reform around outpatients and outpatients' referrals, and it is important for people to understand that GPs are critical to the referral of outpatients to specialist services. All those referrals are triaged based on clinical need, as we would expect; it is appropriate that they are based on clinical need. If those circumstances change, it is important that people go back to their general practitioner so that their GP can contact the hospital and the specialist to outline how those circumstances have changed. They can then be re-triaged and reassessed, and bumped up the list. This government has made an investment of 550 beds in our health system and an increase in staff. There have been increases of 4 000 nursing FTE; 1 600 doctor FTE; and 1 700 allied health FTE. That is a 30 per cent increase in staffing capacity, plus 500 beds, which is actually providing capacity in our system to move many of those patients forward. I am pleased to say that I understand that her practitioner had contacted the hospital to say that her circumstances had changed and they were able to bring that forward.

That means we are performing record numbers of elective surgeries in our health system at this time this year. Last year, on a number of occasions, we broke the record for the most elective surgeries delivered in a single month. In December, we announced a \$40 million uplift to continue and expand this work, and in February we delivered even more elective procedures per business day than we ever have in any month in our recorded history.

We continue to receive outpatient referrals. It is busy; there is no question about that. We are also investing in how we manage those referrals and communicate with general practitioners, with an \$8 million investment in the outpatient referral system called Smart Referrals, which was part of the sustainable health review. That will allow more efficiencies in the system and real-time data with general practitioners to see where their patients are on the list and enable them to communicate with those patients and the health service with as much information as possible.

I want to make a particular point about gynaecological services. During COVID, a lot of outpatient clinics moved to virtual care and virtual clinics. Unfortunately, for gynaecological conditions, patients cannot be seen virtually; they need to see clinicians face to face. As in every other jurisdiction, a number of those gynaecological patients have had their outpatient appointments delayed. That has happened consistently across the nation; it is not unique to Western Australia. However, since that time, particularly in the south metropolitan area, there has been a number of programs put in place to try to see more people through the outpatient program. South Metropolitan Health Service has engaged a locum gynaecologist at Rockingham General Hospital to work through those waitlists and see more women. It has also started an innovative new hysteroscopy outpatient clinic, which means that patients do not need to be seen in theatre and can be seen in a clinic setting. That has also significantly improved wait times for hysteroscopies, which means that valuable theatre space can be used for those surgeries.

I am sorry about the circumstances that this lady has found herself in; they are incredibly challenging. She has been treated in one of the best health systems in the world, and we continue to support her in her treatment journey. The government is continuing to invest in staff, theatre capacity and infrastructure to improve the community's access to elective surgery waitlists.